

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
-----------------------------------	---	--

1.0	PHA Information PHA Name: <u>Saugus Housing Authority</u> PHA Code: <u>MA099</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>100</u> Number of HCV units: <u>150</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Please see attachment # 5..1				
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. Please see attachment # 5..2				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: N/A (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. The plan is available at: Saugus Housing Authority Main Office 19 Talbot Street, Saugus, MA 01906				
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.				
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 <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.				

9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Attachment 5.1

MISSION

The mission of the Saugus Housing Authority, (SHA) is to provide safe and affordable housing opportunities to low-income individuals and families. In carrying out this mission, SHA has sought out partnerships and collaborative efforts with local organizations and other governmental agencies that provide services to improve the quality of life for SHA's residents.

Attachment 5.2

**Saugus Housing Authority (SHA)
Goals and Objectives
2010-2014**

Goals:

- **Maintain/increase the availability of decent, safe and affordable housing**
- **Improve the quality of assisted housing**
- **Increase assisted housing choices**
- **Provide improved living environment**
- **Promote self-sufficiency**
- **Ensure equal opportunity and affirmatively further fair housing**

Plan to accomplish goals:

Continue to maximize utilization of Section 8 program funds;

Apply for additional HCV's if made available;

Developed and Manage a new 20 unit HUD Section 202 building occupied 6/1/2009;

Maintain high performer SEMAP status;

Continue to access SHA operations; evaluate current policies procedures to ensure the agency is operating at its optimal level; research/streamline/implement change;

Increase assisted housing choices:

- **Conduct regular Landlord briefings;**
- **Make available Landlord Handbook - used for current, prospective owners/landlords of the Section 8 program**

Ensure Equal Opportunity for Housing by:

- **Ensuring equal access to assisted housing regardless of race, color, creed, religion, national origin, sex, marital status, disability or sexual orientation or reliance on public assistance in the development and administration of SHA housing programs;**
- **Providing reasonable accommodations for person with disabilities in the administration of all SHA programs in accordance with the Administrative Plan.**

Progress in meeting goals and objectives described in the previous Five-Year Plan:

The Saugus Housing Authority (SHA) continues to carry out its mission of assisting low income families to obtain suitable affordable housing, exercise locational choice and become more economically self-sufficient. The SHA provides over 470 families with rental assistance subsidies through local, state and federal programs. Successful program design and implementation has resulted in efficient use of resources and effective collaborations among social service agencies and local units of government.

SHA is designated a SEMAP high performer scoring 96.5 percent this past year. We will work to maintain this level of efficient management of our Section 8 program.

SHA continues to work hard to decrease our “unit turnaround time” over the past five years. Improved management practices for maintenance staff, coupled with the use of outside contractors has reduced our unit down time, our goal is to reduce our overall unit turnaround time to an average of less than 14 days per unit.

SHA has successfully completed all of the Capital Fund projects planned in the previous 5 Year Plan. This includes, site improvements, common area lighting and ceiling upgrades, a complete kitchen upgrade for 100 apartments and as this period ends and we await ARRA funds, new roofs and a fire alarm system upgrade are expected to be completed during FY 2009.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: <p align="center">Saugus Housing Authority 19 Talbot Street Saugus, MA 01906 Congressional District, if known: 4c</p>	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: Department of Housing and Urban Development	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (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: <u>Steven G. Whitehurst</u> Print Name: <u>Steven G. Whitehurst</u> Title: <u>Executive Director</u> Telephone No.: <u>781-233-2116</u> Date: <u>9/15/2009</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

**Certification for
a Drug-Free Workplace**

U.S. Department of Housing
and Urban Development

Applicant Name

Saugus Housing Authority

Address (including Post Office ZIP Code)

Capital Fund

As the authorized representative of the above named Applicant as the Authorized Official, I make the following declarations and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will and 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 to provide 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 such fact as indication 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 conviction, to the extent applicable, paragraph d.(2) from an employee or otherwise receiving notification of such conviction. Employees of one or more employees must provide notice, including written notice, to every grant officer or other designated on-site grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notices 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 assessment 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 paragraph d. (1), (2), (3),

2. Sites for Track Performance: The Applicant shall file (on separate pages) the sites for the performance of work done in connection with the HUD funding of the program/activity across various Sites of Performance shall include the cross address, city, county, State, and zip code. Identify each site with the Applicant name and address used for program/activity receiving grant funding.

