ANDERSON HOUSING AUTHORITY

(IN006)

FIVE (5) YEAR/ANNUAL AGENCY PLAN

2010 - 2015

(in006v10)

January 19, 2010

ANDERSON HOUSING AUTHORITY

(IN006)

2010-2015 FIVE (5) YEAR AGENCY PLAN

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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: **ANDERSON HOUSING AUTHORITY** PHA Code: **IN006**
PHA Type: ☐ Small ☐ High Performing **X** Standard ☐ HCV (Section 8)
PHA Fiscal Year Beginning: (MM/YYYY): **04/2010**

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)
Number of PH units: **136** Number of HCV units: **1153**

3.0 Submission Type
X 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ 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:

The mission of the Anderson Housing Authority of the City of Anderson Indiana is to assist low income families with affordable, safe, decent and sanitary housing opportunities as they strive for self-sufficiency and improve the quality of their lives. The Anderson Housing Authority is committed to operating in an efficient, ethical and professional manner. The Anderson Housing Authority will continue to create and maintain partnerships in the developing affordable housing stock and improve our existing public housing inventory. We will partner with our residents and community agencies in order to meet our mission.

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.

1) Improve the quality of assisted housing
   a) Improve Public Housing Management Score for Physical Assessment
   b) Renovate or modernize public housing units
   c) Dispose of single family housing units which are a financial burden maintenance wise and non-energy efficient.
   d) Provide replacement of energy efficient single family public housing units, as identified. Subject to approval from HUD.
   e) Promote homeownership for Public Housing residents whose units have been identified for disposition and replacement housing.
2) Improve Occupancy Rate for Westvale Manor Apts.
   a) Conduct outreach marketing to Agencies for suitable families primarily for Westvale Manor Apts.
   b) Promote utility cost to residents as electric only.
3) Maximize Housing Choice Voucher funding
   a) Continue family income matching/verifications and other anti-fraud efforts
   b) Ensure reasonable rents
   c) Portability Absorption: requesting a receiving PHA to absorb portability families which AHA is being billed, if applicable.
   d) Portability and Moves within the AHA's jurisdiction by denying a family permission to move if moving to a higher cost area and AHA does n to have sufficient funding for continued assistance.
   e) AHA may discontinue issuing "turnover" families or pulling back outstanding vouchers.
   f) If deemed necessary, termination of assistance due to insufficient funding
4) Provide an improved living environment for the residents of the Public Housing Program
   a) Continue to be active and promote the Neighborhood Crime Watch for West vale Manor.
   b) Establish a Neighborhood Crime Watch group for Lynnwood Village Apartments
   c) Continue to participate in the City's Crime Watch Program
   d) Continue to serve on the City of Anderson's Weed and Seed Steering Committee
   e) Utilization of Capital funds to upgrade and maintain our housing inventory
5) Ensure equal opportunity and affirmatively further fair housing
   a) Continue to take affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status and disability.
   b) Undertake affirmative measures to ensure accessible housing to persons with all varieties of disability.
   c) AHA is an active member of the City of Anderson's Fair Housing Coalition
   d) AHA staff participates annually on fair housing training.

In regards to the progress of the AHA meeting the goals and objectives as described in the previous Five (5)-Year Plan, due to the insufficient of funding by the Department of Housing and Urban Development for Public Housing and the Housing Choice Voucher Program, limited staff and decline in the economic, it has been unrealistic to obtain the all of the goals outlined in the previous 5-Year Plan. The City of Anderson has been dramatically affected with the loss of jobs and a decline in "high paying" jobs and extremely high utility costs, the Anderson Housing Authority majority of participates that we assist extremely low to very low income families.

However, we have met the needs to continue to renovate our public housing units, as needed. We have also meet the goal of improving the community quality of our public housing residents by improving their living environment as it relates to safety and crime prevention efforts for Westwale Manor and Lynnwood Village.

Anderson Housing Authority participates in the City of Anderson's Fair Housing Coalition which promotes fair housing throughout the year and training annually.

PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

2. Financial Resources

(a) Operating Fund
(b) Capital Fund
(c) Capital Fund Recovery Grant
(d) Section 8 Housing Assistance Payments Program
(e) Tenant Rental Revenue and Other

Internal Control Policy revised and adopted October 28, 2009

4. Operation and Management

Procurement Policy revised and adopted June 24, 2009

11. Fiscal Year Audit

Pamela J. Simpson, CPA conducted FY 2009 audit November 16-18, 2009. There were no findings.

12. Asset Management

(a) The Anderson Housing Authority shall utilize the Capital Fund Recovery Grant to continue to repair, replace and update our current housing inventory.

The Anderson Housing Authority anticipates to utilize Capital Funds grants for, but not limited to, maintenance repairs and replacement, modernization, disposition and replacement housing, management improvements. AHA plans to submit an application to the Special Application Center for Disposition of eight (8) large family scattered site units and to phase in over the period of this 5-year plan to replace with six (6) manufactured or constructed 3 BR energy efficient homes. The City of Anderson's Community Development Department will be constructing two (2) 3 BR energy efficient homes and obtaining lots for construction of homes for AHA as part of our replacement housing project. These homes will be at no cost to the agency.

This project is subject to HUD's approval from the Special Application Center.

6.0 This project is in compliance with the City of Anderson's Consolidated Plan.

(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.

Anderson Housing Authority
528 W. 11th Street
Anderson, IN 46016

7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.* The Anderson Housing Authority will be submitting to the Special Application Center an application for disposition of eight (8) large family single family public housing units over the period of this 5-Year Plan. The selected eight (8) homes have been identified for disposition based on the following factors: • REAC Inspection results and scoring • Exceedingly high maintenance cost • Exceeding high utility cost to residents • Difficulties in leasing units due to high cost in utilities The units identified are: Project 001 (AHA units are defined as one AMP): 1228 Nichol Avenue . . . . 4 BR 1200 Arrow Avenue . . . . 4 BR 1717 Nichol Avenue . . . . 3 BR 2002 Nichol Avenue . . . . 3 BR 2007 Noble Street . . . . . 4 BR 928 Arrow Avenue . . . . 3 BR 1305 Nichol Avenue . . . . 3 BR 2520 Nichol Avenue . . . . 3 BR These units will be replaced with energy efficient manufactured homes and/or new construction. AHA anticipates replacing 2-3 units within first or second year of this Plan. Our goal is to utilize Capital Fund grant monies to phase in new units over the period of this Plan. The proposed project is subject to the application and approval process for disposition by the Special Application Center of HUD. The project is in compliance with the City of Anderson's Consolidated Plan. The City of Anderson's Community Development Department and Anderson Housing Authority have partnered together to improve and develop affordable housing in the "Robinson School Neighborhood" Census Tract 119.1. Community Development will construct two (2) new energy efficient 3 BR homes to be deeded over to the Anderson Housing Authority, of which, these units shall serve as replacement housing for two (2) single family units. Community Development will deed to Anderson Housing Authority three (3) vacant lots, of which, AHA will utilize for new construction for replacement housing. The Anderson Housing Authority will attempt to promote, guide and assist, in as much as possible, homeownership to the residents occupying the identified units.
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.
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 *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. **See Attachments: in006(f)10; in006(g)10; in006(h)10; in006(i)10**
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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. **See Attachments: in006(j)10**
8.3	**Capital Fund Financing Program (CFFP).** ☐ 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.

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.

The City of Anderson's Community Development Dept. has commissioned a major housing assessment and survey. This study will include housing needs and types of housing based on population, homelessness issues. At this time, the housing assessment is not completed.

Need 1: Provide more Affordable Housing Opportunities:

Based on the City of Anderson's 2010-2014 Consolidated Plan, the data indicates that 47.2% of Anderson's renters are paying 35% or more towards rental housing cost. These households have been classified as "housing cost-burdened" and at risk of eviction or homelessness if it suffers a decline in income.

Attachment IN006(a)10 provides the Public Housing Waiting List Statistical Review and Attachment IN006(b)10 provides the Section 8 Housing Choice Voucher Statistical Review as they relate to income, number of household members, average days on waiting list by household members, gender of head of household, household race, household ethnicity, and household type.

As evident by the reports of families on the waiting list, we are assisting the "extremely low and very-low" income families which support the Consolidated Plan of families being classified as "cost-burdened".

Attachment In006(c)10 and in006(d)10 provides the statistical data on the families currently being assisted on our housing programs which reflects AHA is serving the extremely to very low income families.

9.0

Need 2: Utility Assistance:

Families cannot be assisted due to their inability to obtain utilities due to outstanding debt owed to the utility companies. AHA only provides water and sewage for two (2) developments and large family single family units the family is responsible for all utilities. As it relates to Section 8 applicants are experiencing the same issue.

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.**

Need 1: Provide more Affordable Housing Opportunities.

Strategies:

- Maximize the **inadequate funding** for Public Housing & Section 8 to the best of our ability
- Monitor Section 8 monies and lease up rate on a monthly basis
- Apply for Housing Choice Vouchers, if available
- Reducing turnover time for vacate public housing units
- Reducing time to renovate public housing units.
- Enforce program participates to adhere to the rules and regulations of the programs and terminate if necessary, so that a family from a waiting list may be assisted.
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies.

Unfortunately, due to the economic climate of the City of Anderson, housing "higher income families" to off-set insufficient funding is non-existent.

Need 2: Utility Assistance

Strategies:

9.1

- Refer families with utility issues to Bridges of Delaware County. This agency received stimulus monies for a three year period which can assist families with utilities issues, security deposits, rent, etc
- Refer families to "Friend to Friend Program" for utility assistance
- Refer participants of the Section 8 Program to JobSource's Weatherization Program
- Refer families to the Energy Assistance Program - JobSource

10.0	**Additional Information.** Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. • Outreaching for "higher income families" to off-set the inadequate funding for the programs • Partnership with City of Anderson's Community Development Department for replacement of financially and maintenance burdened large family single home public housing units. • Construct 6 energy efficient single family homes for Public Housing Replacement Housing • Improving the quality of public housing units through modernization. • Improved the living environment of the residents of Westvale Manor Apartments and Lynnwood Village Apartments as a result of installing security cameras, active in the City's Weed and Seed Program and implementing a Neighborhood Crime Watch group for Westvale Manor Apartments. • Implementing Neighborhood Crime Watch group for Lynnwood Village Apartments. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" The Anderson Housing Authority defines significant amendments or modifications to be: • Denial of application for Disposition of Public Housing • Any change with regard to demolition or disposition, designation, homeownership programs • Changes to Administrative Plan and/or ACOP
11.0	**Required Submission for HUD Field Office Review.** In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) **Attachments in006(k)10** (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) **Attachment in006(k)10** (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) **Attachment in006(k)10** (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) **Attachment in006(k)10** (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. **Attachment in006(e)10** (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) **Attachments in006(f);(g);(h);(i)10** (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only) **Attachment (in006)j10**

11-0. REQUIRED SUBMISSION FOR HUD OFFICE REVIEW

ATTACHMENT: IN006(g)10

(h) RESIDENT MEETING MINUTES/COMMENTS

Attachment IN006 (e) 10

11.0: Required Submission to HUD Field Office Review
(f) Resident Comments

ANDERSON HOUSING AUTHORITY
RESIDENT MEETING COMMENTS

OCTOBER 21, 2009

The Anderson Housing Authority held two (2) residents meetings on October 21, 2009 to obtain input into the 5-Year Plan. All residents were notified by mail and a total of seven (7) residents attend the meetings. There were no residents from the large family scattered site units.

Comments:

Westvale Manor Apartments:

Westvale Manor Residents were extremely pleased with the improvement in crime and safety at Westvale Manor Apartments. The impact of AHA installing security cameras, an organized and active crime watch group, AHA and residents relationship with Anderson City Police Department and AHA actively eliminating "undesirable" residents have provided a much more safe and enjoyable living environment. They were very much thankful that AHA took the position to eliminate outside organizations to utilize the basketball court and the installation of "no trespassing" signs have dramatically reduced non-residents coming onto the property. They stated that residents are now coming out of their apartments more and allowing their children to play on the playground equipment.

The suggestions for future improvements for Westvale Manor Apts. were:

1. Upgrade the laundry equipment. Inadequate and they do always work.
2. Clean up and improve playground equipment and area
3. Commons Room carpet needs to be cleaned or replaced.

Lynnwood Village Apartments:

Residents were pleased security cameras have been installed and a crime watch group will be organized at the beginning of next year. Residents very comfortable and content living at Lynnwood Village Apts.

