



6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>None</b></p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p><b>Copies of the Annual PHA Plan and the 5-Year Plan may be obtained at the Town of Hempstead Housing Authority central office located at 760 Jerusalem Avenue, Uniondale, New York 11553.</b></p> <p><b>The following additional PHA Plan elements may be obtained at the location listed above:</b></p> <ol style="list-style-type: none"> <li>1. Eligibility, Selection and Admission Policies, including Deconcentration and Wait List Procedures</li> <li>2. Financial Resources</li> <li>3. Rent Determination</li> <li>4. Operation and Management Procedures</li> <li>5. Grievance Procedures</li> <li>6. Designation of Housing for Elderly</li> <li>7. Community Service and Self-Sufficiency</li> <li>8. Safety and Crime Prevention</li> <li>9. Pet Policy</li> <li>10. Civil Rights Certifications</li> <li>11. Fiscal Year Audit</li> <li>12. Annual Operating Budget</li> <li>13. Asset Management Plans</li> <li>14. Violence Against Women Act</li> </ol>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p><b>Attachment ny046a02—FY2010 Annual Statement</b>  <b>Attachment ny046c02—FY2006 Annual Performance and Evaluation Report (Final)</b>  <b>Attachment ny046d02—FY2007 Annual Performance and Evaluation Report</b>  <b>Attachment ny046e02—FY2008 Annual Performance and Evaluation Report</b></p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p><b>Attachment ny046b02</b></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>

**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.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	<b>80%</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>
Income >30% but <=50% of AMI	<b>74%</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>
Income >50% but <80% of AMI	<b>56%</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>
Elderly	<b>55%</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>
Families with Disabilities	<b>15%</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>3</b>
Race/Ethnicity Hispanic	<b>90%</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>
Race/Ethnicity White (Not Hispanic)	<b>72%</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>
Race/Ethnicity Black/African American	<b>90%</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>
Race/Ethnicity American Indian/Alaska Native	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Race/Ethnicity Asian	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Race/Ethnicity Native Hawaiian/Other Pacific Islander	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

9.0

**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.**

9.1

**The Town of Hempstead Housing Authority maintains a very high occupancy rate, ensuring that as many families as possible are being housed. We are attempting, through partnerships with other agencies, private developers and our not-for profit arm, to create additional housing opportunities within the jurisdiction and on the waiting list.**

**Additional Information.** Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

**Statement of Progress in Meeting 5-Year Plan Mission and Goals**

In its efforts to continue addressing its established mission, the Town of Hempstead Housing Authority has taken demonstrative steps to improve residents' sense of security, as well as their sense of pride and enjoyment of their surroundings and their desire for independence and self-sufficiency.

After beginning our partnership with Town of Hempstead Workforce Investment Board, a consortium of agencies, both public and private, we had a computer installed in our office with a direct link to the Department of Labor's job bank. As part of the Workforce Investment Board, a Youth Board was formed, designed to provide career training and employment opportunities for young adults. Additionally, the Town of Hempstead Housing Authority Executive Director was asked to serve as Chairperson of the Youth Board.

We applied for a ROSS Grant, in order to provide more diverse services to our senior residents in need. Unfortunately, that application was not successful. We are seeking other grant possibilities in an attempt to have additional services available when necessary.

Having implemented our computerized Housing Inspection System and Work Order/ Repair System, we have continued to expand its uses. Work orders are now automatically generated following inspections; we have begun utilizing our work order system as part of our unit turnover process in order to more effectively monitor the repairs necessary to prepare an apartment for leasing. The results of these endeavors are heightened accountability on the part of our staff, making them far more aware of the time they are taking to complete an apartment before it can be released. We have also linked our work order system to our computerized inventory. This provides us with needed ability to maintain a current inventory and cost analysis necessary for asset management.

We continue to seek ways to increase our residents' feelings of security. Although we have increased site lighting, replaced exterior doors at almost all our sites (the remaining two will be completed shortly), increased Town of Hempstead Public Safety and Nassau County Police patrols, the most frequently asked questions continue to be about safety, although crime is virtually non-existent on our sites. Having consulted counselors specializing in geriatric care, we find that feelings of insecurity and fear are not uncommon in elderly people, regardless of their environment. Seniors are also frequently a target for con artists. Should we successfully move forward with our partnership with Nassau University Medical Center, we will work to incorporate this topic in the counseling provided to our residents. Neighborhood changes in various locations have contributed to residents' uneasiness, as well. This area will continue to be a high priority with us. A program of On-Site Resident Meetings utilizing speakers from the Nassau County Police Department, Town of Hempstead Departments of Public Safety and Senior Enrichment, local firefighters and speakers with other specialties is being reintroduced in our efforts to increase communication with our residents and ease their concerns.

We have made tremendous strides in refurbishing common areas, in order to promote socialization and encourage residents to participate in the wide range of offerings in the Community Buildings. We have been concentrating on community buildings and exterior as a priority this year by modernizing and refurbishing them; grounds have been landscaped and had new lighting installed to give the areas not only a heightened feeling of safety, but also to give them a true park-like atmosphere. We will, hopefully, be able to further our efforts outside by upgrading the seating areas.

Community buildings continue to be refurbished a few at a time. As the residents spend a considerable amount of time utilizing these facilities, we feel improving the atmosphere will help improve the spirit and attitude of our residents. A partnership with the Town of Hempstead has enabled us to expand the kitchen facilities at one of our sites. We will continue to explore other ways of utilizing Town of Hempstead departments.

We are continuing to explore providing additional housing to accommodate our very lengthy waiting list. Our newly formed not-for-profit corporation, Meadowbrook Development Corporation, is also seeking partnerships with other agencies in order to begin developing new housing.

