

<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: Lynch Housing Authority PHA Code: <u>NE043</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>10</u> Number of HCV units: _____				
<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.)				
	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: To provide safe, decent, sanitary homes for elderly, handicapped, and low-income persons in our jurisdiction and contribute to economic stability of our community.				
<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. Reduction of public housing vacancies, improve, renovate, modernize public housing. We have teamed with our local police and child protective services for safe housing in placing families out of harms way according with our VAWA Policy.				
<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) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.				
<b>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.				
<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.				
<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.				

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> <li>(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.</li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</li> </ul>
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> <ul style="list-style-type: none"> <li>(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)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(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.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>

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

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

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

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

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

#### PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](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.

**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 Lynch Housing-NE043		Locality (City/County & State) NE			<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name Lynch Housing	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	9207	9207	9207	9207
C.	Management Improvements		300	300	300	300
D.	PHA-Wide Non-dwelling Structures and Equipment		2800	2800	2800	2800
E.	Administration		300	300	300	300
F.	Other		500	500	500	500
G.	Operations		500	500	500	500
H.	Demolition					
I.	Development		13607	13607	13607	13607
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		13607	13607	13607	13607



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year <u>2011</u> FFY _____			Work Statement for Year: <u>2012</u> FFY _____		
	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	NE043-Lynch Housing					
Annual	OPERATIONS		500	OPERATIONS		500
Statement	MANAGEMENT IMPROVEMENTS		300	MANAGEMENT IMPROVEMENTS		300
	ADMINISTRATION		300	ADMINISTRATION		300
	AUDIT		500	AUDIT		500
	SITE IMPROVEMENTS			SITE IMPROVEMENTS		
	Sidewalks/Concrete		1500	Sidewalks/Concrete		1500
	Landscaping/trees trim		1500	Landscaping/trees trim		1500
	Parking areas/Gravel		2807	Parking areas/Gravel		2807
	DWELLING STRUCTURES			DWELLING STRUCTURES		
	Painting/carpets		2000	Painting/carpets		2000
	Sinks/countertops		1000	Sinks/countertops		1000
	Windows		400	Windows		400
	NON-DWELLING STRUCTURES			NON-DWELLING STRUCTURES		
	Painting		500	Painting		500
	Windows/Doors		900	Windows/doors		900
	Sinks/cupboards		200	Sinks/cupboards		200
	NON-DWELLING EQUIPMENT			NON-DWELLING EQUIPMENT		
	Mower/trimmers		600	Mower/trimmers		600
	Hot water heater		600	Hot water heater		600
	Subtotal of Estimated Cost		\$ 13607	Subtotal of Estimated Cost		\$13607

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____	Work Statement for Year ____2013_____ FFY _____			Work Statement for Year: ____2014_____ FFY _____		
	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	NE043-Lynch Housing					
Annual	OPERATIONS		500	OPERATIONS		500
Statement	MANAGEMENT IMPROVEMENTS		300	MANAGEMENT IMPROVEMENTS		300
	ADMINISTRATION		300	ADMINISTRATION		300
	AUDIT		500	AUDIT		500
	SITE IMPROVEMENTS			SITE IMPROVEMENTS		
	Sidewalks/concrete		1500	Sidewalks/Concrete		1500
	Landscaping/trees trim		1500	Landscaping/trees trim		1500
	Parking areas/Gravel		2807	Parking areas/Gravel		2807
	DWELLING STRUCTURES			DWELLING STRUCTURES		
	Carpet/painting		2000	Carpet/painting		2000
	Sinks/Countertops		1000	Sinks/Countertops		1000
	Windows		400	Windows		400
	NON-DWELLING STRUCTURES			NON-DWELLING STRUCTURES		
	Painting		500	Painting		500
	Windows/doors		900	Windows/Doors		900
	Sinks/Cupboards		200	Sinks/Cupboards		200
	NON-DWELLING EQUIPMENT			NON-DWELLING EQUIPMENT		
	Mower/trimmers		600	Mower/trimmers		600
	Snow blower		600	Snow blower		600
	Subtotal of Estimated Cost		\$ 13607	Subtotal of Estimated Cost		\$13607



