

Albuquerque Housing Services

5 Year Plan 2010 to 2014

Annual Plan 2010

1.0	PHA Information PHA Name: <u>Albuquerque Housing Services</u> PHA Code: <u>NM001</u> PHA Type: <input 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): _____																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>953</u> Number of HCV units: <u>4097</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.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 30%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 20%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 10%;">PH</th> <th style="width: 10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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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: To improve the quality of life in our community by providing housing opportunities and services that help our participants increase self-sufficiency in a safe and healthy environment.																										
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. AHS will continue to apply for additional funding when made available to increase the programs and services for the clients it serves. Top priority will be given to our continued effort to achieve and maintain "High Performer" status for the five years associated with this 5 Year Plan and beyond. AHS will continue its ongoing effort to renovate and modernize its Public Housing properties through the Capital Fund Program. In the past year AHS has been able to up-grade and replace most of the agencies Public Housing heating and cooling systems, water heating systems and roof systems through the Capital Fund Program and the Rehabilitation Act Stimulus Funding Program. We were also able to add 35 additional Veteran Housing Choice Vouchers to our Section 8 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. 1840 University Blvd. SE, Albuquerque New Mexico 87106																										
7.0	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. N/A</i>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <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.																										
8.2	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.																										
8.3	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. N/A																										

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. PLEASE SEE ATTACHED</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. PLEASE SEE ATTACHED</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. Albuquerque Housing Services is continually working to meet the missions and goals of the 5 year plan. We are working with other agencies, State, local and non-profits to accomplish this task.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" A significant amendment will be any changes to the 5 year plan, Admissions and Continued Occupancy policy and/or the agency Administrative plan will require public comment only if it directly affects the lease or policies that govern the residents.</p> <p>A substantial deviation/modification will be any changes to the Capital Grant Fund that will represent more than one half, 50%, of the total grant for the given year that the changes are being made for.</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> <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>

Housing Needs:

As of 2007, Albuquerque's population grew to 488,133. Of the total population 45.3% are Anglo (white, non-Hispanic), 43.7% are Hispanic, 2.8% are Black, and 8.2% are all other non-Hispanic. Of this population, 22,895 are extremely low income (0-30%), 22,245 are low income (31-50%), 34,727 are moderate income (51-80%), and 124,614 are above 85% of area median income (AMI).

The most recent age data for Albuquerque is from 2000. In that year, almost seven percent (6.9%) of the population was under 5 years old, 19.0% was 5-18, 62.3% was 19-64, and 11.9% was 65 years and older.

As of March 2010, there were a total of 2,505 households on the Albuquerque Housing Services public housing and Section 8 wait list consisting of the following:

Extremely low income <=30% AMI	2,202
Very low income (>30% but <=50% AMI)	297
Low income (>50% but <=80% AMI)	6
Households w/Children	1,416
Elderly households	240
Households w/Disabilities	861
Race/Ethnicity (White/Hispanic)	1,509
White/non-Hispanic	581
Black/Hispanic	5
Black/non-Hispanic	177
All Other (non-White/non-Hispanic)	224

**Public Housing Agency Plan Provision – Five Year Plan
City of Albuquerque, Housing Services Division (AHS)**

The Housing Services Division for the City of Albuquerque, New Mexico (AHS) has adopted policy (the "AHS VAWA Policy") to implement applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA). AHA's goals, objectives and policies to enable AHS to serve the needs of child and adult victims of domestic violence, dating violence and stalking, as defined in VAWA, are stated in the AHS VAWA Policy, a copy of Admissions Plan from the ACOP is attached. In addition, AHS still operates programs to serve the needs of child and adult victims of domestic violence, dating violence and stalking as and to the extent such programs are described from time to time in AHS's Annual Public Housing Agency Plan.

ALBUQUERQUE HOUSING SERVICES (AHS)

Sec. 603 Domestic Violence, Dating Violence, Sexual Assault, Stalking

The Albuquerque Housing Services (AHS) has adopted a policy (the "AHS VAWA Policy" implement applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA). AHS's goals, objectives and policy to enable AHS to serve the needs of child and adult victims of domestic violence, dating violence and stalking, as defined in VAWA.

In addition:

A. The following activities, services, or programs are provided by AHS, directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking.

AHS has partnered with the City of Albuquerque District Attorney's Office Victim's Impact Team and Non-Profit Organizations to address the needs of VAWA victims.

