

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 attachment I.

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>LHC will expand the supply of assisted housing by applying for additional rental vouchers. We will strive to reduce our Public Housing Vacancies. We will strive to improve our Public Housing Management Scores. We will improve Voucher Management. Increase customer satisfaction. Renovate or modernize our public housing units. Conduct outreach to increase Section 8 Landlords.</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. We believe we are on track in trying to meet our goal of reducing Public Housing Vacancies – we have dropped our vacancy rate from 16% to less than 2%. We have taken advantage of a \$1.9 million American Recovery and Reinvestment Grant to renovate and modernize 127 Scattered Site units.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The Lansing Housing Commission's criteria for determining what constitutes a "Substantial Deviation" or "significant amendment or modification" to the PHA Plan.</p> <p>"Substantial Deviation" means a change in policy that redirects the Lansing Housing Commission's course and/or revises the mission, goals and objectives of the Lansing Housing Commission.</p> <p>"Significant amendment or modification" means changes to the Lansing Housing Commission policies that reflect a directional shift from the published policies included in the Annual and Agency Plan.</p> <p>Changes in the following areas may qualify as a "significant amendment or modification":</p> <ol style="list-style-type: none"> 1. Changes to rent, i.e. increasing or decreasing rent. 2. Changes in Admissions policies and organization of the waiting list. 3. Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan), or a change in the use of replacement reserve funds under Capital Fund. 4. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. <p>Changes to Lansing Housing Commission internal policies that regulate administrative functions, such as, Travel Policy, Procurement Policy, are not included in the definitions or examples listed above.</p> <p>Changes in Occupancy Policies (Public Housing and Section 8) that clarify or expound on existing policies included in the Agency Plan are not considered for the purpose of this definition.</p> <p>Changes to policies included in the Annual Plan and Agency Plan that are a result of regulatory requirements are also not considered by the Lansing Housing Commission and the Department of Housing and Urban Development to be significant amendments.</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) 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.(F) Challenged Elements(G) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)(H) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)(I) Housing Needs(J) Domestic Violence Statement
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Attachment A

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011
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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year Annual PHA Plan for the PHA fiscal year beginning 2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

LANSING HOUSING COMMISSION

MI058

PHA Name

PHA Number/HA Code



5-Year PHA Plan for Fiscal Years 2010 - 2014



Annual PHA Plan for Fiscal Years 2010 - 2011

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

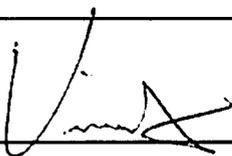
Name of Authorized Official

VINCE VILLEGAS

Title

BOARD CHAIR

Signature



Date 02/24/2010

Civil Rights Certification

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

Civil Rights Certification**Annual Certification and Board Resolution**

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

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

LANSING HOUSING COMMISSION**MI058**_____
PHA Name_____
PHA Number/HA Code

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

Name of Authorized Official	Patricia Baines Lake	Title		Executive Director
Signature	Date 02/24/2010			

**Certification for
a Drug-Free Workplace**

**U.S. Department of Housing
and Urban Development**

Attachment B

Applicant Name

LANSING HOUSING COMMISSION

Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING PROGRAM/SECTION 8 HOUSING CHOICE VOUCHER/CAPITAL FUND/ARRA FUND

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

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

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

Administrative Office, 310 Seymour Avenue, City of Lansing, County of Ingham, State of Michigan 48933
Mt. Vernon Park, 3338 N Waverly Road, City of Lansing, County of Ingham, State of Michigan 48906
Hildebrandt Part, 3122 N Turner Street, City of Lansing, County of Ingham, State of Michigan 48906
S. Washington Park, 3200 S Washington, City of Lansing, County of Ingham, State of Michigan 48910
LaRoy Froh, 2400 Reo Road, City of Lansing, County of Ingham, State of Michigan 48911

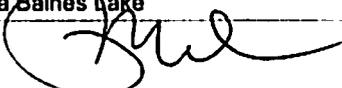
Check here if there are workplaces on file that are not identified on the attached sheets.