Having regained our financial stability, we will continue to monitor expenditures, without reducing service to residents. This year, we have been able to return to our apartment painting cycle. Half of our sites are currently being painted, with the other half scheduled for next year. By securing a series of weatherization grants, we have been able to upgrade both our heating and physical plants on a much faster schedule than we had originally thought possible. The weatherization grants have also assisted us with achieving a much more energy efficient housing authority and thereby reducing our expenditure of funds on utilities.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

**Our definition of Substantial Deviation/Modification or Significant Amendment is as follows:**

**The Town of Hempstead Housing Authority anticipates that it may need to make changes to its Physical Needs Assessment and/or Capital Fund Plans and expenditures from time to time (including, but not limited to a change in the use of funds under Capital Fund) and such changes shall not be deemed to be a substantial deviation or significant amendment or modification to the Annual Plan.**

10.0

<b>11.0</b>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"><li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li><li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li><li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li></ul> <p><b>All Certifications are submitted as Attachment ny046g02</b></p> <ul style="list-style-type: none"><li>(d) <b>Attachment ny046f02</b> Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li></ul>
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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

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

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

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**8.2 Capital Fund Program Five-Year Action Plan**

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> Town of Hempstead Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NY36PO4650110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	324,777			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	161,540			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	383,000			
10	1460 Dwelling Structures	556,089			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	105,000			
13	1475 Non-dwelling Equipment	35,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

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

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

**Part I: Summary**

<b>PHA Name:</b> Town of Hempstead Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NY36PO4650110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>
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**Type of Grant**

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

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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)	1,615,406			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b>	<b>Date 10/14/2009</b>	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

**Part II: Supporting Pages**

PHA Name: Town of Hempstead Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NY36PO4650110 CFFP (Yes/ No): Replacement Housing Factor Grant No:	<b>Federal FFY of Grant: 2010</b>
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Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY046000001	Upgrade Building Infestation Prevention	1460		10,000				
Newbridge Gardens	Upgrade Parking Lot & Drainage	1450		20,000				
	Upgrade Landscaping & Seating Areas	1450		3,000				
	Install Antimicrobial System	1470		5,000				
NY046000002	Upgrade Building Infestation Prevention	1460		10,000				
Green Acres	Refurbish Apartments & Hallways	1460		10,000				
	Upgrade & Refurbish Building Exterior	1460		20,000				
	Upgrade Parking Lots & Drainage	1450		25,000				
	Install Antimicrobial System	1470		5,000				
NY046000003								
Park Gardens	Upgrade Building Infestation Prevention	1460		10,000				
	Refurbish Apartments & Hallways	1460		10,000				
	Replace Hallway Flooring	1460		10,000				
	Upgrade Heating System	1460		20,000				
	Upgrade Building Exterior	1460		10,000				
	Upgrade Parking Lots & Drainage	1450		30,000				
	Install Antimicrobial System	1470		5,000				

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

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

**Part II: Supporting Pages**

PHA Name: Town of Hempstead Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NY36PO4650110 CFFP (Yes/ No): Replacement Housing Factor Grant No:	<b>Federal FFY of Grant:</b>
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Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY046000003	Upgrade Building Infestation Prevention	1460		10,000				
Centennial Gardens	Refurbish Apartments & Hallways	1460		20,000				
	Upgrade Parking Lots & Drainage	1450		20,000				
	Install Antimicrobial System	1470		5,000				
NY046000004								
Bayview Gardens	Upgrade Building Infestation Prevention	1460		10,000				
	Replace Windows	1460		21,089				
	Refurbish Apartments	1460		5,000				
	Replace Apartment Entrance Doors	1460		10,000				
	Upgrade Parking Lot & Drainage	1450		5,000				
NY04604000004								
Inwood Gardens	Upgrade Building Infestation Prevention	1460		10,000				
	Refurbish Apartments	1460		5,000				
	Replace Apartment Entrance Doors	1460		10,000				
NY046000005								
Brookside Gardens	Upgrade Building Infestation Prevention	1460		10,000				
	Refurbish Apartments	1460		10,000				

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

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

**Part II: Supporting Pages**

PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Upgrade Hallway Flooring	1460		25,000				
	Upgrade Parking Lot & Drainage	1450		40,000				
	Install Antimicrobial System	1470		5,000				
NY046000005	Upgrade Building Infestation Prevention	1460		10,000				
Meadowbrook Gardens	Refurbish Apartments & Hallways	1460		20,000				
	Upgrade Hallway Flooring	1460		20,000				
	Upgrade Parking Lots & Drainage	1450		10,000				
	Upgrade & Refurbish Office Interior	1470		25,000				
	Install Antimicrobial System	1470		5,000				
NY046000006	Upgrade Building Infestation Prevention	1460		10,000				
Mill River Gardens	Refurbish Apartments	1460		10,000				
	Upgrade Parking Lot & Drainage	1450		20,000				
	Replace Bulkhead	1450		100,000				
	Install Antimicrobial System	1470		5,000				

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Town of Hempstead Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NY36PO4650110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY046000007	Upgrade Building Infestation Prevention	1460		10,000				
Bellmore Gardens	Refurbish Apartments	1460		10,000				
	Upgrade Hallway Flooring	1460		10,000				
	Upgrade Heating System	1460		40,000				
	Install Antimicrobial System	1470		5,000				
NY046000008								
Westover Gardens	Upgrade Building Infestation Prevention	1460		10,000				
	Refurbish Apartments & Hallways	1460		30,000				
	Install Antimicrobial System	1470		5,000				
NY046000009								
Dogwood Terrace	Upgrade Building Infestation Prevention	1460		10,000				
	Refurbish Apartments & Hallways	1460		30,000				
	Upgrade Building Exterior	1460		30,000				
	Upgrade Parking Lot & Drainage	1450		20,000				
	Enlarge Parking Lot	1450		30,000				
	Install Antimicrobial System	1470		5,000				
NY046000010								
Eastover Gardens	Upgrade Building Infestation Prevention	1460		10,000				
	Refurbish Apartments & Hallways	1460		30,000				

