

5.2	<p>Goals and Objectives. Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p><u>EHC goals include but are not limited to:</u></p> <p>Continue to maintain “High Performer” PHAS status Continue to maintain a high occupancy rate and low work order completion rate Continue to renovate & modernize our property in order to enhance our image within the community Continue to maintain a sufficient wait list in order to fill apartments within thirty days of vacate date Continue to be a customer oriented organization Continue to consistently enforce our lease & policies Continue to encourage responsible behavior & actions among staff & residents Continue outreach & marketing efforts Continue to remain financially solvent Improve Section 8 lease-up rates Strive to attract conscientious Section 8 landlords Remain an Equal Opportunity Housing lender regardless of race, color, religion, national origin , sex, familial status or disability and ensure accessible housing to person with all disabilities</p> <p><u>Progress in meeting Goals:</u></p> <p>In the past year, the EHC has maintained a 99% occupancy rate and increased our Section 8 lease-ups by 9%. Our work order completion average is 3.7 days and we have adopted six new policies, including a SMOKE FREE Environment policy. In the past 12 months, we have achieved all our capital fund program goals, including but not limited; replacing an emergency generator, upgrade our fire protection system equipment, completing a “fitness” room for our residents, and receiving an ARRA competitive grant for \$492,000 with which we will be installing new windows and an energy efficient boiler system in our senior building. In addition, we continue to remain a “low risk” and financially solvent organization after our 6/30/2009 financial audit.</p>
6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: SMOKE FREE Environment policy, Internal Control policy, Procurement policy, Funds Transfer policy, Check Signing policy, Criminal Records Management policy, Hazardous Materials policy, & Blood Borne Pathogens policy</p> <p>(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.</p> <p>Eastpointe Housing Commission (administrative office) 15701 Nine Mile Road Eastpointe, MI. 48021</p>
	<p>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.</p> <p>N/A</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p> <p>See attached tables</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See attached tables</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See attached</p>

8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>See Attached tables</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Excerpt from 2009-2013 Macomb County Consolidated Plan:</p> <p>“The 2006 Con Plan identified a clear need for renter assistance, particularly among the ELI and VLI populations. That finding still holds and may be stronger today than when originally written, due to the increased availability of vacant, foreclosed homes, and the number of newly unemployed families who may no longer be able to afford homeownership. Almost 60% (29,214) of all renter households residing within the jurisdiction of the Macomb HOME Consortium have incomes at or below 80% of MFI. The number of households with some housing problem, or paying excessive costs for housing is very high, and programs of rental assistance are indicated. “</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>These needs are addressed in the 2009 - 2013 Macomb County consolidated plan as indicated in this excerpt “ Thus far, renter assistance has been provided through HUD’s low-rent public housing program, and Section 8 rental assistance provided directly to local housing commissions, through MSHDA, and through the County’s CoC. “</p> <p>As for our part, the EHC has 178 applicants on our low rent elderly housing list and 93% of those applicants are extremely low income. In addition, there are 1022 applicants on our HCV wait list, and 84% of those are extremely low income.</p>
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” NONE</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>

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.

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

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

Part I: Summary

HA Name:	Grant Type and Number		FFY of Grant
	Capital Fund Program Grant No.:		2010
	Replacement Housing Factor Grant No.:		
	Date of CFFP:		
EASTPOINTE HOUSING COMMISSION			M128 P044 501 10
Performance & Evaluation Report for Program Year Ending			FFY of Grant Approval:

Line #	Summary by Development Accounts	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)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure	\$151,600			
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling 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)	\$182,600	\$0	\$0	\$0
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) RFH 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. Dept. of Housing and Urban Development
 Office of Public Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

HA Name: EASTPOINTE HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: MI28 P044 501 10		FFY of Grant 2010
<input checked="" type="checkbox"/> Original Annual Statement Performance & Evaluation Report for Program Year Ending _____		Reserve for Disasters/Emergencies _____ Date of CFFP: _____		FFY of Grant Approval: _____
<input type="checkbox"/> Revised Annual Statement/Revision Number _____ Final Performance and Evaluation Report		Total Estimated Cost _____ Revised (2) _____		Total Actual Cost (1) _____ Expended _____
Line #	Signature of Executive Director	Date	Signature of Public Housing Director	Date
	<i>Jody L. King</i>	4-17-2010		

