

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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**HOUSING AUTHORITY
Of THE BOROUGH OF CARTERET**

NJ 047

FISCAL YEAR 2010

**Eric Chubenko,
Executive Director**

**96 Roosevelt Ave
Carteret, NJ 07008**

732-541-6800

1.0	PHA Information Carteret Housing Authority PHA Name: _____ PHA Code: <u>__NJ -047__</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>__01/2010__</u>														
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>__252__</u> Number of HCV units: <u>__464__</u>														
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only														
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)														
	Participating PHAs PHA 1: PHA 2: PHA 3:	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	<table border="1"> <thead> <tr> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	No. of Units in Each Program		PH	HCV						
No. of Units in Each Program															
PH	HCV														
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: 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. Reduce Public housing vacancies from 50 to 45. Improve or maintain public housing management score (PHAS), currently 92 Improve or maintain voucher management (SEMAP), currently 90 Continue substantial capital improvements through efficient use of Capital Fund Program.														
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: NONE (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. No revisions have been necessary for the Annual Plan. Copies of the PHA's 5-year and annual plans may be obtained at the administrative office of the PHA at 96 Roosevelt Ave, Carteret, NJ														
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. NONE														
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.														

8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>ATTACHMENT 1— 2010 Annual Statement ATTACHMENT 2—2009 P E Report ATTACHMENT 3 – 2008 P E Report ATTACHMENT 4 – 2007 P E Report ATTACHMENT 5 – 2009 Annual Statement ARRA Stimulus funding</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.</p> <p>ATTACHMENT 6</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input checked="" 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>ATTACHMENT 7 Tables from the Middlesex County Consolidated Plan showing the housing needs to be addressed within the county and a summary of the current PHA waiting lists for both Housing Vouchers and Public Housing units.</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.</p> <p>Expand the supply of assisted housing by maximizing participation by the PHA in all available voucher and housing production programs, consistent with the overall efforts of the Borough of Carteret, Middlesex County and the State of NJ.</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>BRIEF STATEMENT The PHA has made progress in achieving its goals in areas under its control. The goals relating to management of existing units are achievable and substantial progress has been made. The continuing need for affordable housing assistance is to a great extent dependent on the availability of federal and State resources. Carteret Housing Authority has made use of available resources especially the Capital Fund Program and the NJ PHA Capital Fund Leveraging Pool. We continue to seek resources and to implement programs for the benefit of the citizens of the borough and county in need of housing assistance.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>Significant amendment to the plan is any change with regard to demolition, disposition designation or homeownership or conversion activities. Substantial deviation is any change in the mission statement or changes in stated goals and objectives.</p>

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <p>WE WILL SEND SCANNED SIGNED DOCUMENTS</p>
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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

Part I: Summary		
PHA Name: Carteret Housing Authority NJ 057	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	47343.00			
3	1408 Management Improvements	45000.00			
4	1410 Administration (may not exceed 10% of line 21)	47343.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	20000.00			
10	1460 Dwelling Structures	106,267.36			
11	1465.1 Dwelling Equipment—Nonexpendable	10000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	20000.00			
14	1485 Demolition	0.00			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	0.00			
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: Carteret Housing Authority		Grant Type and Number Capital Fund Program Grant No: 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	161,478.64				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00				
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	473432.00				
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	

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Part II: Supporting Pages								
PHA Name: Carteret Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	Operations	1406		47343.00				
	Management Imprv	1408		45000.00				
	Administration	1410		47343.00				
	Modernization Coord	1430		6000.00				
	A/E Fees	1430		10000.00				
	Dwelling Structures	1460		106267.36				
PHA WIDE	Dwelling Equipment	1465		10000.00				
	Non-Dwelling Equipment	1475		20000.00				
	Debt Service	1501		161478.64				
	Site Improvements	1450		20000.00				

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: Carteret Housing Authority NJ 057	Grant Type and Number Capital Fund Program Grant No: NJ39P04750109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009

Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: _____)
 Performance and Evaluation Report for Period Ending: 6/30/2009
 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	47,343.00			
3	1408 Management Improvements	45,000.00			
4	1410 Administration (may not exceed 10% of line 21)	47,343.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000.00			
10	1460 Dwelling Structures	113,491.09			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	20,000.00			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴				

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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: Carteret Housing Authority		Grant Type and Number Capital Fund Program Grant No: NJ39P04750109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
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: 6/30/2009			<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	154,254.91				
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)	473,432.00				
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	