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

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

**Part II: Supporting Pages**

PHA Name: Town of Hempstead Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY36PO4650110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant:</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Enlarge Parking Lot & Drainage	1450		30,000				
	Repave Walkways & Parking Lot	1450		30,000				
	Upgrade Air Conditioning System	1470		20,000				
	Install Antimicrobial System	1470		5,000				
NY046000011								
Salisbury Gardens	Upgrade Building Infestation Prevention	1460		10,000				
	Install Antimicrobial System	1470		5,000				
PHA-Wide Operations	Provide Funds for Operation of CFP Program	1406		324,777				
PHA-Wide	Provide Necessary Advertisements	1410		5,000				
Administration	Provide Necessary Support Staff	1410		156,540				
Fees & Costs	HUD Required A & E Services	1430		50,000				
PHA-Wide	Replace Grounds Maintenance Equipment	1475		15,000				
Non Dwelling	Replace Building Maintenance Equipment	1475		15,000				
Equipment	Replace Office Equipment	1475		5,000				

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Town of Hempstead Housing Authority				<b>Federal FFY of Grant: 2010</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NY046000001 Newbridge Gardens	9/2012		9/2014		
NY046000002 Green Acres	9/2012		9/2014		
NY046000003 Park Gardens Centennial Gardens	9/2012		9/2014		
NY046000004 Bayview Gardens Inwood Gardens	9/2012		9/2014		
NY046000005 Brookside Gardens	9/2012		9/2014		

<sup>1</sup> 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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Town of Hempstead Housing Authority				<b>Federal FFY of Grant: 2010</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Meadowbrook Gardens					
NY046000006	9/2012		9/2014		
Mill River Gardens					
NY046000007	9/2012		9/2014		
Bellmore Gardens					
NY046000008	9/2012		9/2014		
Westover Gardens					
NY046000009	9/2012		9/2014		
Dogwood Terrace					
NY046000010	9/2012		9/2014		
Eastover Gardens					
NY046000011 Salisbury Gardens	9/2012		9/2014		
PHA Wide Operations	9/2012		9/2014		

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Developer  
Office of Public and Indian Housin  
Expires 4/30/2001

<b>Part I: Summary</b>						
PHA Name/Number Town of Hempstead Housing Authority/NY046		Locality (City/County & State) Town of Hempstead/Nassau County, New York			X Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal 1450/1460	Annual Statement	<b>1,315,000</b>	<b>1,780,000</b>	<b>2,475,000</b>	<b>3,355,000</b>
C.	Dwelling Equipment 1465		<b>110,000</b>	<b>110,000</b>	<b>110,000</b>	<b>110,000</b>
D.	PHA-Wide Non-dwelling Structures and Equipment 1470/1475		<b>325,000</b>	<b>325,000</b>	<b>325,000</b>	<b>325,000</b>
E.	Administration 1410		<b>161,540</b>	<b>161,540</b>	<b>161,540</b>	<b>161,540</b>
F.	Other 1430		<b>85,000</b>	<b>85,000</b>	<b>85,000</b>	<b>85,000</b>
G.	Operations 1406		<b>324,777</b>	<b>324,777</b>	<b>324,777</b>	<b>324,777</b>
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		<b>2,321,317</b>	<b>2,786,317</b>	<b>3,481,317</b>	<b>4,361,317</b>
L.	Total Non-CFP Funds					
M.	Grand Total					

<b>Part I: Summary (Continuation)</b>						
PHA Name/Num ber Town of Hempstead Housing Authority /NY046		Locality (City/county & State) Town of Hempstead/Nassau County, New York			XOriginal 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name  AMP 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
		Annual Statement				
	NY04600001		150,000	185,000	260,000	340,000
	NY04600002		150,000	185,000	260,000	340,000
	NY04600003		160,000	185,000	260,000	340,000
	NY04600004		155,000	185,000	260,000	340,000
	NY04600005		155,000	225,000	260,000	340,000
	NY04600006		155,000	275,000	260,000	340,000
	NY04600007		155,000	185,000	260,000	340,000
	NY04600008		155,000	185,000	260,000	340,000
	NY04600009		155,000	185,000	260,000	340,000
	NY04600010		155,000	185,000	260,000	340,000
	NY04600011		155,000	185,000	260,000	340,000

<b>Part II - Supporting Pages - Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY	Work Statement for Year 2011 FFY			Work Statement for Year: 2012 FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<b>1406 Operations</b>		324,777.00	<b>1406 Operations</b>		324,777.00
	<b>1408 Management Improvements</b>			<b>1408 Management Improvements</b>		
	<b>1410 Administration</b>			<b>1410 Administration</b>		
	Salaries		161,540.00	Salaries		161,540.00
	<b>1430 Fees &amp; Costs</b>			<b>1430 Fees &amp; Costs</b>		
	A & E Services		50,000.00	A & E Services		50,000.00
	Consultant		35,000.00	Consultant		35,000.00
	<b>1450 Site Improvement</b>			<b>1450 Site Improvement</b>		
	46-1 Landscaping/Seating/Paving		25,000.00	46-1 Landscaping/Seating/Paving		25,000.00
	46-1 Upgrade Exterior Lighting		5,000.00	46-1 Upgrade Site Drainage		10,000.00
	46-2 Landscaping/Seating/Paving		25,000.00	46-2 Landscaping/Seating/Paving		25,000.00
	46-2 Upgrade Exterior Lighting		5,000.00	46-2 Upgrade Site Drainage		10,000.00
	46-3 Landscaping/Seating/Paving		25,000.00	46-3 Landscaping/Seating/Paving		25,000.00
	46-3 Upgrade Exterior Lighting		10,000.00	46-3 Upgrade Site Drainage		10,000.00
	46-4 Landscaping/Seating/Paving		25,000.00	46-4 Landscaping/Seating/Paving		25,000.00
	46-4 Upgrade Exterior Lighting		5,000.00	46-4 Upgrade Site Drainage		10,000.00
	46-5 Landscaping/Seating/Paving		25,000.00	46-5 Landscaping/Seating/Paving		25,000.00
	46-5 Upgrade Exterior Lighting		5,000.00	46-5 Upgrade Site Drainage		50,000.00
	46-6 Landscaping/Seating/Paving		25,000.00	46-6 Landscaping/Seating/Paving		25,000.00
	<b>Subtotal of Estimated Cost</b>			<b>\$</b>	<b>Subtotal of</b>	
				<b>Estimated Cost</b>		