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

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

Part II: Supporting Pages

PHA Name:	EASTPOINTE HOUSING COMMISSION		Grant Type and Number	Grant No.:	M128 P044 501 10	CFPP: (Yes/No):	No	Federal FY of Grant:
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost	Funds Obligated (2)	Funds Expended (2)	Status of Work	
PHA WIDE	FEES & COSTS			Original	Revised (1)			
	A. A&E Fees and associated costs			30,000				
	B. Grant Preparation			1,000				
	SUB TOTAL	1430		31,000				
PHA WIDE	DWELLING STRUCTURES							
	A. Upgrade Berry entrance including new automatic doors; upgrade flooring, enclosure, and outside walkway			50,000				
	B. Replace trash compactors at both buildings			26,600				
	C. Replace Berry Manor MakeUp Air Unit			75,000				
	SUB TOTAL	1460		151,600				
	GRAND TOTAL			182,600				

(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
 OMB No. 2577-0226
 Expires 04/30/2011

Part I: Summary		Locality (City/County & State)					X Original 5 yr. plan Revision Number
PHIA Name/Number EASTPOINTE HOUSING COMMISSION		EASTPOINTE, MI					
Development Number/Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014		
A.	Physical Improvements Subtotal						
B.	Management Improvements	\$189,600	\$200,000	\$197,000	\$195,000		
C.	PHA-Wide Non-Dwelling Structures and Equipment	\$5,000	\$0	\$0	\$0		
D.	Administration		\$5,000	\$3,000	\$5,000		
E.	Other						
F.	Operations						
G.	Demolition						
H.	Development Number/Name						
I.	Capital Fund Financing - Debt Service						
J.	Total CFP Funds						
K.	Total Non-CFP Funds						
L.	Grand Total	\$194,600	\$205,000	\$200,000	\$200,000		

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

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

Part I: Summary

HA Name: EASTPOINTE HOUSING COMMISSION	Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No: Date of CFFP:	ARRA Competitive M10448000109R	FFY of Grant 2009 Compet. ARRA FFY of Grant Approval: 2009
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Line #	Summary by Development Accounts	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)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure		\$492,000		\$0
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling 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				
18b	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)		\$492,000		\$0
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) RFH 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. Dept. of Housing and Urban Development
 Office of Public Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

HA Name:		Grant Type and Number		FFY of Grant	
EASTPOINTE HOUSING COMMISSION		Capital Fund Program Grant No.: MI04480000109R		2009	
Original Annual Statement		Replacement Housing Factor Grant No:		FFY of Grant Approval:	
Performance & Evaluation Report for Program Year Ending 12/31/09		Date of CFFP:			
Reserve for Disasters/Emergencies		Revised Annual Statement/Revision Number			
Final Performance and Evaluation Report					
Line #	Summary by Development Accounts	Total Estimated Cost	Revised (2)	Obligated	Total Actual Cost (1)
	Signature of Executive Director	Original	Signature of Public Housing Director		Expended
	Date				Date
	Jody L. King, Executive Director	4/17/2010			

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

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

Part I: Summary

HA Name: EASTPOINTE HOUSING COMMISSION	Grant Type and Number Capital Fund Program Grant No.: M128 S044 50109	CFRG 2009 CFRG (ARRA)	FFY of Grant 2009 CFRG (ARRA)
Original Annual Statement X Performance & Evaluation Report for Program Year Ending 12/31/09	Reserve for Disaster/Emergencies 12/31/09	Revised Annual Statement/Evaluation Report Final Performance and Evaluation Report	FFY of Grant Approval 2009 CFRG (ARRA)
Date of CFFP:	Grant No.:	Revision Number:	

Line #	Summary by Development Accounts	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)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure	\$230,192		\$230,192	\$0
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling 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				
18a	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)	\$230,192		\$230,192	\$0
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.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary

HA Name: EASTPOINTE HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No: Date of CFFP:		M128 S044 50109		FFY of Grant 2009 CFRG (ARRA) FFY of Grant Approval: 2009 CFRG (ARRA)	
Original Annual Statement		Reserve for Disasters/Emergencies		Revised Annual Statement/Revision Number			
X Performance & Evaluation Report for Program Year Ending		12/31/09		Final Performance and Evaluation Report			
Line #	Summary by Development Accounts	Total Estimated Cost	Original	Revised (2)	Obligated	Total Actual Cost (1)	Expended
Signature of Executive Director		Date		Signature of Public Housing Director		Date	
Jody L. Ling, Executive Director		4-17-2010					

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

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

Part I: Summary

HA Name: EASTPOINTE HOUSING COMMISSION Original Annual Statement _____ Reserve for Disasters/Emergencies _____ Performance & Evaluation Report for Program Year Ending 12/31/09	Grant Type and Number Capital Fund Program Grant No.: M128 P044 501 09 Replacement Housing Factor Grant No.: _____ Date of CFFP: _____ Revised Annual Statement/Revision Number _____ Final Performance and Evaluation Report _____
FFY of Grant 2009 FFY of Grant Approval: _____	

Line #	Summary by Development Accounts	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)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost		\$31,000		\$0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure		\$150,271		\$0
11	1465 1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling 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				
	9000 Collateralization or Debt Service paid Via System of Direct Payment				
18ba	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)		\$181,271		\$0
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.
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**Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program**

U.S. Dept. of Housing and Urban Development
 Office of Public Housing
 OMB No. 2577-0226
 Expires 4/30/2014

Part I: Summary		Grant Type and Number		FFY of Grant	
HA Name: EASTPOINTE HOUSING COMMISSION		Capital Fund Program Grant No.: M128 P044 501 09		2009	
Original Annual Statement _____ Reserve for Disasters/Emergencies _____		Replacement Housing Factor Grant No.:		FFY of Grant Approval:	
Date of CFFP: _____		Date of CFFP: _____		Date of CFFP: _____	
Original Annual Statement _____ Reserve for Disasters/Emergencies _____		Final Performance and Evaluation Report _____		Revised Annual Statement/Revision Number _____	
Performance & Evaluation Report for Program Year Ending 12/31/09		Total Estimated Cost		Total Actual Cost (1)	
Line # Summary by Development Accounts		Original		Revised (2)	
Signature of Executive Director		Date		Signature of Public Housing Director	
Jody L. Ling, Executive Director		4-17-2010		Obligated	
				Date	
				Expended	
				Date	

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

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

Part II: Supporting Pages

PHA Name:	Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Grant Type and Number Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Federal FY of Grant: 2009 as of 12/31/09	Status of Work
					Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)		
EASTPOINTE HOUSING COMMISSION										
Grant Type and Number: MI28 P044 501 09										
Capital Fund Program Grant No.: MI28 P044 501 09										
Replacement Housing Factor Grant No.: CFPP: (Yes/No): No										
Original										
Revised (1)										
Funds Obligated (2)										
Funds Expended (2)										
PHA WIDE										
FEES & COSTS										
A. A&E Fees and associated costs										
B. Grant Preparation										
SUB TOTAL										
SUB TOTAL										
PHA WIDE										
DWELLING STRUCTURES										
A. Replace common area flooring with long-lasting flooring designed for high traffic areas										
SUB TOTAL										
SUB TOTAL										
GRAND TOTAL										
GRAND TOTAL										

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

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

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

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Part I: Summary

HA Name:	EASTPOINTE HOUSING COMMISSION	Grant Type and Number	Capital Fund Program Grant No.: M128 P044 501 08	FFY of Grant	2008
		Replacement Housing Factor Grant No.:		FFY of Grant Approval:	
		Date of CFFP:			