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Part II: Supporting Pages								
PHA Name: Carteret Housing Authority			Grant Type and Number Capital Fund Program Grant No: NJ39P04750109 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	
PHA Wide	Operations	1406		47,343.00				
	Management Improvements	1408		45,000.00				
	Administration	1410		47,343.00				
	Modernization Coord	1430		6,000.00				
	A/E Fees	1430		10,000.00				
	Dwelling Structures	1460		113,491.09				
	Site Improvements	1450		20,000.00				
	Dwelling Equipment	1465		10,000.00				
	Non-dwelling Equipment	1475		20,000.00				
	Debt Service	1501		154,254.91				

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: Carteret Housing Authority NJ 057	Grant Type and Number Capital Fund Program Grant No: NJ39P04750108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval:

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 7/1/2009
 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	40000.00			
3	1408 Management Improvements	40000.00			
4	1410 Administration (may not exceed 10% of line 21)	45000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21784.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	2000.00			
10	1460 Dwelling Structures	116177.00			
11	1465.1 Dwelling Equipment—Nonexpendable	4000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	22000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Part I: Summary					
PHA Name: Carteret Housing Authority	Grant Type and Number Capital Fund Program Grant No: Nj39P04750108 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: 7/1/2009		<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	159040.00			
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)	450001.00			
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	

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Part II: Supporting Pages								
PHA Name: Carteret Housing Authority			Grant Type and Number Capital Fund Program Grant No: NJ39P04750108 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	
PHA WIDE	Operations	1406		40000.00				
	Managementy Imprv	1408		40000.00				
	Admin	1410		45000.00				
	Mod Coordinator	1430		9000.00				
	A/E Fees	1430		12784.00				
NJ 47-3/4	Kitchens	1460		116177.00				
PHA WIDE	Dwelling Equipment non-expendable	1465		4000.00				
	Non-dwelling Equipment	1475		22000.00				
	Collateralization payment	1501		159040.00				
	Site Improvements	1450		2000.00				

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Part I: Summary		
PHA Name: Carteret Housing Authority NJ 057	Grant Type and Number Capital Fund Program Grant No: NJ 39P04750107 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 ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40000.00	40000.00	40000.00	40000.00
3	1408 Management Improvements	40000.00	57906.28	57906.28	57906.28
4	1410 Administration (may not exceed 10% of line 21)	45000.00	45000.00	45000.00	45000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21784.00	8375.00	8375.00	8375.00
8	1440 Site Acquisition				
9	1450 Site Improvement	2000.00			
10	1460 Dwelling Structures	116177.11	129017.83	129017.83	129017.83
11	1465.1 Dwelling Equipment—Nonexpendable	4000.00	10662.00	10662.00	10662.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	22000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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:		Grant Type and Number Capital Fund Program Grant No: NJ39PO4750107 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 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 ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	159039.89	159039.89	159039.89	159039.89
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)	450001.00	450001.00	450001.00	450001.00
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	

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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 Borough of Carteret		Grant Type and Number Capital Fund Program Grant No: NJ39SO4750109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 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)	601,203.00				
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 4/6/09		Signature of Public Housing Director		
				Date		

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Part II: Supporting Pages								
PHA Name: Housing Authority of the Borough of Carteret			Grant Type and Number Capital Fund Program Grant No: NJ39SO4750109 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	
FEES AND COSTS								
PHA-WIDE	A/E Fees	1430.0		36,203.00				
SITE IMPROVEMENTS								
PHA-WIDE	Site Improvements	1450.0		25,000.00				
DWELLING STRUCTURES								
PHA-WIDE	Apartment Rehabilitation (Includes Force Account Labor)	1460.0		10,000.00				
NJ 047-1	Doors/Storm Doors	1460.0		115,000.00				
NJ 047-2	Storm Doors/Windows/Siding	1460.0		115,000.00				
NJ 047-2	Electrical Upgrade	1460.0		35,000.00				
NJ 047-3	Kitchens	1460.0		40,000.00				
NJ 047-3	Electrical Upgrade	1460.0		70,000.00				
NJ 047-3	Storm Doors/Windows/Siding	1460.0		115,000.00				
NJ 047-4	Kitchens	1460.0		50,000.00				
				540,000.00				

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.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/20011

Part I: Summary						
PHA Name/Number Carteret Housing Authority NJ 047		Locality (City/County & State) Carteret/Middlesex, NJ			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Number	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	152,267.36	152,267.36	152,267.36	152,267.36
C.	Management Improvements		45,000.00	45,000.00	45,000.00	45,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		20,000.00	20,000.00	20,000.00	20,000.00
E.	Administration		47,343.00	47,343.00	47,343.00	47,343.00
F.	Other					
G.	Operations		47,343.00	47,343.00	47,343.00	47,343.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service		161,478.64	161,478.64	161,478.64	161,478.64
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		473,432.00	473,432.00	473,432.00	473,432.00

