

5.2	<p>Goals and Objectives. Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p>Progress Report prior 5 year period: The PHA set a goal and achieved the goal to maintain High Performer Status on both our Public Housing Management Assessment score and our Section 8 Management Assessment score. A goal was also set to conduct outreach efforts to potential voucher landlords. The agency provided all new Voucher recipients and any interested party with a Landlord brochure which provides program information and also invites interested new landlords to contact the PHA for answers to any questions or to post an available unit. This brochure was provided to 100% of the new Voucher holders. The agency set a goal to create a Resource Center for all clients. We have organized and maintained a Manual which maintains all brochures, business cards and flyers on Services/Program available in the area or for services or program which come to the area. Clients and their families can make direct contacts for assistance or the agency staff can assist them. The next goal was to provide or attract supportive services to improve assistance recipient’s employability. The FSS Program through the Coordinating Committee has maintained a listing of supportive services available for clients either as contacts or through referrals. Even though offered through the FSS Coordinator the information is made available for all clients. The next goal was to provide or attract supportive services to increase independence for the elderly or families with disabilities. The PHA through the use of a Contact List and referrals has an extensive listing available for use by all clients. The final goals were to provide affirmative measures to ensure access to assisted housing and to provide a suitable living environment regardless of race, color, religion, national origin, sex, familial status, and disability. All PHA staff attend or received fair housing and housing awareness training . A final goal was to ensure accessible housing to persons with all varieties of disabilities regardless of unit size. This goal was met by a phone survey for community outreach and landlord awareness information regarding accessible housing.</p> <p>New Goals: for 2010-2014 Performance Excellence: Public Housing: Maintain High Performer status under HUD’s Public Housing Management Assessment Program. Ensure that PHA properties continue to be managed to the highest standards, including thorough and uniform applicant eligibility determination, fair lease enforcement, regular preventative maintenance, prompt responses to maintenance work orders, full occupancy and timely the turnover of vacant units, timely and accurate reporting of financial data and all other components of quality property management and maintenance. Section 8 Housing Choice Vouchers: Maintain High performance status under HUD’s Section 8 Management Assessment program. Maintain high utilization of vouchers while attempting to stay within authorized program limits. Continue outreach to potential landlords in order to maximize potential housing opportunities for clients. Capital Improvements: Continue renovating our public Housing complex and making capital improvements which promote fire safety and life safety as well as preserve the property. Maintain high quality and timely design, bidding and construction. Continue to involve residents, staff and the community in planning capital improvements. Community Partner: Fair Housing: Work cooperatively with community representatives and other units of government to ensure non-discrimination in PHA programs and to affirmatively further fair housing objectives. Promote the value of diversity and respect for differences. Linking Residents to Community Services: Promote links to community services through PHA data basis, contacts and referral system focusing on programs and services that enrich resident lives, promote independence, increase community involvement and support successful tenancies in public housing. National and State Participation Responsibilities: Continue active participation in national and state housing organizations especially to promote full funding and program reform.</p>
6.0	<p>PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. Copies are available for viewing at: City of Peru Housing Authority 701 E. Main Street Peru, IN 46970 Copies may be obtained at the same site for a reasonable change. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>None.</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <i>None</i></p>

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Housing Needs of Families on PHA's Section 8 Voucher Waiting List

	# of Families	% of Total Families	Annual Turnover
Waiting List Total	247	100%	Approx 105 per year
Extremely Low Income <=30% AMI	214	86%	Based on 3 yr avg
Very Low Income >30% but < 50% AMI	27	11%	
Low Income >50% but <80% AMI	06	03%	
Families with children	184	74%	
Elderly Families	09	04%	
Families with Disabilities	27	11%	
Race/Ethnicity White	227	92%	
Race/Ethnicity Black	12	05%	
Race/Ethnicity Ind/Alaskan	08	03%	
Race/Ethnicity Hispanic	10	04%	
Non Hispanic	237	96%	

9.0 Is Waiting List closed? No

Housing Needs of Families on PHA's Low Rent Public Housing Waiting List

	#of Families	% of Total Families	Annual Turnover
Waiting List Total	23	100%	Approx 20 per year
Extremely Low Income <=30% AMI	11	48%	based on 3 yr avg
Very Low Income >30% but <50% AMI	11	48%	
Low Income >50% but <80% AMI	01	04%	
Families with Children	00	00%	
Elderly Families	11	48%	
Families with Disabilities	13	57%	
Race/Ethnicity White	22	96%	
Race/Ethnicity Black	00	00%	
Race/Ethnicity Ind/Alaskan	01	04%	
Race /Ethnicity Hispanic	00	00%	
Non Hispanic	23	100%	
Characteristics by Bedroom Size			
1 BR	23	100%	

