

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
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1.0	PHA Information PHA Name: <u>Newmarket Housing Authority</u> PHA Code: <u>NH013</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/01/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>50</u> Number of HCV units: <u>72</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					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 PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
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. NHA was unsuccessful in leverage funds to expand its portfolio of low income owned and managed affordable housing on property owned at Great Hill Terrace. This continues to be a goal in the 2010 plan and will continue to include this goal. It has been difficult to improve the NHA public housing management (PHAS score) due to a low item score in a category that is no longer scored but has been carried forward each of the last four years. NHA went from a high performer to a standard performer due to a late submission of a report in 2006. That score carries forward today and NHA awaits the FY2010 scores and anticipates return to high performer status. NHA SEMAP scores in 2006 and 2008 overall scores were of high rating. HUD stopped accessing resident feedback when it terminated the resident survey. NHA has no quantitative manner in which to score or compare customer satisfaction. NHA provides ongoing mobility counseling at voucher award briefing, at annual recertification and upon individual requests for information. NHA has added 42 new landlords to the Housing Choice Voucher program in the last 5 years but conducting one on one, personal outreach to landlords and practice of return landlord calls (active and Potential) on the same day as inquiry and within 24 hours maximum.. NHA has improved public housing security with removal and replacement of playground equipment, installation of exterior lighting with photocells on each residential unit entry door and developed a plan for video monitoring of office and common space at Great Hill Terrace. In year 4 of the 5 year plan, Great Hill Terrace had a resident household employed/disabled/senior rate of 96%, unfortunately the national economy dive has brought Great Hill Terrace down to 86% by the end of year five. Newmarket Housing Authority maintains a positive affirmative action policy and has a diverse population at Great Hill Terrace that encompasses all protected classes. NHA has also developed a plan to bring 84% of its public housing units up to the physical accessibility standard tested by REAC for exterior entries. In 2005, only 6% of the units met the minimum test. Entering 2010 that number was at 40%. More to follow for Section 6 #13 and Section 11.0 f & g				

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ol style="list-style-type: none"> 1. Eligibility, Selection and Admissions Policies: in Admin Plan, no changes to be made this year 2. Financial Resources: \$553,566. HCV funding, PHA Operating Fund \$168,447., \$73,489. Capital Fund Improvement, \$234,624. Public Housing Tenant Rents. 3. Rent Determination: In Administrative Plan 4. Operation and Management: No Change 5. Grievance Procedures: No Change 6. Designated Housing for Elderly and disabled: No Change 7. Community Service and Self Sufficiency: No Change 8. Safety and crime Prevention: No Change 9. Pets: No Change 10. Civil Rights Certification: Newmarket Housing Authority examines its programs and proposed programs to identify any impediments to fair housing choice within those programs. We address any impediments and work to implement any of the jurisdiction's initiatives to affirmatively further fair housing. Our plan is consistent with the Consloidedated plan for this jurisdiction. In Administrative Plan. 11. Fiscal Year Audit: No Findings 12. Asset management: N/A 13. VAWA: To accomplish implementation of the law, we have undertaken the following activities: <ol style="list-style-type: none"> a. added VAWA to our Administrative Plan b. attended training with legal assistance highlighting the housing authority's responsibilities under the law. c. work with local law enforcement to identify occurrences of domestic violence. d. Notified owners, tenants and applicants of the law by mail. <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. The 5 year and Annual PHA Plan are available at the main office located at 34 Gordon Avenue, Newmarket, NH.</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> N/A</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. See Attached</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. See Attached</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. See Attached</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>NHA is working to meet the needs of elderly and non-elderly families. NHA will employ effective maintenance and management policies to minimize the number of public housing units off-line, reducing turnover time for vacated public housing units and reducing time to renovate public housing units. Additionally, NHA strives to maintain or increase section 8 lease up rates by establishing payment standards that will enable families to rent throughout the jurisdiction and maintain or increase section 8 lease up rates by effectively screening section 8 applicants to increase owner acceptance of the program.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. NHA will apply for vouchers as they become available and shall scrutinize budget to maximize the number of households on the program. NHA shall pursue housing resources other than public housing or section 8 tenant -based assistance.</p>

