

**PHA 5-Year (2010-2014)  
and Annual Plan (2010)**

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

**OMB No. 2577-0226  
Expires 4/30/2011**

1.0	<b>PHA Information</b> PHA Name: <u>South Haven Housing Commission</u> PHA Code: <u>MI082</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2010</u>				
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>122</u> Number of HCV units: _____				
3.0	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <b>It is the Mission of the South Haven Housing Commission to promote adequate and affordable housing, economic opportunities and a suitable living environment free from discrimination.</b>				
5.2	<b>Goals and Objectives.</b> 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.  <b>South Haven Housing Commission Strategic Goal: Expand the supply of assisted housing that increases the availability of decent, safe, and affordable housing. Goal Objectives: Reduce Public Housing vacancies; Leverage private and/or other public housing funds to create additional opportunities; Acquire and/or build housing units or developments.</b>  <b>South Haven Housing Commission Strategic Goal: Improve the quality of assisted public housing. Goal Objectives: Continue to improve Public Housing Management (PHAS Score); Increase the South Haven Housing Commission customer satisfaction; Continue to renovate and modernize the affordable housing program Public Housing Units that serve the needs of low-income and very low-income, and extremely low-income families, the elderly and persons with disabilities.</b>  <b>South Haven Housing Commission Strategic Goal: Increase assisted housing choices. Goal Objectives: Continued implementation, improvement and expansion of local Public Housing, the South Haven Housing Commission Homeownership Program and other local homeownership programs.</b>  <b>South Haven Housing Commission Strategic Goal: Provide an improved living environment that improves the local community over all quality of life and economic vitality. Goal Objectives: Implement public housing security improvements; Designate a new development building for the target elderly resident group (Affordable Assisted Living)</b>  <b>South Haven Housing Commission Strategic Goal: Promote self-sufficiency and asset development of assisted households that include families and individuals. Goal Objectives: Increase the number and percentage of employed persons in assisted families and with emphasis on CFP Contracts and Section 3 Requirements; Provide and attract supportive services to increase independence for the elderly and/or families with disabilities.</b>  <b>South Haven Housing Commission Strategic Goal: Ensure equal opportunity and affirmatively further fair housing. Goal Objectives: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability; Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability; Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.</b>  <b>Report on meeting goals and objectives described in previous 5-Year Plan: The goals and objectives of Section 5.2 of this South Haven Housing Commission 5-Year (2010-2014) and Annual Plan (2010) continue to be the consistent focus as in the previous 5-Year Plan. The South Haven Housing Commission focuses on community and the administrative processes to obtain ever greater progress on the identified goals and objectives. During the previous 5-Year Plan specific properties have been identified privately and with the City of South Haven for future affordable housing development. Numerous Capital Funding Projects provided capital improvements that have benefitted all Housing Commission Residents providing greater safety, accessibility and security. Supportive services for the elderly and persons with disabilities have expanded and are more available. Equal Opportunity and Fair Housing has been promoted and sustained.</b>				

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  <b>There have been no plan element revisions since the last Annual Plan submission.</b></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. <b>Main Administrative Office of the South Haven Housing Commission; and Main Local Government Administrative Office/City of South Haven, City Hall.</b></p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <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>
9.0	<p><b>Housing Needs.</b> 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><b>Activities to be undertaken by the South Haven Housing Commission in the 5-Year Plan and in the coming year are consistent with the initiatives contained in the City of South Haven Consolidated Plan.</b></p> <ul style="list-style-type: none"> <li>• <b>Expand the supply of affordable rental and homeownership housing by building new units using tax credits, HOME funds, state grants, bonds or other funding sources. (develop 2 to 5 units with visit-ability and accessibility)</b></li> <li>• <b>Continue to advertise and attract potential buyers to the Homeownership Program to expand the sales in development MI082-1 (sell 10 units)</b></li> <li>• <b>Develop affordable assisted living housing for the elderly (develop 50 units)</b></li> <li>• <b>Work with South Haven Area Senior Services (SHASS) to expand the Warren Senior Community Center at River Terrace Apartments to meet the needs of growing senior programs and a growing number of staff and volunteers (two phase development: office space expansion and senior center expansion)</b></li> <li>• <b>Continue applying for Housing Resource funds from MSHDA for the City and administer those programs such as the Housing Rehabilitation Program for low income homeowners (3 to 7 homeowner rehabilitations)</b></li> <li>• <b>Continue to work with Van Buren County Housing Continuum of Care and Organizations providing services to provide greater housing opportunities for the homeless and those with special needs.</b></li> <li>• <b>Continue working with the Housing Development Corp. (HDC) a MSHDA designated Community Housing Development Organization (CHDO) to expand the supply of affordable housing in Allegan and Van Buren Counties. (to date, ten units completed)</b></li> <li>• <b>Work with agencies to provide information and resources for services and shelters for victims of domestic violence such as the Domestic Violence Coalition, Inc. serving Van Buren County, Center for Women in Transition in Holland and Sylvia's Place in Allegan County</b></li> </ul>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>The South Haven Housing Commission strategy for addressing the housing needs of families in the City of South Haven and on the waiting list during the upcoming year are referenced in this plan in Section 5.2, Goals and Objectives. The South Haven Housing Commission Board of Directors and Administrative Staff will sustain and initiate continued Public Housing Administration improvements through continued education and training with all aspects of Public Housing Administration, and utilize strategy to plan harmoniously to expand vision to future goals and objectives.</p>