Is the Waiting List Closed? No

<p>9.1</p>	<p>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.</p> <p>The PHA plans to meet the needs of those on our Waiting List and in our jurisdiction by utilizing the following measures. For Public Housing we will continue to maintain high standards in completing such tasks as occupancy preparedness and unit turnover which will limit down time and vacancy loss and therefore increase actual time occupied. For the Sec 8 Housing Voucher Program we will maximize our utilization rates by taking action to maximize the dollars available for rent. We will be exercising proper tenant occupancy procedures, reviewing and maximizing payment standards, using good rent reasonableness tests, and holding clients to the required ethical standards for participation in rent assistance programs. The agency will apply for new Voucher units as appropriate Vouchers are made available to meet the needs of our clients. In addition we will continue to let HUD know the importance of timely release of funds and full program appropriations to meet jurisdictional needs.</p>
<p>10.0</p>	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. See 5.2 above</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>The PHA’s definition of Significant Amendment: The Housing Authority hereby defines substantial deviation as any change in policy which significantly and substantially alters the Authority’s stated mission and the persons the Authority serves.</p> <p>The PHA definition of Substantial deviation as The Housing Authority hereby defines substantial deviation as any change in policy which significantly and substantially alters the Authority’s stated mission and the persons the Authority serves.</p> <p>Discretionary or administrative amendments consonant with the Authority’s stated overall mission and basic objectives will not be considered significant amendments or substantial deviations.</p>
<p>11.0</p>	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>



COMMENTS FROM THE RESIDENT ADVISORY BOARD

RAB MEETINGS HELD

AUGUST 19, 2209

AUGUST 20, 2009

Upon review and discussion of the entire Agency Plan and the Five year Plan Components there was one request from a RAB member.

- 1. It was requested that an automatic door opener for accessibility be added to a laundry room door on third floor when they are installed on the first floor and second floor laundry room.**

PHA: Response/Action – The PHA Board of Commissioners amended their current Capital Fund Project known as Community Space Updates and included an additional automatic door opener on third floor also. This work will be completed with current Capital Fund funding and will not fall under the 2010-2014 work.

There were no further comments received from the RAB Board members.

**Shirley Foreman
Executive Director**

Part I: Summary						
PHA Name: Peru Housing Authority		Grant Type and Number CFP Grant No: IN036P091501-10 Date of CFFP: _____			RHF Grant No: _____ FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No.: _____) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00	
2	1406 Operations (may not exceed 20% of line 20) ³	\$500.00	\$0.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$2,000.00	\$0.00	\$0.00	\$0.00	
4	1410 Administration (may not exceed 10% of line 20)	\$10,000.00	\$0.00	\$0.00	\$0.00	
5	1411 Audit	\$2,000.00	\$0.00	\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	
7	1430 Fees and Costs	\$20,000.00	\$0.00	\$0.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$1,000.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$76,000.00	\$0.00	\$0.00	\$0.00	
11	1465.1 Dwelling Equipment - Nonexpendable	\$25,000.00	\$0.00	\$0.00	\$0.00	
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Nondwelling Equipment	\$4,500.00	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00	
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00	
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00	
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00	
20	Amount of Annual Grant: (sum of lines 2-19)	\$141,000.00	\$0.00	\$0.00	\$0.00	
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00	
22	Amount of line 20 Related to Section 504 Activities	\$25,000.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of Line 20 Related to Energy Conservation Measures	\$25,000.00	\$0.00	\$0.00	\$0.00	
Signature of Executive Director			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.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FFY of Grant:			
Peru Housing Authority		CFP Grant No.:	IN036P091501-10	CFFP (No):	1010			
		RHF Grant No.:						
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number		Locality (City/County & State)			<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part I: Summary		
PHA Name: HOUSING AUTHORITY CITY OF PERU	Grant Type and Number Capital Fund Program Grant No: IN36P09150104 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2004 FFY of Grant Approval: 2004

Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 09/30/2009
 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	1000		1000	1000
3	1408 Management Improvements	18720		18720	18720
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8570		8570	8570
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	112366		112366	112366
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: HOUSING AUTHORITY CITY OF EPRU	Grant Type and Number Capital Fund Program Grant No: IN36P09150104 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2004 FFY of Grant Approval: 2004			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	140656		140656	140656
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		Date		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.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY CITY OF PERU			Grant Type and Number Capital Fund Program Grant No: IN36P09150104 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2004		
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	
IN091	OPERATIONS	1406		1000		1000	1000	Complete
IN091	MANAGEMENT IMPROVEMENT Fac Coord wages for CF Work	1408		18720		18720	18720	Complete
IN091	FEES AND COSTS Architect Fees	1430		8570		8570	8570	Complete
IN091	DWELLING STRUCTURE Replace fire alarm system/intercom system, plumbing sample unit	1460		112366		112366	112366	Complete

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary		
PHA Name: HOUSING AUTHORITY CITY OF PERU	Grant Type and Number Capital Fund Program Grant No: IN36P09150105 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2005 FFY of Grant Approval: 2005

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 09/30/2009 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	1000		1000	1000
3	1408 Management Improvements	20182		20182	20182
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6786		6786	6786
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	57525		57525	57525
11	1465.1 Dwelling Equipment—Nonexpendable	52844		52844	52844
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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.

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⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: HOUSING AUTHORITY CITY OF PERU	Grant Type and Number Capital Fund Program Grant No: IN36P09150105 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2005 FFY of Grant Approval: 2005			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	138337		138337	138337
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		Date		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.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY CITY OF PERU			Grant Type and Number Capital Fund Program Grant No: IN36P09150105 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2005		
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	
IN091	OPERATIONS	1406		1000		1000	1000	
IN091	MANAGEMENT IMPROVEMENTS Fac Coordinator wages for CF work	1408		20182		20182	20182	
IN091	FEES/COSTS Architect/Consultant work	1430		6786		6786	6786	
IN091	DWELLING STRUCTURES Fire system, plumbing upgrades, toilets, wheaters	1460		57525		57525	57525	
1465.1	DWELLING STRUCTURE EQUIPMENT Energy Eff heat pumps, refrigerators	1465.1		52844		52844	52844	

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary		
PHA Name: HOUSING AUTHORITY CITY OF EPRU	Grant Type and Number Capital Fund Program Grant No: IN36P09150106 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2006 FFY of Grant Approval: 2006

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 09/30/2009 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	500		500	500
3	1408 Management Improvements	1573		1573	1573
4	1410 Administration (may not exceed 10% of line 21)	4000		4000	4000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20878		20878	20878
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	102600		102600	102600
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	7066		7066	7066
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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.

Part I: Summary					
PHA Name: HOUSING AUTHORITY CITY OF PERU	Grant Type and Number Capital Fund Program Grant No: IN36P09150106 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2006 FFY of Grant Approval: 2006			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	136716		136716	136716
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		Date		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.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY CITY OF EPRU			Grant Type and Number Capital Fund Program Grant No: IN36P09150106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
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	
IN091	OPERATIONS	1406		500		500	500	
IN091	MANAGEMENT IMPROVEMENTS maintenance computer	1408		1573		1573	1573	
IN091	ADMINISTRATION Fac Coordinantor wages for CF work	1410		4000		4000	4000	
IN091	FEES/COSTS Architect/Consultant work	1430		20878		20878	20878	
IN091	DWELLING STRUCTURE roofing, tub concersions	1460		102699		102699	102699	
IN091	NONDWELLING EQUIPMENT phone system, radios	1475		7066		7066	7066	

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary		
PHA Name: HOUSING AUTHORITY CITY OF PERU	Grant Type and Number Capital Fund Program Grant No: IN36P09150107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 09/30/2009 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	500		500	500
3	1408 Management Improvements	2074		2074	2074
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22065		22065	22065
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	102387		102387	102387
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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.

Part I: Summary					
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	128080			
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			Date		
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.

Part I: Summary		
PHA Name: HOUSING AUTHORITY CITY OF PERU	Grant Type and Number Capital Fund Program Grant No: IN36P09150108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval: 2008

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 09/30/2009 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	500		500	500
3	1408 Management Improvements	2000		2000	
4	1410 Administration (may not exceed 10% of line 21)	6000			
5	1411 Audit			6000	6000
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	21500			
11	1465.1 Dwelling Equipment—Nonexpendable	25934			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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.