<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
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	\$

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: Lynch Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P043501-07 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2007 FFY of Grant Approval:	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <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>	600			
3	1408 Management Improvements	600			
4	1410 Administration (may not exceed 10% of line 21)	500	500	500	500
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	3000	3381.69	3381.69	3381.69
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	7153	7857.31	7857.31	7857.31
13	1475 Non-dwelling Equipment	400			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Lynch Housing		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P043501-07 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>	
<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 type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
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)	12253	11739	11739	11739	
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					
<b>Signature of Executive Director</b> <i>Dawn Lee</i>		<b>Date</b> 10-08-09		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Lynch Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P043501-07 CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NE043	Management Improvement	1408		600				
	Operations	1406						
	Administration	1410		600				
	Audit	1411		500	500	500	500	100%
	Site Improvements	1450						
	Sidewalks, pavement, landscaping			3000	3381.69	3381.69	3381.69	100%
	DWELLING STRUCTURES	1460						
	Vanity sinks, faucets, drains			753				
	Repair shower walls, valves			600				
	Carpet & painting renovations			3000	1479.89	1479.89	1479.89	100%
	Replace utility doors			600				
	Windows			2200	6377.42	6377.42	6377.42	100%
	Replace counter tops							
	DWELLING EQUIPMENT	1465						
	NON-DWELLING EQUIPMENT	1475						
	Hot water replacement			400				

<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

Part I: Summary						
PHA Name: Lynch Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P04350108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" 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	600	600			
4	1410 Administration (may not exceed 10% of line 21)	600	600			
5	1411 Audit	500	500	500	500	
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	3200	3200	2143.82	2143.82	
10	1460 Dwelling Structures	5989	7533	10639.18	10639.18	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	850	850			
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

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

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

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

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Lynch Housing		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P04350108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<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 type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
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)	11739	13283	13283	13283	
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					
<b>Signature of Executive Director</b> <i>Karen Lee</i>		<b>Date 10/08/2009</b> 10-08-09		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Lynch Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P043501-08 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NE043	MANAGEMENT IMPROVEMENTS	1408						
	Soft costs: Training & meetings			300	300			
	Hard costs: Equipment & software			300	300			
	ADMINISTRATION	1410		600	600			
	AUDIT	1411		500	500			100%
	SITE IMPROVEMENTS	1450						
	Sidewalks, cement work			2000	2000	2143.82	2143.82	100%
	Landscape/trees/trimmed			1200	1200			
	DWELLING STRUCTURES	1460						
	Carpet/paint			1486	1486			
	Shower valves/walls			503	503			
	Fast-recovery hot water htrs.			500	500			
	Windows			1000	1000	7119.18	7119.18	100%
	Heater/air-conditioning units			2500	4044	3520.00	3520.00	100%
	NON-DWELLING EQUIPMENT	1475						
	Lawn mower			400	400			
	Hot-water replacement in boiler rooms			450	450			

<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 I: Summary**

<b>PHA Name:</b> Lynch Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P043501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b>
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**Type of Grant**  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no:1 )  
 Performance and Evaluation Report for Period Ending:     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <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>	1000	2000		
3	1408 Management Improvements	300	300		
4	1410 Administration (may not exceed 10% of line 21)	300	300		
5	1411 Audit	500	500		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	2200	2200		
10	1460 Dwelling Structures	4500	4307		
11	1465.1 Dwelling Equipment—Nonexpendable	1983			
12	1470 Non-dwelling Structures	1500			
13	1475 Non-dwelling Equipment	1000	4000		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Lynch Housing		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P043501-09 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<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 type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
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)	13283	13607			
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					
<b>Signature of Executive Director</b> <i>Haren Lee</i>		<b>Date 10-08-2009</b> 10-8-09		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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