The suggestions for future improvements to Lynnwood Village Apartments were:

1. Update and improve playground equipment and area
2. Carpet and blinds needs to be replaced along with painting

8.1. CAPITAL FUND PROGRAM/PERFORMANCE & EVALUATION REPORT

ATTACHMENTS:

IN006(f)10: CFP IN36P006501-09
IN006(g)10: CFP IN36P006501-10
IN006(h)10: CFP IN36S006501-09
IN006(i)10: CFP IN36P006501-08

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Anderson Housing Authority 528 W 11th St Anderson, IN 46016-1228	Grant Type and Number Capital Fund Program Grant No: IN36P006501 09 Replacement Housing Factor Grant No:	Federal FY of Grant: 09

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☑ Revised Annual Statement (revision no: 1)

☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	5,000.00	0.00	0.00	0.00
3	1408 Management Improvements	5,000.00	0.00	0.00	2,675.20
4	1410 Administration	20,000.00	0.00	0.00	20,000.00
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	5,500.00	0.00	0.00	0.00
8	1440 Site Acquisition	4,000.00	0.00	0.00	0.00
9	1450 Site Improvement	8,100.00	0.00	0.00	540.00
10	1460 Dwelling Structures	23,160.00	0.00	0.00	9,891.87
11	1465 Dwelling Equipment - Nonexpendable	5,935.00	0.00	0.00	3,579.35
12	1470 Nondwelling Structures	708.00	0.00	0.00	725.00
13	1475 Non Dwelling Equipment	7,300.00	0.00	0.00	5,175.50
14	1485 Demolition	2,000.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to work Demonstration	0.00	0.00	0.00	0.00
17	1495 Relocation Costs	2,000.00	0.00	0.00	0.00
18	1499 Development Activities	125,000.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	213,703.00	0.00	0.00	42,586.92
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director: Cindy Mummert

Cindy D. Mummert

Date (mm/dd/yyyy)

January 6, 2010

HUD Certification: In approving this budget and providing assistance to a specific housing development(s) I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Director, Office of Public Housing / ONAP Administrator

Date (mm/dd/yyyy)

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 09
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36P006501 09** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration								
IN36P006-ALL	.074 Operations	1406		5,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.119 Vac Red Trng / Temp Help	1408		5,000.00	0.00	0.00	2,675.20	54 %
IN36P006-ALL	.067 Mod Administration	1410		20,000.00	0.00	0.00	20,000.00	100 %
IN36P006-ALL	.001 A & E Professional Service	1430		4,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.051 Inspect Costs	1430		1,500.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.143 Site Aquisition	1440		4,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.119 Vac Red Trng / Temp Help	1460		3,000.00	0.00	0.00	2,419.20	81 %
IN36P006-ALL	.064 Maintenance Equipment	1465		2,011.00	0.00	0.00	3,579.35	178 %
IN36P006-ALL	.146 Key Replacement	1465		500.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.035 Emergencies	1470		0.00	0.00	0.00	725.00	0 %
IN36P006-ALL	.064 Maintenance Equipment	1475		2,500.00	0.00	0.00	4,568.00	183 %
IN36P006-ALL	.072 Office Equipment	1475		2,500.00	0.00	0.00	408.00	16 %
IN36P006-ALL	.130 Demolition	1485		2,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.131 Relocation	1495		2,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.132 Mod used for Dev.	1499		125,000.00	0.00	0.00	0.00	Proposed
	Totals			179,011.00	0.00	0.00	34,374.75	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: **Anderson Housing Authority** **528 W 11th St** **Anderson, IN 46016-1228**	**Grant Type and Number** Capital Fund Program Grant No: **IN36P006501 09** Replacement Housing Factor Grant No:	**Federal FY of Grant: 09**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Westvale Manor Apts.								
IN36P006-001	.035 Emergencies	1450		400.00	0.00	0.00	0.00	Proposed
IN36P006-001	.035 Emergencies	1460		0.00	0.00	0.00	1,035.00	0 %
IN36P006-001	.039 Floor R/R	1460		0.00	0.00	0.00	633.60	0 %
IN36P006-001	.059 Kitchen Cabinets	1460		1,000.00	0.00	0.00	84.80	8 %
IN36P006-001	.125 Water Heater R/R	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-001	.134 HVAC R/R	1460		2,000.00	0.00	0.00	0.00	Proposed
IN36P006-001	.149 Plumbing R/R	1460		0.00	0.00	0.00	161.00	0 %
IN36P006-001	.159 Unit Modernization	1460		0.00	0.00	0.00	846.00	0 %
IN36P006-001	.035 Emergencies	1465		824.00	0.00	0.00	0.00	Proposed
IN36P006-001	.035 Emergencies	1475		500.00	0.00	0.00	0.00	Proposed
	Totals			5,724.00	0.00	0.00	2,760.40	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: **Anderson Housing Authority** **528 W 11th St** **Anderson, IN 46016-1228**	**Grant Type and Number** Capital Fund Program Grant No: **IN36P006501 09** Replacement Housing Factor Grant No:	**Federal FY of Grant: 09**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Large Family Scattered Sites								
IN36P006-002	.035 Emergencies	1450		800.00	0.00	0.00	0.00	Proposed
IN36P006-002	.118 Tree Trimming	1450		2,000.00	0.00	0.00	540.00	27 %
IN36P006-002	.152 Lawn Maintenance	1450		300.00	0.00	0.00	0.00	Proposed
IN36P006-002	.033 Electrical Repair	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-002	.035 Emergencies	1460		800.00	0.00	0.00	0.00	Proposed
IN36P006-002	.125 Water Heater R/R	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-002	.134 HVAC R/R	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-002	.149 Plumbing R/R	1460		1,000.00	0.00	0.00	1,488.00	149 %
IN36P006-002	.159 Unit Modernization	1460		0.00	0.00	0.00	0.00	Proposed
IN36P006-002	.035 Emergencies	1465		800.00	0.00	0.00	0.00	Proposed
IN36P006-002	.035 Emergencies	1475		800.00	0.00	0.00	199.50	25 %
	Totals			9,500.00	0.00	0.00	2,227.50	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: **Anderson Housing Authority** **528 W 11th St** **Anderson, IN 46016-1228**	**Grant Type and Number** Capital Fund Program Grant No: **IN36P006501 09** Replacement Housing Factor Grant No:	**Federal FY of Grant: 09**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Lynnwood Village Apts								
IN36P006-003	.035 Emergencies	1450		500.00	0.00	0.00	0.00	Proposed
IN36P006-003	.118 Tree Trimming	1450		300.00	0.00	0.00	0.00	Proposed
IN36P006-003	.152 Lawn Maintenance	1450		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-003	.016 Carpet R/R	1460		2,160.00	0.00	0.00	2,348.34	109 %
IN36P006-003	.035 Emergencies	1460		800.00	0.00	0.00	0.00	Proposed
IN36P006-003	.039 Floor R/R	1460		500.00	0.00	0.00	0.00	Proposed
IN36P006-003	.125 Water Heater R/R	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-003	.134 HVAC R/R	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-003	.149 Plumbing R/R	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-003	.159 Unit Modernization	1460		0.00	0.00	0.00	612.00	0 %
IN36P006-003	.035 Emergencies	1465		800.00	0.00	0.00	0.00	Proposed
IN36P006-003	.035 Emergencies	1475		800.00	0.00	0.00	0.00	Proposed
	Totals			9,860.00	0.00	0.00	2,960.34	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 09
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36P006501 09** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Large Family Scattered Sites								
IN36P006-004	.035 Emergencies	1450		800.00	0.00	0.00	0.00	Proposed
IN36P006-004	.118 Tree Trimming	1450		1,500.00	0.00	0.00	0.00	Proposed
IN36P006-004	.152 Lawn Maintenance	1450		200.00	0.00	0.00	0.00	Proposed
IN36P006-004	.035 Emergencies	1460		0.00	0.00	0.00	263.93	0 %
IN36P006-004	.039 Floor R/R	1460		1,200.00	0.00	0.00	0.00	Proposed
IN36P006-004	.125 Water Heater R/R	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-004	.134 HVAC R/R	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-004	.149 Plumbing R/R	1460		500.00	0.00	0.00	0.00	Proposed
IN36P006-004	.035 Emergencies	1465		800.00	0.00	0.00	0.00	Proposed
IN36P006-004	.035 Emergencies	1470		708.00	0.00	0.00	0.00	Proposed
	Totals			7,708.00	0.00	0.00	263.93	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 09
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36P006501 09** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
17th Street Scattered Sites								
IN36P006-005	.035 Emergencies	1450		200.00	0.00	0.00	0.00	Proposed
IN36P006-005	.152 Lawn Maintenance	1450		100.00	0.00	0.00	0.00	Proposed
IN36P006-005	.035 Emergencies	1460		200.00	0.00	0.00	0.00	Proposed
IN36P006-005	.035 Emergencies	1460		200.00	0.00	0.00	0.00	Proposed
IN36P006-005	.125 Water Heater R/R	1460		300.00	0.00	0.00	0.00	Proposed
IN36P006-005	.134 HVAC R/R	1460		500.00	0.00	0.00	0.00	Proposed
IN36P006-005	.035 Emergencies	1465		200.00	0.00	0.00	0.00	Proposed
IN36P006-005	.035 Emergencies	1475		200.00	0.00	0.00	0.00	Proposed
	Totals			1,900.00	0.00	0.00	0.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Anderson Housing Authority 528 W. 11th St Anderson, IN 46016	**Grant Type and Number** Capital Fund Program No: IN36P006501 09 Replacement Housing Factor No:	**Federal FY of Grant:** 09

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IN36P006-ALL	06/13/11			06/13/13			
IN36P006-001	06/13/11			06/13/13			
IN36P006-002	06/13/11			06/13/13			
IN36P006-003	06/13/11			06/13/13			
IN36P006-004	06/13/11			06/13/13			
IN36P006-005	06/13/11			06/13/13			

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:	**Grant Type and Number**	**FFY of Grant: 2010**
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016**	Capital Fund Program Grant No: IN36P006501 10 Replacement Housing Factor Grant No: Date of CFFP: 09/15/2010	**FFY of Grant Approval: 2010**

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[1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)[3]	20,000.00			
3	1408 Management Improvements	5,000.00			
4	1410 Administration (may not exceed 10% of line 21)	12,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	8,000.00			
10	1460 Dwelling Structures	109,594.00			
11	1465.1 Dwelling Equipment—Nonexpendable	59,000.00			
12	1470 Non-dwelling Structures	10,000.00			
13	1475 Non-dwelling Equipment	6,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities[4]				
18a	1501 Collateralization or Debt Service paid by 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)	231,594.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director: Cindy Mummert	**Date: 12/21/2009**	**Signature of Public Housing Director**	**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 CFP Grants for operations.
[4] RHF funds shall be included here.

form **HUD-50075.1** (4/2008)

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 II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FFY of Grant:
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016**	Capital Fund Program Grant No: **IN36P006501 10** CFFP (Yes/ No): **Yes** Replacement Housing Factor Grant No:	**2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
Westvale Manor Apts								
IN36P00600000001	Operations	1406		20,000.00				
IN36P00600000001	Software upgrades	1408		5,000.00				Proposed
IN36P00600000001	Mod Administration	1410		12,000.00				Proposed
IN36P00600000001	Energy Study	1430		1,000.00				Proposed
IN36P00600000001	Inspect Costs	1430		1,000.00				Proposed
IN36P00600000001	Emergencies	1450		2,000.00				Proposed
IN36P00600000001	Tree Trimming	1450		3,000.00				Proposed
IN36P00600000001	Lawn Maintenance	1450		3,000.00				Proposed
IN36P00600000001	Carpet R/R	1460		10,000.00				Proposed
IN36P00600000001	Door R/R	1460		500.00				Proposed
IN36P00600000001	Electrical Repairs	1460		3,000.00				Proposed
IN36P00600000001	Emergencies	1460		2,000.00				Proposed
IN36P00600000001	Floor R/R	1460		6,000.00				Proposed
IN36P00600000001	Kitchen Cabinets	1460		6,000.00				Proposed
IN36P00600000001	Playground Repairs	1460		10,000.00				Proposed
IN36P00600000001	Vac Red Trng / Temp Help	1460		10,000.00				Proposed
IN36P00600000001	Water Heater R/R	1460		8,000.00				Proposed
IN36P00600000001	HVAC R/R	1460		8,000.00				Proposed
IN36P00600000001	Plumbing R/R	1460		11,000.00				Proposed
IN36P00600000001	Unit Modernization	1460		35,094.00				Proposed

[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 II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FFY of Grant:
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016**	Capital Fund Program Grant No: **IN36P006501 10** CFFP (Yes/ No): **Yes** Replacement Housing Factor Grant No:	**2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
Westvale Manor Apts.								
IN36P00600000001	Emergencies	1465		2000.00				Proposed
IN36P00600000001	Maintenance Equipment	1465		40,000.00				Proposed
IN36P00600000001	Refrigerators R/R	1465		10,000.00				Proposed
IN36P00600000001	Stoves	1465		6,000.00				Proposed
IN36P00600000001	Key Replacement	1465		1,000.00				Proposed
IN36P00600000001	Door R/R	1460		500.00				Proposed
IN36P00600000001	Garage Upgrade	1470		10,000.00				Proposed
IN36P00600000001	Emergencies	1475		1,000.00				Proposed
IN36P00600000001	Office Equipment	1475		5,000.00				
	Total			231,594.00				

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name:
Anderson Housing Authority
528 W 11th St
Anderson, IN 46016

Federal FFY of Grant: 2010

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IN36P00600000001	09/14/2012		09/14/2014		

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

form **HUD-50075.1** (4/2008)

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Anderson Housing Authority
528 W 11th St
Anderson, IN 46016-1228

Grant Type and Number
Capital Fund Program Grant No: IN36S006501 09
Replacement Housing Factor Grant No: .

