

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. See Attached.
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. See attached

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. Strategy is to renovate as many units as possible and return them to the rent rolls.
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> <ol style="list-style-type: none"> 1. Apply for additional vouchers. No additional vouchers authorized by HUD. 2. Reduce Public Housing Vacancies. Renovation program has provided additional units available for lease up. However, relocations due to emergencies have also been needed to house existing residents. 3. Improve Public Housing management by improving the PHAS score. Since the last submission of the PHA Plan, WCHA has become a STANDARD performer. 4. Improve Voucher Management. The HCV Program has been rated at 100. 5. Improve customer satisfaction. Positive reactions and comments have been received from the residents at both Booth Street and Riverside Apartments due to the rehabilitation of units and the landscaping and grass cutting. 6. Renovate public housing units. Funds from the 2008 Capital funds have been used during the rehab of 19 Booth St. Units, 16 Riverside units, and 6 Scattered Site Units. 7. Conduct outreach efforts to potential voucher landlords. 8. Increase voucher payment standards. Still at 110% 9. Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments. 10. Implement public housing security improvements. A camera system at Booth Street is in the 2009 Capital Fund Budget. A camera system for Riverside is in the 2010 Capital Fund Budget. 11. Increase the number and percentage of employed persons in assisted families. 12. Provide or attract supportive services to improve assistance recipients' employability. A lunch program in association with Wicomico County Board of Education has supplied lunches to the children of Booth Street during the Summer of 2009. 13. Provide or attract supportive services to increase independence for the elderly or families with disabilities. 14. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability. 15. Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability. 16. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required. WCHA modified one of its scattered site units to provide accommodation for a physically disabled child. This included a ramp and completely remodeled bathroom with walk in shower to meet the young man's needs. 17. Leverage the Authority's ability to further its mission through partnering with other entities (i.e. banking institutions, local, state and federal agencies, landlords, private developers and law enforcement agencies). WCHA has established a partnering with Shore Bank. Shore Bank is a member of the Federal Home Loan Bank of Atlanta. <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" A significant amendment is any modification to the ACOP, lease, and grievance procedure would require an approved Board resolution, public notice and notice to residents. A Substantial deviation/modification is a change in the capital fund budget resulting in a 40% or more change in any budget line item.</p> <p>(c) As stated in Item 11(f) Resident Advisory Board provided no comments.</p> <p>(d) Affirmatively Furthering Fair Housing Hispanic translator is available upon request. The management software we use provides forms printed in other foreign languages. Available units are offered on the basis of published preferences regardless of race, color, religion, national origin, sex, familial status and disability.</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> <ul style="list-style-type: none"> (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) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. <p>Note: No comments received.</p> <ul style="list-style-type: none"> (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

