PHA 5-Year and 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: _____**Stanton Housing Authority**_____ PHA Code: _____**NE029**_____

PHA Type: ☒ Small ☒ High Performing ☐ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): _____**07/01/2010**_____

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: _____**29**_____ Number of HCV units: _____

3.0 Submission Type

☐ 5-Year and Annual Plan ☐ Annual Plan Only ☒ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 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 Stanton Housing Authority is to provide decent, sanitary, safe and affordable housing for low-income elderly, near elderly or disabled. Our goal is to provide a decent home and to foster economic and social diversity in the community. We pledge that we will treat each family or individual on his or her merits, without presumption of his or her abilities based on race, color, religion, sex, national origin, familial status or handicap.**

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.

GOAL l: MANAGE THE PROPERTY IN AN EFFICIENT AND EFFECTIVE MANNER

- **The Stanton Housing Authority shall take measures to ensure that HUD will continue to recognize the Housing Authority as a high performer.**
- **Continue to have Board leadership with a diverse background of skills and strong vision for the Housing Authority.**
- **Continue to encourage Staff members with proven initiative, values, and good ethics to excel in the performance of their duties.**
- **Continue to ensure that our Residents can take pride in their homes and can live with a sense of security and dignity.**

GOAL 2: RESIDENCE COUNCIL USE

- **Provide a monthly Newsletter informing the Residents of any changes to operations.**
- **Continue to encourage the Residents to become more involved within the Housing Authority as well as the Community**
- **Encourage the Residents to attend regular meetings.**

GOAL 3: UTILIZE THE NETWORKING GROUP TO EXPAND MY KNOWLEDGE.

- **Continue to network with other local housing agencies to share information and ideas**.

PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **See Below.**

(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.

Stanton Housing Authority Office 1109 Ivy Street, Stanton, NE 68779
Change to our Pet Policy (attached)
Non-Smoking Policy (attached)
Profit Making Activities Policy (attached)

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report*, form HUD-50075.1, for each current and open CFP grant and CFFP financing.

8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan*, 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.

8.3	**Capital Fund Financing Program (CFFP).** ☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. As of 12-31-09 #of families Annual turnover 3 Waiting list total 2 Bedroom sizes 1 BR 0 2 BR 2

9.1	**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.** **Stanton Housing Authority will continue to maintain the property in good physical shape to attract tenants. Currently we have a very short waiting list.**
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (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. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" **Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.**

11.0	**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. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (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. 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. **The Stanton Housing Authority did not receive any comments from the RAB or Public Hearing** (g) Challenged Elements **Because there were no comments from the RAB or Public Hearing there are no challenges to resolve.** (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

Violence Against Women Policy
(VAWA)

Stanton Housing Authority
Resolution #225

The purpose of the Violence Against Women Policy is to provide guidelines and procedures to all applicants and tenants of the Stanton Housing Authority regarding the protection provided by the Violence Against Women Reauthorization Act of 2005 (VAWA). This policy will be the guidelines followed by the Stanton Housing Authority in determining if an applicant/tenant is eligible for protection under the VAWA.

VAWA does not take precedence over federal, state or local law that provides greater protection to victims of violence. VAWA protects tenants and family members of the tenants who are victims of domestic violence, dating violence or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the Stanton Housing Authority (SHA) may help preserve your housing rights. The SHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence, or stalking based solely on such an incident or threat. The SHA may deny, remove, or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit. This does not limit the authority of the SHA to terminate your assistance for other criminal activity or good cause.

Any information provided to the Stanton Housing Authority pursuant to the Violence Against Women Act (VAWA) shall be retained in confidence and shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is:

- Requested or consented by the individual in writing;
- Required for use in an eviction proceeding; or
- Otherwise required by applicable law

In order for the tenant/applicant to be afforded the protection under the Violence Against Women Reauthorization Act of 2005 (VAWA) they must certify the actual or threatened domestic violence, dating violence, or stalking incident(s) within 14 days of the request. This must be done by completing, signing, and submitting the current HUD form.

On the current HUD form, the tenant/applicant must certify that they are a victim of domestic violence, dating violence, or stalking, that the incident(s) is bona fide and provide the name of the perpetrator. The tenant/applicant must provide the Stanton Housing Authority with a Federal, state or local police record or court record, or documentation signed and attested to by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional that the victim has sought assistance from.