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <- 30% of AMI	547	5	3	4	5	5	N/A
Income >30% but <-50% of AMI	290	5	3	4	5	3	N/A
Income >50% but <80% of AMI	234	4	3	3	4	4	N/A
Elderly	377	4	3	3	4	2	N/A
Families with Disabilities	N/A	4	5	4	5	4	N/A
Race/Eth- Black	279	4	4	4	4	4	N/A
Race/Et- Hispanic	4	4	4	4	4	4	N/A
Race/Eth-White	1188	3	4	4	4	4	N/A
Race/Eth- Other	39	4	4	4	4	4	N/A

CARTERET HOUSING AUTHORITY
Racial Analysis Report Between 01/01/2002 and 09/01/2009
Public Housing
PUBLIC HOUSING-FAMILY

Minority Group	White	Black/ African American	American Indian/ Alaska Native	Asian	Hawaiian/Other Pacific Islander	Multi-Racial Declined to Report Other	Total	Hispanic	Non-Hispanic
Total Applicants	40 68.97%	16 27.59%	0 0%	1 1.72%	0 0%	1 1.72%	58 100%	27 46.55%	31 53.45%
Couple	8 20%	1 6.25%	0 0%	1 100%	0 0%	0 0%	10 17.24%	8 29.63%	2 6.45%
Family	11 27.5%	6 37.5%	0 0%	0 0%	0 0%	1 100%	18 31.03%	8 29.63%	10 32.26%
Single	21 52.5%	9 56.25%	0 0%	0 0%	0 0%	0 0%	30 51.72%	11 40.74%	19 61.29%
Adult	13 32.5%	9 56.25%	0 0%	0 0%	0 0%	1 100%	23 39.66%	8 29.63%	15 48.39%
Elderly	23 57.5%	4 25%	0 0%	1 100%	0 0%	0 0%	28 48.28%	16 59.26%	12 38.71%
Near Elderly	4 10%	3 18.75%	0 0%	0 0%	0 0%	0 0%	7 12.07%	3 11.11%	4 12.9%
Non Handicap	30 75%	14 87.5%	0 0%	0 0%	0 0%	1 100%	45 77.59%	20 74.07%	25 80.65%
Handicap/Disabled	10 25%	2 12.5%	0 0%	1 100%	0 0%	0 0%	13 22.41%	7 25.93%	6 19.35%
Extremely Low Income	36 90%	14 87.5%	0 0%	1 100%	0 0%	1 100%	52 89.66%	24 88.89%	28 90.32%
Over Income	0 0%	1 6.25%	0 0%	0 0%	0 0%	0 0%	1 1.72%	0 0%	1 3.23%
Low Income	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Very Low Income	4 10%	1 6.25%	0 0%	0 0%	0 0%	0 0%	5 8.62%	3 11.11%	2 6.45%
Female Applicants	26 65%	13 81.25%	0 0%	0 0%	0 0%	1 100%	40 68.97%	18 66.67%	22 70.97%
Male Applicants	14 35%	3 18.75%	0 0%	1 100%	0 0%	0 0%	18 31.03%	9 33.33%	9 29.03%

Streamlined Annual Plan
PHA Fiscal Year 2010

Attachment

VAWA - Violence Against Women Policy Statement

The Residents and Staff of the Carteret Housing Authority report all activities regarding domestic violence and elder abuse to the Carteret Police Department. The staff will work with residents who are victims or potential victims or who for personal reasons fear that they will be victimized by referring them to appropriate Middlesex County protective agencies. They will be provided the appropriate follow-up to ensure compliance with Violence Against Women Act. It has been the policy of the PHA to monitor and take appropriate action to prevent domestic violence situations from occurring or escalating. The Executive Director reviews all reported cases and makes determinations if policy adjustments are required.

The Chairperson of the Authority has previously served on the Committee formed by Carteret and the Carteret Police Department to work with Domestic Violence issues in the Borough.

Any further proactive measures will be considered by the PHA in consultation with the Board of Commissioners and the Resident Affairs Board.

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ✓ 5-Year and/or ✓ Annual PHA Plan for the PHA fiscal year beginning 1/1/2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Carter et Housing Auth
PHA Name

NJ 047
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 2010 - 20

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official <u>Iris Colan</u>	Title <u>Chair person</u>
Signature <u>Iris Colan</u>	Date <u>10/15/2009</u>

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: Carteret Housing Authority NJ 057		Grant Type and Number Capital Fund Program Grant No: 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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	47343.00			
3	1408 Management Improvements	45000.00			
4	1410 Administration (may not exceed 10% of line 21)	47343.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	20000.00			
10	1460 Dwelling Structures	106,267.36			
11	1465.1 Dwelling Equipment—Nonexpendable	10000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	20000.00			
14	1485 Demolition	0.00			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	0.00			
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

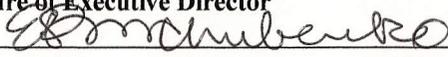
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: Carteret Housing Authority		Grant Type and Number Capital Fund Program Grant No: 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	161,478.64				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00				
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	473432.00				
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 10/9/09		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.