10.0	<p><b>Additional Information.</b> 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>The progress, in meeting the mission and goals of the South Haven Housing Commission as described in the 5-Year Plan, is monitored during the year and annually with the updating and submission of the CFP Annual Plan. The South Haven Housing Commission Board of Directors and Administrative Staff plan to sustain and initiate continued Public Housing Administration improvements through continued education and training with all aspects of Public Housing Administration, and utilize continued planning to harmoniously expand mission and vision to current and future goals and objectives.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>The South Haven Housing Commission defines Significant Amendment and Substantial Deviation/Modification as goals, objectives, capital improvements that are not defined or described in the 5-year Plan and items that are not identified in the appropriate multi-year Environmental Review or previous CFP Environmental Reviews and requiring consultation with HUD and appropriate approval for any such Significant Amendment and/or Substantial Deviation/Modification.</b></p>
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11.0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> 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>
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## **Required Attachment: Resident Advisory Board or Boards (RABs)**

### Member List of the Resident Advisory Board:

William MacMillan MI 82-1, Family Scattered Site Homes

Lilli Scaife MI 82-2, Harbor View Apartments

Ron Sinkler MI 82-3, River Terrace Apartments

### **Recommendations from the RAB:**

The South Haven Housing Commission Resident Advisory Board met on January 28, 2010. Agenda Item: NEW BUSINESS: 2010 Capital Funding Program Planning, RAB Review and Input: Executive Director Fullar supplied copies of worksheets for the PHA 5-Year and Annual Plan for the Capital Fund Program planning process that included Housing Authority (HA) Wide, MI82-1 Family Scattered Sites, MI82-2 Harbor View Apartments and MI82-3 River Terrace Apartments. The RAB reviewed resident's comments that resulted from resident meetings held on January 26<sup>th</sup> and 27<sup>th</sup>. MI82-1 Family Scattered Sites - Residents in attendance expressed the need for air conditioning in the family houses. MI82-2 Harbor View Apartments – Residents in attendance expressed the need for common area installation for a soaking bathtub; ceiling fans in the living rooms; new brighter kitchen lighting; a new and larger TV in the community room; the community room kitchen needs pots, pans and utensils; and new vertical blinds in the community room. MI82-3 River Terrace Apartments – Residents in attendance expressed the need for an auto opening door at the building East entrance; new dining room light fixtures; round tables in the Warren Community Center; a therapeutic soaking bathtub for residents in the building; exterior sign painting; new bathroom vents; and ceiling fans in the bedrooms. The RAB reviewed all resident input and planned capital needs for all projects. The RAB discussed additional project items that included concrete slabs for sitting benches at HV and at RT and two six foot dining tables at HV instead of the one 12' table. Continued input is requested by staff. The Public Hearing for the 5-Year Capital Funding Plan 2010-2014 is scheduled at the HC Special Meeting on March 11, 2010, at 6:30 PM. The RAB will review the completed 2010 5-Year and Annual Plan and recommend the plan for approval during the RAB meeting in March.

The South Haven Housing Commission Resident Advisory Board met on March 11, 2010. Residents and staff suggestions were reviewed. Agenda Item: NEW BUSINESS: 2010 Capital Fund Program 5-Year Plan Final Review and Recommendation to the SHHC: The RAB reviewed the Capital Fund Program 5-Year Plan (2010-2014) and Annual Plan (2010). **Recommendation:** MacMillan moved and Sinkler supported to recommend the Capital Funding Program 5-Year Plan (2010-2014) and Annual Plan (2010) for SHHC review, approval and submission to HUD. Motion carried.

### **Summary of Public Hearing:**

A public hearing was held by the SHHC on March 11, 2010, 6:30 PM Local Time to solicit public and additional input for the Housing Commission's 2010 Capital Fund Program 5-Year and Annual Plan.

**PUBLIC HEARING ON 2010 AGENCY PLAN:** It was moved by Vice-Chairperson Ladewski to open the public hearing. Seconded by Commissioner Erikson. All votes in favor. Motion carried. Executive Director Fullar supplied copies of the Agency 5-Year (2010-2014) Plan and 2010 Annual PHA Plan and explained the 5-Year and Annual Plan Capital Fund process. Executive Director Fullar reviewed the Plan including the Housing Commission Mission Statement, Strategic Goals and Goal Objectives, Housing Needs, Strategy for Addressing Housing Needs and additional information as requested by the form HUD-50075 document. At the regular meeting held today March 11, 2010, the Housing Commission Resident Advisory Board (RAB) reviewed, approved and forwards the Agency 5-Year (2010-2014) Plan and 2010 Annual PHA Plan to the Housing Commission for approval and submission to HUD. Harbor View Resident and RAB Chairperson Lilli Scaife commented that having the new Agency Plan material provided in large print was very helpful. No additional comments or input was provided for the plan during the public hearing. It was moved by Chairperson Utke to close the Public Hearing. Seconded by Commissioner Cobbs. All votes in favor. Motion carried.

# **SOUTH HAVEN HOUSING COMMISSION VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY**

## **I. Purpose and Applicability**

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

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

## **II. Goals and Objectives**

This Policy has the following principal goals and objectives:

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

## **III. Other SHHC Policies and Procedures**

This Policy shall be referenced in and attached to SHHC's Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of SHHC's Admissions and Continued Occupancy Policy. SHHC's annual public housing agency plan shall also contain information concerning SHHC's activities, services or programs relating to domestic violence, dating violence, and stalking.

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

#### IV. Definitions

As used in this Policy:

- A. *Domestic Violence* – The term ‘domestic violence’ includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.”
- B. *Dating Violence* – means violence committed by a person
- a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and
  - b) where the existence of such a relationship shall be determined based on a consideration of the following factors:
    - i. The length of the relationship.
    - ii. The type of relationship.
    - iii. The frequency of interaction between the persons involved in the relationship.
- C. *Stalking* – means –
- a)
    - i. to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and
    - ii. to place under surveillance with the intent to kill, injure, harass or intimidate another person; and
  - b) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to –
    - i. that person;
    - ii. a member of the immediate family of that person; or
    - iii. the spouse or intimate partner of that person;
- D. *Immediate Family member* – means, with respect to a person –
- a) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or
  - b) any other person living in the household of that person and related to that person by blood or marriage.
- E. *Perpetrator* – means person who commits an act of domestic violence, dating violence or stalking against a victim.