B. The following activities, services, or programs are provided by AHS to help child and adult victims of domestic violence, dating violence, sexual assault, or stalking maintain housing.

AHS has added services in its ACOP Admissions Plan, (see attached, Section E-1-E, Pages 11 & 12), to give preference to VAWA victims for admission to its housing programs.

C. The following activities, services, or programs are provided by AHS to prevent domestic violence, dating violence, sexual assault and stalking, or to enhance victim safety in assisted families.

AHS makes referral of, and to, VAWA victims to the City of Albuquerque Police Department F.A.S.T. U AHS also has two City of Albuquerque Police Officers on staff to help address problems and needs of its clients that may become involved in VAWA issues.

2. **Developments designated for elderly, near elderly, disabled, and physically impaired families:** Elderly, near elderly, disabled and physically impaired families will receive a priority for admission to units or buildings covered by a HUD-approved Designation Plan.
3. **Mixed Population Developments:** Elderly and near elderly families, disabled families or physically impaired will receive equal priority for admission to such units together with other family types.

D. LOCAL PREFERENCE BASED ON INCOME

There is one local preference in effect based on ranges of income. Applicants will be grouped as follows:

- **Tier I:** Families with incomes between 0% and 30% of area median income (this group **MUST** constitute at least **40%** of all admissions in any year);
- **Tier II:** Families with incomes between 31% and 80% of area median income (the target for this group is **60%** of all admissions in any year).

Method of Applying Preferences

To ensure AHS admits the statutorily required 40% of applicants per year with incomes in Tier I and, at the same time, does not create concentrations of families by income in any of our housing developments, AHS will rank applicants within both income tiers, in order, as Displacement, Upward Mobility or no preference. Four out of every ten applicants admitted will be from Tier I. Within each of the ranking preference categories, offers will be made by oldest application.

1. AHS will house applicants from Tiers I and II on the waiting list by selecting first from the Involuntary Displacement applications, then from Upward Mobility applicants within each Tier, and then, if the Upward Mobility applications are exhausted, by selecting from the No-preference applicants within each Tier.
2. AHS will also offer units to current residents on the transfer list. Certain types of transfers are processed before new admissions and other types of transfers are processed with new admissions, using a ratio set forth in the Tenant Selection and Assignment Plan (TSAP). Transfers do not count toward the 40% Tier I requirement.
3. AHS will not hold units vacant for applicants with preferences, nor will it relax eligibility or screening criteria to admit otherwise unqualified applicants with preferences.

E. OTHER PREFERENCES

All eligible families will be placed on the *waiting list by date and time following local “Ranking Preference(s)” with one (1) being the highest priority.*

1. Involuntary Displacement Preference:
 - a) Families displaced by official government action; or
 - b) Families displaced by natural disaster declared by the President of the United States; or
 - c) Families displaced because of fire or explosion followed by condemnation; or
 - All Involuntary Displacements **MUST** provide an official “Notice and Order to Vacate” prior to assigning a preference. In the event, the governmental entity does not issue official notices, a letter can be substituted, but must include language that orders the occupying household to vacate the premises.
 - d) Families who are required to move due to a domestic violence situation that threatens the health and safety of the family; or

- e) Families who are required to move due to or to avoid reprisals or hate crimes.
 - **Only referrals from a law enforcement agency including the police, sheriff's office or district attorney's office will be accepted and assigned a preference under the reprisal or hate crime category; and, victims of domestic violence will be required to provide acceptable written verification from the District Attorney's Victim's Impact Team, that they or a household member are a victim of domestic violence, dating violence, or stalking. Written verification from the local District Attorney's Office MUST be no more than 60 days old.**
2. Upward Mobility (Employment, Education or Job Training) Preference:
- a) Eligible Working Families where any member 18 years of age or older has been employed at least the past six (6) months.
 - b) Eligible Families who are participating in education and Upward Mobility (i.e., job training) program, including but not limited to the following:
 - NM Department of Human Services (TANF) Welfare to Work Programs
 - NM Department of Work Force Solutions Job Training Programs
 - UNM "Career Works Program"
 - College or university
 - Technical or Vocational Institutions

A family head of household or spouse of the head of household or household member 18 years of age or older who is attending an educational institution MUST be at least a part-time student to qualify for the education preference. The standard for "part-time student" is a minimum of 6-9 credit hours per semester, trimester or quarter as defined by the university, college or technical vocational institution. Anything less than 6 credit hours will not qualify the applicant or participant for the education preference. In addition, the student must have been classified a full or part-time student for at least (6) months prior to qualifying for the Upward Mobility preference.