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

Name of Authorized Official
Patricia Saines Lake

Title
Executive Director

Signature



Date

02/24/2010

X

**Certification of Payments
to Influence Federal Transactions**

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

Attachment C

Applicant Name

LANSING HOUSING COMMISSION

Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING/CAPITAL FUND/ARRA FUND/SECTION 8 HCV

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-L.L.L. Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

Name of Authorized Official

Patricia Baines Lake

Title

Executive Director

Signature

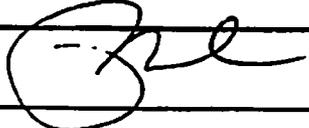
Date (mm/dd/yyyy)

02/24/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

1. Type of Federal Action: <input checked="" type="checkbox"/> b. grant a. contract c. cooperative agreement d. loan e. loan guarantee f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application b. initial award c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material change only year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:		
Lansing Housing Commission 310 Seymour Avenue Lansing MI 48933 Congressional District, if known: 40/801			Congressional District, if known:		
6. Federal Department Agency: Housing and Urban Development			7. Federal Program Name/Description: Capital Fund Program CFDA Number, if applicable: 14.872		
8. Federal Action Number, if known:			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): NA			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): NA (attach Continuation Sheet(s) SF-LLL-A, if necessary)		
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned			13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____		
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____					
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary)					
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This Disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$ 10,000 and not more than \$ 100,000 for each such failure.				Signature:  Print name: Patricia Baines Lake Title: Executive Director Telephone No.: 517-487-6550 Date: 04/13/2010	

Attachment E

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
 - Attached at Attachment (File name)
 - Provided below:

3. In what manner did the PHA address those comments? (select all that apply)
 - Considered comments, but determined that no changes to the PHA Plan were necessary.
 - The PHA changed portions of the PHA Plan in response to comments
List changes below:
 - Other: (list below)

These issues will be addressed in the following manner:

3. In what manner did the PHA address those comments? (select all that apply)
 - Considered comments, but determined that no changes to the PHA Plan were necessary.
 - The PHA changed portions of the PHA Plan in response to comments
List changes below:
 - Other: (list below)

Attachment F

CHALLENGED ELEMENTS

There have been no challenges to the elements of the Lansing Housing Commission's PHA Plan.

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

Attachment G

Part I: Summary					
PHA Name: Lansing Housing Commission		Grant Type and Number Capital Fund Program Grant No: MD3P05850110 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 ⁴	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	315,456.00			
3	1408 Management Improvements	315,456.00			
4	1410 Administration (may not exceed 10% of line 21)	157,772.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	668,802.00			
11	1465.1 Dwelling Equipment—Nonexpendable	50,000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	70,000.00			
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.

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					
PIIA Name: Lansing Housing Commission		Grant Type and Number Capital Fund Program Grant No. M133P05850110 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 checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,582,486.00			
21	Amount of line 20 Related to LHP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
		4-13-2010			

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: Lansing Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P05850110 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	
HA Wide	Operations	1408	PHA Wide	315,546.00				
	Training, Software,	1408	PHA Wide	315,546.00				
	Administrative Salaries & Benefits	1410	COCC	157,772.00				
	Fees and Costs	1430		25,000.00				
MI-058-005 & 011	Insulation, Siding, Roofs, Windows Doors, Lights, Trim	1460	100	658,802.00				
PHA Wide	Ranges & Refrigerators	1465.1	90	50,000.00				
PHA-Wide	Maint Equip - Vehicles-Comp Hardware	1475.1		70,000.00				
				1,582,486.00				

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

² To be completed for the Performance and Evaluation Report.

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

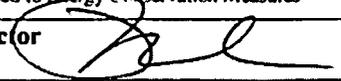
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary						
PHA Name: Lansing Housing Commission		Grant Type and Number Capital Fund Program Grant No: MIJ3P05850109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	315,456.00	315,456.00	315,456.00	315,456.00	
3	1408 Management Improvements	315,456.00	315,456.00	315,456.00	-0-	
4	1410 Administration (may not exceed 10% of line 21)	157,772.00	157,772.00	157,772.00	-0-	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	25,000.00	25,000.00	25,000.00	-0-	
8	1440 Site Acquisition					
9	1450 Site Improvement	163,865.00	163,865.00	0	-0-	
10	1460 Dwelling Structures	480,180.00	484,937.00	0	-0-	
11	1465.1 Dwelling Equipment—Nonexpendable	50,000.00	50,000.00			
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	70,000.00	70,000.00	0	0	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: Lansing Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P05850109 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 Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,577,729.00	1,582,486.00			
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		Date		Signature of Public Housing Director		
		4-13-2010				