## V. Admissions and Screening

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

## VI. Termination of Tenancy or Assistance

A. *VAWA Protections.* Under VAWA, public housing residents have the following specific protections, which will be observed by SHHC:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a “serious or repeated” violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.
2. In addition to the foregoing, tenancy or assistance will not be terminated by SHHC as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant’s control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity.

However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:

- a) Nothing contained in this paragraph shall limit any otherwise available authority of SHHC to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant’s household. However, in taking any such action, the SHHC may not apply a more demanding standard to the victim of domestic violence dating violence or stalking than that applied to other tenants.
  - b) Nothing contained in this paragraph shall be construed to limit the authority of SHHC to evict or terminate from assistance any tenant or lawful applicant if the SHHC can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance.
- B. *Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI.A.2. or Federal, State or local law to the contrary, SHHC may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the tenant or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures

prescribed by law applicable to terminations of tenancy and evictions by SHHC. Leases used for all public housing operated by SHHC shall contain provisions setting forth the substance of this paragraph.

## **VII. Verification of Domestic Violence, Dating Violence or Stalking**

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

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

1. *HUD-approved form* – by providing to SHHC a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD), that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.
  2. *Other documentation* – by providing SHHC documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.
  3. *Police or court record* – by providing to SHHC a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.
- B. *Time allowed to provide verification/failure to provide.* An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by SHHC to provide verification, must provide such verification within 14 business days (i.e., 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.

- C. *Waiver of verification requirement.* The Executive Director of SHHC may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this policy based on the victim's statement or other corroborating evidence. Such waiver may be granted at the sole discretion of the Executive Director. Any such waiver must be in writing. Waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases, regardless of similarity in circumstances.

## **VIII. Confidentiality**

- A. *Right of confidentiality.* All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to SHHC in connection with a verification required under section VII of this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:
1. requested or consented to by the individual in writing, or
  2. required for use in a public housing eviction proceeding as permitted in VAWA, or
  3. otherwise required by applicable law.
- B. *Notification of rights.* All tenants of the public housing program administered by SHHC shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

## **IX. Relationships with Service Providers**

It is the policy of SHHC to cooperate with organizations entities, both private and governmental, that provide shelter and/or services to victims of domestic violence. If SHHC staff become aware that an individual assisted by SHHC is a victim of domestic violence, dating violence, or stalking, SHHC will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring SHHC either to maintain a relationship with any particular provider of shelter or services to victims or domestic violence or to make a referral in any particular case. SHHC's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which SHHC has referral or other cooperative relationships.

## **X. Notification**

SHHC shall provide written notification to applicants and tenants, concerning the rights and obligations created under VAWA relating to confidentiality, denial of assistance and, termination of tenancy or assistance.

## **XI. Relationship with Other Applicable Laws**

Neither VAWA nor this Policy implementing it shall preempt or supersede any provision of Federal, State, or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence or stalking.

**XII. Amendment**

This policy may be amended from time to time by SHHC as approved by the SHHC Board of Commissioners.

Approved by Board: 2/22/2007  
Resolution No. 07-08

I certify that I received a copy of the Notification of Rights and Obligations of the VAWA and a copy of the pamphlet: *Violence Against Women in Federally Funded Rental Assisted Housing – “Learn About Your Rights as a Victim of Domestic Violence”*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_



I certify that I received a copy of the Notification of Rights and Obligations of the VAWA and a copy of the pamphlet: *Violence Against Women in Federally Funded Rental Assisted Housing – “Learn About Your Rights as a Victim of Domestic Violence”*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_



# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

South Haven Housing Commission

Program/Activity Receiving Federal Grant Funding

Public Housing Agency Plan (Operating & Capital Budgets)

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 Federalagency 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.)

- MI-082-001 Scattered Family Sites - see attached, South Haven, Van Buren County, Michigan 49090
- MI-082-002 Harbor View Apartments, 325 Indiana Avenue, South Haven, Van Buren County, Michigan 49090
- MI-082-003 River Terrace Apartments, 220 Broadway, South Haven, Van Buren County, Michigan 49090

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 Charles R. Fuller	Title Executive Director
Signature 	Date 4/15/2010

X

# SOUTH HAVEN HOUSING COMMISSION

220 Broadway

South Haven, Van Buren County, MI 49090

Project MI-82-1

## Scattered Site Schedule of Addresses

<u>Unit #</u>	<u>Address</u>	<u>Unit #</u>	<u>Address</u>
1	418 Elkenburg St.	26	SOLD 4008 Center St.
2	414 Elkenburg St.	27	1014 Center St.
3	410 Elkenburg St.	28	314 Cartwright St.
4	402 Elkenburg St.	29	410 Cartwright St.
5	422 Cable Avenue	30	421 Spencer Avenue
6	SOLD 418 Cable Avenue	31	1064 Center St.
7	414 Cable Avenue	32	SOLD 1059 Indiana Avenue
8	410 Cable Avenue	33	413 Humphrey St.
9	951 Kalamazoo St.	34	417 Humphrey St.
10	955 Kalamazoo St.	35	952 Kalamazoo St.
11	963 Kalamazoo St.	36	SOLD 326 Cable Avenue
12	SOLD 409 Abell Avenue	37	309 Abell Avenue
13	413 Abell Avenue	38	SOLD 310 Cartwright St.
14	417 Abell Avenue	39	318 Cartwright St.
15	421 Abell Avenue	40	322 Abell Avenue
16	1002 Center St.	41	656 Indiana Avenue
17	422 Abell Avenue	42	314 Abell Avenue
18	418 Abell Avenue	43	310 Abell Avenue
19	325 Cable Avenue	44	1102 Kalamazoo St.
20	SOLD 410 Abell Ave.	45	322 Spencer Avenue
21	1001 Kalamazoo St.	46	318 Spencer Avenue
22	1007 Kalamazoo St.	47	314 Spencer Avenue
23	764 Kalamazoo St.	48	310 Spencer Avenue
24	409 Cartwright St.	49	SOLD 313 Aylworth Avenue
25	417 Cartwright St.	50	317 Aylworth Avenue