Federal FY of Grant: 09

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: 1)

☑ Performance and Evaluation Report for Period Ending: 06/13/2009 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	23,000.00	0.00	3,916.80
4	1410 Administration	25,000.00	24,000.00	0.00	921.27
5	1411 Audit	1,000.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	10,000.00	1,000.00	0.00	0.00
8	1440 Site Acquisition	18,000.00	18,000.00	0.00	0.00
9	1450 Site Improvement	10,000.00	25,600.00	0.00	24,404.94
10	1460 Dwelling Structures	23,000.00	72,511.00	0.00	89,903.53
11	1465 Dwelling Equipment - Nonexpendable	7,000.00	25,982.00	0.00	13,147.45
12	1470 Nondwelling Structures	0.00	18,759.00	0.00	0.00
13	1475 Non Dwelling Equipment	37,000.00	84,300.00	38,000.00	52,870.79
14	1485 Demolition	28,000.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to work Demonstration	0.00	0.00	0.00	0.00
17	1495 Relocation Costs	4,000.00	0.00	0.00	0.00
18	1499 Development Activities	130,152.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	293,152.00	293,152.00	38,000.00	185,164.78
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director: Cindy Mummert

Date (mm/dd/yyyy)

HUD Certification: In approving this budget and providing assistance to a specific housing development(s) I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Director, Office of Public Housing / ONAP Administrator

Date (mm/dd/yyyy)

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 09
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36S006501 09** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration								
IN36P006-ALL	.119 Vac Red Trng / Temp Help	1408		0.00	23,000.00	0.00	3,916.80	17 %
IN36P006-ALL	.067 Mod Administration	1410		25,000.00	24,000.00	0.00	921.27	4 %
IN36P006-ALL	.005 Audit Costs	1411		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.001 A & E Professional Service	1430		5,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.051 Inspect Costs	1430		5,000.00	1,000.00	0.00	0.00	Proposed
IN36P006-ALL	.143 Site Aquisition	1440		18,000.00	18,000.00	0.00	0.00	Proposed
IN36P006-ALL	.061 Landscaping Repair	1450		10,000.00	10,000.00	0.00	16,713.00	167 %
IN36P006-ALL	.064 Maintenance Equipment	1460		23,000.00	23,000.00	0.00	18,718.71	81 %
IN36P006-ALL	.088 Refrigerators R/R	1465		4,000.00	13,000.00	0.00	10,354.00	80 %
IN36P006-ALL	.111 Stoves	1465		3,000.00	9,058.00	0.00	1,774.83	20 %
IN36P006-ALL	.146 Key Replacement	1465		0.00	500.00	0.00	1,018.62	204 %
IN36P006-ALL	.024 Computer Upgrades	1475		0.00	4,000.00	0.00	16,525.54	413 %
IN36P006-ALL	.035 Emergencies	1475		0.00	1,000.00	0.00	0.00	Proposed
IN36P006-ALL	.064 Maintenance Equipment	1475		0.00	40,000.00	0.00	287.40	1 %
IN36P006-ALL	.066 Modernization Vehicle	1475		0.00	0.00	38,000.00	35,666.85	1 %
IN36P006-ALL	.072 Office Equipment	1475		37,000.00	37,000.00	0.00	391.00	1 %
IN36P006-ALL	.130 Demolition	1485		28,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.131 Relocation	1495		4,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.132 Mod used for Dev.	1499		130,152.00	0.00	0.00	0.00	Proposed
	Totals			293,152.00	203,558.00	38,000.00	106,288.02	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 09
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36S006501 09** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Westvale Manor Apts.								
IN36P006-001	.035 Emergencies	1450		0.00	400.00	0.00	100.00	25 %
IN36P006-001	.080 Parking Lot Repair	1450		0.00	0.00	0.00	0.00	Proposed
IN36P006-001	.118 Tree Trimming	1450		0.00	5,500.00	0.00	0.00	Proposed
IN36P006-001	.152 Lawn Maintenance	1450		0.00	1,000.00	0.00	2,842.00	284 %
IN36P006-001	.016 Carpet R/R	1460		0.00	2,500.00	0.00	3,276.52	131 %
IN36P006-001	.033 Electrical Repair	1460		0.00	711.00	0.00	793.75	112 %
IN36P006-001	.035 Emergencies	1460		0.00	800.00	0.00	6,852.88	857 %
IN36P006-001	.039 Floor R/R	1460		0.00	500.00	0.00	8,017.27	1603 %
IN36P006-001	.059 Kitchen Cabinets	1460		0.00	1,000.00	0.00	0.00	Proposed
IN36P006-001	.125 Water Heater R/R	1460		0.00	3,500.00	0.00	700.83	20 %
IN36P006-001	.134 HVAC R/R	1460		0.00	2,000.00	0.00	0.00	Proposed
IN36P006-001	.149 Plumbing R/R	1460		0.00	1,500.00	0.00	1,918.41	128 %
IN36P006-001	.159 Unit Modernization	1460		0.00	0.00	0.00	8,561.55	128 %
IN36P006-001	.035 Emergencies	1465		0.00	824.00	0.00	0.00	Proposed
IN36P006-001	.007 Basketball Court	1470		0.00	3,000.00	0.00	0.00	Proposed
IN36P006-001	.158 Garage Upgrade	1470		0.00	15,000.00	0.00	0.00	Proposed
IN36P006-001	.035 Emergencies	1475		0.00	500.00	0.00	0.00	Proposed
	Totals			0.00	38,735.00	0.00	33,063.21	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 09
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36S006501 09** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Large Family Scattered Sites								
IN36P006-002	.035 Emergencies	1450		0.00	800.00	0.00	0.00	Proposed
IN36P006-002	.118 Tree Trimming	1450		0.00	2,000.00	0.00	0.00	Proposed
IN36P006-002	.152 Lawn Maintenance	1450		0.00	300.00	0.00	100.00	33 %
IN36P006-002	.016 Carpet R/R	1460		0.00	3,500.00	0.00	0.00	Proposed
IN36P006-002	.033 Electrical Repair	1460		0.00	1,000.00	0.00	0.00	Proposed
IN36P006-002	.035 Emergencies	1460		0.00	800.00	0.00	5,212.00	652 %
IN36P006-002	.039 Floor R/R	1460		0.00	3,000.00	0.00	11.13	0 %
IN36P006-002	.059 Kitchen Cabinets	1460		0.00	3,000.00	0.00	0.00	Proposed
IN36P006-002	.125 Water Heater R/R	1460		0.00	2,000.00	0.00	0.00	Proposed
IN36P006-002	.134 HVAC R/R	1460		0.00	0.00	0.00	799.00	0 %
IN36P006-002	.149 Plumbing R/R	1460		0.00	5,000.00	0.00	416.50	8 %
IN36P006-002	.159 Unit Modernization	1460		0.00	3,000.00	0.00	6,720.06	224 %
IN36P006-002	.035 Emergencies	1465		0.00	800.00	0.00	0.00	Proposed
IN36P006-002	.035 Emergencies	1475		0.00	800.00	0.00	0.00	Proposed
	Totals			0.00	26,000.00	0.00	13,258.69	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 09
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36S006501 09** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Lynnwood Village Apts								
IN36P006-003	.035 Emergencies	1450		0.00	500.00	0.00	0.00	Proposed
IN36P006-003	.118 Tree Trimming	1450		0.00	300.00	0.00	600.00	200 %
IN36P006-003	.152 Lawn Maintenance	1450		0.00	1,000.00	0.00	1,099.94	110 %
IN36P006-003	.157 Soil Erosion	1450		0.00	1,000.00	0.00	1,900.00	190 %
IN36P006-003	.016 Carpet R/R	1460		0.00	2,200.00	0.00	2,424.30	110 %
IN36P006-003	.035 Emergencies	1460		0.00	800.00	0.00	1,594.20	199 %
IN36P006-003	.039 Floor R/R	1460		0.00	500.00	0.00	4,614.42	923 %
IN36P006-003	.125 Water Heater R/R	1460		0.00	1,000.00	0.00	0.00	Proposed
IN36P006-003	.134 HVAC R/R	1460		0.00	1,000.00	0.00	949.50	95 %
IN36P006-003	.149 Plumbing R/R	1460		0.00	1,000.00	0.00	0.00	Proposed
IN36P006-003	.159 Unit Modernization	1460		0.00	0.00	0.00	4,303.57	0 %
IN36P006-003	.035 Emergencies	1465		0.00	800.00	0.00	0.00	Proposed
IN36P006-003	.035 Emergencies	1475		0.00	800.00	0.00	0.00	Proposed
	Totals			0.00	10,900.00	0.00	17,485.93	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 09
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36S006501 09** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Large Family Scattered Sites								
IN36P006-004	.035 Emergencies	1450		0.00	800.00	0.00	0.00	Proposed
IN36P006-004	.118 Tree Trimming	1450		0.00	1,500.00	0.00	0.00	Proposed
IN36P006-004	.152 Lawn Maintenance	1450		0.00	200.00	0.00	1,050.00	525 %
IN36P006-004	.016 Carpet R/R	1460		0.00	1,500.00	0.00	3,065.85	204 %
IN36P006-004	.035 Emergencies	1460		0.00	2,000.00	0.00	5,745.00	287 %
IN36P006-004	.039 Floor R/R	1460		0.00	1,200.00	0.00	0.00	Proposed
IN36P006-004	.125 Water Heater R/R	1460		0.00	1,000.00	0.00	0.00	Proposed
IN36P006-004	.134 HVAC R/R	1460		0.00	1,000.00	0.00	30.00	3 %
IN36P006-004	.149 Plumbing R/R	1460		0.00	500.00	0.00	989.00	198 %
IN36P006-004	.159 Unit Modernization	1460		0.00	0.00	0.00	3,997.48	198 %
IN36P006-004	.035 Emergencies	1465		0.00	800.00	0.00	0.00	Proposed
IN36P006-004	.035 Emergencies	1470		0.00	759.00	0.00	0.00	Proposed
	Totals			0.00	11,259.00	0.00	14,877.33	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: **Anderson Housing Authority** **528 W 11th St** **Anderson, IN 46016-1228**	**Grant Type and Number** Capital Fund Program Grant No: **IN36S006501 09** Replacement Housing Factor Grant No:	**Federal FY of Grant: 09**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
17th Street Scattered Sites								
IN36P006-005	.035 Emergencies	1450		0.00	200.00	0.00	0.00	Proposed
IN36P006-005	.152 Lawn Maintenance	1450		0.00	100.00	0.00	0.00	Proposed
IN36P006-005	.035 Emergencies	1460		0.00	1,200.00	0.00	123.00	10 %
IN36P006-005	.125 Water Heater R/R	1460		0.00	300.00	0.00	0.00	Proposed
IN36P006-005	.134 HVAC R/R	1460		0.00	500.00	0.00	0.00	Proposed
IN36P006-005	.159 Unit Modernization	1460		0.00	0.00	0.00	68.60	0 %
IN36P006-005	.035 Emergencies	1465		0.00	200.00	0.00	0.00	Proposed
IN36P006-005	.035 Emergencies	1475		0.00	200.00	0.00	0.00	Proposed
	Totals			0.00	2,700.00	0.00	191.60	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Anderson Housing Authority 528 W 11th St Anderson, IN 46016-1228	Grant Type and Number Capital Fund Program Grant No: IN36P006501 08 Replacement Housing Factor Grant No:	Federal FY of Grant: 08

