

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

1.0	PHA Information PHA Name: Houghton Housing Commission PHA Code: MI107 PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 01/01/2010				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 70 Number of HCV units: 0				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Houghton Housing Commission is to assist low-income families with safe, decent, and affordable housing as they strive to achieve self-sufficiency and improve the quality of their lives. The Houghton Housing Commission is committed to operating in an efficient, ethical, and professional manner in order to accomplish this mission.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. The Houghton Housing Commissions Goals are: <ol style="list-style-type: none"> 1. Is to improve the quality of assisted housing and customer satisfaction by modernizing the public housing units. 2. Promoting self-sufficiency and asset development of families. 3. The Housing Commission will strive to create and maintain partnerships with community agencies in order to support our low-income, senior and disabled residents. We have met many of our goals from the previous 5-year plan including: <ol style="list-style-type: none"> 1. We continue to up-grade and modernize our public housing units. 2. The Houghton Housing Commission has been able to provide better service to the residents and improve living conditions with the use of Capital Funds. 3. We have been able to encourage our residents to work with the income disregard program and by offering a preference point to applicants who are working or are in a program for self-sufficiency. 				
6.0	PHA Plan Update Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: The only revisions have been to the Capital Fund Budget and Items. Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. The PHA Plan and all supporting documentation are available for public inspection at the main office at 401 E. Montezuma Avenue-Houghton MI 49931				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				

8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. See Attached form HUD-50075.1</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Please see the attached HUD-500075.2</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>There still seems to be a shortage of quality housing for families in this area. We have a good size waiting list and get lots of calls from families that can't find vouchers.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. We have management and maintenance policies in place to minimize the number of public units off line and to reduce turn-over time for vacant units. We also seek to reduce time for renovations.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The Houghton Housing Commission has been able to provide better service and improved living conditions with the use of Capital Funds.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" <ol style="list-style-type: none"> 1. Any changes to rent or admission or waiting list policies. 2. Additions of non-emergency work items. 3. Any change with regard to demolition or disposition. </p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

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

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

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

Annual Supplemental Performance and Financial Report
 Capital Programs, Capital Fund, Funding Requirements, Planning, Operating
 Capital Programs, Planning Program

U.S. Department of Health and Human Services
 Office of Public and Indian Housing
 OMB No. 0935-0128
 Expires 4/30/2011

Project Summary		Grant Type and Possible Capital Fund Program Activity (Activity Code)		FTE/Performance ID	
Project Title		Activity Code		Performance ID	
Type of Program	Activity Code	Activity Code	Activity Code	Performance ID	Performance ID
1	2	3	4	5	6
1	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
2	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
3	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
4	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
5	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
6	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
7	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
8	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
9	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
10	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
11	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
12	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
13	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
14	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
15	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
16	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000
17	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000	01-000-000-0000

This report is for the Department of Health and Human Services
 Office of Public and Indian Housing
 Annual Supplemental Performance and Financial Report
 Capital Programs, Capital Fund, Funding Requirements, Planning, Operating
 Capital Programs, Planning Program

Annual Statement of Income and Expenses - Report
 Capital Fund Program, Capital Fund Program - Placement Housing Development
 Capital Fund Financing Program

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

Part B Summary This Report Report Number Capital Fund Program - Placement Housing Development Report Number Report Title Report Date Report Period Report Status		Part C Financial Data Financial Statement Financial Statement Financial Statement	
Original Annual Statement <input type="checkbox"/> Report for Reporting Period <input checked="" type="checkbox"/> Report for Budgetary Control Period (FY 2008-09)		<input type="checkbox"/> Total Annual Statement <input type="checkbox"/> Total Budgetary Control Period	
Source of Development Activity Type of Activity Location		Total Amounts Due Reported Reviewed Expected	
01	FC - Other (FC - Other)	100,000	92,872
02	FC - Other (FC - Other)		
03	FC - Other (FC - Other)		
04	FC - Other (FC - Other)		
05	FC - Other (FC - Other)		
06	FC - Other (FC - Other)		
07	FC - Other (FC - Other)		
08	FC - Other (FC - Other)		
09	FC - Other (FC - Other)		
10	FC - Other (FC - Other)		
11	FC - Other (FC - Other)		
12	FC - Other (FC - Other)		
13	FC - Other (FC - Other)		
14	FC - Other (FC - Other)		
15	FC - Other (FC - Other)		
16	FC - Other (FC - Other)		
17	FC - Other (FC - Other)		
18	FC - Other (FC - Other)		
19	FC - Other (FC - Other)		
20	FC - Other (FC - Other)		
21	FC - Other (FC - Other)		
22	FC - Other (FC - Other)		
23	FC - Other (FC - Other)		
24	FC - Other (FC - Other)		
25	FC - Other (FC - Other)		

Signature of Executive Director: _____ Date: 10/1/2009

This report is for the use of the Department of Housing and Urban Development.
 It is not to be distributed outside the Department of Housing and Urban Development.
 This report is for the use of the Department of Housing and Urban Development.
 It is not to be distributed outside the Department of Housing and Urban Development.