**Certification of Payments  
to Influence Federal Transactions**

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

Applicant Name

Program/Activity Receiving Federal Grant Funding

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-LLL, 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  Charles R. Fullar	Title  Executive Director
Signature  	Date (mm/dd/yyyy)  04/15/2010

<b>Part I: Summary</b>	
PHA Name: South Haven Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P08250110 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval: 2010	

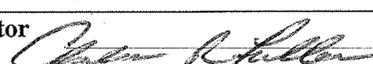
Type of Grant  
 Original Annual Statement      Reserve for Disasters/Emergencies      Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:      Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	-0-			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	26,000			
3	1408 Management Improvements	-0-			
4	1410 Administration (may not exceed 10% of line 21)	18,000			
5	1411 Audit	-0-			
6	1415 Liquidated Damages	-0-			
7	1430 Fees and Costs	500			
8	1440 Site Acquisition	20,000			
9	1450 Site Improvement	-0-			
10	1460 Dwelling Structures	126,540			
11	1465.1 Dwelling Equipment--Nonexpendable	-0-			
12	1470 Non-dwelling Structures	-0-			
13	1475 Non-dwelling Equipment	-0-			
14	1485 Demolition	-0-			
15	1492 Moving to Work Demonstration	-0-			
16	1495.1 Relocation Costs	-0-			
17	1499 Development Activities <sup>4</sup>	-0-			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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**

<b>Part I: Summary</b>						
<b>PHA Name:</b> South Haven Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P08250110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b> <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 <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	-0-				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-				
19	1502 Contingency (may not exceed 8% of line 20)	-0-				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	191,040				
21	Amount of line 20 Related to LBP Activities	-0-				
22	Amount of line 20 Related to Section 504 Activities	-0-				
23	Amount of line 20 Related to Security - Soft Costs	-0-				
24	Amount of line 20 Related to Security - Hard Costs	-0-				
25	Amount of line 20 Related to Energy Conservation Measures	-0-				
<b>Signature of Executive Director</b> 		<b>Date 04/16/2010</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: South Haven Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P08250110 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>			
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406		26,000				
	Administration	1410		18,000				
	Purchase Property	1440		20,000				
	Annual Program Advert.	1430		500				
			Subtotal	64,500				
MI-82-1	Paint Dwelling Units	1460	5	9,000				
	Carpet Dwelling Units	1460	7	9,000				
	Roof Replacement	1460	5	20,000				
	AC Installation	1460	21	52,500				
	Replace Furnace Valves	1460	42	11,340				
			Subtotal	101,840				
MI-82-2	Hand Dryers in Public Rest Rooms	1460		800				
	Sun Screens in Common Area	1460		900				
	Building Soaking Bathtub for Residents	1460		7,200				
			Subtotal	8,900				

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: South Haven Housing Commission				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	09/14/2012		09/14/2014		
MI-82-1	09/14/2012		09/14/2014		
MI-82-2	09/14/2012		09/14/2014		
MI-82-3	09/14/2012		09/14/2014		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



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**

<b>Part I: Summary</b>						
PHA Name: South Haven Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P08250107 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 checked="" type="checkbox"/> Revised Annual Statement (revision no: 4 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 04/16/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	-0-	-0-			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-	-0-			
19	1502 Contingency (may not exceed 8% of line 20)	-0-	-0-			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	206,650	164,210	164,210	101,881.49	
21	Amount of line 20 Related to LBP Activities	-0-	-0-			
22	Amount of line 20 Related to Section 504 Activities	-0-	-0-			
23	Amount of line 20 Related to Security - Soft Costs	-0-	-0-			
24	Amount of line 20 Related to Security - Hard Costs	12,600-	12,600			
25	Amount of line 20 Related to Energy Conservation Measures	10,690	10,690			
Signature of Executive Director 		Date 04/16/2010		Signature of Public Housing Director _____		
				Date _____		

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

<b>Part II: Supporting Pages</b>								
PHA Name: South Haven Housing Commission			<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P08250107 CFFP (Yes/ No): NO Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406		28,100	28,100	28,100	28,100	100%
	Director of Capital & Special Programs	1410		15,900	14,000.17	14,000.17	14,000.17	100%
	HA Maintenance Vehicles	1475		20,000	10,705	10,705	10,705	
	Energy Audit	1430		3,500	-0-			
	Annual Program Advert.	1430		400	159.04	159.04	159.04	100%
			Subtotal	67,900	52,964.21	52,964.21	52,964.21	
MI-82-1	Replace Accordion Doors	1460	28	10,350	-0-			
	Replace Furnace Gas Valves	1460	43	11,610	-0-			
	Landscaping	1450		-0-	2,990	2,990		99%
			Subtotal	21,960	2,990	2,990		
MI-82-2	Handicap Door Openers for Laundry and Trash	1460	5	9,000	-0-			
	Security System Upgrade	1460		6,000	-0-			
	4 <sup>th</sup> Floor Bathroom to Laundry Conversion	1460		8,500	3,616.80	3,616.80	3,616.80	100%
	Carpet Cleaner	1475	1	800	1,755.88	1,755.88	1,755.88	100%
	Repalce Picnic Tables	1475	3	2,400	-0-			
	Replace Shower Faucets	1460	22	9,900	13,425	13,425	13,425	100%
	Expand Resident Parking Lot	1450		7,500	-0-			
	Concrete Driveway Apron & Sidewalk Replacement	1450		6,400	10,085.72	10,085.72	600	99%