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
<b>Work Statement for Year 1 FFY</b>	<b>Work Statement for Year 2011 FFY</b>			<b>Work Statement for Year: 2012 FFY</b>		
	<b>Development Number/Name General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>	<b>Development Number/Name General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
<b>See</b>	46-6 Upgrade Exterior Lighting		5,000.00	46-6 Upgrade Bulkhead/Site Drainage		100,000.00
<b>Annual</b>	46-7 Landscaping/Seating/Paving		25,000.00	46-7 Landscaping/Seating/Paving		25,000.00
<b>Statement</b>	46-7 Upgrade Exterior Lighting		5,000.00	46-7 Upgrade Site Drainage		10,000.00
	46-8 Landscaping/Seating/Paving		25,000.00	46-8 Landscaping/Seating/Paving		25,000.00
	46-8 Upgrade Exterior Lighting		5,000.00	46-8 Upgrade Site Drainage		10,000.00
	46-9 Landscaping/Seating/Paving		25,000.00	46-9 Landscaping/Seating/Paving		25,000.00
	46-9 Upgrade Exterior Lighting		5,000.00	46-9 Upgrade Site Drainage		10,000.00
	46-10 Landscaping/Seating/Paving		25,000.00	46-10 Landscaping/Seating/Paving		25,000.00
	46-10 Upgrade Exterior Lighting		5,000.00	46-10 Upgrade Site Drainage		10,000.00
	46-11 Landscaping/Seating/Paving		25,000.00	46-11 Landscaping/Seating/Paving		25,000.00
	46-11 Upgrade Site Lighting		5,000.00	46-11 Upgrade Site Drainage		10,000.00
	<b>1460 Dwelling Structures</b>			<b>1460 Dwelling Structures</b>		
	46-1 Interior Lighting		5,000.00	46-1 Heating/Plumbing/Piping		35,000.00
	46-1 Refurbish Apartments/Hallways		10,000.00	46-1 Refurbish Apartments/Hallways		10,000.00
	46-1 Infestation Prevention		10,000.00	46-1 Infestation Prevention		10,000.00
	46-1 Roofing/Gutters/Leaders/Soffits		50,000.00	46-1 Structural Stabilization		25,000.00
	46-1 AC Sleeves		10,000.00	46-1 Upgrade Kitchens		35,000.00
	46-2 Interior Lighting		5,000.00	46-2 Heating/Plumbing Piping		35,000.00
	46-2 Refurbish Apartments/Hallways		10,000.00	46-2 Refurbish Apartments/Hallways		10,000.00
	46-2 Infestation Prevention		10,000.00	46-2 Infestation Prevention		10,000.00
	<b>Subtotal of Estimated Cost</b>		<b>\$</b>	<b>Subtotal of Estimated Cost</b>		<b>\$</b>