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: 0)

☑ Performance and Evaluation Report for Period Ending: 06/13/2009 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	50,000.00	0.00	2,993.49	16,377.00
3	1408 Management Improvements	28,000.00	0.00	0.00	33,968.27
4	1410 Administration	1,000.00	0.00	0.00	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	3,500.00	0.00	0.00	2,060.40
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	13,600.00	0.00	0.00	25,179.94
10	1460 Dwelling Structures	49,511.00	0.00	0.00	60,977.53
11	1465 Dwelling Equipment - Nonexpendable	52,924.00	0.00	0.00	41,208.57
12	1470 Nondwelling Structures	4,759.00	0.00	0.00	0.00
13	1475 Non Dwelling Equipment	28,300.00	0.00	0.00	48,828.80
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to work Demonstration	0.00	0.00	0.00	0.00
17	1495 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	231,594.00	0.00	2,993.49	228,600.51
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director: Cindy Mummert

Date (mm/dd/yyyy)

HUD Certification: In approving this budget and providing assistance to a specific housing development(s) I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Director, Office of Public Housing / ONAP Administrator

Date (mm/dd/yyyy)

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 08
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36P006501 08** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration								
IN36P006-ALL	.074 Operations	1406		50,000.00	0.00	2,993.49	16,377.00	33 %
IN36P006-ALL	.106 Software Upgrades	1408		5,000.00	0.00	0.00	3,376.12	68 %
IN36P006-ALL	.119 Vac Red Trng / Temp Help	1408		23,000.00	0.00	0.00	30,592.15	133 %
IN36P006-ALL	.067 Mod Administration	1410		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.036 Energy Study	1430		2,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.051 Inspect Costs	1430		1,500.00	0.00	0.00	2,060.40	137 %
IN36P006-ALL	.152 Lawn Maintenance	1450		2,000.00	0.00	0.00	5,875.00	294 %
IN36P006-ALL	.064 Maintenance Equipment	1465		30,000.00	0.00	0.00	25,736.57	86 %
IN36P006-ALL	.088 Refrigerators R/R	1465		9,000.00	0.00	0.00	15,352.00	171 %
IN36P006-ALL	.111 Stoves	1465		10,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.146 Key Replacement	1465		500.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.035 Emergencies	1470		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.024 Computer Upgrades	1475		10,000.00	0.00	0.00	0.00	Proposed
IN36P006-ALL	.064 Maintenance Equipment	1475		7,000.00	0.00	0.00	11,194.91	160 %
IN36P006-ALL	.072 Office Equipment	1475		9,000.00	0.00	0.00	37,633.89	418 %
	Totals			161,000.00	0.00	2,993.49	148,198.04	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 08
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36P006501 08** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Westvale Manor Apts.								
IN36P006-001	.035 Emergencies	1450		400.00	0.00	0.00	0.00	Proposed
IN36P006-001	.080 Parking Lot Repair	1450		0.00	0.00	0.00	14,945.00	0 %
IN36P006-001	.118 Tree Trimming	1450		1,500.00	0.00	0.00	0.00	Proposed
IN36P006-001	.152 Lawn Maintenance	1450		1,000.00	0.00	0.00	400.00	40 %
IN36P006-001	.016 Carpet R/R	1460		2,500.00	0.00	0.00	13,035.39	521 %
IN36P006-001	.033 Electrical Repair	1460		711.00	0.00	0.00	5,659.08	796 %
IN36P006-001	.035 Emergencies	1460		800.00	0.00	0.00	7,475.75	934 %
IN36P006-001	.039 Floor R/R	1460		500.00	0.00	0.00	240.00	48 %
IN36P006-001	.059 Kitchen Cabinets	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-001	.125 Water Heater R/R	1460		3,500.00	0.00	0.00	2,959.61	85 %
IN36P006-001	.134 HVAC R/R	1460		2,000.00	0.00	0.00	0.00	Proposed
IN36P006-001	.149 Plumbing R/R	1460		1,500.00	0.00	0.00	487.50	33 %
IN36P006-001	.035 Emergencies	1465		824.00	0.00	0.00	0.00	Proposed
IN36P006-001	.007 Basketball Court	1470		3,000.00	0.00	0.00	0.00	Proposed
IN36P006-001	.035 Emergencies	1475		500.00	0.00	0.00	0.00	Proposed
	Totals			19,735.00	0.00	0.00	45,202.33	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: **Anderson Housing Authority** **528 W 11th St** **Anderson, IN 46016-1228**		**Grant Type and Number** Capital Fund Program Grant No: **IN36P006501 08** Replacement Housing Factor Grant No:				**Federal FY of Grant: 08**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Large Family Scattered Sites								
IN36P006-002	.035 Emergencies	1450		800.00	0.00	0.00	0.00	Proposed
IN36P006-002	.118 Tree Trimming	1450		2,000.00	0.00	0.00	2,975.00	149 %
IN36P006-002	.152 Lawn Maintenance	1450		300.00	0.00	0.00	350.00	117 %
IN36P006-002	.016 Carpet R/R	1460		3,500.00	0.00	0.00	6,955.70	199 %
IN36P006-002	.033 Electrical Repair	1460		1,000.00	0.00	0.00	391.37	39 %
IN36P006-002	.035 Emergencies	1460		800.00	0.00	0.00	6,549.00	819 %
IN36P006-002	.039 Floor R/R	1460		3,000.00	0.00	0.00	0.00	Proposed
IN36P006-002	.059 Kitchen Cabinets	1460		3,000.00	0.00	0.00	1,284.94	43 %
IN36P006-002	.125 Water Heater R/R	1460		2,000.00	0.00	0.00	100.00	5 %
IN36P006-002	.134 HVAC R/R	1460		3,000.00	0.00	0.00	537.00	18 %
IN36P006-002	.149 Plumbing R/R	1460		5,000.00	0.00	0.00	1,337.79	27 %
IN36P006-002	.035 Emergencies	1465		800.00	0.00	0.00	120.00	15 %
IN36P006-002	.035 Emergencies	1475		800.00	0.00	0.00	0.00	Proposed
	Totals			26,000.00	0.00	0.00	20,600.80	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 08
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36P006501 08** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Lynnwood Village Apts								
IN36P006-003	.035 Emergencies	1450		500.00	0.00	0.00	0.00	Proposed
IN36P006-003	.118 Tree Trimming	1450		300.00	0.00	0.00	0.00	Proposed
IN36P006-003	.152 Lawn Maintenance	1450		1,000.00	0.00	0.00	449.94	45 %
IN36P006-003	.157 Soil Erosion	1450		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-003	.016 Carpet R/R	1460		2,200.00	0.00	0.00	4,618.66	210 %
IN36P006-003	.035 Emergencies	1460		800.00	0.00	0.00	7,082.24	885 %
IN36P006-003	.039 Floor R/R	1460		500.00	0.00	0.00	100.00	20 %
IN36P006-003	.125 Water Heater R/R	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-003	.134 HVAC R/R	1460		1,000.00	0.00	0.00	707.00	71 %
IN36P006-003	.149 Plumbing R/R	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-003	.035 Emergencies	1465		800.00	0.00	0.00	0.00	Proposed
IN36P006-003	.035 Emergencies	1475		800.00	0.00	0.00	0.00	Proposed
	Totals			10,900.00	0.00	0.00	12,957.84	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: **Anderson Housing Authority** **528 W 11th St** **Anderson, IN 46016-1228**	**Grant Type and Number** Capital Fund Program Grant No: **IN36P006501 08** Replacement Housing Factor Grant No:	**Federal FY of Grant: 08**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Large Family Scattered Sites								
IN36P006-004	.035 Emergencies	1450		800.00	0.00	0.00	0.00	Proposed
IN36P006-004	.118 Tree Trimming	1450		1,500.00	0.00	0.00	0.00	Proposed
IN36P006-004	.152 Lawn Maintenance	1450		200.00	0.00	0.00	185.00	93 %
IN36P006-004	.016 Carpet R/R	1460		1,500.00	0.00	0.00	0.00	Proposed
IN36P006-004	.035 Emergencies	1460		2,000.00	0.00	0.00	497.50	25 %
IN36P006-004	.039 Floor R/R	1460		1,200.00	0.00	0.00	0.00	Proposed
IN36P006-004	.125 Water Heater R/R	1460		1,000.00	0.00	0.00	0.00	Proposed
IN36P006-004	.134 HVAC R/R	1460		1,000.00	0.00	0.00	162.00	16 %
IN36P006-004	.149 Plumbing R/R	1460		500.00	0.00	0.00	203.00	41 %
IN36P006-004	.035 Emergencies	1465		800.00	0.00	0.00	0.00	Proposed
IN36P006-004	.035 Emergencies	1470		759.00	0.00	0.00	0.00	Proposed
	Totals			11,259.00	0.00	0.00	1,047.50	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant: 08
Anderson Housing Authority **528 W 11th St** **Anderson, IN 46016-1228**	Capital Fund Program Grant No: **IN36P006501 08** Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
17th Street Scattered Sites								
IN36P006-005	.035 Emergencies	1450		200.00	0.00	0.00	0.00	Proposed
IN36P006-005	.152 Lawn Maintenance	1450		100.00	0.00	0.00	0.00	Proposed
IN36P006-005	.035 Emergencies	1460		1,200.00	0.00	0.00	80.00	7 %
IN36P006-005	.125 Water Heater R/R	1460		300.00	0.00	0.00	0.00	Proposed
IN36P006-005	.134 HVAC R/R	1460		500.00	0.00	0.00	514.00	103 %
IN36P006-005	.035 Emergencies	1465		200.00	0.00	0.00	0.00	Proposed
IN36P006-005	.035 Emergencies	1475		200.00	0.00	0.00	0.00	Proposed
	Totals			2,700.00	0.00	0.00	594.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Anderson Housing Authority 528 W. 11th St Anderson, IN 46016	**Grant Type and Number** Capital Fund Program No: IN36P006501 08 Replacement Housing Factor No:	**Federal FY of Grant:** 08

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IN36P006-ALL	06/12/10			06/13/12			
IN36P006-001	06/12/10			06/13/12			
IN36P006-002	06/12/10			06/13/12			
IN36P006-003	06/12/10			06/13/12			
IN36P006-004	06/12/10			06/13/12			
IN36P006-005	06/12/10			06/13/12			

8.2. CAPITAL FUND PROGRAM FIVE-YEAR ACTION PLAN

ATTACHMENT in006(j)10

13. Capital Fund Program Five-Year Action Plan

Attachment: in006(j)10

Capital Fund Program Five-Year Action Plan Part I: Summary					
PHA Name				☒Original 5-Year Plan ☐Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2011 PHA FY: 20112	Work Statement for Year 3 FFY Grant: 2012 PHA FY: 2013	Work Statement for Year 4 FFY Grant: 2013 PHA FY: 2014	Work Statement for Year 5 FFY Grant: 2014 PHA FY: 2015
	Annual Statement				
IN36P00600000001		231,594.00	231,594.00	231,594.00	231,594.00
CFP Funds Listed for 5-year planning	231594	231,594.00	232,594.00	231,594.00	232,594.00
Replacement Housing Factor Funds					

13. Capital Fund Program Five-Year Action Plan

Attachment: in006(j)10

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :2____ FFY Grant: 2011 PHA FY: 2012			Activities for Year: 3___ FFY Grant:2012 PHA FY: 2013		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	IN36P00600000001	Office Furniture	10,000	IN36P00600000001	Office Equipment	25,000
Annual	Westvale Manor	System Upgrade	10,000	Westvale Manor	Computer Upgrade	10,000
Statement		Emergency	10,000		Playground Repairs	10,000
		Elec. Panels	10,000		Kitchen/Bath Exhaust	10,000
		Unit Paint Outs	5,000		Emergencies	5,000
		HACV	15,000		Closet Door Replacements	10,000
		Playground	10,000		Electric Wall Heaters	25,000
		Interior Doors	20,000			
		Kitchen Cabinets	10,000		Playground	15,000
					Thermopane Windows	20,000
		Storm Doors	25,000		Floorings	25,000
		Soil Erosion	5,000		Soil Erosion	5,000
		Kitchen Repairs	20,000			
		Furnaces	20,000		Concrete Repairs	15,000
					Appliances	10,000
		Exterior Lighting	15,000		Hot Water Heater	10,000
		Soil Erosion	10,000			
		Concrete	20,000		Gutters/Downspouts	25,000
		Bathroom Repairs	25,000			
Total CFP Estimated Cost			$			$