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name: South Haven Housing Commission			<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P08250107 CFPP (Yes/ No): NO Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI-82-2 Cont.	Replace Maintenance Storage Shed	1450		4,800	-0-			
	Common Area Forced Air Heating Installation	1460		-0-	543.60	543.60	543.60	100%
	Add Carports	1450	1	-0-	1,244	1,244	1,244	100%
			Subtotal	55,300	30,671	30,671	21,185.28	
MI-82-3	Replace Ranges	1460	49	10,800	21,408	21,408	21,408	100%
	Handicap Door Openers for Laundry & Receiving	1460	3	5,400	-0-			
	Replace HA Office Security Lock	1460	1	600	-0-			
	Security System Upgrade	1460		6,000	-0-			
	Motion/Infrared Light Switch in Common Areas	1460		1,800	-0-			
	Replace Domestic Hot Water Circulation Lines	1460		18,000	-0-			
	Replace Unit Thermostates	1460		5,390	-0-			
	Elevator Door Skins	1460	4	6,000	8,440	8,440	8,440	99%
	Replace Unit Dining Room Light Fixtures	1460	49	7,500	-0-			
	Concret Sidewalk Repl.	1450		-0-	15,228.58	15,228.58	15,228.58	99%
	Add Carports	1450	3	-0-	4,862	4,862	3,732	99%
	Casrpet Dwelling Units	1460	1	-0-	1,248	1,248	1,248	100%
	Landscaping	1450		-0-	26,398.21	26,398.21		10%
			Subtotal	61,490	77,584.79	77,584.79	27,732	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: South Haven Housing Commission				<b>Federal FFY of Grant: 2007</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	09/12/2009		09/12/2011		
MI-82-1	09/12/2009		09/12/2011		
MI-82-2	09/12/2009		09/12/2011		
MI-82-3	09/12/2009		09/12/2011		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>					
PHA Name: South Haven Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P08250108 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 checked="" type="checkbox"/> Revised Annual Statement (revision no:2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 04/16/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	-0-	-0-		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	26,000	22,800	22,800	22,800
3	1408 Management Improvements	-0-	-0-		
4	1410 Administration (may not exceed 10% of line 21)	18,000	17,400	17,400	
5	1411 Audit	-0-	-0-		
6	1415 Liquidated Damages	-0-	-0-		
7	1430 Fees and Costs	400	181.76	181.76	181.76
8	1440 Site Acquisition	20,000	15,250.67	15,250.67	
9	1450 Site Improvement	23,000	22,000	22,000	
10	1460 Dwelling Structures	109,750	95,893.67	95,893.67	16,123.67
11	1465.1 Dwelling Equipment—Nonexpendable	-0-	-0-		
12	1470 Non-dwelling Structures	-0-	-0-		
13	1475 Non-dwelling Equipment	1,950	1,199.90	1,199.90	1,199.90
14	1485 Demolition	-0-	-0-		
15	1492 Moving to Work Demonstration	-0-	-0-		
16	1495.1 Relocation Costs	-0-	-0-		
17	1499 Development Activities <sup>4</sup>	-0-	-0-		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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

<b>Part I: Summary</b>						
<b>PHA Name:</b> South Haven Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P08250108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 04/16/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	-0-	-0-			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-	-0-			
19	1502 Contingency (may not exceed 8% of line 20)	-0-	-0-			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	199,100	174,726	174,726	40,305.33	
21	Amount of line 20 Related to LBP Activities	-0-	-0-			
22	Amount of line 20 Related to Section 504 Activities	-0-	-0-			
23	Amount of line 20 Related to Security - Soft Costs	-0-	-0-			
24	Amount of line 20 Related to Security - Hard Costs	-0-	-0-			
25	Amount of line 20 Related to Energy Conservation Measures	-0-	-0-			
<b>Signature of Executive Director</b> 		<b>Date 04/16/2010</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: South Haven Housing Commission			<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P08250108 CFFP (Yes/ No): NO Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406		26,000	22,800	22,800	22,800	
	Administration	1410		18,000	17,400			
	Purchase Property	1440		20,000	15,250.67	15,250.67		
	Annual Program Advert.	1430		400	181.76	181.76	181.76	100%
			Subtotal	64,400	55,632.43	55,632.43	22,981.76	
MI-82-1	Paint Dwelling Units	1460	5	9,000	-0-			
	Carpet Dwelling Units	1460	7	9,000	9,552.15	9,552.15	9,552.15	100%
	Replace Bed Rm. & Dining Rm. Lt Fixtures	1460	42	10,800	-0-			
	Rebuild Utility Rm. Floors	1460	5	12,000	-0-			
	Replace Sewer Lines	1450	5	18,000	-0-			
	Replace Tile Flooring	1460	5	6,000	535.00	535.00	535.00	100%
			Subtotal	64,800	10,087.15	10,087.15	10,087.15	
MI-82-2	Sun Rail Chair Rail	1460		500	-0-			
	Replace Snow Blower	1475		975	599.95	599.95	599.95	100%
	Replace Shower Stalls	1460	10	21,750	-0-			