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

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

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

Part I: Summary					
PHA Name: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P014501-06 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:8) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" 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	88,840.00	212,363.67	212,363.67	212,363.67
3	1408 Management Improvements	44,840.00	85,858.00	85,858.00	85,858.00
4	1410 Administration (may not exceed 10% of line 21)	41,420.00	45,732.00	45,732.00	45,732.00
5	1411 Audit	5,000	10,250.00	10,250.00	10,250.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000.00	1,520.00	1,520.00	1,520.00
8	1440 Site Acquisition				
9	1450 Site Improvement	4,000.00	9,679.84	9,679.84	9,679.84
10	1460 Dwelling Structures	213,224.00	90,672.49	90,672.49	90,672.49
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,000	1,248.00	1,248.00	1,248.00
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: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P014501-06 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 type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" 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)		0	0	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	457,324.00	457,324.00	457,324.00	457,324.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director Narcinda Church 8/14/09			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: Wicomico County Housing Authority			Grant Type and Number Capital Fund Program Grant No: MD06P014501-06 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	
PHA Wide	Operations	1406	100%	88,840.00	212,363.67	212,363.67	212,363.67	Complete
PHA Wide	Management Improvement	1408	100%	44,840.00	85,858.00	85,858.00	85,858.00	Complete
PHA Wide	Administration	1410	100%	41,420.00	45,732.00	45,732.00	45,732.00	Complete
PHA Wide	Audit	1411	100%	5,000	10,250.00	10,250.00	10,250.00	Complete
PHA Wide	Fees and Costs	1430	100%	25,000	1520.00	1520.00	1520.00	Complete
MD1400001& 2	Landscaping Lawn Cutting	1450		0	8,117.00	8,117.00	8,117.00	Complete
MD1400002	Landscaping	1450		4,000.0	1,562.84	1,562.84	1,562.84	Complete
MD1400001	Gutters, Downspouts	1450						Complete
MD1400002	Gutters, Downspouts	1450						Complete
MD1400001	Rehab Units to place them back in Sevice	1460			6,482.91	6,482.91	6,482.91	Complete
MD1400002	Rehab Units to place them back in Sevice	1460			12,743.58	12,743.58	12,743.58	Complete
MD1400002	Bathroom Upgrade	1460	3	60,000	1,660.88	1,660.88	1,660.88	Complete
MD1400005	Rehab Units to place them back in Sevice	1460			69,785.12	69,785.12	69,785.12	Complete
PHA Wide	Lawn Tractor/Pick up Truck	1460		35,000	1,248.00	1,248.00	1,248.00	Complete
	Grant Total			457,324.00	457,324.00	457,324.00	457,324.00	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: Wicomico County Housing Authority	Grant Type and Number Capital Fund Program Grant No: MD06P014501-07 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: 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	91,853.00	0		
3	1408 Management Improvements	45,927.00	45,701.29	45,701.29	45,701.29
4	1410 Administration (may not exceed 10% of line 21)	45,927.00	15,788.28	15,788.28	15,788.28
5	1411 Audit	12,000	13,253.00	13,253.00	13,253.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	990.00	990.00	990.00
8	1440 Site Acquisition				
9	1450 Site Improvement	24,500.00	85,488.02	85,488.02	85,488.02
10	1460 Dwelling Structures	217,000.00	298,046.41	298,046.41	298,046.41
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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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: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P014501-07 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2007 FFY of Grant Approval: 2007	
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 type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" 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)	12,060.00	0	0		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	459,267.00	459,267.00	459,267.00	459,267.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures		105,749			
Signature of Executive Director Narcinda Church 8/14/09			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: Wicomico County Housing Authority			Grant Type and Number Capital Fund Program Grant No: MD06P014501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Operations	1406	100%	91,853.00	0	0	0	Complete
PHA Wide	Management Improvement	1408	100%	45,927.00	45,701.29	45,701.29	45,701.29	Complete
PHA Wide	Administration	1410	100%	45,927.00	15,788.28	15,788.28	15,788.28	Complete
PHA Wide	Audit	1411	100%	12,000	13,253.00	13,253.00	13,253.00	Complete
PHA Wide	Fees and Costs	1430	100%	10,000	990.00	990.00	990.00	Complete
MD1400001& 2	Landscaping Lawn Cutting	1450		6,000.00	42,800.00	41,708.31	41,708.31	Complete
MD1400005	Cutting Vacant Lots	1450	40	0	15,800.00	13,634.00	13,634.00	Complete
MD1400001& 2	Painting	1450		10,000.00	7,055.00	10,150.38	10,150.38	Complete
MD1400005	Termite Control Emergency Treatment	1450			13,162.00	13,162.00	13,162.00	Complete
MD1400002	Gutters, Downspouts	1450		8,500.00	0			
MD1400002	Landscaping ties	1450			441.02	441.02	441.02	Complete
MD1400005	Shed Repair				6,230.00	6392.31	6392.31	Complete
MD1400001	Rehabilitation of Units	1460	12	27,500.00	150,186.81	144,158.72	144,158.72	Complete
MD1400002	Repair window and install A/C	1460	75	9,500.00	104,465.00	104,465.00	104,465.00	Complete
MD1400005	Rehabilitation of Units	1460	1	180,000.00	31,880.49	35,217.46	35,217.46	Complete
MD1400002	Rehabilitatioin of Units	1460	4		11,514.11	14205.23	14,205.00	Complete
PHA Wide	Contingency	1502	5%	12,060.00	0			
	Grant Total			459,267.00	459,267.00	459,267.00	459,267.00	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: Wicomico County Housing Authority	Grant Type and Number Capital Fund Program Grant No: MD06P014501-08 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: **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	40,000	40,000.00	40,000.00	40,000.00
3	1408 Management Improvements	46,044	46,044.00	46,044.00	46,044.00
4	1410 Administration (may not exceed 10% of line 21)	46,044	46,004.00	46,044.00	46,044.00
5	1411 Audit	12,000	12,000	12,000	9,005.75
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000	0		
8	1440 Site Acquisition				
9	1450 Site Improvement	56,600	52,666.77	52,666.77	39,835.69
10	1460 Dwelling Structures	235,882	263,681.23	263,681.23	263,681.23
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: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P014501-08 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval: 2008	
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	
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)	11,866	0	0		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	460,436	460,436.00	460,436	444,610.67	
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	3,102.21				
Signature of Executive Director Narcinda Church 8/14/09			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: Wicomico County Housing Authority			Grant Type and Number Capital Fund Program Grant No: MD06P014501-08 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	
PHA Wide	Operations	1406	100%	40,000	40,000	40,000	40,000	Complete
PHA Wide	Management Improvement	1408	100%	46,044	46,044	46,044	46,044	Complete
PHA Wide	Administration	1410	100%	46,044	46,044	46,044	46,044	Complete
PHA Wide	Audit	1411	100%	12,000	12,000	12,000	9005.75	
PHA Wide	Fees and Costs	1430	100%	12,000	0			
MD1400001& 2	Snow Removal	1450	100	1,852.50	1,852.50	1,852.50	1,852.50	Complete
MD1400005	Emergency Tree Removal	1450	215	1,965.00	1,965.00	1,965.00	1,965.00	Complete
MD1400001& 2	Landscaping	1450	175	34,812.61	34,812.61	34,812.61	21,981.53	1 more invoice
MD1400005	Cutting Vacant Lots	1450	40	9,760.00	9,760.00	9,760.00	9,760.00	Complete
MD1400002	Emergency Repair Electri Transmitter	1450	75	2,367.04	2,367.04	2,367.04	2,367.04	Complete
MD1400002	Painting Exteriors	1450	11	1909.62	1909.62	1909.62	1,909.62	Complete
MD1400001	Rehabilitation of Units	1460	18	117,656.93	117,656.93	117,656.93	117,656.93	Complete
MD1400002	Rehabilitation of Units	1460	15	60382.43	60,382.43	60,382.43	60,382.43	Complete
MD1400005	Rehabilitation of Units	1460	6	85641.87	85,641.87	85,641.87	85,641.87	Complete
PHA Wide	Contingency	1502	5%	11,866	0			
	Grant Total			460,436	460,436.00	460,436.00	444,610.67	