13. Capital Fund Program Five-Year Action Plan

Attachment: in006(j)10

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities					
Activities for Year :____ FFY Grant: 2013 PHA FY: 2014			Activities for Year: ___ FFY Grant: 2014 PHA FY: 2015		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
IN36P00600000001	Office Furniture	10,000	IN36P00600000001	Office Equipment	10,000
Westvale Manor	System Upgrade	10,000	Westvale Manor	Computer Upgrade	10,000
	Kitchen Cabinets	10,000		Soil Erosion	5,000
	Electric Panel	30,000		Flooring	25,000
	Paint-Outs	10,000		Unit Paint-Outs	5,000
	Appliances	15,000		HACV	15,000
	Bathroom Repairs	30,000		Site Improvement	10,000
				Window Replacements	10,000
	Concrete	15,000		Garage Improvements	15,000
	Parking lot	20,000			
	Siding	10,000		Unit Replacement	106,000.00
	Soil Erosion	5,000			
	Emergencies	10,000			
	Garage Repairs	20,000			
	Unit Paint-Outs	10,000			
	Dehumidifiers Basement	15,000			
	Soil Erosion	5,000			
Total CFP Estimated Cost		$			$

9.0 HOUSING NEEDS

ATTACHMENT in006(c)10

PUBLIC HOUSING 50058 PARTICIPANTS STATISTICAL REVIEW

Unit Characteristics

Summary Totals By Property (Row) and Subsidy Type (Column)

	P	Total
in006001 - Westvale Manor Apts.	51	**51**
in006002 - Large Family Scattered S	28	**28**
in006003 - Lynnwood Village Apts	21	**21**
in006004 - Large Family Scattered S	17	**17**
in006005 - 17th Street Scattered Sit	4	**4**
Total	**121**	**121**

Summary Totals By Property and Bedrooms (Row) and Number Family Members (Column)

		1	2	3	4	5	6	7	8	Total
in006001 - Westvale Manor Apts.	1	11	0	0	0	0	0	0	0	**11**
	2	3	18	16	3	0	0	0	0	**40**
	Total	**14**	**18**	**16**	**3**	**0**	**0**	**0**	**0**	**51**
in006002 - Large Family Scattered Sites	3	0	1	4	9	6	2	0	0	**22**
	4	0	0	0	0	3	1	1	1	**6**
	Total	**0**	**1**	**4**	**9**	**9**	**3**	**1**	**1**	**28**
in006003 - Lynnwood Village Apts	3	0	1	5	8	6	1	0	0	**21**
	Total	**0**	**1**	**5**	**8**	**6**	**1**	**0**	**0**	**21**
in006004 - Large Family Scattered Sites	3	0	2	8	3	2	0	0	0	**15**
	4	0	0	0	0	0	1	1	0	**2**
	Total	**0**	**2**	**8**	**3**	**2**	**1**	**1**	**0**	**17**
in006005 - 17th Street Scattered Sites	3	0	0	3	1	0	0	0	0	**4**
	Total	**0**	**0**	**3**	**1**	**0**	**0**	**0**	**0**	**4**
Total		**14**	**22**	**36**	**24**	**17**	**5**	**2**	**1**	**121**

Characteristics of Head of Household

Summary Totals for Head of Household by Property and Contract (Row) and Gender (Column)

	Female	Male	Total
in006001 - Westvale Manor Apts.	42	9	**51**
in006002 - Large Family Scattered S	26	2	**28**
in006003 - Lynnwood Village Apts	21	0	**21**
in006004 - Large Family Scattered S	14	3	**17**
in006005 - 17th Street Scattered Sit	4	0	**4**
Total	**107**	**14**	**121**

Summary Totals for Head of Household by Property (Row) and Race (Column)

	Am Indian	Black	White	Total
in006001 - Westvale Manor Apts.	0	35	16	**51**
in006002 - Large Family Scattered S	0	14	14	**28**
in006003 - Lynnwood Village Apts	1	9	11	**21**
in006004 - Large Family Scattered S	0	7	10	**17**
in006005 - 17th Street Scattered Sit	0	4	0	**4**
Total	**1**	**69**	**51**	**121**

Summary Totals for Head of Household by Property (Row) and Ethnicity (Column)

	Hispanic	Non-Hispanic	Total
in006001 - Westvale Manor Apts.	0	51	**51**
in006002 - Large Family Scattered S	1	27	**28**
in006003 - Lynnwood Village Apts	2	19	**21**
in006004 - Large Family Scattered S	0	17	**17**
in006005 - 17th Street Scattered Sit	0	4	**4**
Total	**3**	**118**	**121**

Summary Totals for Head of Household by Property (Row) and Age Group (Column)

	Under 21	21-29	30-39	40-49	50-61	62-69	70-79	Total
in006001 - Westvale Manor Apts.	3	20	6	11	10	0	1	**51**
in006002 - Large Family Scattered S	0	5	16	7	0	0	0	**28**
in006003 - Lynnwood Village Apts	0	11	8	2	0	0	0	**21**
in006004 - Large Family Scattered S	0	2	5	8	1	1	0	**17**
in006005 - 17th Street Scattered Sit	0	1	2	0	1	0	0	**4**

	Under 21	21-29	30-39	40-49	50-61	62-69	70-79	Total
Total	**3**	**39**	**37**	**28**	**12**	**1**	**1**	**121**

Characteristics of All Household Members

Summary Totals for all Household Members by Property (Row) and Relation (Column)

	Adult	CoHead	Head	Spouse	Student	Youth	Total
in006001 - Westvale Manor Apts.	1	0	51	0	3	55	**110**
in006002 - Large Family Scattered S	7	1	28	4	3	85	**128**
in006003 - Lynnwood Village Apts	0	0	21	2	0	62	**85**
in006004 - Large Family Scattered S	2	0	17	7	4	33	**63**
in006005 - 17th Street Scattered Sit	0	0	4	1	0	8	**13**
Total	**10**	**1**	**121**	**14**	**10**	**243**	**399**

Summary Totals for all Household Members by Property (Row) and Gender (Column)

	Female	Male	Total
in006001 - Westvale Manor Apts.	73	37	**110**
in006002 - Large Family Scattered S	75	53	**128**
in006003 - Lynnwood Village Apts	51	34	**85**
in006004 - Large Family Scattered S	34	29	**63**
in006005 - 17th Street Scattered Sit	10	3	**13**
Total	**243**	**156**	**399**

Summary Totals for all Household Members by Property (Row) and Race (Column)

	Am Indian	Black	White	Multiple	Unk	Total
in006001 - Westvale Manor Apts.	0	63	33	2	12	**110**
in006002 - Large Family Scattered S	0	61	52	0	15	**128**
in006003 - Lynnwood Village Apts	4	37	27	1	16	**85**
in006004 - Large Family Scattered S	0	21	31	2	9	**63**
in006005 - 17th Street Scattered Sit	0	9	0	0	4	**13**
Total	**4**	**191**	**143**	**5**	**56**	**399**

Summary Totals for all Household Members by Property (Row) and Ethnicity (Column)

	Hispanic	Non-Hispanic	Unknown	Total
in006001 - Westvale Manor Apts.	1	91	18	**110**
in006002 - Large Family Scattered S	10	102	16	**128**
in006003 - Lynnwood Village Apts	11	60	14	**85**
in006004 - Large Family Scattered S	2	48	13	**63**
in006005 - 17th Street Scattered Sit	0	9	4	**13**
Total	**24**	**310**	**65**	**399**

Summary Totals for all Household Members by Property (Row) and Age Group (Column)

	0-5	6-12	13-17	18-21	22-29	30-39	40-49	50-54	55-61	62-69	70-79	Total
in006001 - Westvale Manor Apts.	36	15	2	13	16	6	11	6	4	0	1	**110**
in006002 - Large Family Scattered S	21	29	30	13	8	18	9	0	0	0	0	**128**
in006003 - Lynnwood Village Apts	31	28	3	0	13	8	2	0	0	0	0	**85**
in006004 - Large Family Scattered S	3	13	17	6	3	6	11	2	1	1	0	**63**
in006005 - 17th Street Scattered Sit	1	4	3	0	1	2	0	1	1	0	0	**13**
Total	**92**	**89**	**55**	**32**	**41**	**40**	**33**	**9**	**6**	**1**	**1**	**399**

Summary Totals By Property (Row) and Gross Income Group (Column)

	Under 5000	5000-9999	10000-14999	15000-19999	20000-24999	25000-29999	30000-34999	Over 40000	Totals
in006001 - Westvale	30 $1788	14 $8097	4 $12127	2 $16869	1 $22767	0 $0	0 $0	0 $0	**51** **$5,333**
in006002 - Large Family	12 $2609	5 $7816	3 $12355	7 $17563	1 $23439	0 $0	0 $0	0 $0	**28** **$9,066**
in006003 - Lynnwood	10 $1478	6 $8240	4 $12634	1 $19410	0 $0	0 $0	0 $0	0 $0	**21** **$6,389**
in006004 - Large Family	6 $1958	5 $7568	0 $0	1 $17880	1 $24799	1 $25616	1 $34989	2 $50959	**17** **$14,988**
in006005 - 17th Street	1 $0	0 $0	2 $12908	1 $15851	0 $0	0 $0	0 $0	0 $0	**4** **$10,417**
Total	**59** **$1889**	**30** **$7991**	**13** **$12456**	**12** **$17485**	**3** **$23668**	**1** **$25616**	**1** **$34989**	**2** **$50959**	**121** **$7,905**

9.0 HOUSING NEEDS

ATTACHMENT: IN006(d)10

SECTION 8 50058 PARTICIPANTS STATISTICAL REVIEW

Unit Characteristics

Summary Totals By Property (Row) and Subsidy Type (Column)

	VO	Total
vo - Section 8	1095	**1095**
Total	**1095**	**1095**

Summary Totals By Property and Bedrooms (Row) and Number Family Members (Column)

		1	2	3	4	5	6	7	8	Total
vo - Section 8	0	1	1	1	1	0	0	0	0	**4**
	1	159	3	0	0	0	0	0	0	**162**
	2	219	175	72	10	2	1	0	0	**479**
	3	14	57	169	117	36	14	3	0	**410**
	4	0	0	5	13	11	4	5	1	**39**
	5	0	0	1	0	0	0	0	0	**1**
	Total	**393**	**236**	**248**	**141**	**49**	**19**	**8**	**1**	**1,095**
Total		**393**	**236**	**248**	**141**	**49**	**19**	**8**	**1**	**1,095**

Characteristics of Head of Household

Summary Totals for Head of Household by Property and Contract (Row) and Gender (Column)

	Female	Male	Total
vo - Section 8	958	137	**1,095**
Total	**958**	**137**	**1,095**

Summary Totals for Head of Household by Property (Row) and Race (Column)

	Am Indian	Asian	Black	White	Multiple	Total
vo - Section 8	3	3	573	514	2	**1,095**
Total	**3**	**3**	**573**	**514**	**2**	**1,095**

Summary Totals for Head of Household by Property (Row) and Ethnicity (Column)

	Hispanic	Non-Hispanic	Total
vo - Section 8	17	1,078	**1,095**
Total	**17**	**1,078**	**1,095**

Summary Totals for Head of Household by Property (Row) and Age Group (Column)

	Under 21	21-29	30-39	40-49	50-61	62-69	70-79	80-99	Total
vo - Section 8	12	240	290	207	206	77	37	26	**1,095**
Total	**12**	**240**	**290**	**207**	**206**	**77**	**37**	**26**	**1,095**

Characteristics of All Household Members

Summary Totals for all Household Members by Property (Row) and Relation (Column)

	Adult	CoHead	Head	Live-in	Spouse	Student	Youth	Total
vo - Section 8	116	14	1095	7	42	54	1268	**2596**
Total	**116**	**14**	**1095**	**7**	**42**	**54**	**1268**	**2596**

Summary Totals for all Household Members by Property (Row) and Gender (Column)