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Lansing Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P05850109 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	
HA Wide	Operations	1408	PHA Wide	315,546.00	315,546.00	315,546.00	315,546.00	100%
	3 Computer Learning Centers	1408	PHA Wide	315,546.00	315,546.00	315,546.00	-0-	0
	Administrative Salaries & Benefits	1410	COCC	157,772.00	157,772.00	257,772.00	-0-	0
	Fees and Costs	1430		25,000.00	25,000.00	25,000.00	-0-	0
HA Wide	Concrete and Asphalt	1450		163,865.00	163,865.00			
MI-004-005-011-012	Roofs, Siding, Windows, Insulation	1460		480,180.00	484,937.00			
PHA-Wide	Ranges & Refrigerators	1465.1		50,000.00	50,000.00			
PHA-Wide	Maint Equip-Vehicles-Comp Hardware	1475.1		70,000.00	70,000.00			
				1,577,729.00	1,582,486.00			

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

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

Part I: Summary					
PHA Name: Lansing Housing Commission 310 Seymour Avenue Lansing MI, 48933		Grant Type and Number Capital Fund Program Grant No: ML3P05850108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval: 2008
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	304,080.00		304,080.00	304,080.00
3	1408 Management Improvements	137,686.00		137,686.00	-0-
4	1410 Administration (may not exceed 10% of line 21)	153,114.00		153,114.00	95,218.82
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000.00			-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	144,000.00			-0-
10	1460 Dwelling Structures	693,262.00			-0-
11	1465.1 Dwelling Equipment—Nonexpendable	50,000.00			-0-
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	70,000.00			-0-
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

Part I: Summary					
PHA Name: Lansing Housing Commission 310 Seymour Avenue Lansing MI, 48933		Grant Type and Number Capital Fund Program Grant No: MI33P05850108 Replacement Housing Factor Grant No Date of CFFP		FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18bu	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)	1,577,142.00		594,880.00	399,298.82
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
		4-13-2010			

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

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

Part I: Summary		
PHA Name: Lansing Housing Commission 310 Seymour Avenue Lansing MI, 48933	Grant Type and Number Capital Fund Program Grant No: M33P05850107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007

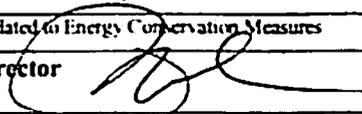
Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12-31-2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	315,929.00	315,929.00	315,929.00	315,929.00
3	1408 Management Improvements	130,000.00	130,000.00	130,000.00	21,734.85
4	1410 Administration (may not exceed 10% of line 21)	150,000.00	150,000.00	150,000.00	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	75,000.00	75,000.00	75,000.00	9,399.00
8	1440 Site Acquisition				
9	1450 Site Improvement	298,714.00	798,714.00	798,714.00	773,549.08
10	1460 Dwelling Structures	500,000.00	-0-	-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable	50,000.00	50,000.00	50,000.00	-0-
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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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: Lansing Housing Commission 310 Seymour Avenue Lansing MI, 48933	Grant Type and Number Capital Fund Program Grant No. MI331P05850107 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,579,643.00	1,579,643.00	1,579,643.00	1,283,506.20
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
		4-13-2010			

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

Part II: Supporting Pages								
PHA Name: Lansing Housing Commission 310 Seymour Avenue Lansing MI, 48933			Grant Type and Number Capital Fund Program Grant No: Mi33P05850107 CFFP (Yes/ No): 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	
HA Wide	Operations	1406		315,929.00	315,929.00	315,929.00	315,929.00	100%
HA Wide	Software, Training, Occupancy Procedures, Financial Consulting	1408		130,000.00	130,000.00	130,000.00	21,734.85	14%
HA Wide	Administrative Salaries	1410	COCC	150,000.00	150,000.00	150,000.00	150473.64	100
	Fees & Costs	1430		75,000.00	75,000.00	75000.00	9,399.03	13%
MI33P058005-012-015	Roofs, Siding, Windows, trim, doors, lights, Furnaces, Water heaters	1450		798,714.00	798,714.00	798,714.00	773,549.08	93%
PHA Wide	Ranges & Refrigerators	1465.1	PHA Wide	60,000.00	60,000.00	60,000.00	-0-	0%
PHA Wide	Maint Equip - Vehicles-Comp Hardware	1475.1	PHA Wide	50,000.00	50,000.00	50,000.00	-0-	0%