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY	Work Statement for Year 2011 FFY			Work Statement for Year: 2012 FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	46-2 Roofing/Gutters/Leaders/Soffits		50,000.00	46-2 Structural Stabilization		25,000.00
Annual	46-2 AC Sleeves		10,000.00	46-2 Upgrade Kitchens		35,000.00
Statement	46-3 Interior Lighting		10,000.00	46-3 Heating/Plumbing/Piping		35,000.00
	46-3 Refurbish Apartments/Hallways		10,000.00	46-3 Refurbish Apartments/Hallways		10,000.00
	46-3 Infestation Prevention		10,000.00	46-3 Infestation Prevention		10,000.00
	46-3 Roofing/Gutters/Leaders/Soffits		50,000.00	46-3 Structural Stabilization		25,000.00
	46-3 AC Sleeves		10,000.00	46-3 Upgrade Kitchens		35,000.00
	46-4 Interior Lighting		10,000.00	46-4 Heating/Plumbing/Piping		35,000.00
	46-4 Refurbish Apartments/Hallways		10,000.00	46-4 Refurbish Apartments/Hallways		10,000.00
	46-4 Infestation Prevention		10,000.00	46-4 Infestation Prevention		10,000.00
	46-4 Roofing/Gutters/Leaders/Soffits		50,000.00	46-4 Structural Stabilization		25,000.00
	46-4 AC Sleeves		10,000.00	46-4 Upgrade Kitchens		35,000.00
	46-5 Interior Lighting		10,000.00	46-5 Heating/Plumbing/Piping		35,000.00
	46-5 Refurbish Apartments/Hallways		10,000.00	46-5 Refurbish Apartments/Hallways		10,000.00
	46-5 Infestation Prevention		10,000.00	46-5 Infestation Prevention		10,000.00
	46-5 Roofing/Gutters/Leaders/Soffits		50,000.00	46-5 Structural Stabilization		25,000.00
	46-5 AC Sleeves		10,000.00	46-5 Upgrade Kitchens		35,000.00
	46-6 Interior Lighting		10,000.00	46-6 Heating/Plumbing/Piping		35,000.00
	46-6 Refurbish Apartments/Hallways		10,000.00	46-6 Refurbish Apartments/Hallways		10,000.00
	46-6 Infestation Prevention		10,000.00	46-6 Infestation Prevention		10,000.00
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY	Work Statement for Year 2011 FFY			Work Statement for Year: 2012 FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	46-6 Roofing/Gutters/Leaders/Soffits		50,000.00	46-6 Structural Stabilization		25,000.00
Annual	46-6 AC Sleeves		10,000.00	46-6 Upgrade Kitchens		35,000.00
Statement	46-7 Interior Lighting		10,000.00	46-7 Heating/Plumbing/Piping		35,000.00
	46-7 Refurbish Apartments/Hallways		10,000.00	46-7 Refurbish Apartments/ Hallways		10,000.00
	46-7 Infestation Prevention		10,000.00	46-7 Infestation Prevention		10,000.00
	46-7 Roofing/Gutters/Leaders/Soffits		50,000.00	46-7 Structural Stabilization		25,000.00
	46-7 AC Sleeves		10,000.00	46-7 Upgrade Kitchens		35,000.00
	46-8 Interior Lighting		10,000.00	46-8 Heating/Plumbing/Piping		35,000.00
	46-8 Refurbish Apartments/Hallways		10,000.00	46-8 Refurbish Apartments/Hallways		10,000.00
	46-8 Infestation Prevention		10,000.00	46-8 Infestation Prevention		10,000.00
	46-8 Roofing/Gutters/Leaders/Soffits		50,000.00	46-8 Structural Stabilization		25,000.00
	46-8 AC Sleeves		10,000.00	46-8 Upgrade Kitchens		35,000.00
	46-9 Interior Lighting		10,000.00	46-9 Heating/Plumbing/Piping		35,000.00
	46-9 Refurbish Apartments/Hallways		10,000.00	46-9 Refurbish Apartments/Hallways		10,000.00
	46-9 Infestation Prevention		10,000.00	46-9 Infestation Prevention		10,000.00
	46-9 Roofing/Gutters/Leaders/Soffits		50,000.00	46-9 Structural Stabilization		25,000.00
	46-9 AC Sleeves		10,000.00	46-9 Upgrade Kitchens		35,000.00
	46-10 Interior Lighting		10,000.00	46-10 Heating/Plumbing/Piping		35,000.00
	46-10 Refurbish Apartments/Hallways		10,000.00	46-10 Refurbish Apartments/Hallways		10,000.00
	46-10 Infestation Prevention		10,000.00	46-10 Infestation Prevention		10,000.00
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY	Work Statement for Year 2011 FFY			Work Statement for Year: 2012 FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	46-10 Roofing/Gutters/Leaders/Soffits		50,000.00	46-10 Structural Stabilization		25,000.00
Annual	46-10 AC Sleeves		10,000.00	46-10 Upgrade Kitchens		35,000.00
Statement	46-11 Interior Lighting		10,000.00	46-11 Heating/Plumbing/Piping		35,000.00
	46-11 Refurbish Apartments/Hallways		10,000.00	46-11 Refurbish Apartments/Hallways		10,000.00
	46-11 Infestation Prevention		10,000.00	46-11 Infestation Prevention		10,000.00
	46-11 Roofing/Gutters/Leaders/Soffits		50,000.00	46-11 Structural Stabilization		25,000.00
	46-11 AC Sleeves		10,000.00	46-11 Upgrade Kitchens		35,000.00
	<b>1465 Dwelling Equipment</b>			<b>1465 Dwelling Equipment</b>		
	46-1 Stoves/Refrigerators/Generators		10,000.00	46-1 Stoves/Refrigerators/Generators		10,000.00
	46-2 Stoves/Refrigerators/Generators		10,000.00	46-2 Stoves/Refrigerators/Generators		10,000.00
	46-3 Stoves/Refrigerators/Generators		10,000.00	46-3 Stoves/Refrigerators/Generators		10,000.00
	46-4 Stoves/Refrigerators/Generators		10,000.00	46-4 Stoves/Refrigerators/Generators		10,000.00
	46-5 Stoves/Refrigerators/Generators		10,000.00	46-5 Stoves/Refrigerators/Generators		10,000.00
	46-6 Stoves/Refrigerators/Generators		10,000.00	46-6 Stoves/Refrigerators/Generators		10,000.00
	46-7 Stoves/Refrigerators/Generators		10,000.00	46-7 Stoves/Refrigerators/Generators		10,000.00
	46-8 Stoves/Refrigerators/Generators		10,000.00	46-8 Stoves/Refrigerators/Generators		10,000.00
	46-9 Stoves/Refrigerators/Generators		10,000.00	46-9 Stoves/Refrigerators/Generators		10,000.00
	46-10 Stoves/Refrigerators/Generators		10,000.00	46-10 Stoves/Refrigerators/Generators		10,000.00
	46-11 Stoves/Refrigerators/Generators		10,000.00	46-11 Stoves/Refrigerators/Generators		10,000.00
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$
				Cost		



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY	Work Statement for Year 2013 FFY			Work Statement for Year: 2014 FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>1406 Operations</b>		324,777.00	<b>1406 Operations</b>		324,777.00
Annual	<b>1408 Management Improvements</b>			<b>1408 Management Improvements</b>		
Statement						
	<b>1410 Administration</b>			<b>1410 Administration</b>		
	Salaries		161,540.00	Salaries		161,540.00
	<b>1430 Fees &amp; Costs</b>			<b>1430 Fees &amp; Costs</b>		
	A & E Services		50,000.00	A & E Services		50,000.00
	Consultant		35,000.00	Consultant		35,000.00
	<b>1450 Site Improvement</b>			<b>1450 Site Improvement</b>		
	46-1 Landscaping/Seating/Paving		25,000.00	46-1 Landscaping/Seating/Paving		25,000.00
	46-1 Fencing		10,000.00	46-1 Sprinklers		50,000.00
	46-2 Landscaping/Seating/Paving		25,000.00	46-2 Landscaping/Seating/Paving		25,000.00
	46-2 Fencing		10,000.00	46-2 Sprinklers		50,000.00
	46-3 Landscaping/Seating/Paving		25,000.00	46-3 Landscaping/Seating/Paving		25,000.00
	46-3 Fencing		10,000.00	46-3 Sprinklers		50,000.00
	46-4 Landscaping/Seating/Paving		25,000.00	46-4 Landscaping/Seating/Paving		25,000.00
	46-4 Fencing		10,000.00	46-4 Sprinklers		50,000.00
	46-5 Landscaping/Seating/Paving		25,000.00	46-5 Landscaping/Seating/Paving		25,000.00
	46-5 Fencing		10,000.00	46-5 Sprinklers		50,000.00
	46-6 Landscaping/Seating/Paving		25,000.00	46-6 Landscaping/Seating/Paving		25,000.00
	<b>Subtotal of Estimated Cost</b>		\$	<b>Subtotal of Estimated Cost</b>		\$