Part I: Summary					
PHA Name: HOUSING AUTHORITY CITY OF PERU	Grant Type and Number Capital Fund Program Grant No: IN36P09150108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2008 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	139344			
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		Date		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.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY CITY OF PERU			Grant Type and Number Capital Fund Program Grant No: IN36P09150108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IN091	OPERATIONS	1406		500		500	500	
IN091	MANAGEMENT IMPROVEMENTS Training	1408		2000				
IN091	ADMINISTRATION Fac Coord wages for CF Work	1410		6000		6000	6000	
IN091	FEES/COSTS Architect/Consultant Services	1430		10000				
IN091	SITE IMPROVEMENT Driveway/landscape work	1450		73000				
IN091	DWELLING STRUCTURE Community Space Improvements	1460		21500		1799	1799	
IN091	DWELLING EQUIPMENT Heat pumps	1465.1		26344		25934	25934	

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

² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary	
PHA Name: HOUSING AUTHORITY CITY OF PERU	Grant Type and Number Capital Fund Program Grant No: IN36P09150109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval: 2009	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 09/30/2009 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	1000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	6000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8344			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	122483			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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.

Part I: Summary					
PHA Name: HOUSING AUTHORITY CITY OF PERU	Grant Type and Number Capital Fund Program Grant No: IN36P09150109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	137827			
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		Date		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.

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: HOUSING AUTHORITY CITY OF PERU	Grant Type and Number Capital Fund Program Grant No: IN36P09150109 Replacement Housing Factor Grant No: □□□□□ Date of CFFP: □□□□□	FFY of Grant: 2009 FFY of Grant Approval: 2009

Type of Grant		
Original Annual Statement	Reserve for Disasters/Emergencies	Revised Annual Statement (revision no: □□□□□)
Performance and Evaluation Report for Period Ending: 09/30/2009		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	1000	□□□□□	□□□□□	□□□□□
3	1408 Management Improvements	□□□□□	□□□□□	□□□□□	□□□□□
4	1410 Administration (may not exceed 10% of line 21)	6000	□□□□□	□□□□□	□□□□□
5	1411 Audit	□□□□□	□□□□□	□□□□□	□□□□□
6	1415 Liquidated Damages	□□□□□	□□□□□	□□□□□	□□□□□
7	1430 Fees and Costs	8344	□□□□□	□□□□□	□□□□□
8	1440 Site Acquisition	□□□□□	□□□□□	□□□□□	□□□□□
9	1450 Site Improvement	□□□□□	□□□□□	□□□□□	□□□□□
10	1460 Dwelling Structures	122483	□□□□□	□□□□□	□□□□□
11	1465.1 Dwelling Equipment—Nonexpendable	□□□□□	□□□□□	□□□□□	□□□□□
12	1470 Non-dwelling Structures	□□□□□	□□□□□	□□□□□	□□□□□
13	1475 Non-dwelling Equipment	□□□□□	□□□□□	□□□□□	□□□□□
14	1485 Demolition	□□□□□	□□□□□	□□□□□	□□□□□
15	1492 Moving to Work Demonstration	□□□□□	□□□□□	□□□□□	□□□□□
16	1495.1 Relocation Costs	□□□□□	□□□□□	□□□□□	□□□□□
17	1499 Development Activities ⁴	□□□□□	□□□□□	□□□□□	□□□□□

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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.

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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: HOUSING AUTHORITY CITY OF PERU	Grant Type and Number Capital Fund Program Grant No: IN36P09150109 Replacement Housing Factor Grant No: □□□□□ Date of CFFP: □□□□□	FFY of Grant:2009 FFY of Grant Approval: 2009			
Type of Grant					
Original Annual Statement		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: □□□□□)	
Performance and Evaluation Report for Period Ending: 09/30/2009			Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	□□□□□	□□□□□	□□□□□	□□□□□
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)	137827	□□□□□	□□□□□	□□□□□
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 □□□□□		Date □□□□□		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.

Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY CITY OF PERU			Grant Type and Number Capital Fund Program Grant No: IN36P09150109 CFFP (Yes/ No): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Replacement Housing Factor Grant No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Federal FFY of Grant: 2009		
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	
IN091	OPERATIONS	1406	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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IN091	ADMINISTRATION	1410	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fac Coor for CF wages	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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IN091	FEES/COSTS	1430	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8344	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Architect/Consultant fees	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part I: Summary

PHA Name: **Peru Housing Authority**

Grant Type and Number: CFP Grant No: **IN036P091501-10** RHF Grant No: **2010**

Date of CFFP: **2010** FFY of Grant Approval: **2010**

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

Performance and Evaluation Report for Period Ending: Revised Annual Statement (Revision No.:)

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	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20)	\$500.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$2,000.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 20)	\$10,000.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$2,000.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$20,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$1,000.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$76,000.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$25,000.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$4,500.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2-19)	\$141,000.00	\$0.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$25,000.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$25,000.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director: *[Signature]* 10/14/09

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.