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² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary						
PHA Name: Lansing Housing Commission ARRA Funds		Grant Type and Number Capital Fund Program Grant No: MIJ3S05850109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
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 and Costs	125,000.00	125,000.00			
8	1440 Site Acquisition					
9	1450 Site Improvement	47,000.00	47,000.00			
10	1460 Dwelling Structures	1,042,743.00	1,042,743.00			
11	1465.1 Dwelling Equipment—Nonexpendable	782,350.00	782,350.00			
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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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: Lansing Housing Commission	Grant Type and Number Capital Fund Program Grant No: M133S05850109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,997,093.00			
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 	Date April 13, 2010	Signature of Public Housing Director	Date
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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/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and 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
B.	Physical Improvements Subtotal		1,470,000.00	1,420,000.00	1,580,000.00	1,580,000.00
C.	Management Improvements		315,456.00	315,456.00	315,456.00	315,456.00
D.	PHA-Wide Non-dwelling Structures and Equipment		70,000.00	70,000.00	70,000.00	70,000.00
E.	Administration		150,000.00	150,000.00	150,000.00	150,000.00
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		2,320,912.00	2,260,912.00	2,430,912.00	2,430,912.00

Part I: Summary (Continuation)						
PHA Name/Number		Locality (City/county & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and 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
	PHA Wide	Annual Statement	850,912.00	850,912.00	850,912.00	850,912.00
	MI33P058102		150,000.00	135,000.00	250,000.00	35,000.00
	MI33P058103		100,000.00	120,000.00	120,000.00	25,000.00
	MI33P058104		105,000.00	75,000.00	175,000.00	30,000.00
	MI33P058005		350,000.00	100,000.00	-0-	100,000.00
	MI33P058107		-0-	500,000.00	250,000.00	45,000.00
	MI33P058107		200,000.00	150,000.00	75,000.00	5,000.00
	MI33P058110		400,000.00	120,000.00	200,000.00	40,000.00
	MI33P058111		125,000.00	220,000.00	250,000.00	336,262.00
	MI33P058112		40,000.00	-0-	130,000.00	405,000.00
			2,320,912.00	2,260,912.00	2,430,912.00	1,867,174.00

Housing Needs Table			Grantee: City of Lansing																							
Housing Needs - Comprehensive Housing Affordability Strategy (CHAS) Data Housing Problems			Only complete blue sections. Do NOT type in sections other than blue.																							
Household Income <=30% MFI	Renter	Elderly	Current % of Households	Current Number of Households	3-5 Year Quantities										% of Goal	Priority Need?	Plan to Fund?	Fund Source	Households with a Disabled Member		Disproportionate Burden/ Ethnic Effect	# of Households in need of Housing	Total Low Income Renters in Area			
					Year 1		Year 2		Year 3		Year 4*		Year 5*						Multi-Year					% HSHLD	# HSHLD	
					Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual					Goal	Actual						
			100%	800																						
			81.6	448	0	0	0	0	0	0	0	0	0	0	0	0	0000	H	YES	CDBG/HOME	1329					
			60.7	461	0	0	0	0	0	0	0	0	0	0	0	0000	H	YES	CDBG/HOME							
			27.7	232	0	0	0	0	0	0	0	0	0	0	0	0000	H	YES	CDBG/HOME							
			100%	2,143																						
			83.6	1,694	0	0	0	0	0	0	0	0	0	0	0	0000	H	YES	CDBG/HOME						Yes	
			61.2	1,744	1	1	1	0	0	0	0	0	0	0	1	0000	H	YES	CDBG/HOME							
			60.7	1,200	4	4	4	0	0	0	0	0	0	0	4	0000	H	YES	CDBG/HOME							
			100%	472																						
			83.6	442	28	28	28	0	0	0	0	0	5	28	0000	H	YES	CDBG/HOME							Yes	
			60.4	402	15	15	15	0	0	0	0	0	0	15	0000	H	YES	CDBG/HOME								
			63.6	234	20	20	20	0	0	0	0	0	0	20	0000	H	YES	CDBG/HOME								
			100%	2,712																						
			74.2	2,013	0	0	0	0	0	0	0	0	0	0	0	0000	H	YES	CDBG/HOME						Yes	
			72.4	1,903	0	0	0	0	0	0	0	0	0	0	0000	H	YES	CDBG/HOME								
			84.7	1,639	0	0	0	0	0	0	0	0	0	0	0000	H	YES	CDBG/HOME								
			100%	625																						
			63.2	621	10	10	10	3	0	0	0	0	0	13	0000	H	YES	CDBG/HOME								
			62.7	517	10	10	10	0	0	0	0	0	0	10	0000	H	YES	CDBG/HOME								
			33.6	298	5	5	5	0	0	0	0	0	0	5	0000	H	YES	CDBG/HOME								
			100%	600																						