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
<b>Work Statement for Year 1 FFY</b>	<b>Work Statement for Year 2013 FFY</b>			<b>Work Statement for Year: 2014 FFY</b>		
	<b>Development Number/Name</b>	<b>Quantity</b>	<b>Estimated Cost</b>	<b>Development Number/Name</b>	<b>Quantity</b>	<b>Estimated Cost</b>
	<b>General Description of Major Work Categories</b>			<b>General Description of Major Work Categories</b>		
<b>See</b>	46-6	Fencing		46-6	Sprinklers	50,000.00
<b>Annual</b>	46-7	Landscaping/Seating/Paving		46-7	Landscaping/Seating/Paving	25,000.00
<b>Statement</b>	46-7	Fencing		46-7	Sprinklers	50,000.00
	46-8	Landscaping/Seating/Paving		46-8	Landscaping/Seating/Paving	25,000.00
	46-8	Fencing		46-8	Sprinklers	50,000.00
	46-9	Landscaping/Seating/Paving		46-9	Landscaping/Seating/Paving	25,000.00
	46-9	Fencing		46-9	Sprinklers	50,000.00
	46-10	Landscaping/Seating/Paving		46-10	Landscaping/Seating/Paving	25,000.00
	46-10	Fencing		46-10	Sprinklers	50,000.00
	46-11	Landscaping/Seating/Paving		46-11	Landscaping/Seating/Paving	25,000.00
	46-11	Fencing		46-11	Sprinklers	50,000.00
	<b>1460 Dwelling Structures</b>			<b>1460 Dwelling Structures</b>		
	46-1	Ext. Painting/Pointing/Waterproof		46-1	Emergency Pull Cords	35,000.00
	46-1	Refurbish Apartments/Hallways		46-1	Refurbish Apartments/Hallways	10,000.00
	46-1	Infestation Prevention		46-1	Infestation Prevention	10,000.00
	46-1	Upgrade Insulation		46-1	Intercoms	50,000.00
	46-1	Upgrade Building Entrance System		46-1	Upgrade Bathrooms	50,000.00
	46-1	Boilers		46-1	Boilers	35,000.00
	46-1	Ventilation		46-1	Windows	40,000.00
	46-2	Ext. Painting/Pointing/Waterproof		46-2	Emergency Pull Cords	35,000.00
	46-2	Refurbish Apartments/Hallways		46-2	Refurbish Apartments/Hallways	10,000.00
	46-2	Infestation Prevention		46-2	Infestation Prevention	10,000.00
	<b>Subtotal of Estimated Cost</b>		<b>\$</b>	<b>Subtotal of Estimated Cost</b>		<b>\$</b>

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>					
<b>Work Statement for Year 1 FFY</b>	<b>Work Statement for Year 2013 FFY</b>			<b>Work Statement for Year: 2014 FFY</b>	
	<b>Development Number/Name General Description of Major Work Categories</b>		<b>Estimated Cost</b>	<b>Development Number/Name General Description of Major Work Categories</b>	
See	46-2	Upgrade Insulation	25,000.00	46-2	Intercoms 50,000.00
Annual	46-2	Upgrade Building Entrance System	50,000.00	46-2	Upgrade Bathrooms 50,000.00
Statement	46-2	Boilers	35,000.00	46-2	Boilers 35,000.00
	46-2	Ventilation	10,000.00	46-2	Windows 40,000.00
	46-3	Ext. Painting/Pointing/Waterproof	50,000.00	46-3	Emergency Pull Cords 35,000.00
	46-3	Refurbish Apartments/Hallways	10,000.00	46-3	Refurbish Apartments/Hallways 10,000.00
	46-3	Infestation Prevention	10,000.00	46-3	Infestation Prevention 10,000.00
	46-3	Upgrade Insulation	25,000.00	46-3	Intercoms 50,000.00
	46-3	Upgrade Building Entrance System	50,000.00	46-3	Upgrade Bathrooms 50,000.00
	46-3	Boilers	35,000.00	46-3	Boilers 35,000.00
	46-3	Ventilation	10,000.00	46-3	Windows 40,000.00
	46-4	Ext. Painting/Pointing/Waterproof	50,000.00	46-4	Emergency Pull Cords 35,000.00
	46-4	Refurbish Apartments/Hallways	10,000.00	46-4	Refurbish Apartments/Hallways 10,000.00
	46-4	Infestation Prevention	10,000.00	46-4	Infestation Prevention 10,000.00
	46-4	Upgrade Insulation	25,000.00	46-4	Intercoms 50,000.00
	46-4	Upgrade Building Entrance System	50,000.00	46-4	Upgrade Bathrooms 50,000.00
	46-4	Boilers	35,000.00	46-4	Boilers 35,000.00
	46-4	Ventilation	10,000.00	46-4	Windows 40,000.00
	46-5	Ext. Painting/Pointing/Waterproof	50,000.00	46-5	Emergency Pull Cords 35,000.00
	46-5	Refurbish Apartments/Hallways	10,000.00	46-5	Refurbish Apartments/Hallways 10,000.00
	<b>Subtotal of Estimated</b>		<b>\$</b>	<b>Subtotal of Estimated</b>	
<b>Cost</b>				<b>Cost</b>	