NOTE: Any combination of education and employment will qualify for a Preference.

- 3. Elderly (62 years of age or older) and/or Disabled (including physical, mental or emotionally impaired persons)

No-Preference Category

Families that do not qualify for the Involuntary Displacement, Upward Mobility, or Elderly disabled and/or physically impaired local preferences will be categorized as **No-Preference Families**.

Changes to Local Selection Preferences

In the event, AHS desires to amend its local preferences through amendments to its Admissions and Continued Occupancy Plan and Rental Assistance Housing Administrative Plan, AHS will provide the opportunity for the public to comment on the preference change(s).

F. VERIFICATION OF PREFERENCES

[24 CFR § 960.206]

At the time of initial application the **applicant will be required to provide verification of eligibility for local preference**. If the applicant family is unable to provide the required verifiable proof, the applicant **will be denied** the preference and be placed on the waiting list without benefit of preference and based on date and time of acceptance of application. The burden of **providing such proof rests solely** with the applicant.

**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 **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:*

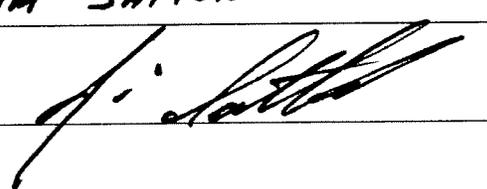
1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the 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.

ALBUQUERQUE HOUSING SERVICES NM001
 PHA Name PHA Number/HA Code

- 5-Year PHA Plan for Fiscal Years 20 10 - 20 14
- Annual PHA Plan for Fiscal Years 20 10 - 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>JIM SATTERWHITE</u>	Title <u>Executive Director</u>
Signature 	Date <u>03-20-2010</u>

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Albuquerque Housing Services

Program/Activity Receiving Federal Grant Funding

2010 capital Fund 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 Federalagency 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.)

1840 University Blvd. SE, Albuquerque New Mexico 87106

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

Jim Satterwhite

Signature

X

Title

Executive Director

Date

3-20-10

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 <u>2010</u> 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 1	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 Housing and Urban Development	7. Federal Program Name/Description: Capital Fund 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: <u>Jim Satterwhite</u> Title: <u>Executive Director</u> Telephone No.: <u>(505) 764-3999</u> Date: <u>3-20-10</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Albuquerque Housing Services

Program/Activity Receiving Federal Grant Funding

Capital Fund 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.

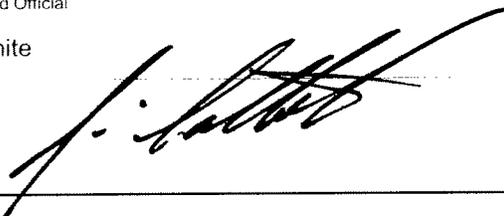
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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

Jim Satterwhite

Signature



Title

Executive Director

Date (mm/dd/yyyy)

03-20-2010

Request for Release of Funds and Certification

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB No. 2506-0087
(exp. 3/31/2011)

This form is to be used by Responsible Entities and Recipients (as defined in 24 CFR 58.2) when requesting the release of funds, and requesting the authority to use such funds, for HUD programs identified by statutes that provide for the assumption of the environmental review responsibility by units of general local government and States. Public reporting burden for this collection of information is estimated to average 36 minutes 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Part 1. Program Description and Request for Release of Funds (to be completed by Responsible Entity)

- | | | |
|---|---|---|
| 1. Program Title(s)
HUD Capital Fund Grant | 2. HUD/State Identification Number | 3. Recipient Identification Number (optional)
NM001 |
| 4. OMB Catalog Number(s) | 5. Name and address of responsible entity
City of Albuquerque, New Mexico | |
| 6. For information about this request, contact (name & phone number)
Jim Satterwhite (505) 764-3999 | 7. Name and address of recipient (if different than responsible entity)
Albuquerque Housing Services
1840 University Blvd. SE
Albuquerque, New Mexico 87106 | |
| 8. HUD or State Agency and office unit to receive request
New Mexico Field Office | | |

The recipient(s) of assistance under the program(s) listed above requests the release of funds and removal of environmental grant conditions governing the use of the assistance for the following