Part I: Summary		
PHA Name: Houghton Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P10750110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no:1)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	20,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	66,300			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	1,700			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary						
PHA Name: Houghton Housing Commission		Grant Type and Number Capital Fund Program Grant No: M133P107501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 1)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	100,000				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date 09/10/2009		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary		
PHA Name: Houghton Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33S107501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,000.00		7,000.00	7,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	120,399.00		120,399.00	120,399.00
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary						
PHA Name: Houghton Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33S107501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	127,399.00		127,399.00	127,399.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date		Signature of Public Housing Director	
					Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number Houghton Housing Commission		Locality (City/County & State) Houghton, Michigan			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010_____	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	35,000.00	35,000.00	35,000.00	35,000.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment	80,000.00	50,000.00	50,000.00	50,000.00	50,000.00
E.	Administration					
F.	Other					
G.	Operations	20,000.00	15,000.00	15,000.00	15,000.00	15,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00
L.	Total Non-CFP Funds					
M.	Grand Total					

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

13. The PHA will take appropriate affirmative action to assure a diverse community and women's business enterprises under 24 CFR 5.103(a).
14. The PHA will provide for a general policy of HUD any documents in that the responsible duty of HUD needs to carry out its review under the National Environmental Policy Act and other federal authorities in accordance with 24 CFR 5.103(a) or Part 50 respectively.
15. With respect to public housing the PHA will comply with Title-Based or HUD Designated wage rate requirements under Section 11 of the United States Housing Act of 1937 and the Federal Work Hours and Salary Standards Act.
16. The PHA will have policies in accordance with 24 CFR 98.20 and institute an effective audit system to ensure 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 34.
18. The PHA will comply with the policies, guidelines, and regulations of HUD Circular No. A-87 (Other Principles to State, Local and Tribal Governments), 24 CFR Part 205, and 24 CFR Part 985 Administrative Requirements for Grants and Cooperative Agreements to State, Local and Territory Governments Indian Tribal Organizations.
19. The PHA will make use only activities and programs approved by the PHA in a former position, with its Plan and will utilize covered grant funds only for activities approved under the regulations and included in its Plan.
20. All attachments to its Plan to be reviewed will contain information to be included in all sections of the PHA Plan is available to public inspection. All pending supplemental documents have been made available for public inspection along with the Plan and additional requirements of the primary business plan of the PHA and all other documents previously identified by the PHA in its PHA Plan and will continue to be made available to the public in the primary business plan of the PHA.
21. The PHA provides a copy of its plan to the following:
 - (i) The Federal 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 fully approved by the PHA Board of Directors for similar covering policy and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during its full business hours.
22. The PHA certifies that it is in compliance with all applicable federal, state and regulatory requirements.

Houghton Housing Commission MI 107
 PHA Name PHA Number/TA Code

2 Year PHA Plan for Fiscal Years 2010 - 2011

Annual PHA Plan for Fiscal Years 2010 - 2011

Include only final draft of this plan, and any other documents submitted to HUD, in accordance with HUD's policy on the submission of documents to HUD. For more information, see HUD's website at www.hud.gov or call 1-800-995-3113.

Name of (Title) (City) <u>E. Hazel Tessa</u>	Title <u>Vice President</u>
Date <u>E. Hazel Tessa</u>	Date <u>10/13/2009</u>

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Form HUD-50077-OR
Expires 4/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

During the course of the housing assistance process, the public housing agency certifies that it will comply with the provisions of title VI of the Civil Rights Act of 1964, title VIII of the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title III of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

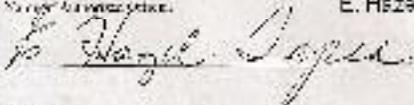
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title III of the Americans with Disabilities Act of 1990, and will affirmatively further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

Houghton Housing Commission

MF 07

PHA Name

PHA Number/TA Code

<small>This space is for the signature of the official whose name and title are printed below. The signature must be in ink and must be legible. The signature must be dated and must be accompanied by the date of the signature. The signature must be dated and must be accompanied by the date of the signature. The signature must be dated and must be accompanied by the date of the signature.</small>	
<small>Name of the official:</small> 	<small>Title:</small> E. Hazel Lopez Vice President
<small>Date:</small>	<small>Date:</small> 10/13/2009

**Houghton Housing Commission
401 E. Montezuma Avenue
Houghton, MI 49931**

Resident Advisory Board Comments

We send out a letter to our residents every year asking if they will serve on our Resident Advisory Board. This year no residents volunteered to be members. When this happens we appoint all residents as Advisory Members and send a questionnaire asking what improvements they would like to see the Capital Funds used for.

For 2010 suggestions were:

- New patio doors
- New closet and entry doors
- New Stove Hoods
- Replace tubs with walk-in showers
- Replace kitchen floors
- Up-date hallways

We hope to include these work items in the next five years and have included these items in our plan.