Saugus Housing Authority
13 Talcott Street
Saugus, MA 01886
Essex County

Check item If there are multiple sites list all sites in the office or the shared space.

I hereby certify that all the information on this form, as well as any information provided in the accompanying documents, is true and accurate.
Warning: HUD will prosecute false claims and statements. Civil penalties may result in criminal penalties.
(16 U.S.C. 1021, 1012, 1012, 91 U.S.C. 5728, 5822)

Name of Authorized Official

Steven S. Whittemore

Signature

X 

Title

Executive Director

Date

09/15/2009

Form HUD-51073 (1/95)
with Instructions 7/11/01 (9/15/03) (425) (2.0)

20. The PMA will comply with requirements and procedures established by the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.
21. The PMA will use appropriate and reasonable methods to ensure that the PMA's financial and operational requirements are met.
22. The PMA will have a policy of confidentiality of all information received from the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.
23. The PMA will have a policy of confidentiality of all information received from the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.
24. The PMA will have a policy of confidentiality of all information received from the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.
25. The PMA will have a policy of confidentiality of all information received from the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.
26. The PMA will have a policy of confidentiality of all information received from the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.
27. The PMA will have a policy of confidentiality of all information received from the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.
28. The PMA will have a policy of confidentiality of all information received from the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.
29. The PMA will have a policy of confidentiality of all information received from the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.
30. The PMA will have a policy of confidentiality of all information received from the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.
31. The PMA will have a policy of confidentiality of all information received from the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.
32. The PMA will have a policy of confidentiality of all information received from the California Health Care Assistance and Health Care Financing Agency (HCFA) and the Federal Reserve Board (FRB) and the Department of Health and Human Services (HHS) regarding the PMA's financial and operational requirements.

_____, Secretary of the Board of Directors

 PMA Number: _____

_____, 5 Year PMA Plan for Fiscal Years 20____ - 20____
 Annual PMA Plan for Fiscal Years 20____ - 20____

State of California Department of Health Care Financing Agency, 1001 S. Street, Suite 1000, Sacramento, California 95833. Website: www.dhca.ca.gov

Approved by: Stanley T. King	Date: 10-14-04
---------------------------------	-------------------

Violence Against Women Act (VAWA)

The Board of Commissioners of the Saugus Housing Authority, voted to adopt the VAWA, on March 14, 2007 pursuant to HUD notice 2007-5.

We are re-adopting it, on December 12, 2007 to be an attachment to the Section 8 Administrative Plan, the Admissions and Continued Occupancy Plan and the Streamlined PHA Plan.

We currently have VAWA posters hung on our office bulletin board, the Section 8 Administrators office and the Federal Housing Managers' office with attached information which explains the tenants' rights under this act. The information posted provides a list of National Victims Organizations which stand ready to assist those tenants who are victims of domestic violence, dating violence or stalking.

We are also preparing a mass mailing of the VAWA information to all Section 8 Housing Choice Voucher families and Federal Public Housing residents to be completed by December 31st 2007.

In the event a victim requires assistance under the VAWA, they must complete and submit HUD-50066 or alternate documentation in lieu of this form certification within 14 business days to the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager or owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or Public Housing programs apply.

Dear Resident,

Enclosed is information pertaining to the Violence Against Women Act. These pamphlets inform you of your rights under this act and they further explain what constitutes domestic violence and provides a variety of websites and other publications to assist you.

If you are a victim of domestic violence and it jeopardizes your housing assistance, please contact the Saugus Housing Authority (SHA) @781-233-2116. We will provide instruction and forms for you to complete.