- | | |
|---|---|
| 9. Program Activity(ies)/Project Name(s)
HUD Capital Fund Grant
Nm02P001501-10 | 10. Location (Street address, city, county, State)
1840 University Blvd, SE
Albuquerque, New Mexico 87106 |
| 11. Program Activity/Project Description
Modernization of Public Housing Developments within the City Of Albuquerque, New Mexico. | |

Part 2. Environmental Certification (to be completed by responsible entity)

With reference to the above Program Activity(ies)/Project(s), I, the undersigned officer of the responsible entity, certify that:

1. The responsible entity has fully carried out its responsibilities for environmental review, decision-making and action pertaining to the project(s) named above.
2. The responsible entity has assumed responsibility for and complied with and will continue to comply with, the National Environmental Policy Act of 1969, as amended, and the environmental procedures, permit requirements and statutory obligations of the laws cited in 24 CFR 58.5; and also agrees to comply with the authorities in 24 CFR 58.6 and applicable State and local laws.
3. After considering the type and degree of environmental effects identified by the environmental review completed for the proposed project described in Part 1 of this request, I have found that the proposal did did not require the preparation and dissemination of an environmental impact statement.
4. The responsible entity has disseminated and/or published in the manner prescribed by 24 CFR 58.43 and 58.55 a notice to the public in accordance with 24 CFR 58.70 and as evidenced by the attached copy (copies) or evidence of posting and mailing procedure.
5. The dates for all statutory and regulatory time periods for review, comment or other action are in compliance with procedures and requirements of 24 CFR Part 58.
6. In accordance with 24 CFR 58.71(b), the responsible entity will advise the recipient (if different from the responsible entity) of any special environmental conditions that must be adhered to in carrying out the project.

As the duly designated certifying official of the responsible entity, I also certify that:

7. I am authorized to and do consent to assume the status of Federal official under the National Environmental Policy Act of 1969 and each provision of law designated in the 24 CFR 58.5 list of NEPA-related authorities insofar as the provisions of these laws apply to the HUD responsibilities for environmental review, decision-making and action that have been assumed by the responsible entity.
8. I am authorized to and do accept, on behalf of the recipient personally, the jurisdiction of the Federal courts for the enforcement of all these responsibilities, in my capacity as certifying officer of the responsible entity.

Signature of Certifying Officer of the Responsible Entity

Title of Certifying Officer

Date signed

X
Address of Certifying Officer

Part 3. To be completed when the Recipient is not the Responsible Entity

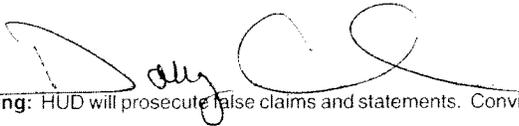
The recipient requests the release of funds for the programs and activities identified in Part 1 and agrees to abide by the special conditions, procedures and requirements of the environmental review and to advise the responsible entity of any proposed change in the scope of the project or any change in environmental conditions in accordance with 24 CFR 58.71(b).

Signature of Authorized Officer of the Recipient

Title of Authorized Officer

Community Development Division Manager

Date signed

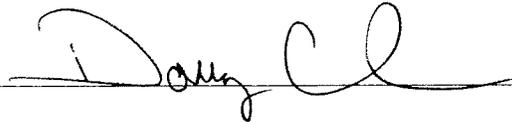
X

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)

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

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

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Doug Chaplin the Development Planning Division Manager certify that the Five Year and Annual PHA Plan of the Albuquerque Housing Services is consistent with the Consolidated Plan of City of Albuquerque, New Mexico prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

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: **Albuquerque Housing Services** Grant Type and Number: **Capital Fund Program Grant No. NM02P001501-10** Replacement Housing Factor Grant No. _____
 Date of CFP: _____