For the purpose of this Policy the following definitions apply:

- *Domestic Violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under domestic or family violence laws, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws.
- *Dating Violence* is defined as violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.
- *Stalking* is defined as following, pursuing, or repeatedly committing acts with the intent to kill, injure, harass, or intimidate another person; or placing under surveillance with the intent to kill, injure, harass, or intimidate another person; and, in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, placing a person in reasonable fear of death, or serious bodily injury to, or causing substantial emotional harm to that person; a member of the immediate family of that person; or the spouse or intimate partner of that person.
- *Immediate family member* with respect to a person, is identified as a spouse, parent, brother or sister, or child of that person, or an individual to whom that person stands in loco parentis;, or any other person living in the household of that person and related to that person by blood or marriage.

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 off ice 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.

Resolution Number_235__ Adopted March 3, 2010

STANTON HOUSING AUTHORITY

1109 Ivy Street P.O. Box 658 Stanton, NE 68779
402 439 2005 Fax 402 439 2259 ivmanor@stanton.net
Jo Butterfield, Exec. Director Jack Scherer Chairman

No smoking Policy
Effective April 1, 2010

The following "No Smoking Policy" was approved and placed into affect as of April 1, 2010

PURPOSE: To alleviate the potential health hazards and/or medical problems to all resident occupied units and employee occupied areas in Stanton Housing Authority, and to help address fire safety issues, and smoking damages to all properties including residential units and common areas.

The Stanton Housing Authority policy with regard to smoking of tobacco products shall be as follows:

1. All properties administered and manage by Stanton Housing Authority shall be designated **"Smoke Free Properties".** This includes the Community Building and all residential units.
2. All new applicants beginning April 1, 2010 and forward, must designate a smoking preference on the application.
3. No one, including but not limited to: applicants, tenants, guests, housing personnel, commissioners, contractors, service aids, shall be allowed to smoke indoors on Stanton Housing Authority owned properties which include the buildings, residential units, community rooms, laundry rooms, public bathrooms, administrative offices and maintenance shops.
4. Smokers and Non-Smokers may be admitted to Smoke Free buildings.
5. Both smokers and non-smokers must abide by the No Smoking Policy, Dwelling Lease, Admissions and Continued Occupancy Policy (ACOP), Occupancy Rules and Regulations, and Resident Handbook requirements.
6. Residents in violation of the No Smoking Policy in smoke Free buildings will be evicted.
7. Residents who currently smoke and are currently residing in Stanton Housing Authority properties and buildings have until April 1, 2011 to quit smoking in the units and in the areas listed in #3.

8. An **"Accessible Designated Smoking Area"** has been assigned for "resident and guest" smokers outside each residential unit as well as in front of the Community Building. Residents and guest are responsible for properly disposing of their smoking material in approved containers.

The following parties have reviewed the information in the No Smoking Policy and agree to abide by this policy during their term of residency in property owned by Stanton Housing Authority.

_____	_____
Tenant	Date
_____	_____
Tenant	Date
_____	_____

STANTON HOUSING AUTHORITY

1109 Ivy Street P.O. Box 658 Stanton, NE 68779
402 439 2005 Fax 402 439 2259 ivmanor@stanton.net
Jo Butterfield, Exec. Director Jack Scherer Chairman

Smoking Cessation National Support - Because tobacco smoking is an addictive behavior, Stanton Housing Authority has implemented a non-smoking policy we must provide information on local smoking cessation resources and programs.

Freedom from Smoking Online – a program to help you quit smoking provided by the American Lung Association. http://www.lungusa.org/

Faith Regional Health Services, Norfolk, NE – Freedom from Smoking classes (This class does charge a fee)

The National Cancer Institute's Smoking Quit Line can be called toll-free at 877-44U-QUIT

Executive Director Date

Resolution Number 233 Adopted March 3, 2010

STANTON HOUSING AUTHORITY

1109 Ivy Street P.O. Box 658 Stanton, NE 68779
402 439 2005 Fax 402 439 2259 ivmanor@stanton.net
Jo Butterfield, Exec. Director Jack Scherer Chairman

STANTON HOUSING AUTHORITY PET POLICY
PUBLIC HOUSING PROJECT
EFFECTIVE APRIL 1, 2010

The following rules shall at all times govern common household pets harbored in and upon the property of the Housing Authority of the City of Stanton.