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name: South Haven Housing Commission			<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P08250108 CFFP (Yes/ No): NO Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI-82-2 Cont.	Carpet Dwelling Units	1460	3	4,200	2,751.81	2,751.81	2,751.81	100%
	Paint Dwelling Units	1460	4	4,400	-0-			
			Subtotal	31,825	3,351.76	3,351.76	3,351.76	
MI-82-3	Repair/Paint Exterior Steel & Siding/Seal Brick	1460		12,000	79,770	79,770		
	Replace Snow Blower	1475		975	599.95	599.95	599.95	100%
	Drive Apron & Sidewalk Concrete Replacement	1460		8,000	-0-			
	Replace Maintenance, Trash & Storage Doors	1460		3,500	-0-			
	Carpet Dwelling Units	1460	3	4,200	3,284.71	3,284.71	3,284.71	100%
	Paint Dwelling Units	1460	4	4,400	-0-			
	Replace Lawn Sprinkling System	1450		5,000	22,000	22,000		
			Subtotal	38,075	105,654.66	105,654.66	3,884.66	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: South Haven Housing Commission				<b>Federal FFY of Grant: 2008</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	06/12/2010		06/12/2012		
MI-82-1	06/12/2010		06/12/2012		
MI-82-2	06/12/2010		06/12/2012		
MI-82-3	06/12/2010		06/12/2012		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>					
PHA Name: South Haven Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P08250109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 04/16/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	-0-		26,000	
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	26,000	26,000		
3	1408 Management Improvements	-0-			
4	1410 Administration (may not exceed 10% of line 21)	17,000	17,000	17,000	
5	1411 Audit	-0-			
6	1415 Liquidated Damages	-0-			
7	1430 Fees and Costs	400	893.60	893.60	
8	1440 Site Acquisition	-0-	25,749.33	25,749.33	
9	1450 Site Improvement	29,200	48,849.79	37,649.79	
10	1460 Dwelling Structures	88,856	44,963.28	10,133.37	
11	1465.1 Dwelling Equipment—Nonexpendable	-0-			
12	1470 Non-dwelling Structures	-0-			
13	1475 Non-dwelling Equipment	9,900	7,900		
14	1485 Demolition	-0-			
15	1492 Moving to Work Demonstration	-0-			
16	1495.1 Relocation Costs	-0-			
17	1499 Development Activities <sup>4</sup>	-0-			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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**

<b>Part I: Summary</b>						
<b>PHA Name:</b> South Haven Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P08250109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 04/16/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	-0-				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-				
19	1502 Contingency (may not exceed 8% of line 20)	-0-				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	171,356	171,356	117,426.09		
21	Amount of line 20 Related to LBP Activities	-0-				
22	Amount of line 20 Related to Section 504 Activities	-0-				
23	Amount of line 20 Related to Security - Soft Costs	-0-				
24	Amount of line 20 Related to Security - Hard Costs	-0-				
25	Amount of line 20 Related to Energy Conservation Measures	-0-				
<b>Signature of Executive Director</b> 		<b>Date 04/16/2010</b>		<b>Signature of Public Housing Director</b>  		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: South Haven Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P08250109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>			
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406		26,000	26,000	26,000		
	Administration	1410		17,000	17,000	17,000		
	Purchase Property	1440		-0-	25,749.33	25,749.33		
	Annual Program Advert.	1430		400	893.60	893.60		
			Subtotal	43,400	69,642.93	69,642.93		
MI-82-1	Clean Heat Ducts	1460	8	7,800	2,800			
	Stain Storage Sheds	1450	46	9,000	2,000			
	Aluminum Wrap Door and Window Trim	1460	42	8,800	2,000			
	Replace Bathroom Vent Fans	1460	5	8,400	-0-			
	Landscaping	1450	3	3,000	-0-			
	Carpet/Tile Units	1460	6	-0-	9,000	6,003.57		
			Subtotal	37,000	15,800	6,003.57		
MI-82-2	Seal Coat & Stripe Parking Lots & Driveways	1450		1,800	1,800			
	Replace HW Circulation Lines	1460		6,000	-0-			
	Replace Unit Thermostats	1460		2,945	2,945			
	Motion/Infared Light Switch in Common Areas	1460		1,500	1,500			

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name: South Haven Housing Commission			<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P08250109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI-82-2 Cont.	Retrofit Common Area Lighting T-12 To T-8	1460		5,000	3,077.28			
	Paint Exterior Metal and Stain Balconies	1460		8,000	-0-			
	Landscaping	1450		3,000	3,000			
	Carpet Units	1460		-0-	4,000	464.55		
			Subtotal	28,245	16,322.28	464.55		
MI-82-3	Seal Coat & Stripe Parking Lots & Driveway	1450		3,800	3,800			
	Parking Lot Repair	1450		5,600	600			
	Replace HW Circulation Lines	1460		1,000	1,000			
	Replace Comm. Rm. Tables & Chairs	1475		4,400	2,400			
	Apt. Shower Stall Installation	1460	5	-0-	-0-			
	Replace BathVent Fans	1460	49	9,800	-0-			
	Greenhouse Senior Center Expansion	1460		22,611	14,641			
	Picnic Tables	1475	2	2,500	2,500			
	Entry Canopy Roof	1460		7,000	-0-			
	Replace 4 <sup>th</sup> F Lounge Furniture	1475		3,000	3,000			
	Landscaping	1450		3,000	37,649.79	37,649.79		
	Carpet Units	1460	5	-0-	4,000	3,665.25		
			Subtotal	62,711	69,590.79	41,315.04		

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: South Haven Housing Commission				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	09/14/2011		09/14/2013		
MI-82-1	09/14/2011		09/14/2013		
MI-82-2	09/14/2011		09/14/2013		
MI-82-3	09/14/2011		09/14/2013		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>						
PHA Name: South Haven Housing Commission		Grant Type and Number Capital Fund Program Grant No: (CFRG) MI33S082501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 04/16/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds	-0-				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	-0-				
3	1408 Management Improvements	-0-				
4	1410 Administration (may not exceed 10% of line 21)	-0-	12,138	12,138		
5	1411 Audit	-0-				
6	1415 Liquidated Damages	-0-				
7	1430 Fees and Costs	-0-	600	600		
8	1440 Site Acquisition	-0-				
9	1450 Site Improvement	-0-				
10	1460 Dwelling Structures	221,168	208,430	208,430		
11	1465.1 Dwelling Equipment—Nonexpendable	-0-				
12	1470 Non-dwelling Structures	-0-				
13	1475 Non-dwelling Equipment	-0-				
14	1485 Demolition	-0-				
15	1492 Moving to Work Demonstration	-0-				
16	1495.1 Relocation Costs	-0-				
17	1499 Development Activities <sup>4</sup>	-0-				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