FPY of Grant: **2010**
 FPY of Grant Approval: _____

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	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	141,269			
3		1408 Management Improvements	30,000			
4		1410 Administration (may not exceed 10% of line 21)	141,269			
5		1411 Audit	5,000			
6		1415 Liquidated Damages				
7		1430 Fees and Costs	15,000			
8		1440 Site Acquisition				
9		1450 Site Improvement	277,152			
10		1460 Dwelling Structures	566,000			
11		1465 I Dwelling Equipment—Nonexpendable				
12		1470 Non-dwelling Structures	1,000			
13		1475 Non-dwelling Equipment	130,000			
14		1485 Demolition				
15		1492 Moving to Work Demonstration				
16		1495 I Relocation Costs	1,000			
17		1499 Development Activities ⁴				
18a		1501 Collateralization or Debt Service paid by the PHA				
18b		9000 Collateralization or Debt Service paid Via System of Direct Payment				
19		1502 Contingency (may not exceed 8% of line 20)	105,000			
20		Amount of Annual Grant (sum of lines 2 – 19)	1,412,690			
21		Amount of line 20 Related to I BP Activities				
22		Amount of line 20 Related to Section 504 Activities	200,000			
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				

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 RHHF 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
 Expires 4/30/2011

Part I: Summary

PHIA Name: Albuquerque Housing Services		Grant Type and Number Capital Fund Program Grant No. MM02P001501-10 Date of CFFP: _____		Replacement Housing Factor Grant No. _____		FFY of Grant: 2010		FFY of Grant Approval: _____	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Revised	Obligated	Total Actual Cost	Expended		
Signature of Executive Director		Date 4-15-2010		Signature of Public Housing Director					

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
 Expires 4/30/2011

Part III: Supporting Pages

PHA Name: Albuquerque Housing Services	Grant Type and Number (Capital Fund Program Grant No.: Replacement Housing Factor Grant No.:	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	
	NM02P001501-10 CFFP (Yes/No)					1,412,690				
		NM01 All	Operations	1406	953	141,269				
		NM01 All	Management Improvements	1408	953	30,000				
		NM01 All	Administration	1410	953	141,269				
		NM01 All	Audit	1411	953	5,000				
		NM01 All	Fees & Costs	1430	953	15,000				
		NM01-11 Roma	Replace Yard Walls	1450	50	133,576				
		NM01 All	Trim & Removal of Trees	1450	953	143,576				
		NM01-4B								
		Candelaria	504 unit conversions	1460	4	200,000				
		NM01-11 Roma	Wood trim repair, Stucco and Paint	1460	50	190,000				
		NM01-12								
		Broadway	Stucco Repair and Paint	1460	30	86,000				
		NM01-18								
		Don Gabal	Stucco Repair and Paint	1460	31	90,000				
		NM01 Admin.	General Repairs	1470	1	1,000				
		NM01 Admin.	Replace Cars & Trucks, Equip.	1475	5	130,000				
		NM01-All	Relocation	1495.1		1,000				
		NM01-All	Contingency	1502		105,000				

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.

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
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Albuquerque Housing Services		Federal FY of Grant: 2010				Reasons for Revised Target Dates ¹
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date	All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date		
1406 NM01-All	8-2012		8-2014			
1408 NM01-All	8-2012		8-2014			
1410 NM01-All	8-2012		8-2014			
1411 NM01-All	8-2012		8-2014			
1430 NM01-All	8-2012		8-2014			
1450 NM-01-11						
1450 NM01-All	8-2012		8-2014			
1460 NM01-11 & 12 & 18	8-2012		8-2014			
1470 NM01-Admin	8-2012		8-2014			
1475 NM01-All	8-2012		8-2014			
1495.1 NM01-All	8-2012		8-2014			
1502 NM01-All	8-2012		8-2014			

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

Capital Fund Program—Five-Year Action Plan

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/Number		Albuquerque Housing	Locality (City/County & State)		Albuquerque/Bernalillo, NM		Original 5-Year Plan	Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014		
B.	Physical Improvements Subtotal	Annual Statement	725,000	770,000	500,000	725,000		
C.	Management Improvements		145,000	145,000	145,000	145,000		
D.	PHA-Wide Non-dwelling Structures and Equipment		100,000	100,000	100,000	100,000		
E.	Administration		100,000	100,000	100,000	100,000		
F.	Other		50,000	50,000	50,000	50,000		
G.	Operations		145,000	145,000	145,000	145,000		
H.	Demolition							
I.	Development							
J.	Capital Fund Financing – Debt Service							
K.	Total CFP Funds		1,265,000	1,310,000	1,040,000	1,265,000		
L.	Total Non-CFP Funds							
M.	Grand Total		1,265,000	1,310,000	1,040,000	1,265,000		

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

PIA Name: Albuquerque Housing Services	Grant Type and Number Capital Fund Program Grant No. NM02P001501-06 Date of CFFP: 05/2007	Replacement Housing Factor Grant No	FFY of Grant: 2006
			FFY of Grant Approval: 2006