1. A common household pet shall be defined to include: a cat, a dog, or a fish in a tank. The maximum size of a dog shall be the size that can conveniently held on the lap of the owner and shall not exceed approximately 40 lbs.
2. Any common household pet brought onto the Agency property shall be registered at the time the tenant occupies a unit, or the pet is brought onto the site.
3. Only one (1) pet shall be permitted in each dwelling unit.
4. The owner of a dog and/or cat registering that pet shall pay a pet security deposit of $***200.00***. Said deposit shall be in addition to the usual security deposit required, and shall be accounted for in the same manner as other security deposits. Arrangements can be made to pay the pet deposit in ***Four*** installments: For Public Housing Tenants: **Four** consecutive installment payments of $***50.00*** each can be made. The owner of a pet, when registering said pet with the Housing Agency, shall furnish such written documentation as required by the Housing Authority, to verify that all state and local animal codes have been complied with, and the proper licenses and inoculations have been obtained. Thereafter verification and registration will be required on an annual basis. All cats and dogs must be neutered or spayed.
5. Tenant must provide proof of insurance (Renters Policy with Liability Coverage), this coverage must be approved by the Housing Authority of the City of Stanton before a cat or dog may be brought into the unit. Insurance must be kept current as long as the pet remains on the property. Current residents have ninety (90) days from the effective date of this policy to provide proof of insurance.
6. No pet, at any time, shall be permitted to run loose. Run loose shall be defined as: not being attached to a device which is held by or attached to the pet owner, or the owners designated responsible person, by which that person can fully control the pet's actions.
7. It shall not be permitted, at any time, for any person to place upon or attach to the exterior of the Housing Agency property, any item that will accommodate, protect, or secure any pet. Exercising staking will be allowed for a short period of time, no longer than 15 minutes per time, on a leash no longer than 6 feet.
8. It shall be the responsibility and duty of the owner of a pet, to IMMEDIATELY clean up all fecal droppings of their pet, and dispose of them in a sanitary way. Disposal should be made in a closed bag and placed in the project dumpster. Litter boxes shall be cleaned daily of pet waste and litter completely changed out once a week. Litter must not be strewn on the ground or flushed down the toilet, but must be bagged and placed

in the dumpster. If waste reprimand warning has been given and tenant is non-compliant, a $5.00 charge per occurrence will be assessed.

9. Any damage caused by any pet shall be immediately reported to the Housing Authority office. Such damage shall be repaired by the Authority, the cost of such repair will be charged to the tenant/pet owner, and collection of the amount made in accordance to the terms of the dwelling lease.
10. The Housing Authority Staff shall not assume the duty or the responsibility for the care of or protection of a tenant owned pet. When the owner is absent, arrangements for care of the pet must be made and reported to the Housing Authority. The Housing Authority shall have the right to dispose of abandoned pets. "Abandoned pets" shall mean a pet that is enclosed in the apartment for more than 24 hours without its owner present or a pet that has been set loose for more than 24 hours.
11. If it is determined by the Director that a pet is a nuisance, or is being abused, the owner of the pet shall be notified in writing of such determination and the reasons thereof. Upon receipt of such notice, the owner of the pet shall immediately and permanently remove said pet from Housing Authority property. Failure of the pet owner to comply with the removal notice shall entitle the Housing Authority to have law enforcement officers remove the pet and the cost shall be assessed to the tenant.
12. If at any time rules 6, 7, or 8 of this document appear to have been seriously breached, that breach shall be sufficient reason to determine a pet to be a nuisance.
13. All complaints or disputes concerning pets in the Stanton Housing Authority shall be settled under the terms of the posted Tenant Grievance Procedure.
14. The Stanton Housing Authority will not be responsible or liable for any injuries to other tenants, visitors, or other persons, caused by the owner's pet. Neither will the Housing Authority be liable for any damage caused to the property of any other tenant, visitor or other person caused by owner's pet.
15. The security deposit rule (#4) will not apply to animals that assist the handicapped. Verification of the need for assistive animals will be obtained from a medical doctor by means of third party verification**.**
16. **Assistance animals that assist persons with disabilities are considered to be auxiliary aids and are exempted from the pet policy and from the refundable pet deposit.**
17. **The Stanton Housing Authority cannot apply house pet rules to assistance animals (service animals)and their owners. However, this prohibition does not preclude an owner from enforcing state and local laws, if they apply.**

NON-COMPLIANCE

Tenants who violate the terms of this Agreement will be required to get rid of the pet within 14 days of written notice by the Housing Authority or face eviction.

INSPECTIONS

The Housing Authority reserves the right to inspect the Tenant's unit as needed to verify unit condition. With the introduction of annual HUD inspections and mandated Housing Agency inspections, it is not unreasonable to expect four inspections per year.

Amount of Pet deposit, if applicable, is $ **200.00** .

Pet Registration Sheet/Information Sheet attached.

I have read the foregoing rules and regulations and policy regarding pets and agree to comply with these requirements.