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>					
<b>Work Statement for Year 1 FFY</b>	<b>Work Statement for Year 2013 FFY</b>			<b>Work Statement for Year: 2014 FFY</b>	
	<b>Development Number/Name General Description of Major Work Categories</b>		<b>Estimated Cost</b>	<b>Development Number/Name General Description of Major Work Categories</b>	
<b>See</b>	46-5	Infestation Prevention	10,000.00	46-5	Infestation Prevention 10,000.00
<b>Annual</b>	46-5	Upgrade Insulation	25,000.00	46-5	Intercoms 50,000.00
<b>Statement</b>	46-5	Upgrade Building Entrance System	50,000.00	46-5	Upgrade Bathrooms 50,000.00
	46-5	Boilers	35,000.00	46-5	Boilers 35,000.00
	46-5	Ventilation	10,000.00	46-5	Windows 40,000.00
	46-6	Ext. Painting/Pointing/Waterproof	50,000.00	46-6	Emergency Pull Cords 35,000.00
	46-6	Refurbish Apartments/Hallways	10,000.00	46-6	Refurbish Apartments/Hallways 10,000.00
	46-6	Infestation Prevention	10,000.00	46-6	Infestation Prevention 10,000.00
	46-6	Upgrade Insulation	25,000.00	46-6	Intercoms 50,000.00
	46-6	Upgrade Building Entrance System	50,000.00	46-6	Upgrade Bathrooms 50,000.00
	46-6	Boilers	35,000.00	46-6	Boilers 35,000.00
	46-6	Ventilation	10,000.00	46-6	Windows 40,000.00
	46-7	Ext. Painting/Pointing/Waterproof	50,000.00	46-7	Emergency Pull Cords 35,000.00
	46-7	Refurbish Apartments/Hallways	10,000.00	46-7	Refurbish Apartments/Hallways 10,000.00
	46-7	Infestation Prevention	10,000.00	46-7	Infestation Prevention 10,000.00
	46-7	Upgrade Insulation	25,000.00	46-7	Intercoms 50,000.00
	46-7	Upgrade Building Entrance System	50,000.00	46-7	Upgrade Bathrooms 50,000.00
	46-7	Boilers	35,000.00	46-7	Boilers 35,000.00
	46-7	Ventilation	10,000.00	46-7	Windows 40,000.00
		<b>Subtotal of Estimated</b>	<b>\$</b>	<b>Subtotal of Estimated</b>	<b>\$</b>
<b>Cost</b>				<b>Cost</b>	

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY	Work Statement for Year 2013 FFY			Work Statement for Year: 2014 FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	46-8 Ext Painting/Pointing/Waterproof		50,000.00	46-8 Emergency Pull Cords		35,000.00
Annual	46-8 Refurbish Apartments/Hallways		10,000.00	46-8 Refurbish Apartments/Hallways		10,000.00
Statement	46-8 Infestation Prevention		10,000.00	46-8 Infestation Prevention		10,000.00
	46-8 Upgrade Insulation		25,000.00	46-8 Intercoms		50,000.00
	46-8 Upgrade Building Entrance System		50,000.00	46-8 Upgrade Bathrooms		50,000.00
	46-8 Boilers		35,000.00	46-8 Boilers		35,000.00
	46-8 Ventilation		10,000.00	46-8 Windows		40,000.00
	46-9 Ext Painting/Pointing/Waterproof		50,000.00	46-9 Emergency Pull Cords		35,000.00
	46-9 Refurbish Apartments/Hallways		10,000.00	46-9 Refurbish Apartments/Hallways		10,000.00
	46-9 Infestation Prevention		10,000.00	46-9 Infestation Prevention		10,000.00
	46-9 Upgrade Insulation		25,000.00	46-9 Intercoms		50,000.00
	46-9 Upgrade Building Entrance System		50,000.00	46-9 Upgrade Bathrooms		50,000.00
	46-9 Boilers		35,000.00	46-9 Boilers		35,000.00
	46-9 Ventilation		10,000.00	46-9 Windows		40,000.00
	46-10 Ext Painting/Pointing/Waterproof		50,000.00	46-10 Emergency Pull Cords		35,000.00
	46-10 Refurbish Apartments/Hallways		10,000.00	46-10 Refurbish Apartments/Hallways		10,000.00
	46-10 Infestation Prevention		10,000.00	46-10 Infestation Prevention		10,000.00
	46-10 Upgrade Insulation		25,000.00	46-10 Intercoms		50,000.00
	46-10 Upgrade Building Entrance System		50,000.00	46-10 Upgrade Bathrooms		50,000.00
	46-10 Boilers		35,000.00	46-10 Boilers		35,000.00
	46-10 Ventilation		10,000.00	46-10 Windows		40,000.00
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY	Work Statement for Year 2013 FFY			Work Statement for Year: 2014 FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	46-11 Ext Painting/Pointing/Waterproof		50,000.00	46-11 Emergency Pull Cords		35,000.00
Annual	46-11 Refurbish Apartments/Hallways		10,000.00	46-11 Refurbish Apartments/Hallways		10,000.00
Statement	46-11 Infestation Prevention		10,000.00	46-11 Infestation Prevention		10,000.00
	46-11 Upgrade Insulation		25,000.00	46-11 Intercoms		50,000.00
	46-11 Upgrade Building Entrance System		50,000.00	46-11 Upgrade Bathrooms		50,000.00
	46-11 Boilers		35,000.00	46-11 Boilers		35,000.00
	46-11 Ventilation		10,000.00	46-11 Windows		40,000.00
	<b>1465 Dwelling Equipment</b>			<b>1465 Dwelling Equipment</b>		
	46-1 Stoves/Refrigerators/Generators		10,000.00	46-1 Stoves/Refrigerators/Generators		10,000.00
	46-2 Stoves/Refrigerators/Generators		10,000.00	46-2 Stoves/Refrigerators/Generators		10,000.00
	46-3 Stoves/Refrigerators/Generators		10,000.00	46-3 Stoves/Refrigerators/Generators		10,000.00
	46-4 Stoves/Refrigerators/Generators		10,000.00	46-4 Stoves/Refrigerators/Generators		10,000.00
	46-5 Stoves/Refrigerators/Generators		10,000.00	46-5 Stoves/Refrigerators/Generators		10,000.00
	46-6 Stoves/Refrigerators/Generators		10,000.00	46-6 Stoves/Refrigerators/Generators		10,000.00
	46-7 Stoves/Refrigerators/Generators		10,000.00	46-7 Stoves/Refrigerators/Generators		10,000.00
	46-8 Stoves/Refrigerators/Generators		10,000.00	46-8 Stoves/Refrigerators/Generators		10,000.00
	46-9 Stoves/Refrigerators/Generators		10,000.00	46-9 Stoves/Refrigerators/Generators		10,000.00
	46-10 Stoves/Refrigerators/Generators		10,000.00	46-10 Stoves/Refrigerators/Generators		10,000.00
	46-11 Stoves/Refrigerators/Generators		10,000.00	46-11 Stoves/Refrigerators/Generators		10,000.00
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$