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Newmarket Housing Authority continues to fulfill its mission statement. The mission of the Newmarket Housing Authority is to promote adequate and affordable economic opportunity and a suitable living environment free from discrimination.</p> <p>The Newmarket Housing Authority continues to be aggressive in the area of Housing Quality Standards, often bring privately owned Section 8 subsidized units to a higher level than the locality can enforce. Newmarket Housing Authority has relocated several Section 8 households from marginal units and placed them in safer and more secure units.</p> <p>The Newmarket Housing Authority continues to pursue improved client relations and services and utilizes the Capital Fund Program to address physical needs and improvements. Newmarket Housing Authority negotiated with the Town of Newmarket for a Newmarket Housing Authority owned, town operated senior activity center that includes a congregate meal site. NHA installed energy efficient furnaces in all buildings.</p> <p>Newmarket Housing Authority services an additional 45 units of Section 8 Housing Choice Vouchers through a memorandum of agreement with New Hampshire Housing Finance Authority. Additionally, Newmarket Housing Authority has advocated for head start to remain onsite and expand.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>We will use HUD’s definition:</p> <ul style="list-style-type: none"> • Changes in rent or admission policies or organization of the waiting list. • Additions of non-emergency work items or change in use of replacement reserve funds under the capital funds. • Any change with regard to demolition or disposition, designation, homeownership programs and conversion activities • Any unforeseen capital improvement that becomes necessary due to government regulation, requirement, or untimely loss of deterioration.
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

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

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

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

Violence against Women Act (VAWA) Report

The Newmarket Housing Authority provides or offers the following activities, services or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault or stalking.

Newmarket Housing Authority refers clients to the following groups for assistance:

New Hampshire Coalition against Domestic & Sexual Violence, Concord, NH
Newmarket Police Department, Newmarket, NH
D.O.V.E. - Domestic Violence Emergency Project of the NH Bar Association
A Safe Place- Portsmouth, NH

The Newmarket Housing Authority provides or offers the following activities, services or programs that help child and adult victims of domestic violence, dating violence, sexual assault or stalking, to obtain or maintain housing.

As client referrals are received from domestic violence advocacy groups, apparently eligible clients are placed on our waiting lists. For persons already living in a Housing Authority or Housing Choice Voucher unit who becomes victims as described and/or those who cannot be immediately assisted, these are referred to:

City of Newmarket Welfare Department, Newmarket, NH
New Hampshire Housing & Finance Authority. Manchester, NH
D.O.V.E. - Domestic Violence Emergency Project of the NH Bar Association

The Newmarket Housing Authority provides or offers the following activities, services or programs to prevent domestic violence, dating violence, sexual assault and stalking or to enhance victim safety in assisted families.

Newmarket Housing Authority refers clients to the following groups for assistance:

Newmarket Police Department, Newmarket, NH
New Hampshire Coalition against Domestic & Sexual Violence, Concord, NH
D.O.V.E. - Domestic Violence Emergency Project of the NH Bar Association
A Safe Place- Portsmouth, NH

Over the past five years Newmarket Housing Authority has collaborated with Newmarket Police Department on three separate occasions to seek and receive court mandated “no trespass” orders to enhance victim safety.

NEWMARKET HOUSING AUTHORITY

***34 Gordon Avenue
Great Hill Terrace
Newmarket, NH 03857***

***Ernest A. Clark, II
Executive Director***

***Telephone 603-659-5444
Fax 603-659-6501***

Resident Advisory Board (RAB)

Newmarket Housing Authority for numerous years from the 70's and early 80's had a "Residents Group" that met regularly, conducted social events and presented concerns to management. At that point in time when HUD started encouraging Resident Advisory Boards (RAB) in public housing, the residents of Great Hill Terrace decided that they did not want to formalize their group in the manner in which HUD prescribed. The residents enjoyed their casual association and their relationship with management. Great Hill Terrace is a small project where residents can typically "walk-in" and meet with staff, including the Executive Director. Great Hill Terrace is a mixed age population with 24% of households age 65 or older, and 38% are single parent households. Older residents generally feel no need to participate in a RAB and have a senior center on site for social and support service needs. Single parent households make up 38% of the Great Hill Terrace unit population. When organization of a RAB is suggested, these residents have indicated that between work and raising families alone, they have little time or interest in RAB.