	Female	Male	Total
vo - Section 8	1,694	902	**2,596**
Total	**1,694**	**902**	**2,596**

Summary Totals for all Household Members by Property (Row) and Race (Column)

	Am Indian	Asian	Black	White	Multiple	Unk	Total
vo - Section 8	3	4	1,478	1,100	4	7	**2,596**
Total	**3**	**4**	**1,478**	**1,100**	**4**	**7**	**2,596**

Summary Totals for all Household Members by Property (Row) and Ethnicity (Column)

	Hispanic	Non-Hispanic	Unknown	Total
vo - Section 8	60	2,486	50	**2,596**
Total	**60**	**2,486**	**50**	**2,596**

Summary Totals for all Household Members by Property (Row) and Age Group (Column)

	0-5	6-12	13-17	18-21	22-29	30-39	40-49	50-54	55-61	62-69	70-79	80-89	90-99	Total
vo - Section 8	413	523	311	134	272	327	229	116	115	84	45	23	4	**2,596**
Total	**413**	**523**	**311**	**134**	**272**	**327**	**229**	**116**	**115**	**84**	**45**	**23**	**4**	**2,596**

Summary Totals By Property (Row) and Gross Income Group (Column)

	Under 5000	5000-9999	10000-14999	15000-19999	20000-24999	25000-29999	30000-34999	35000-40000	Over 40000	Totals
vo - Section 8	272 $2191	383 $8106	227 $12028	126 $17368	55 $21994	18 $26492	10 $32056	3 $36796	1 $45358	**1095** **$9,847**
Total	**272** **$2191**	**383** **$8106**	**227** **$12028**	**126** **$17368**	**55** **$21994**	**18** **$26492**	**10** **$32056**	**3** **$36796**	**1** **$45358**	**1095** **$9,847**

9.0 HOUSING NEEDS

ATTACHMENT in006(b)10

PUBLIC HOUSING WAITING LIST STATISTICAL REVIEW

Waiting List Review Attachment in006(b)10

Anderson Housing Authority (IN006)
Public Housing Waiting List

Waiting List Code: phwl
Property: Waiting Property
Property Code: waiting
Waiting List Type: 0
Max Refusals: 1

Date/Time Last Generated: December 14, 2009 9:24 am
List Open: Yes
Date Open: November 06, 2008
Date Closed:

List Ordering

Sort Order 1: Date/Time
Sort Order 2:
Sort Order 3:
Sort Order 4:
Sort Order 5:
Use Single Preference Rule: No

Waiting List Statistics

Total Selected: 0
Total Rejected: 0
Total Housed: 0
Total In Process: 0
% Lease up: 0.0%

Income Targeting

Code	Income Limit Description	Req. %	Pts/ Wt	# Selected	# Rejected	# Housed	# In Process	% Lease Up	% Met
extlow	Anderson MSA Extremely Low Income	40%	0	11	6	6	-1	50.0%	0.0%
low	Anderson MSA Low Income	50%	0	0	1	0	-1	0.0%	0.0%
verylow	Anderson MSA Very Low Income	10%	0	2	2	0	0	0.0%	0.0%

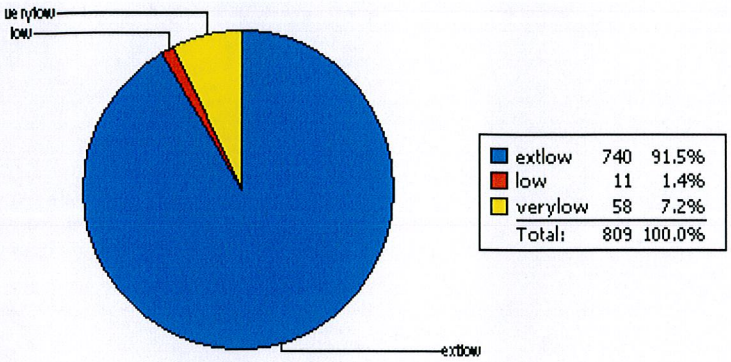
Income Limits Detail

Code	Description	Median Income	% Med Inc	Income Limits - Number of HH Members 1	2	3	4	5	6	7	8
extlow	Anderson MSA Extremely Low Income	56,700	30%	13,500	15,400	17,350	19,250	20,800	22,350	23,850	25,400
verylow	Anderson MSA Very Low Income	56,700	50%	22,450	25,650	28,850	32,050	34,600	37,200	39,750	42,300
low	Anderson MSA Low Income	56,700	80%	35,900	41,050	46,150	51,300	55,400	59,500	63,600	67,700

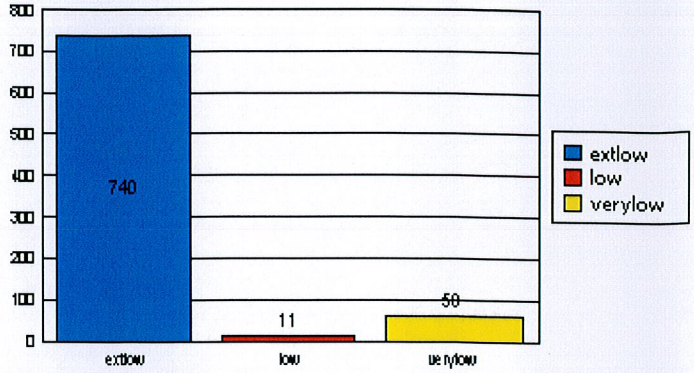
Current Waiting List Households by Selection Status and Income Limit

	extlow	low	verylow	Total Number
Not Selected	740	11	58	**809**
	135	94	128	**134**
	1	4	6	**1**
	349	247	305	**349**
Total	**740**	**11**	**58**	**809**
	135	**94**	**128**	**134**
	1	**4**	**6**	**1**
	349	**247**	**305**	**349**

Households by Income Limit - Percentage



Households by Income Limit - Count



Waiting List Preferences

Preference Calculation Method: Aggregate

Code	Preference Description	Points / Weight	Rank

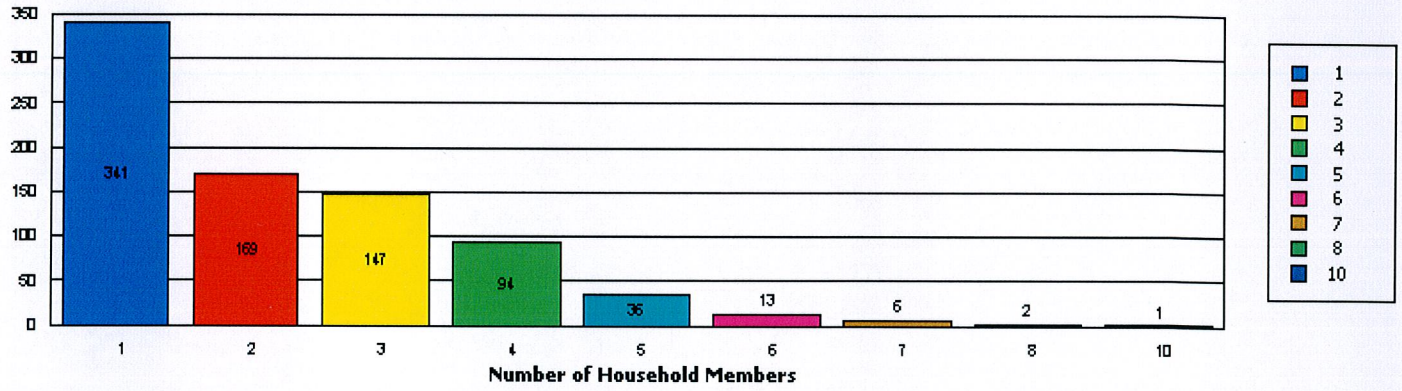
Number of Households With Preferences

Waiting List Summary Information

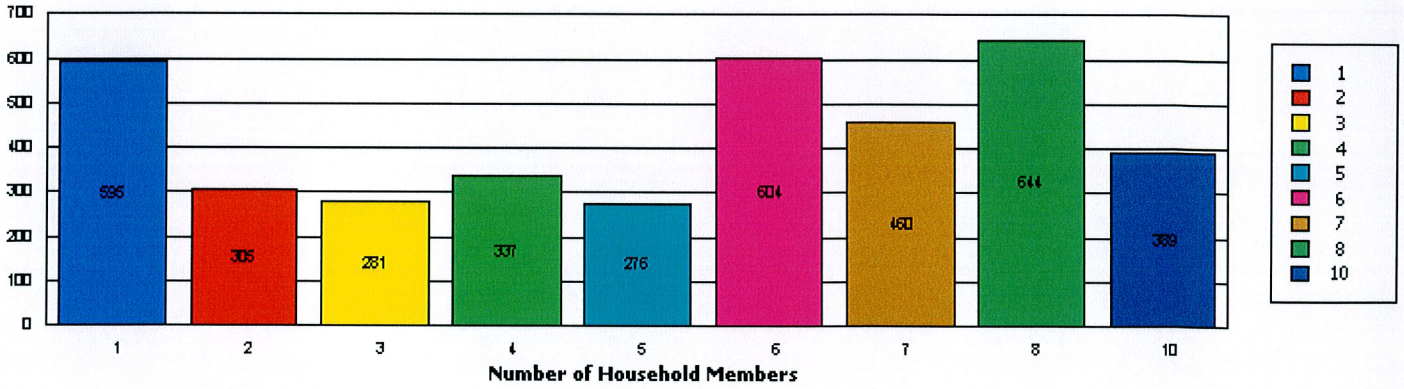
Waiting List Time Based on Number of HH Members

	1	2	3	4	5	6	7	8	10	# Families
Not Selected	341 595 18 1,955	169 305 3 1,218	147 281 14 1,223	94 337 19 1,354	36 276 31 1,201	13 604 206 1,183	6 460 193 1,167	2 644 208 1,081	1 389 389 389	**809** **432** **3** **1,955**
Total	**341** **595** **18** **1,955**	**169** **305** **3** **1,218**	**147** **281** **14** **1,223**	**94** **337** **19** **1,354**	**36** **276** **31** **1,201**	**13** **604** **206** **1,183**	**6** **460** **193** **1,167**	**2** **644** **208** **1,081**	**1** **389** **389** **389**	**809** **432** **3** **1,955**

Number of Households on Waiting List by Number of Members



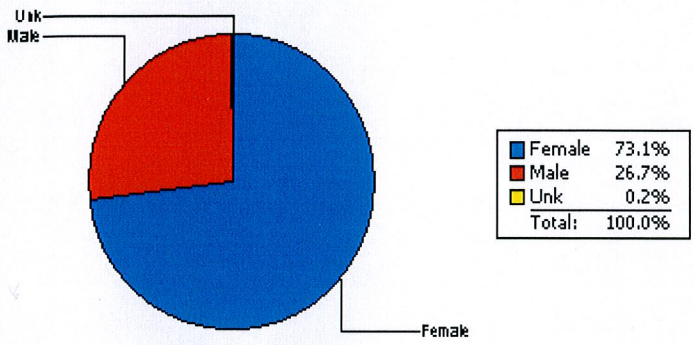
Avg Days on Waiting List by Number of Household Members



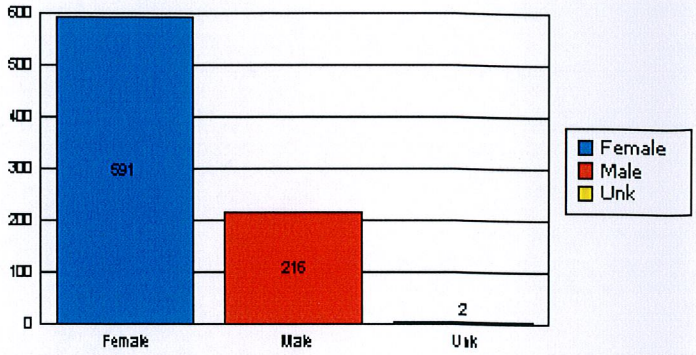
Gender of Head of Household

	Female	Male	Unk	Total
Not Selected	591	216	2	**809**
Total	**591**	**216**	**2**	**809**

Gender of Head of HH - Percentage



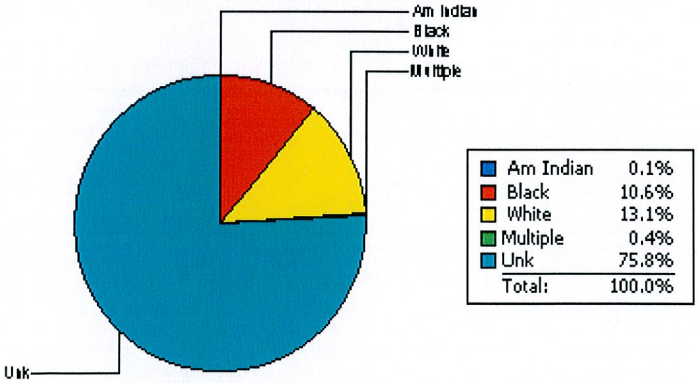
Gender of Head of HH - Count



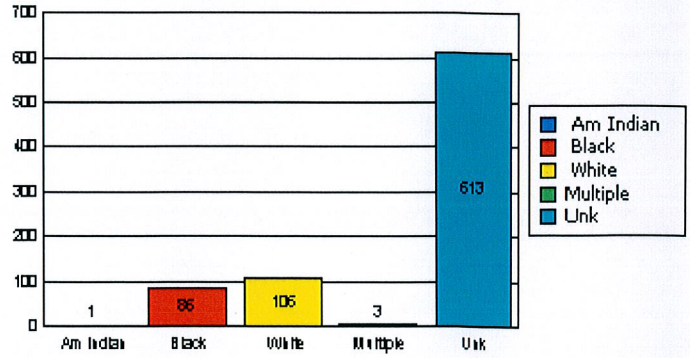
Household Race

	Am Indian	Black	White	Multiple	Unk	Total
Not Selected	1	86	106	3	613	**809**
Total	**1**	**86**	**106**	**3**	**613**	**809**

Household Race - Percentage



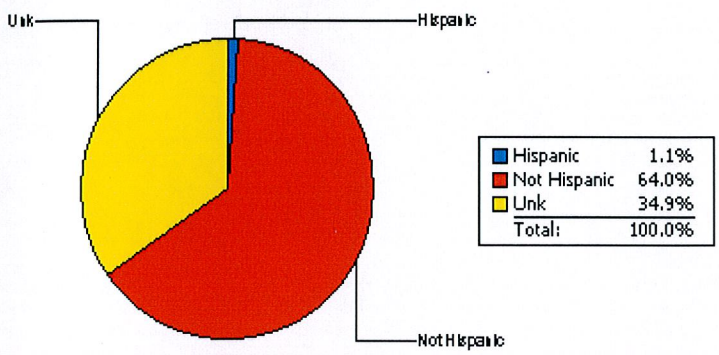
Household Race - Count



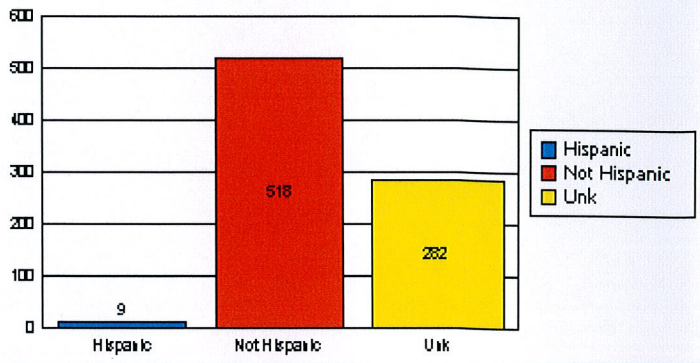
Household Ethnicity

	Hispanic	Not Hispanic	Unk	Total
Not Selected	9	518	282	**809**
Total	**9**	**518**	**282**	**809**

Household Ethnicity - Percentage



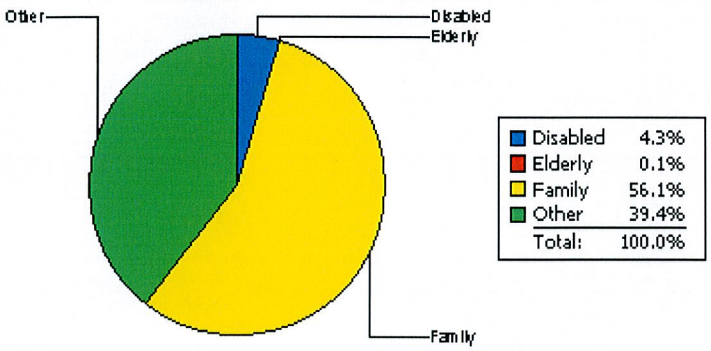
Household Ethnicity - Count



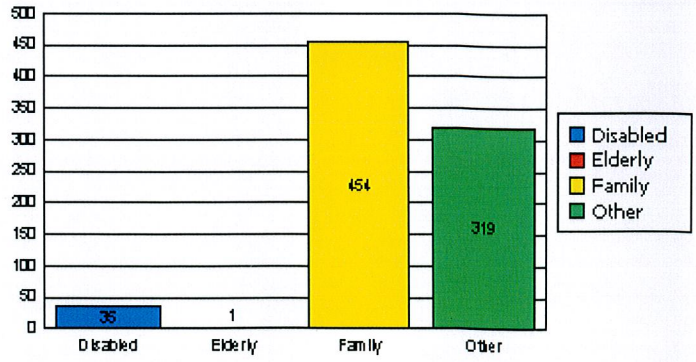
Household Type

	Disabled	Elderly	Family	Other	Total
Not Selected	35	1	454	319	**809**
Total	**35**	**1**	**454**	**319**	**809**

Household Type - Percentage



Household Type - Count



9.0 HOUSING NEEDS

ATTACHMENT in006(a)10

SECTION 8 WAITING LIST STATISTICAL REVIEW

Waiting List Review Attachment in006(a)10

Anderson Housing Authority (IN006)
Section 8 Waiting List

Waiting List Code: s8wl
Property: Waiting Property
Property Code: waiting
Waiting List Type: 1
Max Refusals: 1

Date/Time Last Generated: November 19, 2009 2:44 pm
List Open: Yes
Date Open: July 11, 2007
Date Closed: July 18, 2007

List Ordering

Sort Order 1: Date/Time
Sort Order 2:
Sort Order 3:
Sort Order 4:
Sort Order 5: Date/Time
Use Single Preference Rule: No

Waiting List Statistics

Total Selected: 194
Total Rejected: 36
Total Housed: 159
Total In Process: -1
% Lease up: 81.5%

Income Targeting

Code	Income Limit Description	Req. %	Pts/ Wt	# Selected	# Rejected	# Housed	# In Process	% Lease Up	% Met
extlow	Anderson MSA Extremely Low Income	75%	0	38	3	30	5	90.9%	18.9%
low	Anderson MSA Low Income	0%	0	0	0	0	0	0.0%	0.0%
verylow	Anderson MSA Very Low Income	25%	0	4	1	1	2	50.0%	0.6%

Income Limits Detail

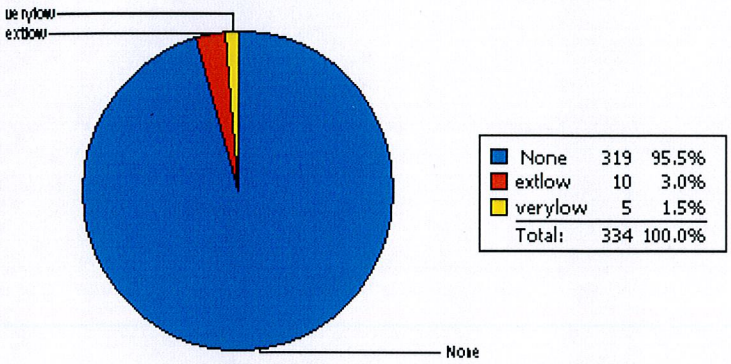
Code	Description	Median Income	% Med Inc	Income Limits - Number of HH Members 1	2	3	4	5	6	7	8
extlow	Anderson MSA Extremely Low Income	56,700	30%	13,500	15,400	17,350	19,250	20,800	22,350	23,850	25,400
verylow	Anderson MSA Very Low Income	56,700	50%	22,450	25,650	28,850	32,050	34,600	37,200	39,750	42,300
low	Anderson MSA Low Income	56,700	80%	35,900	41,050	46,150	51,300	55,400	59,500	63,600	67,700

Current Waiting List Households by Selection Status and Income Limit

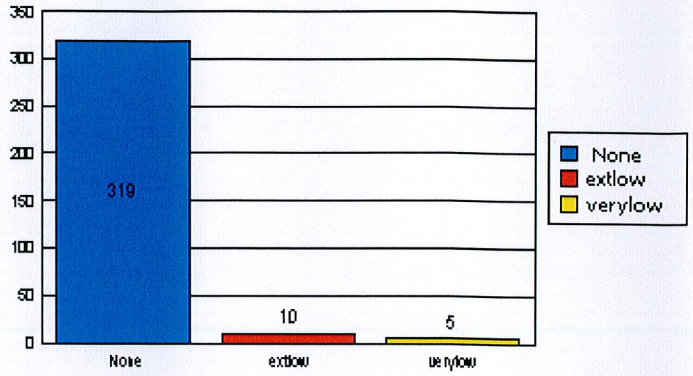
	None	extlow	verylow	Total Number
Not Selected	306	10	5	**321**
	173	175	88	**171**
	1	11	9	**1**
	333	334	185	**334**
Selected	13	0	0	**13**
	70	0	0	**70**
	57	0	0	**57**
	100	0	0	**100**

	None	extlow	verylow	Total Number
Total	**319** **169** **1** **333**	**10** **175** **11** **334**	**5** **88** **9** **185**	**334** **168** **1** **334**

Households by Income Limit - Percentage



Households by Income Limit - Count



Waiting List Preferences

Preference Calculation Method: Aggregate

Code	Preference Description	Points / Weight	Rank

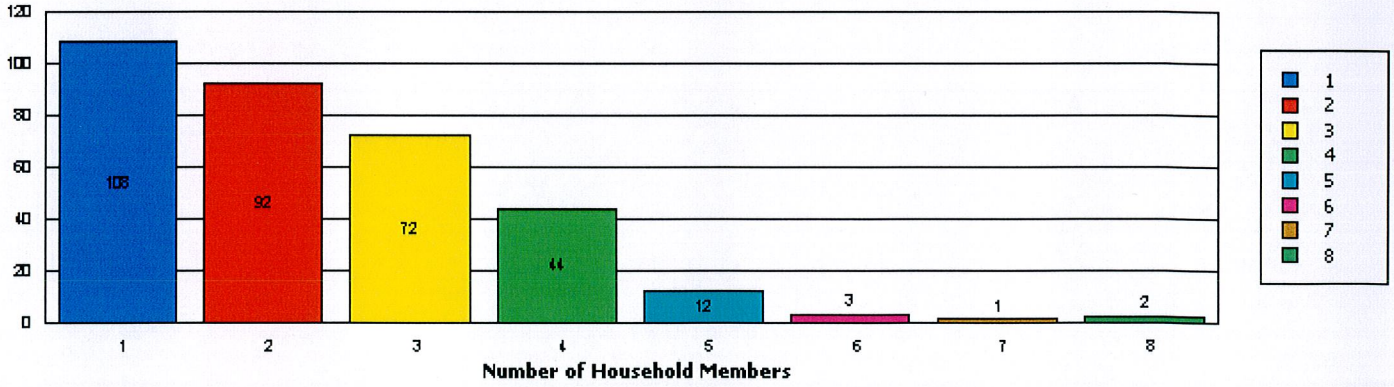
Number of Households With Preferences

Waiting List Summary Information

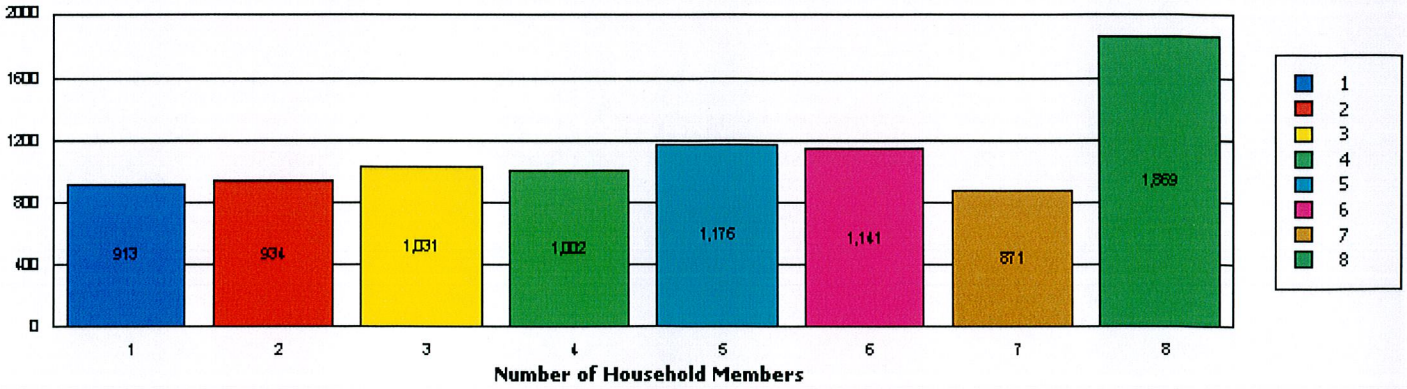
Waiting List Time Based on Number of HH Members