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: Wicomico County Housing Authority	Grant Type and Number Capital Fund Program Grant No: MD06P014501-09 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:1)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40,000	40,000		
3	1408 Management Improvements	45,267	60,267		
4	1410 Administration (may not exceed 10% of line 21)	45,267	45,267		
5	1411 Audit	12,000	12,000		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000	12,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	144,250	59,250		
10	1460 Dwelling Structures	130,000	187,000		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	13,000	26,000		
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: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P014501-09 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 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)	10,887	10,887		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	452,671	452,671		
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	15,000	15000		
Signature of Executive Director Narcinda Church 9/11/09		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: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P014501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			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	
PHA Wide	Operations	1406	100%	40,000	40,000			
PHA Wide	Management Improvement	1408	100%	45,267	60,267			
PHA Wide	Administration	1410	100%	45,267	45,267			
PHA Wide	Audit	1411	100%	12,000	12,000			
PHA Wide	Fees and Costs	1430	100%	12,000	12,000			
MD1400001	Camera System	1450	100	85,000				
MD1400001 & 2	Landscaping	1450	215	37,450	37,450			
MD1400005	Cut Vacant Lots	1450	30	16,800	16,800			
MD1400001 & 2	Snow Removal	1450	175	5,000	5,000			
MD1400001	Rehabilitation of Units	1460	8.5	68,000	125,000			
MD1400002	Rehabilitation of Units	1460	3.	12,000	12,000			
MD1400005	Rehabilitation of Units	1460	2	50,000	50,000			
PHA Wide	New Truck	1475		13,000	13,000			
PHA Wide	New Server (Public Housing Contribution)	1475			13,000			
PHA Wide	Contingency	1502		10,887	10,887			
	Grant Total			452,671	452,671			

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 II: Supporting Pages								
PHA Name: Wicomico County Housing Authority			Grant Type and Number Capital Fund Program Grant No: MD06P014501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			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	
	Development Consulting including:	1408		45,267	45,267			
	Preparation of Bank loan information Shore Bank to rehabilitate Units							
	Preparation and submission of Federal Home Loan Bank of Atlanta application to rehabilitate units							
	Preparation of application to State for Partnership Rental Housing Funds for rehabilitate Units							
	Coordinate the work of the Architecture Firm to support the Rehabilitation of Units							
	Follow up on any questions from these funding sources				4,500			
	Send staff to training opportunities				7,500			
	Happy Software Maintenance - Public Housing Portion				3,000			
	Total			45,257	60,267			

Part I: Summary		
PHA Name: Wicomico County Housing Authority	Grant Type and Number Capital Fund Program Grant No: MD06P014501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval: 2010

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40,000			
3	1408 Management Improvements	46,500			
4	1410 Administration (may not exceed 10% of line 21)	46,500			
5	1411 Audit	12,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	138,650			
10	1460 Dwelling Structures	144,600			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	13,000			
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: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P014501-10 Replacement Housing Factor Grant No: Date of CFFP:			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	
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)	11,750				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	465,000				
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	85,000				
25	Amount of line 20 Related to Energy Conservation Measures	10,000				
Signature of Executive Director Narcinda Church 8/17/2009		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: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P014501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Operations	1406		40,000				
PHA Wide	Management Improvement	1408		46,500				
PHA Wide	Administration	1410		46,500				
PHA Wide	Audit	1411		12,000				
PHA Wide	Fees & Costs	1430		12,000				
MD1400001	Camera System	1450	100 Units	85,000				
MD1400001 & 2	Landscaping & Lawn Cutting	1450	175	37,450				
MD1400005	Cutting Vacant Lots	1450	20	11,200				
MD1400001 & 2	Snow Removal	1450	175 Units	5,000				
MD1400001	Unit Rehabilitation	1460	7.5	59,600				
MD1400002	Unit Rehabilitation	1460	2.5	10,000				
MD1400005	Unit Rehabilitation	1460	3	75,000				
PHA Wide	New Truck	1475		13,000				
PHA Wide	Contingency	1502	8%	11,750				
		Total		465,000				

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.