Newmarket Housing Authority does annually invite residents to meet with staff and commissioners to allow input on annual and capital improvement plans. Typically, no residents choose to attend public hearings. NHA has attempted more casual meetings with residents and staff only and schedules an afternoon and an evening meeting to accommodate individual schedules. Senior residents will often attend the day time session and will use the opportunity to relate some maintenance concerns and ask questions about tenant selection and general management policy but seldom have monumental concerns or issues that contribute to the annual plan. Written notices are delivered to each household as well as the required published public notice in the local newspaper.

NHA also solicits written suggestions and feedback on staff suggested capital improvements, which will generate some response as well as result in a one on one phone call to staff with recommendations for capital improvements. As a result of phone conversations, meetings with seniors and one-on-one conversations, NHA has included such items as construction of the senior center, expanded vehicle parking as well as future projects of installation of air conditioner sleeves in each apartment, increased video security surveillance, installation of bathroom vanities and replacement of sections of lawns and overall landscaping to create greater curb appeal.

Part I: Summary			
PHA Name: Housing Authority of the Town of Newmarket	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Grant Type and Number Capital Fund Program Grant No: NH36P01350107 Replacement Housing Factor Grant No: Date of CFFP:</td> <td style="width:50%;">FFY of Grant: 2007 FFY of Grant Approval:</td> </tr> </table>	Grant Type and Number Capital Fund Program Grant No: NH36P01350107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval:
Grant Type and Number Capital Fund Program Grant No: NH36P01350107 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: 3/31/2010 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	25,000.00		25,000.00	25,000.00
3	1408 Management Improvements	5,202.00		5,202.00	5,202.00
4	1410 Administration (may not exceed 10% of line 21)	900.00		900.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,052.00		2,052.00	2,052.00
8	1440 Site Acquisition				
9	1450 Site Improvement	1,390.00		1,390.00	1,390.00
10	1460 Dwelling Structures	3,350.00		3,350.00	3,350.00
11	1465.1 Dwelling Equipment—Nonexpendable	22,562.00		22,562.00	18,570.00
12	1470 Non-dwelling Structures	15,000.00		15,000.00	15,000.00
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.

Part I: Summary						
PHA Name: Housing Authority of the Town of Newmarket		Grant Type and Number Capital Fund Program Grant No: NH36P01350107 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2007 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	75,456.00		75,456.00	70,564.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date		Signature of Public Housing Director	
					Date	

¹ To be completed for the Performance and Evaluation Report.

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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: Housing Authority of the Town of Newmarket			Grant Type and Number Capital Fund Program Grant No: NH36P01350107 CFFP (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 ¹	Funds Obligated ²	Funds Expended ²	
NH13-1	Operations	1406		25,000.00		25,000.00	25,000.00	completed
NH13-1	Management Improvements-CFP training	1408		5,202.00		5,202.00	5,202.00	complete
NH13-1	Administration- Fee Accountitng	1410		900.00		900.00	0.00	pend. closeout
NH13-1	Fees & Costs-Clerk of the Works	1430		2,052.00		2,052.00	2,052.00	fence complete,trees deferred
NH13-1	Site Improvement- Trees & Fence	1450		1,390.00		1,390.00	1,390.00	trees completed
NH13-1	Dwelling Structures-screen doors, bathrooms deferred	1460		3,350.00		3,350.00	3,350.00	complete
NH13-1	Dwelling Equip.-Phased Furnace replace.	1465.1		22,562.00		22,562.00	18,570.00	complete
NH13-1	Non-dwell. Struct.-Cont'd Sr.Ctr. remodel	1470		15,000.00		15,000.00	15,000.00	complete
NH13-1	Non-dwell. Equip.-Sr. Ctr. Appliances	1475		0.00				Deferred