	1	2	3	4	5	6	7	8	# Families
Not Selected	102 915 879 1,880	89 937 879 1,802	70 1,036 118 3,365	43 1,005 879 3,512	12 1,176 879 2,630	3 1,141 879 1,663	0 0 0 0	2 1,869 1,866 1,872	**321** **977** **118** **3,512**
Selected	6 870 869 871	3 870 870 871	2 874 871 877	1 869 869 869	0 0 0 0	0 0 0 0	1 871 871 871	0 0 0 0	**13** **871** **869** **877**
Total	**108** **913** **869** **1,880**	**92** **934** **870** **1,802**	**72** **1,031** **118** **3,365**	**44** **1,002** **869** **3,512**	**12** **1,176** **879** **2,630**	**3** **1,141** **879** **1,663**	**1** **871** **871** **871**	**2** **1,869** **1,866** **1,872**	**334** **973** **118** **3,512**

Number of Households on Waiting List by Number of Members



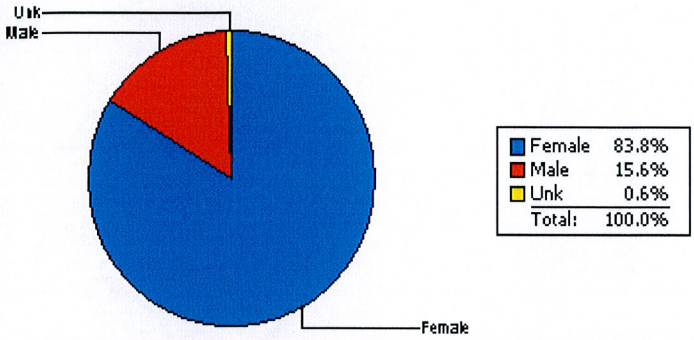
Avg Days on Waiting List by Number of Household Members



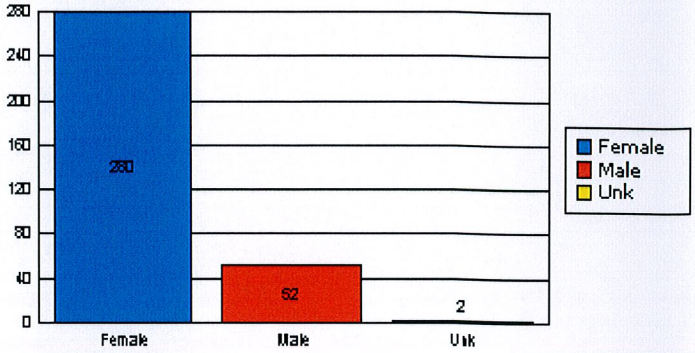
Gender of Head of Household

	Female	Male	Unk	Total
Not Selected	267	52	2	**321**
Selected	13	0	0	**13**
Total	**280**	**52**	**2**	**334**

Gender of Head of HH - Percentage



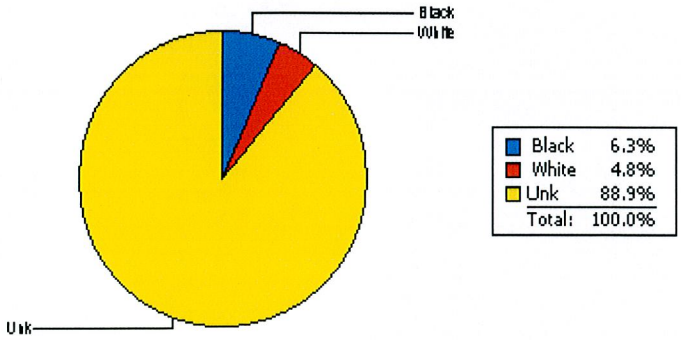
Gender of Head of HH - Count



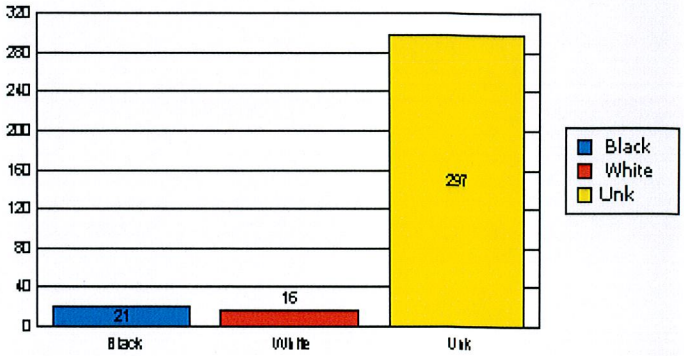
Household Race

	Black	White	Unk	Total
Not Selected	21	16	284	**321**
Selected	0	0	13	**13**
Total	**21**	**16**	**297**	**334**

Household Race - Percentage



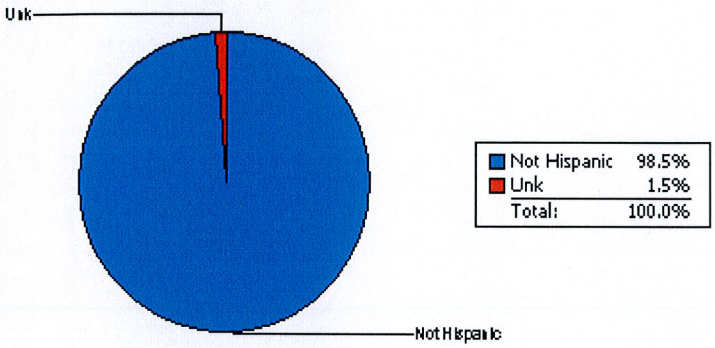
Household Race - Count



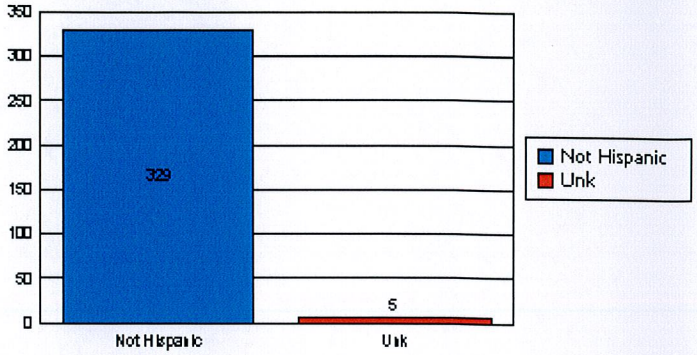
Household Ethnicity

	Not Hispanic	Unk	Total
Not Selected	316	5	**321**
Selected	13	0	**13**
Total	**329**	**5**	**334**

Household Ethnicity - Percentage



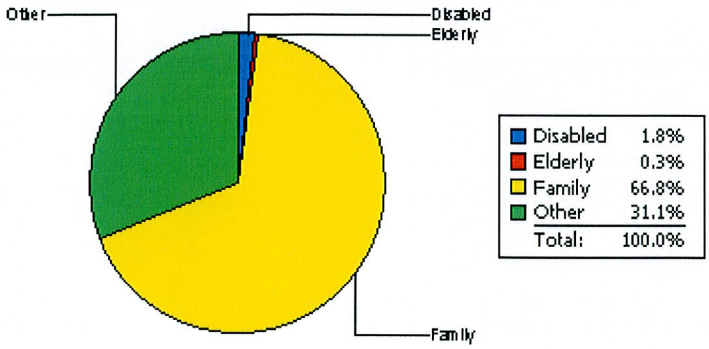
Household Ethnicity - Count



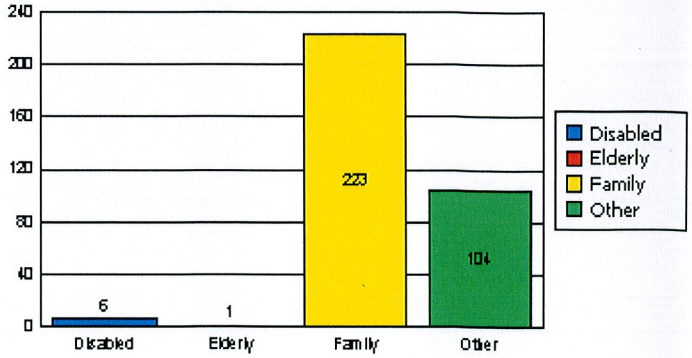
Household Type

	Disabled	Elderly	Family	Other	Total
Not Selected	6	1	216	98	**321**
Selected	0	0	7	6	**13**
Total	**6**	**1**	**223**	**104**	**334**

Household Type - Percentage



Household Type - Count



11.0 REQUIRED SUBMISSION FOR HUD OFFICE REVIEW

ATTACHMENTS

- **Form HUD-50077 PHA Certification of Compliance with the PHA Plans and Related Regulations**
- **Form HUD-50070 Certification for a Drug-Free Workplace**
- **Form HUD-50071 Certification of Payments to Influence Federal Transactions**
- **Form HUD-50077-CR Civil Rights Certification**
- **Form SF-LLL Disclosure of Lobbying Activities**
- **Form SF-LLL-A Disclosure of Lobbying Activities Continuation Sheet**

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

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* ___ *Annual PHA Plan for the PHA fiscal year beginning* 4/2010 *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.

ANDERSON HOUSING AUTHORITY	IN006
PHA Name	PHA Number/HA Code

__x__ 5-Year PHA Plan for Fiscal Years 20_10_ - 20_15_

_____ Annual PHA Plan for Fiscal Years 20____ - 20____

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

Name of Authorized Official	Title
JOESPH COOK	CHAIRMAN
Signature	Date
X	12/30/2009

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

HOUSING AUTHORITY OF THE CITY OF ANDERSON, INDIANA

Program/Activity Receiving Federal Grant Funding

Five (5)Year Plan 2010-2015

Public Housing Operating Fund; Capital Fund Grant; Capital Fund Recovery Grant; Section 8 Voucher Program

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 Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

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

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

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

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

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

Name of Authorized Official	Title
Cindy D. Mummert	Executive Director
Signature	Date
x Cindy D. Mummert	12/31/2009

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of Anderson, IN (IN006)

Program/Activity Receiving Federal Grant Funding

Five (5) Year Plan (2010 -2015)
Public Housing Operating Fund; Capital Fund Grant; Capital Fund Recovery Grant; Section 8 Housing Choice Voucher

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	Title
Cindy D. Mummert	Executive Director

Signature	Date (mm/dd/yyyy)
Cindy D. Mummert	12/31/2009

Previous edition is obsolete

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

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

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

HOUSING AUTHORITY OF THE CITY OF ANDERSON, IN	IN006
PHA Name	PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official Cindy D. Mummert	Title Executive Director
Signature Cindy Mummert	Date 12/31/2009

form **HUD-50077-CR** (1/2009)
OMB Approval No. 2577-0226

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:	2. Status of Federal Action:	3. Report Type:
[b] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[ ] a. bid/offer/application b. initial award c. post-award	[b] a. initial filing b. material change **For Material Change Only:** year 2010 quarter _____ date of last report 2009

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
[x] Prime [ ] Subawardee Tier _____, *if known*: **Congressional District**, *if known*: 4c 6th	**Congressional District**, *if known*:
6. Federal Department/Agency: Dept. of Housing and Urban Development	**7. Federal Program Name/Description:** Five (5) Year Plan for 2010-2015 CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*:	**9. Award Amount**, *if known*: $
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*):	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*):

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 $10,000 and not more than $100,000 for each such failure.

Signature: Cindy D. Mummert
Print Name: Cindy D. Mummert
Title: Executive Director
Telephone No.: 765-641-2620 ext. 106 Date: 12/30/2009

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Standard Form LLL (Rev. 7-97)

Approved by OMB
0348-0046

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Reporting Entity: ANDERSON HOUSING AUTHORITY

Page 2 of 2

NONE

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