Household Income > 50 to <=80% MFI	Owner	Type	%	Count	Housing Problems										CDBG/HOME	Status						
					With Any Housing Problems	Cost Burden > 30%	Cost Burden > 50%	1	2	3	4	5	6	7			8	9	10			
Household Income > 50 to <=80% MFI	Renter	Large Related	100%	376															Yes			
			63.2	238	7	7	7	9	7	0	0	0			16	####	M	YES	CDBG/HOME			
			48.7	184	7	7	7	0	7	0	0	0				7	####	M	YES	CDBG/HOME		
		7.6	28	1	1	1	0	1	0	0	0				1	####	M	YES	CDBG/HOME			
		100%	478																	Yes		
		63.9	304	12	12	12	0	12	0	0	0				12	####	M	YES	CDBG/HOME			
		63.6	304	10	10	10	0	10	0	0	0				10	####	M	YES	CDBG/HOME			
		24	115	3	3	3	0	3	0	0	0				3	####	M	YES	CDBG/HOME			
		100%	345																	100%	3118	Yes
		15.9	95	0	0	0	0	0	0	0	0				0	####	L	YES	CDBG/HOME	997		
		15.9	95	0	0	0	0	0	0	0	0				0	####	M	YES	CDBG/HOME			
		4.3	15	0	0	0	0	0	0	0	0				0	####	M	YES	CDBG/HOME			
	100%	1,843																	Yes			
	17.5	323	0	0	0	0	0	0	0	0				0	####	L	YES	CDBG/HOME				
	8.8	163	0	0	0	0	0	0	0	0				0	####	M	YES	CDBG/HOME				
	0.2	4	0	0	0	0	0	0	0	0				0	####	M	YES	CDBG/HOME				
	100%	482																	Yes			
	32.5	158	0	0	0	0	0	0	0	0				0	####	L	YES	CDBG/HOME				
	0.8	4	0	0	0	0	0	0	0	0				0	####	M	YES	CDBG/HOME				
	0	0	0	0	0	0	0	0	0	0				0	####	M	YES	CDBG/HOME				
	100%	2,193																	Yes			
	13	283	0	0	0	0	0	0	0	0				0	####	L	NO	CDBG/HOME				
	12.3	276	0	0	0	0	0	0	0	0				0	####	M	YES	CDBG/HOME				
	1.1	25	0	0	0	0	0	0	0	0				0	####	M	YES	CDBG/HOME				
100%	1,803																	Yes				
13.3	240	8	8	8	0	8	6	0	15				14	####	M	YES	CDBG/HOME					
13.3	240	5	5	5	0	5	0	0	0				5	####	M	YES	CDBG/HOME					
2.8	62	1	1	1	0	1	0	0	0				1	####	M	YES	CDBG/HOME					
100%	2,023																	Yes				
28.7	643	21	21	21	17	21	21	0	108				59	####	M	YES	CDBG/HOME					
25.8	533	21	21	21	0	21	0	0	0				21	####	M	YES	CDBG/HOME					
1.7	35	0	0	0	0	0	0	0	0				0	####	M	YES	CDBG/HOME					
100%	592																	Yes				
33.8	200	5	5	5	4	5	3	0	0				12	####	M	YES	CDBG/HOME					
13.8	62	7	7	7	0	7	0	0	0				7	####	M	YES	CDBG/HOME					