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 I: Summary			
PHA Name: Housing Authority of the Town of Newmarket	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Grant Type and Number Capital Fund Program Grant No: NH36P013501-08 Replacement Housing Factor Grant No: Date of CFFP:</td> <td style="width:70%;">FFY of Grant: 2008 FFY of Grant Approval:</td> </tr> </table>	Grant Type and Number Capital Fund Program Grant No: NH36P013501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval:
Grant Type and Number Capital Fund Program Grant No: NH36P013501-08 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2010	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	25,000.00		19,321.69	
3	1408 Management Improvements	1,000.00		9,133.05	5,711.55
4	1410 Administration (may not exceed 10% of line 21)	900.00		900.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1,000.00		6,312.26	1,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	1,975.00		1,975.00	1,975.00
10	1460 Dwelling Structures	2,000.00		6,175.00	1,675.00
11	1465.1 Dwelling Equipment—Nonexpendable	21,000.00		9,157.00	9,157.00
12	1470 Non-dwelling Structures	20,000.00		20,901.00	20,901.00
13	1475 Non-dwelling Equipment	1,000.00		0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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: Housing Authority of the Town of Newmarket		Grant Type and Number Capital Fund Program Grant No: NH36P013501-08 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)					
21	Amount of line 20 Related to LBP Activities	73,875.00		73,875.00	40,419.55	
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the Town of Newmarket			Grant Type and Number Capital Fund Program Grant No: NH36P013501-08 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	
NH13-1	Salaries & Benefits	1406		25,000.00		19,321.69	0.00	ongoing
NH13-1	Computer Upgrade & Training	1408		1,000.00		9,133.05	5,711.55	complete. have not requ'd
NH13-1	Fee Accounting	1410		900.00		900.00	0.00	pend. closeout
NH13-1	Fees & Costs	1430		1,000.00		6,312.26	1,000.00	complete
NH13-1	Playground, Signage, Trees & Fence	1450		1,975.00		1,975.00	1,975.00	items deferred, walkway repair
NH13-1	Continued Bathroom Remodel	1460		2,000.00		6,175.00	1,675.00	bthrm deferred, storm drs.install
NH13-1	Phased Furnace Replacement	1465.1		19,000.00		9,157.00	9,157.00	FY08 complete FY09&10 balance of work.
NH13-1	Cycle Appliance Replacement	1465.1		2,000.00		0.00	0.00	Deferred
NH13-1	Maintenance Garage	1470		20,000.00		20,901.00	20,901.00	gar. deferred, Sr.Ctr. deferred
NH13-1	Printers	1475		1,000.00		0.00	0.00	deferred

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 I: Summary									
PHA Name: Housing Authority of the Town of Newmarket	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Grant Type and Number</td> <td>FFY of Grant: 2009</td> </tr> <tr> <td>Capital Fund Program Grant No: NH36P013501-09</td> <td>FFY of Grant Approval:</td> </tr> <tr> <td>Replacement Housing Factor Grant No:</td> <td></td> </tr> <tr> <td>Date of CFFP:</td> <td></td> </tr> </table>	Grant Type and Number	FFY of Grant: 2009	Capital Fund Program Grant No: NH36P013501-09	FFY of Grant Approval:	Replacement Housing Factor Grant No:		Date of CFFP:	
Grant Type and Number	FFY of Grant: 2009								
Capital Fund Program Grant No: NH36P013501-09	FFY of Grant Approval:								
Replacement Housing Factor Grant No:									
Date of CFFP:									