Tenant/Pet Owner	Date
Spouse/Partner Pet Owner	Date
Stanton Housing Authority Director	Date

TENANT NAME: _____ **UNIT #:** _____

PET NAME: _____

TYPE OF PET: _____

NAME, ADDRESS AND PHONE NUMBER OF INSURANCE COMPANY_____

_____

_____

VETERINARIAN NAME: _____

ADDRESS: _____

PHONE #: _____

TENANT MUST PROVIDE A COPY OF THE LICENSE AND CERTIFICATION FROM THE VETERINARIAN THE ALL SHOTS AND LICENSE ARE CURRENT.

INOCULATIONS CURRENT: _____ YES _____ NO DATE: _____

CITY LICENSE CURRENT: _____ YES _____ NO DATE: _____

SPAYED/NEUTERED: _____ YES _____ NO

ALTERNATE PET CARE GIVER:

NAME: _____

ADDRESS: _____

PHONE #: _____

Resolution Number ____234____ Adopted March 3, 2010

STANTON HOUSING AUTHORITY

1109 Ivy Street P.O. Box 658 Stanton, NE 68779
402 439 2005 Fax 402 439 2259 ivmanor@stanton.net
Jo Butterfield, Exec. Director Jack Scherer Chairman

Stanton Housing Authority Profit Making Activities Policy
Public Housing Project
Effective April 1, 2010

With the consent of the Stanton Housing Authority, members of the household may engage in legal profit making activities in the dwelling unit, where the Stanton Housing Authority determines that such activities are incidental to primary use of the leased unit for residence by members of the household.

1. Any Profit Making Activity on Stanton Housing Authority property must be approved by the Housing Authority.
2. Any such Profit Making Activities must abide by state and local laws and be licensed as required by the state or local laws.
3. Any Profit Making Activity which requires clients to come to their home located on Stanton Housing Authority property must carry renters insurance. The type of Profit Making Activity will determine whether Stanton Housing Authority is a Certificate Holder or is listed as Additionally Insured. The type and amount of insurance must meet requirements as stated by the Stanton Housing Authority Liability Insurance Carrier.
4. Any damage to Stanton Housing Authority property caused by the Profit Making Activities shall be immediately reported to the Housing Authority office. Such damage shall be repaired by the Housing Authority, the cost of such repair will be charged to the Tenant, and collection of the amount made in accordance to the terms of the dwelling lease.

Inspections
The Housing Authority reserves the right to inspect the Tenant's unit as needed to verify unit conditions. With the introduction of annual HUD inspections and mandated Housing Agency inspections, it is not unreasonable to expect a minimum of four inspections per year.

I have read the foregoing rules and regulations and policy regarding Profit Making Activities and agree to comply with these requirements.

_____ _____
Tenant Date

_____ _____
Stanton Housing Authority Director Date

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: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26P029501-08 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2008** **FFY of Grant Approval: 2008**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12-31-09** ☐ **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]	200	0		
3	1408 Management Improvements	2000	0		
4	1410 Administration (may not exceed 10% of line 21)	3200	0		
5	1411 Audit	500	0		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	700	0		
8	1440 Site Acquisition				
9	1450 Site Improvement	6400	0		
10	1460 Dwelling Structures	19200	36312	36312	
11	1465.1 Dwelling Equipment—Nonexpendable	2000	0		
12	1470 Non-dwelling Structures	2000	0		
13	1475 Non-dwelling Equipment	1000	888	888	888
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: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26P029501-08 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2008** **FFY of Grant Approval: 2008**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: 12-31-09** ☐ **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)	37200	37200	37200	888
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 Julene Butterfield	**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.

Part II: Supporting Pages

PHA Name: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26P029501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2008**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
HA-Wide	Operations	1406		200	0			
	Travel, training, software	1408		2000	0			
	Administration	1410		3200	0			
	Audit	1411		500	0			
	Fees and costs- agency plan consulation	1430		700	0			
	Tree removal, cement repair, yard upkeep spary fertilizer etc. landscape	1450		6400	0			
	Paint, carpet, upkeep/updating apts revised to replace boiler systems	1460		19200	36312	36312		
	Replace stoves in apts	1465		2000	0			
	Enlarge community room; make an exercise room from a storage area	1470		2000	0			
	New vacuum, new carpet shampooer revised replace computer system	1475		1000	888	888	888	
	Totals			37200	37200	37200	888	

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

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

Part I: Summary

PHA Name: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26P029501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval: 2009**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12-31-09** ☐ **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)	1500			
5	1411 Audit	550			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	9000			
10	1460 Dwelling Structures	25937			
11	1465.1 Dwelling Equipment—Nonexpendable	1100			
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.

form **HUD-50075.1** (4/2008)