<b>Part II: Supporting Pages</b>								
PHA Name: Lynch Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P043501-09 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NE043	OPERATIONS	1406		1000	2000			
	MANAGEMENT	1408		300	300			
	ADMINISTRATION	1410		300	300			
	AUDIT	1411		500	500			
	SITE IMPROVEMENTS	1450						
	Sidewalks, pavement, concrete work			1100	1100			
	Landscaping/trees/trimming			1100	1100			
	DWELLING STRUCTURES	1460						
	Carpet/painting renovations			1500	1000			
	Sinks, faucets, countertops			500	483			
	Windows			2000	2324			
	Repair shower walls			500	500			
	DWELLING EQUIPMENT	1465						
	Wall heaters for double units/EDEn Pure			1983				
	NON-DWELLING STRUCTURES	1470						
	Lobby flooring			1500				
	NON-DWELLING EQUIPMENT	1475						
	Mower/Hot water Htr			1000	2000			

<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> Lynch Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26S043501-09 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant:</b> 2009-ARRA <b>FFY of Grant Approval:</b>	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
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)	500			
5	1411 Audit	500			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	1000			
10	1460 Dwelling Structures	4500			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	8000			
13	1475 Non-dwelling Equipment	2313			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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<b>Part I: Summary</b>						
<b>PHA Name:</b> Lynch Housing		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26S043501-09 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009-ARRA</b> <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	
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)	16813				
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					
<b>Signature of Executive Director</b> <i>Karen Lee</i>			<b>Date</b> <i>04-01-2009</i>		<b>Signature of Public Housing Director</b>	
					<b>Date</b>	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Lynch Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26S043501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009-ARRA		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NE043	ADMINISTRATION	1408		500				
	AUDIT	1410		500				
	SITE IMPROVEMENTS	1450						
	Pavement/Landscaping			1000				
	DWELLING STRUCTURES	1460						
	Carpet/painting			2000				
	Countertops, faucets, sinks			1000				
	Windows			1000				
	Cubboards			500				
	NON-DWELLING STURCTURES	1470						
	Flooring-lobby, office, bathroom, community/meeting room			8000				
	NON-DWELLING EQUIPMENT	1475						
	Mower			500				
	Snow-blower			1313				
	Fax, cordless phone system, file cabinets			500				

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

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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 Expires 4/30/2011

<b>Part I: Summary</b>						
PHA Name: Lynch Housing Authority		Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <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	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	500				
3	1408 Management Improvements	300				
4	1410 Administration (may not exceed 10% of line 21)	300				
5	1411 Audit	500				
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	5807				
10	1460 Dwelling Structures	3400				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures	1600				
13	1475 Non-dwelling Equipment	1200				
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<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.

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<b>Part I: Summary</b>						
PHA Name: Lynch Housing		Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
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)	13607				
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 <i>[Signature]</i>		Date 10-08-2009 10-08-09		Signature of Public Housing Director  Date		

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

<b>Part II: Supporting Pages</b>								
PHA Name: Lynch Housing Authority			Grant Type and Number Capital Fund Program Grant No: 2010 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NE043	OPERATIONS	1406		300				
	MANAGEMENT IMPROVEMENTS	1408		500				
	ADMINISTRATION	1410		300				
	AUDIT	1411		500				
	SITE IMPROVEMENTS	1450						
	Sidewalks/concrete work			500				
	Landscaping/trees/trimming			1000				
	Parking arena-East			2500				
	Blacktop coating-West parking lot			1000				
	Gravel-North parking lot			807				
	DWELLING STRUCTURES	1460						
	Carpet/painting			500				
	Replace counter tops			800				
	New sinks			600				
	Windows			1000				
	NON-DWELLING STRUCTURES							
	Painting-lobby, bathroom, meeting/community room, office			300				
	cubboards			500				
	doors			500				

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

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



# Lynch Public Housing Authority

121 N 2<sup>nd</sup> Street

Box 114

Lynch, NE 68746

Phone: 402-569-2910

Fax: 402-569-2911

Email: [housing@threeriver.net](mailto:housing@threeriver.net)

ATTACHMENT TO THE PHA PLAN.

Nov. 16, 2009

See attached Minutes of the SPECIAL MEETING of September 28, 2009 in regards to the RAB comments, there were no comments.

There were no Challenged Elements of the PHA at the SPECIAL MEETING of September 28, 2009 by the RAB.