LANSING HOUSING COMMISSION

310 North Seymour

ATTACHMENT I

Waiting List Statistical Summary

Waiting List: Low Income Public Housing Waiting List

Race	SRO	0	1	2	3	4	5	6	7	8	Total	Percent
American Indian/Alaska Native	0	0	2	6	4	1	1	0	0	0	14	0.98%
White	0	0	107	210	113	39	17	0	0	0	486	34.15%
Asian	0	0	2	5	4	1	1	0	0	0	13	0.91%
Not Assigned	0	0	10	6	22	5	4	0	0	0	47	3.30%
Black/African American	0	0	199	403	158	54	49	0	0	0	863	60.65%
Total	0	0	320	630	301	100	72	0	0	0	1423	
Total Percent	0.00	0.00	22.49	44.27	21.15	7.03	5.06	0.00	0.00	0.00		

Family Composition	SRO	0	1	2	3	4	5	6	7	8	Total	Percent
Family	0	0	19	606	298	94	70	0	0	0	1087	76.39%
Disabled	0	0	64	0	0	0	0	0	0	0	64	4.50%
Single	0	0	225	24	3	6	2	0	0	0	260	18.27%
Elderly	0	0	12	0	0	0	0	0	0	0	12	0.84%
Total	0	0	320	630	301	100	72	0	0	0	1423	
Total Percent	0.00	0.00	22.49	44.27	21.15	7.03	5.06	0.00	0.00	0.00		

Ethnicity	SRO	0	1	2	3	4	5	6	7	8	Total	Percent
Hispanic or Latino	0	0	27	73	29	16	9	0	0	0	154	10.82%
Not Assigned	0	0	10	6	22	5	4	0	0	0	47	3.30%
Hispanic or Latino	0	0	283	551	250	79	59	0	0	0	1222	85.87%
Total	0	0	320	630	301	100	72	0	0	0	1423	
Total Percent	0.00	0.00	22.49	44.27	21.15	7.03	5.06	0.00	0.00	0.00		

Waiting List	SRO	Average Days Waiting								Combined Average	
		0	1	2	3	4	5	6	7		8
Low Income Public Housing Wa	0	0	954	-2,382	609	550	738	0	0	0	-635.00

Waiting List	Average Gross Income	Average Adjusted Income
Low Income Public Housing Waiting List	\$8,500.11	\$8,062.94

Waiting List: Low Income Public Housing Waiting List

Percent that are Handicapped or Disabled: 4.00%
 Total Number of Handicapped or Disabled: 64
 Total Number of Applicants Listed: 1,423

Number Over Limit for Low Income: 2
 Number Qualifying for Low Income: 15
 Number Qualifying for Very Low Income: 139
 Number Qualifying for Extremely Low Income: 1,267
 Percent Qualifying for Low Income: 1.00%
 Percent Qualifying for Very Low Income: 10.00%
 Percent Qualifying for Extremely Low Income: 89.00%

End of Report

By: ECS Support



LANSING HOUSING COMMISSION

ATTACHMENT I

310 North Seymour

Waiting List Statistical Summary

Waiting List: Section 8 Waiting List (does not use bedroom size)

Race	SRO	0	1	2	3	4	5	6	7	8	Total	Percent
Asian	0	0	0	0	0	0	0	0	0	0	11	0.78%
Not Assigned	0	0	0	0	0	0	0	0	0	0	10	0.71%
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	11	0.78%
White	0	0	0	0	0	0	0	0	0	0	507	35.88%
Black/African American	0	0	0	0	0	0	0	0	0	0	874	61.85%
Total	0	1413										
Total Percent	0.00											

Family Composition	SRO	0	1	2	3	4	5	6	7	8	Total	Percent
Elderly	0	0	0	0	0	0	0	0	0	0	5	0.35%
Family	0	0	0	0	0	0	0	0	0	0	947	67.02%
Disabled	0	0	0	0	0	0	0	0	0	0	5	0.35%
Single	0	0	0	0	0	0	0	0	0	0	456	32.27%
Total	0	1413										
Total Percent	0.00											