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost (1)	
		Original	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operators (may not exceed 20% of line 21) (3)				
3	1408 Management Improvements	\$11,817		\$11,817	\$11,817
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	\$40,800		\$40,800	\$32,800
8	1440 Site Acquisition				
9	1450 Site Improvement	\$4,200		\$4,200	\$4,200
10	1460 Dwelling Structure	\$116,333		\$60,561	\$9,500
11	1465.1 Dwelling Equipment-Nonexpendable	\$0		\$0	\$0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$8,705		\$7,878	\$7,878
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				
18a	9000 Collateralization or Debt Service paid Via System of Direct Payment				
18ba					
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	\$181,855		\$125,256	\$66,195
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) RFFH 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. Dept. of Housing and Urban Development
 Office of Public Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

HA Name:		Grant Type and Number		FFY of Grant	
EASTPONTE HOUSING COMMISSION		Capital Fund Program Grant No.: M128 P044 501 08		2008	
Original Annual Statement _____ Reserve for Disasters/Emergencies _____		Replacement Housing Factor Grant No.:		FFY of Grant Approval:	
X Performance & Evaluation Report for Program Year Ending 12/31/09		Date of CFFP:			
Final Performance and Evaluation Report _____ Revised Annual Statement/Revision Number _____					
Line #	Summary by Development Accounts	Total Estimated Cost	Revised (2)	Obligated	Total Actual Cost (1)
	Signature of Executive Director	Date	Signature of Public Housing Director	Date	Expended
	Jody L. Ling, Executive Director	4-17-2010			

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

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

Part II: Supporting Pages		Grant Type and Number		Total Estimated Cost		Total Actual Cost		Federal FY of Grant:
PHA Name: EASTPOINTE HOUSING COMMISSION		Capital Fund Program Grant No.: M128 P044 501 08	Replacement Housing Factor Grant No.: CFFP: (Yes/No): No	Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	2008
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity					Status of Work
PHA WIDE	MANAGEMENT IMPROVEMENTS							
	A. Computer system upgrades			6,482		6,482	6,482	
	B. New walkie-talkies for better communication			1,436		1,436	1,436	
	C. Commercial-grade shredder			3,899		3,899	3,899	
	SUB TOTAL	1408		11,817		11,817	11,817	
PHA WIDE	FEES & COSTS							
	A. A&E Fees & related costs			38,350		38,350	30,350	for generator replacement and Fire System Upgrade
	B. Grant Preparation			1,000		1,000	1,000	
	C. Energy Audit			1,450		1,450	1,450	
	SUB TOTAL	1430		40,800		40,800	32,800	
	SITE IMPROVEMENTS							
44-1	A. Completion of resurface/base parking lot			4,200		4,200	4,200	total cost was \$83,715; bal. pd by 2007 CFP
	SUB TOTAL	1450		4,200		4,200	4,200	

(1) To be completed for the Performance and Evaluation Report of a Revised Annual Statement.
(2) To be completed for the Performance and Evaluation Report.

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

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

Part II: Supporting Pages

PHA Name:		EASTPOINTE HOUSING COMMISSION		Grant Type and Number		Capital Fund Program Grant No.:		M128 P044 501 08		CFPP: (Yes/No):		No		Federal FY of Grant:	
Development Number Name/PHA-Wide Activities		General Description of Major Work Categories		Development Account Number		Quantity		Total Estimated Cost		Total Actual Cost		Funds Expended (2)		as of 12/31/09 Status of Work	
		DWEELLING STRUCTURES					Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)					
PHA WIDE		C. Replace common area flooring					56,833		0	0					
PHA WIDE		E. New antenna system required for DTV transition					9,500		9,500	9,500					
PHA WIDE		F. Complete Fire System upgrades begun under ARRA CFP					50,000		51,061	0					
		SUB TOTAL		1460			116,333		60,561	9,500					
PHA WIDE		NON-DWEELLING EQUIPMENT													
		B. Front lobby furniture					3,705		3,705	3,705					
		C. Miscellaneous common area fixtures					5,000		4,173	4,173					
		SUB TOTAL		1475			8,705		7,878	7,878					
		GRAND TOTAL					181,855		125,256	66,195					

(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.