Y  
Karen Lee,  
Executive Director

Attachment #1  
to the PHA Plan.

Special Meeting  
2010 Annual Plan  
and 5-year Plan.

MINUTES OF THE SPECIAL MEETING  
OF THE HOUSING AUTHORITY OF THE VILLAGE  
OF LYNCH HELD SEPTEMBER 28, 2009

A special meeting of the Lynch Housing Authority was held at 3:00 p.m. on Monday, September 28, 2009 in the community room of the LHA.

The meeting was called to order by Chairman Scott and the following Commissioners were present: Hull, Schmitz, Scott, & Thomson.  
Absent: Black.

The August minutes, checks, and bank statement reconciliation were previously approved at the regular September meeting on the 16<sup>th</sup>.

The purpose of this meeting is for a Public Hearing pertaining to our 2010 Agency Plan and 5-Year Plan. The Board waited 30 minutes but no one from the village showed up. The Resident Advisory Commissioner was present to represent the residents.

The Executive Director informed the Board that HUD has all new forms for the Agency Plan and the 5-Year Plan, and also new Certification forms. The ED has done a review of the mission of the PHA for serving the needs of low-income families for the next five years. ED also identified the goals and objectives the will enable the PHA to serve the needs of low-income/handicapped families.

A motion was made by Commissioner Hull, seconded by Commissioner Thomson to approve our initial assessment. No comments from the Resident Advisory Commissioner. Chairman declared motion carried.

After reviewing our 2010 Agency Plan and 5-Year Plan the following Resolution was introduced by the Executive Director, read in full and considered:

**RESOLUTION NO. 2009-0014**

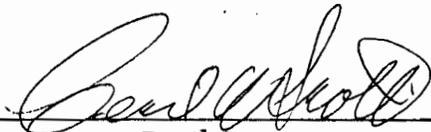
**RESOLUTION ADOPTING OUR ANNUAL PLAN FOR FISCAL YEAR 2010 AND ALSO A 5-YEAR PLAN. A copy is on file in the**

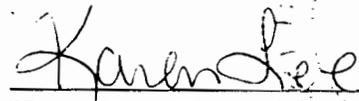
Lynch Housing Authority office, seen as attachment No. 1 to this meeting.

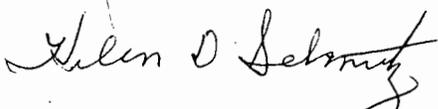
BE IT RESOLVED BY THE HOUSING AUTHORITY OF THE VILLAGE OF LYNCH, NEBRASKA that the foregoing Resolution be adopted as introduced and read. A motion was made by Commissioner Schmitz, who is the LHA Resident Advisor, and seconded by Commissioner Thomson to adopt Resolution No. 2009-0014-as read. Ayes: All. Nays: None. Absent: Black. Chairman Scott declared motion carried and resolution adopted.

The secretary inquired if there were any questions and/or challenges charged to the PHA Plan, there were none.

There being no further business to come before the Board, Commissioner Hull made a motion to adjourn, seconded by Commissioner Thomson. Ayes: All. Nays: None. Absent: Black. Chairman declared meeting adjourned.

  
Chairman, Cecil Scott

  
Karen Lee, Exec. Director


~~LYNCH~~

## HOUSING AUTHORITY

### Violence Against Women Act (VAWA) Policy

#### 1.0 Purpose

The purpose of this Policy is to reduce domestic violence, dating violence, and stalking and to prevent homelessness by:

- a. Protecting the safety of victims;
- b. Creating long-term housing solutions for victims;
- c. Building collaborations among victim service providers; and
- d. Assisting the Housing Authority (HA) to respond appropriately to the violence while maintaining a safe environment for HA employees, tenants, applicants, and others.

The Policy will assist the HA in providing rights under the Violence Against Women Act to its applicants and public housing residents.

#### 2.0 Mission Statement

The Housing Authority's policy is to comply with the 2005 VAWA Pub. L. 109-162; Stat. 2960 signed into law on January 5, 2006 and codified at 42 U.S.C. § 1437D(l) and 1437f (d), (o) & l and (u). The Housing Authority shall not discriminate against an applicant, public housing resident or program participant, on the basis of the rights or privileges provided under the VAWA.