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009	Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	137,300		137,300	137,300	
3	1408 Management Improvements	179,180	187,294	187,294	75,224	
4	1410 Administration (may not exceed 10% of line 21)	137,300	141,357	141,357	141,357	
5	1411 Audit	6,000	6,000	6,000	0	
6	1415 Liquidated Damages					
7	1430 Fees and Costs	1,000	0	0		
8	1440 Site Acquisition					
9	1450 Site Improvement	45,000	75,399	75,399	56,166	
10	1460 Dwelling Structures	443,692	448,692	448,692	448,692	
11	1465 1 Dwelling Equipment—Nonexpendable	143,900	188,900	188,900	188,900	
12	1470 Non-dwelling Structures	50,570	10,000	10,000	8,281	
13	1475 Non-dwelling Equipment	178,840	178,840	178,840	169,537	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495 1 Relocation Costs	1,000	0	0	0	
17	1499 Development Activities ⁴					
18a	1501 Collateralization or Debt Service paid by the PIA					
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)	90,000	0	0	0	
20	Amount of Annual Grant (sum of lines 2 – 19)	1,413,782	1,413,782	1,413,782	1,265,456	
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					

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report of a Revised Annual Statement
³ PIAs with under 250 units in management may use 100% of CFFP 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
 Expires 4/30/2011

Part I: Summary

PHA Name: Albuquerque Housing Services		Grant Type and Number Capital Fund Program Grant No. NM02P004501-06 Date of CFFP: 05/2007		Replacement Housing Factor Grant No.		FY of Grant: 2006 FY of Grant Approval: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Estimated Cost		Total Actual Cost ¹	
Line	Summary by Development Account	Original Date	Revised ²	Obligated	Expended		
	Signature of Executive Director	03/22/2010		Signature of Public Housing Director			

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: **Albuquerque Housing Services** Grant Type and Number: **Capital Fund Program Grant No. NM02P001501-07** Replacement Housing Factor Grant No. **07/2008**
 Date of CFPP: **07/2008** Final Performance and Evaluation Report (revision no.:)
 PHF of Grant: **2007** PHF of Grant Approval: **2008**

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009	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	139,400		139,400	139,400
3		1408 Management Improvements	200,500		200,500	0
4		1410 Administration (may not exceed 10% of line 21)	139,400		139,400	139,400
5		1411 Audit	6,000		6,000	0
6		1415 Liquidated Damages				
7		1430 Fees and Costs	1,000		6,000	208
8		1440 Site Acquisition				
9		1450 Site Improvement	300,000		300,000	0
10		1460 Dwelling Structures	226,780		226,780	226,780
11		1465 1 Dwelling Equipment—None-expendable	198,000		188,000	185,481
12		1470 Non-dwelling Structures	5,000		5,000	0
13		1475 Non-dwelling Equipment	117,200		117,200	27,595
14		1485 Demolition				
15		1492 Moving to Work Demonstration				
16		1495 1 Relocation Costs	1,000		1,000	9,000
17		1499 Development Activities ⁴				
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)	81,500			0
20		Amount of Annual Grant (sum of lines 2 - 19)	1,415,780			719,763
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				

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 RHP 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
 Expires 4/30/2011

Part I: Summary

PIHA Name: Albuquerque Housing Services		Grant Type and Number Capital Fund Program Grant No MM02P001501-07 Date of CFFP: 07/2008		Replacement Housing Factor Grant No		FFY of Grant: 2007	
						FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)			
Line Summary by Development Account		Total Estimated Cost		Final Performance and Evaluation Report		Total Actual Cost ¹	
Signature of Executive Director		Date 03/22/2010		Revised ²		Obligated	
				Signature of Public Housing Director		Date	

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

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

Part I: Summary

PHA Name: Albuquerque Housing Services	Grant Type and Number Capital Fund Program Grant No. NM02P001501-08 Date of CFFP: 07/2009	Replacement Housing Factor Grant No	FFY of Grant: 2008
			FFY of Grant Approval: 2009