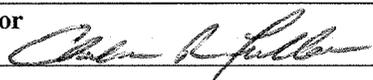
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

<sup>4</sup> 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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> South Haven Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: (CFRG) MI33S082501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b>					
<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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	-0-			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-			
19	1502 Contingency (may not exceed 8% of line 20)	-0-			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	221,168		221,168	600
21	Amount of line 20 Related to LBP Activities	-0-			
22	Amount of line 20 Related to Section 504 Activities	-0-			
23	Amount of line 20 Related to Security - Soft Costs	-0-			
24	Amount of line 20 Related to Security - Hard Costs	-0-			
25	Amount of line 20 Related to Energy Conservation Measures	53,230			
<b>Signature of Executive Director</b> 		<b>Date 04/16/2010</b>		<b>Signature of Public Housing Director</b>  <b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.







<b>Part I: Summary</b>						
PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No: 4
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	Annual Statement	149,585	183,700	193,100	208,700
C.	Management Improvements		78,000	30,000	59,500	13,000
D.	PHA-Wide Non-dwelling Structures and Equipment		[-0-]	[-0-]	[39,500]	[13,00]
E.	Administration		(10% CFP Grant)	(10% CFP Grant)	(10% CFP Grant)	(10% CFP Grant)
F.	Other		-0-	-0-	-0-	-0-
G.	Operations		(20% CFP Grant)	(20% CFP Grant)	(20% CFP Grant)	(20% CFP Grant)
H.	Demolition		-0-	-0-	-0-	-0-
I.	Development		-0-	-0-	-0-	-0-
J.	Capital Fund Financing – Debt Service		-0-	-0-	-0-	-0-
K.	Total CFP Funds		227,585	213,700	252,600	221,700
L.	Total Non-CFP Funds		-0-	-0-	-0-	-0-
M.	Grand Total		227,585	213,700	252,600	221,700

**Part I: Summary (Continuation)**

PHA Name/Number		Locality (City/county & State)		<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 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
	HA Wide	Annual Statement	HA Office Conversion	Senior Center Expansion	Copy Machine/Printer/Fax	HA Computer System & Software Upgrade
			Purchase Property		Replace Maintenance Vehicles (2)	Telecommunications Upgrade
			HA Storage Shed		Replace Office Chairs	Replace Lawn Tractor
					Purchase Property	
	MI-82-1		Replace Vinyl Siding	C.O. Detectors	Paint Dwelling Units	Landscaping
			Paint Dwelling Units	Replace Tile Flooring	Handicap Ramps	Carpet Dwelling Units
			Carpet Dwelling Units	Rebuild Utility Room Floors	Sidewalk Replacement	Replace Sewer Lines
						Replace Smoke Alarms
						Stain Sheds
	MI-82-2		Replace Apartment Shower Stalls	Replace Units Base Board Heat and Thermostats	Replace Water Heater	Replace Makeup Air
			Hand Dryers in Public RR	Paint Dwelling Units	Satellite TV System	Paint Dwelling Units
			Re-Flash Sun Room Roof	Carpet Dwelling Units	Install Lawn Sprinkling System	Carpet Dwelling Units
			Replace Trash Chute Doors	Landscaping	Front Entrance Wheel Chair Ramp	Emergency Generator
			Replace Laundry Exhaust Fan		Entry System and Auto Door Sys. Replacement	Seal & Stripe Driveway & Parking Lot
			Sun Screens in Common Area		Carpet Dwelling Units	Replace Smoke Alarms
						Handicap Hi-Rise Toilets
	MI-82-3		Replace Unit Zone Valves	Replace AC System in Community Room	Satellite TV System	Replace Makeup Air

	MI-82-3 Continued		Window Replacement	Replace A/C System in Small Office	Landscaping	Emergency Generator
			Carpet Dwelling Units	Carpet Dwelling Units	Replace Heating Boiler	Replace Smoke Alarms
			Paint Dwelling Units	Paint Dwelling Units	Repair Asphalt Driveway and Parking Lots	Seal & Stripe Driveway & Parking Lot
			Replace Dining Room Light Fixtures	Apartment Shower Stall Installation	Apartment Kitchen Cab. & Counter Tops	Replace Roof & Entry Canopy Roof
			Hand Dryers in Public RR	Replace Vanity & Kitchen Faucets	Front Entrance Expand Handicap Ramp	Handicap Hi-Rise Toilets
					Entry System and Auto Door Sys. Replacement	Replace Warren Center Accordion Doors

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year 2011 FFY 2011			Work Statement for Year: 2012 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	(MI-82-1)			(MI-82-1)		
Annual	Replace Vinyl Siding		30,000	C.O. Detectors		14,000
Statement	Paint Dwelling Units		8,000	Replace Tile Flooring		6,000
	Carpet Dwelling Units		9,000	Rebuild Utility Room Floors		12,000
	(MI-82-2)			(MI-82-2)		
	Replace Apartment Shower Stalls		54,925	Paint Exterior Metal and Stain Balconies		19,200
	Re-Flash Sun Room Roof		1,800			
	Replace Trash Chute Doors		1,600	Replace Units Base Board Heat and Thermostats		24,800
	Replace Laundry Exhaust Fan		500	Paint Dwelling Units		8,000
	Sun Screens in Common Area		1,000	Carpet Dwelling Units		7,000
	Hand Dryers in Public RR		800	Landscaping		9,500
	(MI-82-3)			(MI-82-3)		
	Hand Dryer in Public RR		500	Replace AC System in Community Room		10,000
	Replace Unit Zone Valves		11,760	Replace A/C System in Small Office		5,000
	Carpet Dwelling Units		7,000	Carpet Dwelling Units		7,000
	Paint Dwelling Units		8,000	Paint Dwelling Units		16,000
	Replace Bathroom Vent Fans		9,800	Apartment Shower Stall Installation		30,000
	Replace Dining Room Light Fixtures		4,900	Replace Vanity/Tub & Kitchen Faucets		14,700
				Hand Dryers in Public RR		500
	Subtotal of Estimated Cost		\$ 149,585	Subtotal of Estimated Cost		\$ 183,700