#### 3.0 Definitions

The definitions in this Section apply only to this Policy.

- 3.1 **Confidentiality:** Means that the Housing Authority will not enter information provided to the HA under 4.2 and 4.3 into a shared database or provide this information to any related entity except as stated in 4.4.
- 3.2 **Dating Violence:** Violence committed by a person (a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such a relationship shall be determined based on a consideration of the following factors:
  - a) the length of the relationship;
  - b) the type of relationship;
  - c) the frequency of interaction between persons involved in the relationship. 42 U.S.C. § 1437d (u) (3) (A).

- 3.3 Domestic Violence:** Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, committed by a person with whom the victim shares a child in common, committed by a person who is cohabitating with or has cohabitated with the victim as a spouse, committed by a person similarly situated to a spouse of the victim under the domestic or family violence laws or committed 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.
- 3.4 Immediate Family Member:** A spouse, parent, brother or sister, or child of a victim or an individual to whom the victim stands in loco parent; or any other person living in the household of the victim and related to the victim by blood and marriage. 42 U.S.C. § 1437d (u) (3) (D).
- 3.5 Long-term Housing:** Is housing that is sustainable, accessible, affordable and safe for the foreseeable future which:
- a) the person rents or owns;
  - b) is subsidized by a voucher or other program as long as the person meets the eligibility requirements of the program;
  - c) directly provided by the HA, is not time limited and the person meets the eligibility requirements of the program.
- 3.6 Perpetrator:** A person who commits an act of domestic violence, dating domestic violence or stalking against a victim.
- 3.7 Stalking:**
- a) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate the victim;
  - b) to place under surveillance with the intent to kill, injure, harass or intimidate the victim;
  - c) in the course of, or as a result of such following, pursuit, surveillance, or repeatedly committed acts, to place the victim in reasonable fear of the death of, or serious bodily injury to the victim; or
  - d) to cause substantial emotional harm to the victim, a member of the immediate family of the victim or the spouse or intimate partner of the victim. 42 U.S.C. § 1437d (u) (3) (C).
- 3.8 Victim:** Is a person who is the victim of domestic violence, dating violence, or stalking under this Policy and who has timely and completely completed the certification under 4.2 and 4.3 or as requested by the HA.

**4.0 Certification and Confidentiality**

- 4.1 Failure to Provide Certification Under 4.2 and 4.3.** The person shall provide complete and accurate certifications to the HA within 14 business days after the party requests in writing that the person completes the certifications. If the person does not provide complete and accurate certification within the 14 business days, the HA, the owner or manager may take action to deny or terminate participation or tenancy under: 42 U.S.C. § 1437 I (5) & (6); 42 U.S.C. § 1437 (d) (c) (3); 42 U.S.C. § 1437f (c) (9); 42 U.S.C. § 1437f (d) (1) (B) (ii) & (iii); 42 U.S.C. § 1437f (o) (7) (C) & (D); or 42 U.S.C. § 1437f (o) (20) or for other good cause.
- 4.2 HUD Approved Certification.** For each incident that a person is claiming abuse, the person shall certify the date, time and description of the incidents, that the incidents are bona fide incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator including but not limited to the name and, if known, all alias names, date of birth, address, contact information such as postal, e-mail or internet address, telephone or facsimile number or other information.
- 4.3 Other Certification.** A person who is claiming victim status shall provide to the HA:
- a) documentation signed by the victim and an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. § 1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse; or
  - b) a federal, state, tribal, territorial, local police or court record.
- 4.4 Confidentiality.** The HA shall keep all information provided to the HA under this Section confidential. The HA shall not enter the information into a shared database or provide to any related entity except to the extent that:
- a) the victim requests or consents to the disclosure in writing;
  - b) the disclosure is required for:
    - (i) eviction from public housing under 42 U.S.C. § 1437 I (5) & (6) (See Section 5 in this Policy);
    - (ii) the disclosure is required by applicable law.
- 4.5 Compliance Not Sufficient to Constitute Evidence of Unreasonable Act.** The HA compliance with Sections 4.1, 4.2, and 4.3 shall alone not be sufficient to show evidence of an unreasonable act or omission by them.