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009	Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost	
			Original	Revised ¹	Obligated	Expended
1	Total non-CFFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ¹		127,584		127,584	127,584
3	1408 Management Improvements		255,168		0	0
4	1410 Administration (may not exceed 10% of line 21)		127,584		127,584	127,584
5	1411 Audit		5,000		0	0
6	1415 Liquidated Damages					
7	1430 Fees and Costs		1,000			0
8	1440 Site Acquisition					
9	1450 Site Improvement		50,000			0
10	1460 Dwelling Structures		235,000		25,656	25,656
11	1465.1 Dwelling Equipment—Nonexpendable		342,750		0	0
12	1470 Non-dwelling Structures		70,000		0	0
13	1475 Non-dwelling Equipment		118,618		0	0
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs		1,000			0
17	1499 Development Activities ¹					
18a	1501 Collateralization of Debt Service paid by the PHA					
18ba	9000 Collateralization of Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)		90,000			0
20	Amount of Annual Grant (sum of lines 2 - 19)		1,423,704			
21	Amount of line 20 Related to IBP 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					

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 CFFP Grants for operations.
⁴ RHP 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
 Expires 4/30/2011

Part I: Summary

PIIA Name: Albuquerque Housing Services		Grant Type and Number Capital Fund Program Grant No. MM02P001501-08 Date of CFFP: 07/2009		Replacement Housing Factor Grant No.		FFY of Grant: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		FFY of Grant Approval: 2009	
Line Summary by Development Account		Original		Revised ²		Total Actual Cost ¹	
Signature of Executive Director		Date 03/22/2010		Signature of Public Housing Director		Obligated	
		Total Estimated Cost		Final Performance and Evaluation Report		Expended	

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

PHIA Name: Albuquerque Housing Services	Grant Type and Number Capital Fund Program Grant No. NM02P001501-09 Date of CFFP: _____	Replacement Housing Factor Grant No. _____	FFY of Grant: 2009
			FFY of Grant Approval: 2010

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009	Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost	
			Original	Revised	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ¹		142,190			0
3	1408 Management Improvements		92,104			0
4	1410 Administration (may not exceed 10% of line 21)		142,190			0
5	1411 Audit		5,000			0
6	1415 Liquidated Damages					0
7	1430 Fees and Costs		10,000			0
8	1440 Site Acquisition					0
9	1450 Site Improvement		80,000			0
10	1460 Dwelling Structures		731,520			0
11	1465 I Dwelling Equipment—Nonependable		60,000			0
12	1470 Non-dwelling Structures		5,000			0
13	1475 Non-dwelling Equipment		60,000			0
14	1485 Demolition					0
15	1492 Moving to Work Demonstration					0
16	1495 I Relocation Costs		1,000			0
17	1499 Development Activities ¹					0
18a	1501 Collateralization or Debt Service paid by the PHIA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)		85,000			0
20	Amount of Annual Grant (sum of lines 2 – 19)		1,414,004			
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					

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
 Expires 4/30/2011

Part I: Summary

PIA Name: Albuquerque Housing Services		Grant Type and Number Capital Fund Program Grant No. MM02P001501-09 Date of CFFP: _____		Replacement Housing Factor Grant No. _____		FFY of Grant: 2009 FFY of Grant Approval: 2010	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original Date	Total Estimated Cost	Revised	Obligated	Total Actual Cost	Expended Date
Signature of Executive Director		 Date: 03/22/2010		Signature of Public Housing Director			

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

PIA Name: Albuquerque Housing Services	Grant Type and Number Capital Fund Program Grant No. MM02S001501-09 Date of CFPP: 03/18/2009	Replacement Housing Factor Grant No.	FY of Grant: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input type="checkbox"/> Revised Annual Statement (revision no.:) <input type="checkbox"/> Final Performance and Evaluation Report	

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFPP 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)	33,505			33,505	0	
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement	104,500			104,500	9,249	
10	1460 Dwelling Structures	613,885			613,885	314,415	
11	1465.1 Dwelling Equipment—Non-expendable	1,050,238			1,050,238	214,687	
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						
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)	1,802,128			1,802,128	538,351	
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						

¹ To be completed for the Performance and Evaluation Report
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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
 Expires 4/30/2011

Part I: Summary

PIHA Name: Albuquerque Housing Services		Grant Type and Number Capital Fund Program Grant No. NM02S001501-09 Date of CFFP: 03/18/2009		Replacement Housing Factor Grant No.		FFY of Grant: 2009 FFY of Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies Date of CFFP: 03/18/2009		<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	
Signature of Executive Director		 Date: 03/22/2010		Revised		Obligated Date	
				Signature of Public Housing Director			