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: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26P02950109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval: 2009**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: 12-31-09** ☐ **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)	38087			
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 Julene Butterfield	**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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26P02950109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
HA-Wide	Travel, training	1410	1500					
	Audit	1411	550					
	Tree removal, landscaping, cement work	1450	9000					
	Replace AC units, flooring, paint	1460	25937					
	Replace refrigerators	1465	1100					
	Totals		38087					

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

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

Part I: Summary

PHA Name: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26S02950109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval: 2009**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12-31-09** ☐ **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	7000.00	.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	40087.00	47087.00	47087.00	.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

[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.

form **HUD-50075.1** (4/2008)

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: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26S02950109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval: 2009**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: 12-31-09** ☐ **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)	47087.00	47087.00		
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 Julene Butterfield	**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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26S02950109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
NE029	Replacement of boiler systems with high efficiency furnaces and central air systems	1460		40087.00	47087.00	47087.00	.00	

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

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

Part I: Summary

PHA Name: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26P029501-10 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval: 2010**

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

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost [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	550			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	2000			
10	1460 Dwelling Structures	25537			
11	1465.1 Dwelling Equipment—Nonexpendable	2000			
12	1470 Non-dwelling Structures	8000			
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.

form **HUD-50075.1** (4/2008)

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: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26P02950110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2010** **FFY of Grant Approval: 2010**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost [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)	38087			
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 Julene Butterfield	**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.

Part II: Supporting Pages

PHA Name: Stanton Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26P02950110 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
HA-Wide								
	Audit	1411	550					
	Tree removal, landscaping, cement work	1450	2000					
	Refurb apts, flooring, paint,doors	1460	2000					
	Replace boilers with furnaces and central air	1460	15000					
	Remove wall A/C units repair siding, insulate, sheetrock and paint area	1460	6537					
	Replace hot water heaters	1460	2000					
	Replace refrigerators, stoves, micro hoods	1465	2000					
	Comm bldg handicap access front door	1470	8000					
	Totals		38087					

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

Part I: Summary

PHA Name/Number Stanton Housing Authority NE029			Locality (City/County & State) Stanton, Stanton, Nebraska		☒**Original 5-Year Plan** ☐**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	27537	31537	20000	20000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		4000	1000	12537	9000
E.	Administration					
F.	Other		6550	5550	5550	9087
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

Part I: Summary (Continuation)

PHA Name/Number			Locality (City/county & State)Stanton, Stanton, NE		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name Stanton Housing Authority NE029	Work Statement for Year 1 FFY _____	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				
			38087	38087	38087	38087

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

Work Statement for Year 1 FFY _____	Work Statement for Year ____2_____ FFY _____2011_____			Work Statement for Year: _____3_____ FFY _____2012_____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual						
Statement						
	NE029 replace water heaters		5000	NE029 replace water heaters		5000
	NE029 replace windows and doors		8000	NE029 replace windows and doors		8000
	NE029 appliances		3000	NE029 appliances		3000
	NE029 carpet, paint		5537	NE029 carpet, paint		4000
	NE029 replace laundry equipment		2000	NE029 replace laundry equipment		1000
	NE029 concrete, landscaping, trees		6000	NE029 concrete, landscaping, trees		5000
	NE029 roof repairs		6000	NE029 roof repairs		5000
	NE029 Tables, chairs, TV - community room		2000	NE029 gutters		6537
	NE029 Audit		550	NE029 Audit		550
	Subtotal of Estimated Cost		$ 38,087	Subtotal of Estimated Cost		$ 38,087

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

Work Statement for Year 1 FFY _____	Work Statement for Year ____4_____ FFY _____2013_____			Work Statement for Year: _____5_____ FFY _____2014_____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual						
Statement	NE029 replace windows and doors		8000	NE029 replace windows and doors		8000
	NE029 appliances		3000	NE029 appliances		3000
	NE029 carpet, paint		4000	NE029 carpet, paint		4000
	NE029 replace laundry equipment		1000	NE029 concrete, landscaping, trees		5000
	NE029 concrete, landscaping, trees		5000	NE029 roof repairs		5000
	NE029 roof repairs		5000	NE029 Audit		550
	NE029 Audit		550	NE029 update community room, paint, carpet, microwave, stove, refrigerator		8000
	NE029 computer replacement		1500	NE029 copier replacement		1000
	NE029 replace furnace/AC and water heater community bldg		10037	NE029 replace/repair lawn sprinkler system		3537
	Subtotal of Estimated Cost		$ 38,087	Subtotal of Estimated Cost		$ 38,087

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	$

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	$