In the event a victim requires assistance under the VAWA, they must complete and submit HUD-50066 or alternate documentation in lieu of this form certification, within 14 business days to the SHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager or owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively “domestic violence”) under the Section 8 or Public Housing programs apply.

Sincerely,

Steven G. Whitehurst
Executive Director

enclosure

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number Saugus Housing Authority MA099		Locality (Saugus, Essex, MA)			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	\$123,916	\$123,916	\$123,916	\$123,916
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	\$123,916	\$123,916	\$123,916	\$123,916	\$123,916

Part I: Summary (Continuation)						
PHA Name/Number Saugus Housing Authority MA099		Locality (City/county & State)			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
	MA099 Heritage Heights	Annual Statement	504 repairs as needed, paint common areas, landscape upgrades, main lobby HVAC replacement, office kitchen upgrade, new entry doors w/ key card system	504 repairs as needed, common area carpet replacement, Architect for bathroom upgrade to include water saving toilets, new vanities, lighting and possible step-in showers with seats. Additional lighting in 100 apartment kitchens	Bathroom upgrades,	Bathroom upgrades, Operations

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year <u>2013</u> FFY <u>2112</u>			Work Statement for Year: <u>2014</u> FFY <u>2013</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement				Operations		\$123,916
	MA099 Heritage Heights Bathroom upgrades	100	\$1,000,000 Over several years	MA099 Heritage Heights Bathroom upgrades	100	\$1,000,000 Over several years
	Subtotal of Estimated Cost		\$123,916	Subtotal of Estimated Cost		\$123,916

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year __2013_____ FFY __2012_____		Work Statement for Year: ____2014_____ FFY __2013_____	
	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: Saugus Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P099501-10 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2010	FFY of Grant Approval:
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					
2	1406 Operations (may not exceed 20% of line 21) ³	\$123,916				
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities 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)	\$123,916				
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					

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: Saugus Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P099501-10 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2010 FFY of Grant Approval: _____
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
Signature of Executive Director <i>Stam Schuamst</i>		Date 3/30/10	Signature of Public Housing Director Date	

Part I: Summary						
PHA Name: Saugus Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P099501-09 Replacement Housing Factor Grant No: Date of CFFP: 3/18/2009			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 checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <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	\$86,741				
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements	\$24,783				
4	1410 Administration (may not exceed 10% of line 21)	\$12,392				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		123,916			
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.

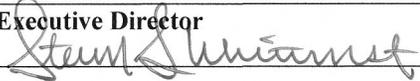
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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: Saugus Housing		Grant Type and Number Capital Fund Program Grant No: MA06P099501-09 Replacement Housing Factor Grant No: Date of CFFP: 3/18/2009			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 checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <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	
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)	\$123,916	\$123,916			
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 3/5/2010		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: Saugus Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P099501-09 Replacement Housing Factor Grant No: Date of CFFP: 3/18/2009			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 checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <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	\$86,741				
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements	\$24,783				
4	1410 Administration (may not exceed 10% of line 21)	\$12,392				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		123,916			
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: Saugus Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06S099501-09 Replacement Housing Factor Grant No: Date of CFFP: 3/18/2009			FFY of Grant: 2009 FFY of Grant Approval: 2009
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				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	900			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	162,708			
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				
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)	168,608			
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				

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

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

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

Part I: Summary					
PHA Name: Saugus Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06S099501-09 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval: 2009
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
Signature of Executive Director <i>Jim Schreiner</i>		Date 3/5/2010		Signature of Public Housing Director Date	

**SAUGUS HOUSING AUTHORITY
RESIDENT ADVISORY BOARD (RAB)
REGULAR MEETING**

AGENDA

Tuesday, August 18, 2009 @ 1:00 P.M.

1. ROLL CALL / SIGN IN

2. NEW BUSINESS

a) Discussion of the 2010-2014 Draft 5 year PHA Plan.