Ethnicity	SRO	0	1	2	3	4	5	6	7	8	Total	Percent
Not Assigned	0	0	0	0	0	0	0	0	0	0	10	0.71%
Hispanic or Latino	0	0	0	0	0	0	0	0	0	0	126	8.92%
Hispanic or Latino	0	0	0	0	0	0	0	0	0	0	1277	90.38%
Total	0	1413										
Total Percent	0.00											

Waiting List	SRO	Average Days Waiting								Combined Average		
		0	1	2	3	4	5	6	7		8	
Section 8 Waiting List (does not	0	0	0	0	0	0	0	0	0	0	0	1,963.00

Waiting List	Average Gross Income	Average Adjusted Income
Section 8 Waiting List	\$10,545.59	\$10,209.21

Waiting List: Section 8 Waiting List

Percent that are Handicapped or Disabled: 0.00%
 Total Number of Handicapped or Disabled: 5
 Total Number of Applicants Listed: 1,413

Number Over Limit for Low Income: 5
 Number Qualifying for Low Income: 34
 Number Qualifying for Very Low Income: 178
 Number Qualifying for Extremely Low Income: 1,196
 Percent Qualifying for Low Income: 2.00%
 Percent Qualifying for Very Low Income: 13.00%
 Percent Qualifying for Extremely Low Income: 85.00%

End of Report

By: ECS Support

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Attachment J

LANSING HOUSING COMMISSION

DOMESTIC VIOLENCE STATEMENT

The Lansing Housing Commission (“LHC”) will provide a directory of agencies, who assist victims of domestic violence, to each new participant during their move in orientation. When the LHC becomes aware that an individual is experiencing or has experienced domestic violence, the LHC may refer him or her to domestic violence advocates. LHC will also again inform the individual that local legal service agencies, the Lansing Police Department and the Capital Area Response Effort (CARE) are available to provide assistance and representation in obtaining and maintaining personal protection orders, custody orders, exclusive use of the home, emergency response and intervention and other remedy options for victims of domestic violence.

Eligibility screening and domestic violence

- (a) An applicant household shall not be denied assistance solely because it includes a victim of domestic violence, provided that the perpetrator of domestic violence is not a member of the applicant household.
- (b) In determining eligibility for housing assistance in cases where Lansing Housing Commission has become aware that the household includes a victim of domestic violence, and when screening reveals negative and potentially disqualifying information, such as poor credit history, previous damage to an apartment, or a prior arrest, inquiries will be made regarding the circumstances contributing to this negative reporting, to ascertain whether these past events were the consequence of domestic violence against a member of the applicant household.
- (c) Any such inquiries will make clear that members of applicant households have a right to keep any history of domestic violence against them confidential.
- (d) When inquiries reveal that the negative reporting was the consequence of domestic violence against a member of the applicant household, the applicant household will not be denied housing assistance on the basis of this reporting, provided that the perpetrator of domestic violence is not a member of the applicant household.



- (e) All adult members of a household applying for assistance will be informed that in the above circumstances, a history of domestic violence will mitigate negative findings due to the domestic violence.

Continued housing assistance

Individuals will not be terminated from housing assistance solely because they are the victims of domestic violence, or because they have sought the assistance of the police or the courts.

Verification of domestic violence

- (a) The Lansing Housing Commission may accept any of following as verification of the existence of domestic violence within the household:

- Reports and statements from police, judges and other court officials, clergy, social workers, and other social service agencies.
- Statements of workers from a domestic violence shelter or other domestic violence program.
- Statements from counselors.
- Medical records.
- Credible statement from victim.
- Any other form of credible evidence.

Confidentiality

- (a) Any documentation or evidence supplied by an individual to verify domestic violence will be kept strictly confidential and will not be shared with any person other than the relevant Lansing Housing Commission decision makers unless the individual voluntarily waives confidentiality.
- (b) Any information provided by an individual regarding his or her status as a victim of domestic violence will be kept strictly confidential and will not be shared with any person other than the relevant Lansing Housing Commission decision makers unless the individual voluntarily waives confidentiality.
- (c) All legal mandates of confidentiality will be honored.