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 Wicomico County Housing Authority MD014		Locality (City/County & State) Salisbury, Wicomico, MD			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
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>2113</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	300,200	326,528	364,320	389,436
C.	Management Improvements		40,000	30,000	25,000	20,000
D.	PHA-Wide Non-dwelling Structures and Equipment		14,000	14,000	0	0
E.	Administration		48,825	51,266	53,830	56,521.50
F.	Other		36,400	39,600	41,320	42,736
G.	Operations		48,825	51,266	53,830	56,521.5
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		488,250	512,660	538,300	565,215
L.	Total Non-CFP Funds					
M.	Grand Total					

VAWA Policy Approved by the Board of Commissioners

Wicomico County Housing Authority Violence Against Women Act (VAWA) Policy

**Approved by the Board of Commissioners on
February 22, 2007**

I. Purpose and Applicability

The purpose of this policy (herein called "Policy") is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and more generally to set forth WCHA's (Wicomico County Housing Authority) policies and procedures regarding domestic violence, dating violence, and stalking, as hereafter defined.

The Policy shall be applicable to the administration by WCHA of all federally subsidized public housing under the United States Housing Act of 1937 (42 U. S. C. §1437 et seq.). Notwithstanding its title, this policy is **gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.**

II. Goals and Objectives

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking who are assisted by WCHA;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintaining collaborative arrangements between WCHA, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who assisted by WCHA; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by WCHA.

III. Other WCHA Policies and Procedures

This Policy shall be referenced in and attached to WCHA's Five Year Public Housing Agency Plan (PHA) and shall be incorporated in and made a part of WCHA's Admissions and Continued Occupancy Policy (ACOP). WCHA's PHA Plan shall also contain information concerning WCHA's activities, services or programs relating to domestic violence, dating violence and stalking.

To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure of WCHA, the provisions this Policy shall prevail.

IV. Definitions

As used in this Policy:

- A. *Domestic Violence*- The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person of similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against

an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

- B. *Dating Violence*- means violence committed by a person—
- Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
 - Where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - The length of the relationship
 - The type of relationship
 - The frequency of interaction between the persons involved in the relationship.
- C. *Stalking*- means-
1. to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and to place under surveillance with the intent to kill, injure, harass or intimidate another person; and
 2. in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to-
 - that person
 - a member of the immediate family of that person; or
 - the spouse or intimate partner of that person;
- D. *Immediate Family Member*- means, with respect to a person-
1. a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or
 2. any other person living in the household of that person and related to that person by blood or marriage.
- E. *Perpetrator*- means person who commits an act of domestic violence, dating violence or stalking against a victim.

V. Admissions and Screening

- A. *Non-Denial of Assistance*. WCHA will not deny admission to public housing to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

VI. Termination of Tenancy or Assistance

- A. *VAWA Protections*. Under VAWA, public housing residents have the following specific protections, which will be observed by WCHA.
1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a "serious or repeated" violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights or assistance to the victim of that violence.
 2. In addition to the foregoing, tenancy or assistance will not be terminated by WCHA as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant's control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:

- a) Nothing contained in this paragraph shall limit any otherwise available authority evict for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant's household. However, in taking any such action, WCHA may apply a more demanding standard to the victim of domestic violence, dating violence or stalking than that applied to other tenants.
 - b) Nothing contained in this paragraph shall be construed to limit the authority of WCHA to evict any tenant or lawful applicant if WCHA can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted.
- B. *Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI A.2, or Federal, State or local law to the contrary, WCHA may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence who is also the tenant or a lawful occupant. Such eviction shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by WCHA. Leases used for all public housing operated by WCHA shall contain provisions setting forth the substance of this paragraph.

VII. Verification of Domestic Violence, Dating Violence or Stalking

- A. *Requirements for Verification-* The law allows, but does not require, WCHA to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph VII. C., WCHA shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by WCHA.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways:

1. *HUD approved form-* by providing WCHA a written certification, on a form approved by the U. S. Department of Housing and Urban development (HUD), that the individual is a victim of domestic violence, dating violence, or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.
2. *Other documentations-* by providing to WCHA documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence.