

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Evart Housing Commission</u> PHA Code: <u>MI 112</u> 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): <u>01/01/2010</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>109</u> Number of HCV units: <u>25</u>																										
<b>3.0</b>	<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																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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:					
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:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<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: <i>The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</i>																										
<b>5.2</b>	<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.  <i>See attached</i>																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b><i>Due to Stimulus funding.</i></b> (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. <i>Available at 601 W. First St., Evart, Michigan</i>																										
<b>7.0</b>	<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>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<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. <i>See attached 2010 Annual Plan; 2009 Performance and Evaluation Report; 2009 Stimulus Performance and Evaluation Report; and 2008 Performance and Evaluation Report</i>																										
<b>8.2</b>	<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. <i>See attached Five-Year Action Plan</i>																										
<b>8.3</b>	<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.																										
<b>9.0</b>	<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. <i>See attached</i>																										

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>  <i>See attached</i></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) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p>

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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11.0

- (f) RAB had no comments
- (g) No one challenged any element of Agency Plan.

## **5.2 Goals and Objectives**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAs ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

### **HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- PHA Goal: Expand the supply of assisted housing  
Objectives:
  - Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
  
- PHA Goal: Improve the quality of assisted housing  
Objectives:
  - Improve public housing management: (PHAS score)
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction:
  - Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:
  - Demolish or dispose of obsolete public housing:
  - Provide replacement public housing:
  - Provide replacement vouchers:
  - Other: (list below) Become a High-Performer
  
- PHA Goal: Increase assisted housing choices  
Objectives:
  - Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs:
  - Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

### **HUD Strategic Goal: Improve community quality of life and economic vitality**

- PHA Goal: Provide an improved living environment
- Objectives:
  - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - Implement public housing security improvements:
  - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
  - Other: (list below)

### **HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
  - Increase the number and percentage of employed persons in assisted families:
  - Provide or attract supportive services to improve assistance recipients' employability:
  - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
  - Other: (list below)

### **HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
- 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:
  - Other: (list below)

### **Other PHA Goals and Objectives: (list below)**

Continue to manage Evart Housing Commission in an efficient and effective manner.  
Provide affordable housing for low-income residents of the community.  
Increase security for residents.  
Work in cooperation with other agencies to provide better service for community.  
Work with private landlords to improve local housing.  
Modernize housing and supply maintenance services to our residents.

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> Evert Housing Commission		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>MI33P112501-10</u>		<b>FFY of Grant:</b> <u>2010</u> <b>FFY of Grant Approval:</b> _____	
Replacement Housing Factor Grant No: _____					
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Revised Annual Statement (revision no: _____) <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				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	27,203.00			
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	10,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	16,000.00			
10	1460 Dwelling Structures	82,816.00			
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 <sup>4</sup>				
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)	136,019.00			
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				

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

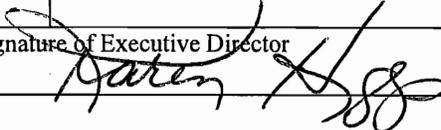
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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  
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U.S. Department of Housing and Urban Development  
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<b>PHA Name:</b> Evert Housing Commission		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: MI33P112501-10		<b>Replacement Housing Factor Grant No:</b>	
			<b>FFY of Grant:</b> 2010	<b>FFY of Grant Approval:</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
Signature of Executive Director		Date		Signature of Public Housing Director	Date
		9-22-09			

<b>Part II: Supporting Pages</b>								
PHA Name: Evert Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P112501-10 Replacement Housing Factor Grant No:			CFPP (Yes/No): 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 <sub>2</sub>	Funds Expended <sub>2</sub>	
HA Wide Operations	Housing Operations <b>Sub total</b>	1406	20%	27,203.00				
				<b>27,203.00</b>				
HA Wide Fees and Cost	A/E Services <b>Sub total</b>	1430	100%	10,000.00				
				<b>10,000.00</b>				
MI 112-1	Repair/resurface lots <b>Sub total</b>	1450	1500 SF	16,000.00				
				<b>16,000.00</b>				
HA Wide	A. Replace cabinets	1460	11 Units	38,000.00				
	B. Replace lighting	1460	16 Units	24,816.00				
	C. Security door	1460	1 Sys	10,000.00				
	D. Exterior doors	1460	10 Units	10,000.00				
	<b>Sub total</b>			<b>82,816.00</b>				
	<b>Grand Total</b>			<b>136,019.00</b>				

<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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Evert Housing Commission					Federal FFY of Grant: 2010
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	
MI 112-1	12/31/2012		12/31/2014		
HA Wide	12/31/2012		12/31/2014		

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.

**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

<b>Part I: Summary</b>						
PHA Name/Number Ewart Housing Commission		Locality (City/County & State) Ewart/Osceola County/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	100,000.00	112,000.00	100,000.00	120,000.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment			8,000.00	10,000.00	
E.	Administration					
F.	Other		10,000.00		10,000.00	
G.	Operations		26,019.00	16,019.00	16,019.00	16,019.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		136,019.00	136,019.00	136,019.00	136,019.00
L.	Total Non-CFP Funds					
M.	Grand Total		136,019.00	136,019.00	136,019.00	136,019.00

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number Evert Housing Commission		Locality (City/County & State) Evert/Osceola County/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
		Annual Statement				
	MI 112-1/2		100.00.00	112,000.00	100,000.00	120,000.00
	HA Wide non-dwelling			8,000.00	10,000.00	









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**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Evert Housing Commission		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>MI33P112501-09</u>		<b>FFY of Grant:</b> <u>2009</u> <b>FFY of Grant Approval:</b> <u>2009</u>	
Replacement Housing Factor Grant No:					
<b>Type of Grant</b> <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: 6/30/09 <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				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	27,203.00		0.00	0.00
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	10,000.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000.00		0.00	0.00
10	1460 Dwelling Structures	64,816.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	14,000.00		0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	136,019.00		0.00	0.00
21	Amount of line 20 Related to LBP Activities				
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25	Amount of line 20 Related to Energy Conservation Measures				

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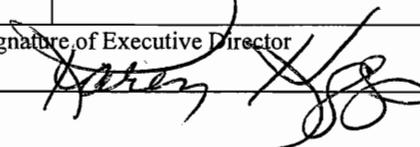
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				FFY of Grant: <u>2009</u> FFY of Grant Approval: <u>2009</u>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09 <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
Signature of Executive Director 		Date <u>9-22-09</u>		Signature of Public Housing Director Date	

<b>Part II: Supporting Pages</b>											
PHA Name: Evert Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P112501-09 Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>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 <sub>2</sub>	Funds Expended <sup>2</sup>	
HA Wide			Housing Operations		1406	20%	27,203.00		0.00	0.00	0% Complete
Operations			<b>Sub total</b>				<b>27,203.00</b>		<b>0.00</b>	<b>0.00</b>	
HA Wide			A/E Services		1430	100%	10,000.00		0.00	0.00	0% Complete
Fees and Cost			<b>Sub total</b>				<b>10,000.00</b>		<b>0.00</b>	<b>0.00</b>	
HA Wide			A. Concrete Work		1450	1500 SF	20,000.00		0.00	0.00	0% Complete
			<b>Sub total</b>				<b>20,000.00</b>		<b>0.00</b>	<b>0.00</b>	
HA Wide			A. Replace apartment windows		1460	11 Units	40,000.00		0.00	0.00	0% Complete
			B. Replace a/c sleeves		1460	24 EA	24,816.00		0.00	0.00	0% Complete
			<b>Sub total</b>				<b>64,816.00</b>		<b>0.00</b>	<b>0.00</b>	
HA Wide			Replace copy machine		1475	LS	10,000.00		0.00	0.00	0% Complete
			Replace salt spreader		1475	LS	4,000.00		0.00	0.00	0% Complete
			<b>Sub total</b>				<b>14,000.00</b>		<b>0.00</b>	<b>0.00</b>	
			<b>Grand Total</b>				<b>136,019.00</b>		<b>0.00</b>	<b>0.00</b>	

<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.



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> Evert Housing Commission		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>MI33S112501-09</u>		<b>FFY of Grant:</b> <u>2009</u> <b>FFY of Grant Approval:</b> <u>2009</u>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09 <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <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				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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	3,000.00	3,549.10	3,549.10	3,549.10
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	170,076.00	169,526.90	147,897.60	147,897.60
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 <sup>4</sup>				
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)	173,076.00	173,076.00	151,446.70	151,446.70
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				

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

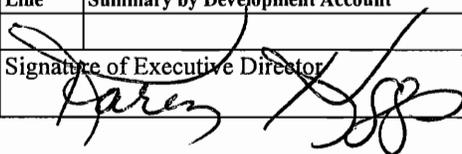
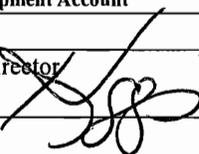
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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**

Part I: Summary					
PHA Name: Evert Housing Commission		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MI33S112501-09</u>		Replacement Housing Factor Grant No:	
				FFY of Grant: <b>2009</b>	
				FFY of Grant Approval: <b>2009</b>	
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: 6/30/09 <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
Signature of Executive Director		Date		Signature of Public Housing Director	
		9-22-09			



Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Evert Housing Commission					Federal FFY of Grant: 2009
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	
MI 112-1/2	3/17/2010		3/17/2012		
HA Wide	3/17/2010		3/17/2012		

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  
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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> Evert Housing Commission		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: MI33P112501-08		<b>FFY of Grant:</b> <u>2008</u> <b>FFY of Grant Approval:</b> <u>2008</u>	
Replacement Housing Factor Grant No:					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09 <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <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				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	26,733.00	26,733.00	26,733.00	26,733.00
3	1408 Management Improvements	0.00	3,000.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	10,000.00	7,170.00	7,170.00
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000.00	13,444.00	6,697.00	6,697.00
10	1460 Dwelling Structures	80,000.00	76,304.50	6,750.00	6,747.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000.00	7,251.50	4,398.50	4,398.50
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	136,733.00	136,733.00	51,748.50	51,745.50
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				

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

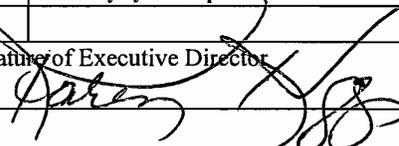
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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>					
PHA Name: Evert Housing Commission		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MI33P112501-08</u>		Replacement Housing Factor Grant No:	
				FFY of Grant: <u>2008</u>	
				FFY of Grant Approval: <u>2008</u>	
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: 6/30/09				<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
Signature of Executive Director 		Date <u>9-22-09</u>		Signature of Public Housing Director Date	





## 9.0 Housing Needs

### **A. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists**

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

<b>Housing Needs of Families on the PHA's Waiting Lists</b>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	13		1
Extremely low income <=30% AMI	8	61.5%	
Very low income (>30% but <=50% AMI)	4	30.8%	
Low income (>50% but <80% AMI)	1	7.7%	
Families with children	8	62%	
Elderly families	2	15%	
Families with Disabilities	5	38%	
Race/ethnicity White	13	100%	
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	7	54	
2 BR	3	23	
3 BR	3	23	
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

**Housing Needs of Families on the PHA's Waiting Lists**

Waiting list type: (select one)

Section 8 tenant-based assistance

Public Housing

Combined Section 8 and Public Housing

Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	3		27
Extremely low income <=30% AMI	1	33.3%	
Very low income (>30% but <=50% AMI)	2	66.7%	
Low income (>50% but <80% AMI)	0		
Families with children	2	66.7%	
Elderly families	0		
Families with Disabilities	1	33.3%	
Race/ethnicity White	3	100%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	1	33.3%	30
2 BR	2	66.7%	40
3 BR	0		30
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)?  No  Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?

No  Yes

## 9.1 Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

#### **Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

#### **Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

*The greater portion of residents that we serve are at or below 30% of AMI.  
We feel we are currently addressing the needs of the very low income.*

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

*We have implemented permissible deductions.*

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

## **Evert Housing Commission**

### **Violence Against Women Act (VAWA) Procedures**

The signing of the Violence Against Women Act mandated that Housing Commissions provide applicants and participants, who claim to be victims of Domestic Violence, certain rights. Until such time as the VAWA has been incorporated into the Administrative Plan and the Admissions and Continued Occupancy Plan, staff will adhere to the following procedure:

#### **Applicants**

No person shall be denied admittance to the Housing Choice Voucher Program or to Public Housing, when the sole reason for the denial was a direct result of the person being a victim of domestic violence, dating violence or stalking.

#### **Participants**

The Evert Housing Commission shall not terminate the tenancy or assistance of any person when the sole reason for the termination was a direct result of the person being a victim of domestic violence, dating violence or stalking.

If the perpetrator is a member of the victim=s family, the Housing Commission or owner may bifurcate (split) the lease to allow removal of the perpetrator and eviction or termination procedures.

#### **Certification Status**

If a person claims to be a victim and is requesting any special consideration, she must provide the Evert Housing Commission a written request for the certification. Once the EHC receives the written request, staff must, within two business days, send the requestor HUD form 50066 with a cover letter. The letter must state the due date and any other documents that may be needed to support the claim. Documentation may include, but is not limited to, court records; a statement from a professional who has first hand knowledge of the situation, such as police reports, a social worker, attorney or doctor. The certification must be returned to the EHC within 14 business days from the time it was sent, unless the person has requested and is granted an extension. If the person does not submit the certification in the time frame specified (including an extension), none of the protections afforded to victims of domestic violence, dating violence or stalking shall apply.

HUD form 50066 has been developed to allow persons to certify themselves as a victim.

1. The person must declare herself as a bona fide victim as defined and described in VAWA.
2. The person must identify the perpetrator.
3. The person must provide the Housing Commission or Owner (Landlord) the certification within 14 business days unless the Housing Commission or Owner (Landlord) agrees to extend the deadline.

The Evert Housing Commission will evaluate each claim of domestic violence, dating violence, or stalking on a case-by-case basis. Any claim shall be given the full attention of the Housing Commission. Persons who make false claims of victim status may be subject to termination from the program for providing false information to the Commission.

Adopted by Resolution #2007-10, May 22, 2007

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING**

**Evert Housing Commission**

**Certification must be made as provided in *either* section A, section B, or section C below.**

1. Date delivered to resident \_\_\_\_\_.
2. Must complete and return form by \_\_\_\_\_ (14 business days after resident=s receipt).
3. If cannot complete form by this date, contact Evert Housing Commission at 601 W. First Street, Evert, Michigan, 49631.

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**A. IF RESIDENT IS CERTIFYING:**

Attach completed and signed HUD Form 50066 B copy attached

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**B. IF CERTIFICATION IS MADE BY PROVIDING POLICE REPORT OR COURT RECORD**

1. Name of the victim of domestic violence, dating violence or stalking:
2. Victim=s address:
3. Head of Household on lease, if not the victim:
4. Perpetrator=s name, if known:
5. If perpetrator=s name is not known, explain why:
6. Perpetrator=s relation to victim:
7. Dates and description of the qualifying incidents:
8. Certification of the violence.

Attached is a copy of a police report, temporary or permanent restraining order, or other police or court record relating to the violence.

I hereby certify that the description of an incident or incidents of domestic violence, dating violence or stalking set forth in the attached police report or court record is true and correct.

Signature of resident: \_\_\_\_\_

Dated: \_\_\_\_\_

**IF CERTIFICATION IS BY AN EMPLOYEE, AGENT OR VOLUNTEER OF A VICTIM SERVICE PROVIDER, ATTORNEY OR MEDICAL PROFESSIONAL FROM WHOM THE VICTIM HAS SOUGHT HELP IN ADDRESSING DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING OR ITS EFFECTS:**

**The SERVICE PROVIDER OR PROFESSIONAL must complete this section**

1. Name of the victim of domestic violence, dating violence or stalking:

2. Victim=s address \_\_\_\_\_

3. Head of Household on lease, if not the victim:

4. Perpetrator=s name, if known:

5. If perpetrator=s name is not known, explain why:

6. Perpetrator=s relation to victim:  
\_\_\_\_\_

7. Dates and description of the qualifying incidents:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[attach additional sheet if necessary]

8. Certification of the violence.

A professional who helped the victim address the violence must complete the section below.

1. Name of person completing this section:

2. What category best describes you?  attorney  medical professional  victim service provider:

3. Title: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Agency / Business

Name: \_\_\_\_\_

5.

Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify under penalty of perjury that the foregoing is true and correct and I believe that the incident(s) described above are bona fide incidents of abuse.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Attested to as true and correct:

Signature of victim \_\_\_\_\_ Date  
signed \_\_\_\_\_