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 Borough of Carteret	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Grant Type and Number Capital Fund Program Grant No: NJ39SO4750109 Replacement Housing Factor Grant No: Date of CFFP:</td> <td style="width:50%;">FFY of Grant: 2009 FFY of Grant Approval:</td> </tr> </table>	Grant Type and Number Capital Fund Program Grant No: NJ39SO4750109 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: NJ39SO4750109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:		

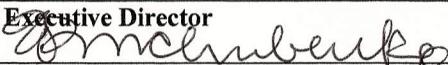
Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	36,203.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	25,000.00			
10	1460 Dwelling Structures	540,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary						
PHA Name: Carteret Housing Authority		Grant Type and Number Capital Fund Program Grant No: NJ39P04750109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
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: 6/30/2009			<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	154,254.91				
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)	473,432.00				
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 10/9/09		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.

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: Carteret Housing Authority NJ 057		Grant Type and Number Capital Fund Program Grant No: NJ39P04750109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
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: 6/30/2009 <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	47,343.00				
3	1408 Management Improvements	45,000.00				
4	1410 Administration (may not exceed 10% of line 21)	47,343.00				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	16,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	20,000.00				
10	1460 Dwelling Structures	113,491.09				
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	20,000.00				
14	1485 Demolition	0				
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs	0				
17	1499 Development Activities ⁴					

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

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

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

Part I: Summary						
PHA Name: Housing Authority of the Borough of Carteret		Grant Type and Number Capital Fund Program Grant No: NJ39SO4750109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 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)	601,203.00				
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 <i>[Signature]</i>		Date 4/6/09 10/9/09		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.

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: Carteret Housing Authority NJ 057		Grant Type and Number Capital Fund Program Grant No: NJ39P04750108 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: 7/1/2009 <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	40000.00				
3	1408 Management Improvements	40000.00				
4	1410 Administration (may not exceed 10% of line 21)	45000.00				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	21784.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	2000.00				
10	1460 Dwelling Structures	116177.00				
11	1465.1 Dwelling Equipment—Nonexpendable	4000.00				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	22000.00				
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-022
 Expires 4/30/2011

Part I: Summary	
PHA Name: Carteret Housing Authority	Grant Type and Number Capital Fund Program Grant No: Nj39P04750108 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant:2008 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: 7/1/2009
 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	159040.00			
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)	450001.00			
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 10/9/09	Signature of Public Housing Director	Date
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¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0
 Expires 4/30/2

Part I: Summary

PHA Name: Carteret Housing Authority NJ 057	Grant Type and Number Capital Fund Program Grant No: NJ 39P04750107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval:
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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40000.00	40000.00	40000.00	40000.00
3	1408 Management Improvements	40000.00	57906.28	57906.28	57906.28
4	1410 Administration (may not exceed 10% of line 21)	45000.00	45000.00	45000.00	45000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21784.00	8375.00	8375.00	8375.00
8	1440 Site Acquisition				
9	1450 Site Improvement	2000.00			
10	1460 Dwelling Structures	116177.11	129017.83	129017.83	129017.83
11	1465.1 Dwelling Equipment—Nonexpendable	4000.00	10662.00	10662.00	10662.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	22000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary					
PHA Name:		Grant Type and Number Capital Fund Program Grant No: NJ39PO4750107 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 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 ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	159039.89	159039.89	159039.89	159039.89
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)	450001.00	450001.00	450001.00	450001.00
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 <i>[Signature]</i>		Date 10/9/09		Signature of Public Housing Director Date	

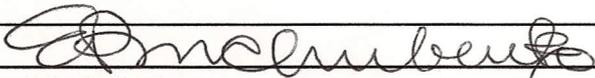
¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: ^{4c}	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: US Department of Housing and Urban Development	7. Federal Program Name/Description: Capital Grant Program CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: Eric Chubenko Title: Executive Director Telephone No.: _____ Date: 10/15/2009	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Carteret Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Grant Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

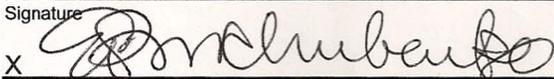
2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

All PHA Developments

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Eric Chubenko	Title Executive Director
Signature 	Date 10/15/2009

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Carteret Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Grant Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Eric Chubenko

Title

Executive Director

Signature



Date (mm/dd/yyyy)

10/15/2009

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3