3. Adjournment

August 14, 2008

Dear Resident Advisory Board Member:

You have previously volunteered to be a member of the Resident Advisory Board (RAB). Under the Quality Housing and Work Responsibility Act of 1998 (QHWRA), all housing authorities are required by HUD to submit 5 year and Annual Plans in which they document their plans for the future of the housing authority. For this year 2009, we will continue working on the process by developing a draft plan for discussion with the RAB. As part of this continuing process, each housing authority must work with a representative group of Federal Public Housing Residents and Section 8 program participants as the housing authority prepares its subsequent Annual Plan update.

There will be a meeting of the Saugus Housing Authority's RAB to discuss the 2009 Annual plan Update. This meeting has been scheduled for;

Monday, August 18, 2008 at 2:00 PM in the Community Room

This meeting will be informational. The agenda will include discussion of the draft PHA Annual Plan for fiscal year 2009. If it is deemed necessary, there may be additional meetings. You will be notified with at least a 48 hour notification.

If you have any questions or would like to request further information, please feel free to contact me by telephone at (781)233-2116.

Sincerely,

Steven G. Whitehurst
Executive Director

8/18/2009

Comments and Discussion from RAB Meeting

4 RAB members attended, Ann Gerace, Elsie Duca, Faith Barrows and Ann Whittridge

3 SHA staff, Jane Ciambelli, Jackei Gorski and Steve Whitehurst

The RAB members received the draft 5 year plan for the fiscal year 2010-2014 the week prior to the meeting. Of the most interest was the expenditure of Capital Funds. The Director explained the proposed Capital Improvements to the group.

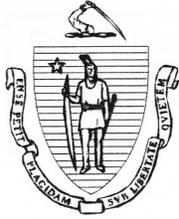
The community room and gazebo roofs were expected to be re-shingled soon with ARRA Capital Funds and it was hoped that inside the community room and the areas where leaks had occurred could be repaired along with new ceiling fans.

The Director also explained that 504 requests for apartment modifications and other 504 repairs were to be made with Capital Funds.

The Director explained that it would be in our best interest to look into replacing the high water usage toilets to low flow as the water flow. Having just completed a kitchen upgrade, the RAB was interested in bathroom upgrades with the possibility of replacing the bathtubs with walk in showers and make it a bathroom upgrade. The Director stated that that is a possibility although it would have to be completed in stages over several years as Capital Funds could no longer be saved in a "Replacement Reserve" account. The group liked the idea of a full bathroom renovation to include the walk in shower, new vanity w/faucet, additional grab bars and better lighting. The Director said that he would work toward that goal.

A new fire alarm system also was discussed that would incorporate the carbon monoxide detectors into the hard wired system to alleviate the regular alarm beeping caused by low battery.

Common area carpet replacement was discussed and that would be incorporated into the into future capital Fund projects. The main lobby air conditioning system needs to be replaced.



Commonwealth of Massachusetts
**DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT**

Deval L. Patrick, Governor ◆ Timothy P. Murray, Lt. Governor ◆ Tina Brooks, Undersecretary

October 1, 2009

Steven Whitehurst
Executive Director
Saugus Housing Authority
19 Talbot St.
Saugus, MA 01906

Re: Certification of Consistency with the Consolidated Plan

Dear Mr. Whitehurst:

Per your request, please find enclosed the Certification of Consistency with the Consolidated Plan for the Saugus Housing Authority's 5-Year and Annual PHA Plan.

Sincerely,

A handwritten signature in cursive script, appearing to read "Margaux LeClair".

Margaux LeClair
Counsel/Fair Housing Specialist

Enclosure

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

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

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

I, Deborah J. Goddard the Chief Counsel, DHCD certify that the Five Year and
Annual PHA Plan of the Saugus Housing Authority is consistent with the Consolidated Plan of
Commonwealth of Massachusetts prepared pursuant to 24 CFR Part 91.

Deborah J. Goddard 9/29/09

Signed / Dated by Appropriate State or Local Official