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY 2013			Work Statement for Year: 2014 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	(MI-82-1)			(MI-82-1)		
Annual	Paint Dwelling Units		8,000	Landscaping		26,000
Statement	Handicap Ramps		6,000	Carpet Dwelling Units		9,000
	Sidewalk Replacement		5,500	Replace Sewer Lines		18,000
				Replace Smoke Alarms		2,400
				Stain Sheds		1,200
	(MI-82-2)			(MI-82-2)		
	Replace Water Heater		5,600	Replace Makeup Air		4,600
	Satellite TV System		9,000	Paint Dwelling Units		12,000
	Install Lawn Sprinkling System		5,000	Carpet Dwelling Units		7,000
	Front Entrance Wheel Chair Ramp		6,500	Emergency Generator		8,000
	Entry System and Auto Door Sys. Replacement		5,000	Seal & Stripe Driveway & Parking Lot		2,400
	Carpet Dwelling Units		7,000	Replace Smoke Alarms		1,100
				Handicap Hi-Rise Toilets		7,750
	(MI-82-3)			(MI-82-3)		
	Satellite TV System		9,000	Replace Makeup Air		4,600
	Landscaping		7,000	Emergency Generator		12,000
	Replace Heating Boiler		7,500	Replace Smoke Alarms		1,800
	Repair Asphalt Driveway and Parking Lots		10,000	Seal & Stripe Driveway & Parking Lot		3,800
	Apartment Kitchen Cab.. & Counter Tops		92,000	Replace Roof & Entry Canopy Roof		70,000
	Front Entrance Expand Handicap Ramp		5,000	Handicap Hi-Rise Toilets		12,250
	Entry System and Auto Door Sys. Replacement		5,000	Replace Warren Center Accordion Doors		4,800
	Subtotal of Estimated Cost		\$ 193,100	Subtotal of Estimated Cost		\$ 208,700



Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY 2013		Work Statement for Year: 2014 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
Annual Statement	(HA Wide) Copy Machine/Printer/Fax	9,000	(HA Wide) HA Computer System & Software Upgrade	7,500
	Replace Maintenance Vehicles (2)	28,000	Telecommunications Upgrade	2,500
	Replace Office Chairs	2,500	Replace Lawn Tractor	3,000
	Purchase Property	20,000		
	Subtotal of Estimated Cost	\$ 59,500	Subtotal of Estimated Cost	\$ 13,000

**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  X  5-Year and/or  X  Annual PHA Plan for the PHA fiscal year beginning **07/01/2010**, 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.

South Haven Housing Commission  
PHA Name

MI082  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 2010 - 2014

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  <u>Pamela K. Utke</u>	Title  <u>Chairperson</u>
Signature 	Date  <u>4-15-2010</u>

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

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

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

I, Robert Burr the Mayor certify that the Five Year and  
Annual PHA Plan of the South Haven Housing Commission is consistent with the Consolidated Plan of  
the City of South Haven.                      prepared pursuant to 24 CFR Part 91.

Robert Burr 4/16/2010

Signed / Dated by Appropriate State or Local Official



# South Haven Housing Commission

220 Broadway • South Haven, Michigan 49090-1490  
Telephone (269) 637-5755 • Fax (269) 637-9197  
E-Mail: shhc@cybersol.com  
TTY/TDD 711

## Resolution No. 10-06

### Housing Agency 5-Year and Annual Plan for Fiscal Year Beginning July 1, 2010

**WHEREAS**, the Quality Housing and Work Responsibility Act of 1998 (QHWRA) requires the development of a Housing Agency Plan, including an Annual and Five Year Plan, and

**WHEREAS**, the Agency Plan has been developed in accordance with HUD regulations,

**NOW THEREFORE BE IT RESOLVED**, by the Board of the South Haven Housing Commission that the Housing Agency 5- Year Plan 2010-2014 and Annual Plan for the period beginning July 1, 2010, be approved for submission to HUD and the Chairperson of the Board of Commissioners is hereby authorized to sign the Certification of Compliance with the Public Housing Authority Plans and related regulations on behalf of the Board of Commissioners.

It was moved by Commissioner Thomson to approve the foregoing Resolution No. 10-06 as introduced and read. Seconded by Commissioner Erikson. All votes in favor. Thereupon Chairperson Utke declared said motion carried.

This is to certify that the above is a true copy of Resolution No. 10-06 adopted by the South Haven Housing Commission at the Special Meeting of March 11, 2010.

A handwritten signature in black ink, which appears to read "Charles R. Fullar", is written over a horizontal line.

Charles R. Fullar, Executive Director



Affordable Housing Alternatives

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## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB  
0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  South Haven Housing Commission 220 Broadway South Haven, MI 49090  Congressional District, if known: 6	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>    Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  U.S. Department of Housing & Urban Development	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  <p style="text-align: center;">N/A</p>	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Charles R. Fullar</u> Print Name: <u>Charles R. Fullar</u> Title: <u>Executive Director</u> Telephone No.: <u>269-637-5755</u> Date: <u>04/15/2010</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.