Type of Grant	
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2010	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:ONE)
	<input type="checkbox"/> Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	25,000.00	68,120.00	0.00	
3	1408 Management Improvements	1,000.00	0.00		
4	1410 Administration (may not exceed 10% of line 21)	900.00	900.00	0.00	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	475.00	2,444.00	149.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	9,000.00	2,025.00	0.00	0.00
10	1460 Dwelling Structures	2,000.00	0.00		
11	1465.1 Dwelling Equipment—Nonexpendable	2,114.00	0.00		
12	1470 Non-dwelling Structures	10,000.00	0.00		
13	1475 Non-dwelling Equipment	23,000.00	0.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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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: Housing Authority of the Town of Newmarket		Grant Type and Number Capital Fund Program Grant No: NH36P013501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: ONE) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities	73,489.00	73,489.00		
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the Town of Newmarket			Grant Type and Number Capital Fund Program Grant No: NH36P013501-09 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 ¹	Funds Obligated ²	Funds Expended ²	
NH13-1	Operations	1406		25,000.00	68,120.00	0.00	0.00	Op. budget pend
NH13-1	Occupancy Training	1408		1,000.00	0.00	0.00	0.00	
NH13-1	Fee Accounting	1410		900.00	900.00	0.00	0.00	not until closed
NH13-1	Advertising & Technical Support	1430		475.00	2,444.00	149.00	0.00	carr. over FY08
NH13-1	Playground (cont'd)	1450		1,000.00	0.00	0.00	0.00	
NH13-1	Bus Stop Shelter	1450		2,000.00	0.00	0.00	0.00	
NH13-1	Pavement Replacement	1450		2,000.00	2,025.00	0.000.00	0.00	carried over FY08
NH13-1	Tree Removal	1450		4,000.00	0.00	0.00	0.00	
NH13-1	Bathroom Remodel (cont'd)	1460		1,000.00	0.00	0.00	0.00	
NH13-1	Storm Door Replacement (cont'd)	1460		1,000.00	0.00	0.00	0.00	
NH13-1	Furnace Room Upgrade	1465.1		1,000.00	0.00	0.00	0.00	
NH13-1	Appliance Cycle Replacement	1465.1		1,114.00	0.00	0.00	0.00	
NH13-1	Maintenance Garage (cont'd)	1470		10,000.00	0.00	0.00	0.00	
NH13-1	Photocopier	1475		3,000.00	0.00	0.00	0.00	
NH13-1	Office Building Security System	1475		20,000.00	0.00	0.00	0.00	

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 I: Summary			
PHA Name: Housing Authority of the Town of Newmarket	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Grant Type and Number Capital Fund Program Grant No: NH36S013501-09 (CFRG) Replacement Housing Factor Grant No: Date of CFFP:</td> <td style="width:70%;">FFY of Grant: 2009 FFY of Grant Approval:</td> </tr> </table>	Grant Type and Number Capital Fund Program Grant No: NH36S013501-09 (CFRG) Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
Grant Type and Number Capital Fund Program Grant No: NH36S013501-09 (CFRG) Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:		

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3/31/2010 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)	900.00		900.00	900.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2611.00		2,611.00	2,611.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	90,000.00		90,000.00	90,000.00
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				

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

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⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Housing Authority of the Town of Newmarket	Grant Type and Number Capital Fund Program Grant No: NH36S013501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2010		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities	93,511.00			
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary									
PHA Name: Housing Authority of the Town of Newmarket	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Grant Type and Number</td> <td>FFY of Grant: 2010</td> </tr> <tr> <td>Capital Fund Program Grant No: NH36P01350110</td> <td>FFY of Grant Approval:</td> </tr> <tr> <td>Replacement Housing Factor Grant No:</td> <td></td> </tr> <tr> <td>Date of CFFP:</td> <td></td> </tr> </table>	Grant Type and Number	FFY of Grant: 2010	Capital Fund Program Grant No: NH36P01350110	FFY of Grant Approval:	Replacement Housing Factor Grant No:		Date of CFFP:	
Grant Type and Number	FFY of Grant: 2010								
Capital Fund Program Grant No: NH36P01350110	FFY of Grant Approval:								
Replacement Housing Factor Grant No:									
Date of CFFP:									

Type of Grant	
<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no:)
	<input type="checkbox"/> Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	73,242.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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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: Housing Authority of the Town of Newmarket		Grant Type and Number Capital Fund Program Grant No: NH36P01350110 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 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)	73,242.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date			
Signature of Public Housing Director			Date			

¹ To be completed for the Performance and Evaluation Report.

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Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY ____2011_____	Work Statement for Year 3 FFY ____2012_____	Work Statement for Year 4 FFY ____2013_____	Work Statement for Year 5 FFY ____2014_____
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations		73,242.00	73,242.00	73,242.00	73,242.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		73,242.00	73,242.00	73,242.00	73,242.00

Part II: Supporting Pages – Physical 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	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual						
Statement						
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

Part II: Supporting Pages – Physical 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	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	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	\$

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	\$