**5.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy**

- 5.1** The HA shall not deny participation or admission to the public housing program on the basis of a person's victim status, if the person otherwise qualifies for admission of assistance.
- 5.2** An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be a serious or repeated violation of the lease by victim and shall not be good cause for denying to a victim admission to a program, or occupancy rights, or evicting a tenant.
- 5.3** Criminal activity directly related to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate family member of the tenant's family is the victim of that domestic violence, dating violence or stalking.
- 5.4** Notwithstanding Sections 5.1, 5.2, and 5.3 the HA, may bifurcate a lease to evict, remove, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing, terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. 42 U.S.C. § 1437d (l) (6) (B).
- 5.5** Nothing in Sections 5.1, 5.2, and 5.3 shall limit the authority of the HA, when notified, to honor court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- 5.6** Nothing in Sections 5.1, 5.2, and 5.3 limits the HA's authority to evict or terminate assistance to any tenant for any violation of lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However, the HA may not hold a victim a to a more demanding standard.
- 5.7** Nothing in Sections 5.1, 5.2, and 5.3 limits the HA's authority to evict or terminate assistance, or deny admission to a program if the HA can show an actual and imminent threat to other tenants, neighbors, guests, employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.
- 5.8** Nothing in Sections 5.1, 5.2, and 5.3 limits the HA's authority to deny admission, terminate assistance, or evict a person who engages in criminal acts including but not limited to acts of physical violence or stalking against family members or others.

**5.9** A public housing tenant who wants a transfer to protect their health and safety and who:

- a) is a victim under this Policy;
- b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and
- c) has complied with all other obligations of the public housing income program may transfer to another HA unit.

**6.0 Actions Against A Perpetrator**

The HA may evict or deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take action to control or prevent the domestic violence, dating violence, or stalking. The action may include but is not limited to:

- a. obtaining and enforcing a restraining or no contact order of order for protection against the perpetrator;
- b. obtaining and enforcing a trespass against the perpetrator;
- c. enforcing the HA or law enforcement's trespass of the perpetrator;
- d. preventing the delivery of the perpetrator's mail to the victim's unit;
- e. providing identifying information listed in 4.2; and
- f. other reasonable measures.

**7.0 Notice to Applicants and Tenants**

The HA shall provide notice to applicants and tenants of their rights and obligations under Section 4.4 Confidentiality and Section 5.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy.

**8.0 Reporting Requirements**

The HA shall include in its Agency Plan, a statement of goals, objectives, policies or programs that will serve the needs of victims when required. The HA may also include a description of activities, services or programs provided or offered either directly or in partnership with other service providers to victims, to help victims obtain or maintain housing or to prevent the abuse of to enhance the safety of victims.

**9.0 Conflict and Scope**

This Policy does not enlarge the HA's duty under any law, regulation, or ordinance. If this Policy conflicts with applicable law, regulation, or ordinance, the law, regulation, or ordinance shall control. If this Policy conflicts with another HA policy, this Policy will control.

**10.0 Amendment**

The Executive Director may amend this policy when it is reasonably necessary to effectuate the Policy's intent, purpose, or interpretation. The proposed amendment along with the rationale for the amendment shall be submitted to the Executive Director for consideration. Where reasonably necessary, the Executive Director may approve the amendment. The amendment shall be effective and incorporated on the date that the Executive Director signs the amendment.

Resolution Number #2008-004

Adopted 09-17-2298

**GOALS:**

The Housing Authority has teamed with the local community to help support children and adults from violence. If a child is involved, the local office of child protective services will help assist and place the child in a safe environment. If an adult is involved, the City Police Department or County Sheriff's department will assist the adult in getting to the safe harbor. The local Health department also will assist in placing families out of harms way with a contact person who will assist families with counseling services. All referrals will be made on a case-by-case basis.