Family break-up procedure

Unit Assignment

- (a) An individual receiving housing assistance must notify the Lansing Housing Commission when a household composition changes due to domestic violence and then the rent which had previously been determined based on the income of an abusive family member who has left the household or been excluded from the household by a



personal protection order or other court order, for the unit will be adjusted to reflect the household's changed circumstances. In the case of a rent decrease the adjustment will become effective the first day of the month following the month in which the change was reported.

- (b) Per the Admissions and Continued Occupancy Policy Section 14.8, page 42; When a household receiving assistance breaks up and domestic violence is a factor, first priority will be given to the best interest of the family (custodian of the children will receive the highest priority).
- (c) If there is a court determination of the family members' respective rights as to the housing assistance, including a determination set out in a personal protection order that determination will be taken into consideration.
- (d) When households including both citizens and noncitizens break up, a noncitizen victim of domestic violence may be eligible for housing assistance if they are a national or eligible non-citizen or if they have remaining family members that are eligible. In this case assistance will be prorated. In accordance with Section 11.3, pages 29-30 of the Commission's Admission and Continued Occupancy Policy.

For example:

Should the household contain 2 adults and the offending member was an eligible citizen and the non-offending member was not, they would not be eligible for continued assistance.

Should the household contain 2 adult members, offending member- an eligible citizen and a non-offending non-eligible, plus 2 eligible children, assistance would continue, at a prorated rate for the 2 eligible children and the non-eligible adult could retain housing but would receive no subsidy.

In such instances, the noncitizen victim of domestic violence may be referred to local legal service agencies, for assistance in self-petitioning for legal permanent residency status for the non-eligible member.

Move Out

- (a) A public housing household is required to give written notice to LHC before moving out or terminating the lease. If the household must move to protect a member's safety they are responsible for their share of rent and to follow program rules until the LHC releases tenant from their lease obligations.

Definitions



- (a) "Domestic violence" is defined as the behavior set out in M.C.L.A. § 600.2950(1) carried out by those categories of persons set out in M.C.L.A. § 600.2950(1). It is not limited to violence between individuals who are married or formerly married or who have a child in common. It includes threats and any other conduct that causes a reasonable apprehension of violence by those categories of persons set out in M.C.L.A. § 600.2950(1). M.C.L.A. § 600.2950(1) is attached as Appendix A.
- (b) A "perpetrator" of domestic violence is defined as the primary aggressor in a violent relationship. In situations where there is doubt as to who the primary aggressor is in a violent relationship, appropriate considerations include the relative severity of injuries each person has received as a result of the violence, any history of complaints of domestic violence against either individual, household members' and others' accounts of the history of the domestic violence, and whether one person acted in self-defense.

APPENDIX A

M.C.L.A. § 600.2950(1)

Sec. 2950. (1) provides in pertinent part:

[A]n individual may petition the family division of circuit court to enter a personal protection order to restrain or enjoin a spouse, a former spouse, an individual with whom he or she has had a child in common, an individual with whom he or she has or has had a dating relationship, or an individual residing or having resided in the same household as the petitioner from doing 1 or more of the following:

- (a) Entering onto premises.
- (b) Assaulting, attacking, beating, molesting, or wounding a named individual.
- (c) Threatening to kill or physically injure a named individual.
- (d) Removing minor children from the individual having legal custody of the children, except as otherwise authorized by custody or parenting time order issued by a court of competent jurisdiction.
- (e) Purchasing or possessing a firearm.
- (f) Interfering with petitioner's efforts to remove petitioner's



- children or personal property from premises that are solely owned or leased by the individual to be restrained or enjoined.
- (g) Interfering with petitioner at petitioner's place of employment or education or
 - (h) engaging in conduct that impairs petitioner's employment or educational relationship or environment.
 - (i) Having access to information in records concerning a minor child of both petitioner and respondent that will inform respondent about the address or telephone number of petitioner and petitioner's minor child or about petitioner's employment address.
 - (j) Engaging in conduct that is prohibited under section 411h or 411i of the Michigan penal code, 1931 PA 328, MCL 750.411h and 750.411i.
 - (k) Any other specific act or conduct that imposes upon or interferes with personal liberty or that causes a reasonable apprehension of violence.