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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Town of Hempstead Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No NY36PO4650106 Replacement Housing Factor Grant No Date of CFFP: 5/4/2007			<b>FFY of Grant:</b> 2006 <b>FFY of Grant Approval:</b> 2007
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
	<b>Signature of Executive Director</b> <i>James W. Lawrence</i>	<b>Date</b> 8/28/2009	<b>Signature of Public Housing Director</b>		<b>Date</b>

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: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No NY 36PO4650106 Replacement Housing Factor Grant No: Date of CFFP: 05/04/2007		FFY of Grant: 2006 FFY of Grant Approval: 2007	
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: 06/30/2009 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	318,676	318,676	318,676	318,676
3	1408 Management Improvements	318,676	80,796	80,796	80,796
4	1410 Administration (may not exceed 10% of line 21)	164,474	164,474	164,474	164,474
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	86,519	86,519	86,519	86,519
8	1440 Site Acquisition				
9	1450 Site Improvement	2,360	0		
10	1460 Dwelling Structures	341,745	581,784	581,784	581,784
11	1465 1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	337,491	337,693	337,693	337,693
13	1475 Non-dwelling Equipment	70,516	70,515	70,515	70,515
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	1,640,457	1,640,457	1,640,457	1,640,457
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				

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

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650106 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:				Federal FFY of Grant: 2006		
Development Number Name:PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY 46-1	Termite Prevention	1460		3,739	3,739	3,739	3,739	Complete
Newbridge Gardens	Install Fuel Tank Alarms	1460		17,798	0	0	0	
	Replace Roofing	1460		9,954	9,954	9,954	9,954	Complete
	Upgrade Heating System	1460		5,250	25,485	25,485	25,485	Complete
NY 46-2	Termite Prevention	1460		5,348	5,348	5,348	5,348	Complete
Green Acres	Upgrade Roofing	1460		53,900	53,900	53,900	53,900	Complete
NY 46-3	Termite Prevention	1460		6,042	6,042	6,042	6,042	Complete
Park Gardens	Upgrade Community Building	1470		74,040	74,040	74,040	74,040	Complete
	Upgrade Heating System	1460		16,481	37,179	37,179	37,179	Complete
	Upgrade Roofing	1460		19,050	19,050	19,050	19,050	Complete
	Install Fuel Tank Alarms	1460		17,797	0	0	0	
NY 46-4	Termite Prevention	1460		2,916	2,916	2,916	2,916	Complete
Bayview Gardens	Upgrade Roofing	1460		10,375	10,375	10,375	10,375	Complete

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

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

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650106 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:				Federal FFY of Grant: 2006		
Development Number Name PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY 46-5	Termite Prevention	1460		2,892	2,892	2,892	2,892	Complete
Inwood Gardens	Upgrade Roofing	1460		7,107	6,965	6,965	6,965	Complete
NY46-6	Structural Stabilization	1460		2,990	240,870	240,870	240,870	Complete
Brookside	Termite Prevention	1460		3,279	3,279	3,279	3,279	Complete
NY 46-7	Termite Prevention	1460		3,949	3,949	3,949	3,949	Complete
Meadowbrook	Upgrade Drainage	1460		1,045	1,045	1,045	1,045	Complete
	Upgrade Heating System	1460		44,503	55,749	55,749	55,749	Complete
	Repave Parking Lot	1450		1,115	0	0	0	
	Install Fuel Tank Alarms	1460		17,797	0	0	0	
	Upgrade Community Building	1470		68,264	68,466	68,466	68,466	Complete
NY 46-8	Termite Prevention	1460		3,182	3,182	3,182	3,182	Complete
Mill River	Upgrade Air Conditioning	1460		3,500	4,681	4,681	4,681	Complete
Gardens	Repave Parking Lots	1450		1,205	0	0	0	

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

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

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650106 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:				Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY 46-9	Termite Prevention	1460		3,007	3,008	3,008	3,008	Complete
Bellmore Gardens	Upgrade Roofing	1460		18,400	18,340	18,340	18,340	Complete
	Install Fuel Tank Alarms	1460		17,798	0	0	0	
	Upgrade Heating System	1460		0	20,340	20,340	20,340	Complete
NY 46-10	Upgrade Community Building	1470		71,299	71,299	71,299	71,299	Complete
Westover Gardens	Upgrade Roofing	1460		7,500	7,350	7,350	7,350	Complete
	Termite Prevention	1460		5,325	5,325	5,325	5,325	Complete
NY 46-11	Termite Prevention	1460		3,803	3,803	3,803	3,803	Complete
Dogwood Terrace	Upgrade Roofing	1460		13,440	13,440	13,440	13,440	Complete
NY 46-12	Termite Prevention	1460		5,674	5,674	5,674	5,674	Complete
Eastover Gardens								
NY 46-14	Termite Prevention	1460		2,287	2,287	2,287	2,287	Complete
Centennial Gardens	Upgrade Community Building	1470		59,940	59,940	59,940	59,940	Complete

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650106 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:				Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY 46-17	Termite Prevention	1460		5,617	5,617	5,617	5,617	Complete
Salisbury	Upgrade Community Building	1470		63,948	63,948	63,948	63,948	Complete
PHA - Wide Operations	Provide Funds for Operation of CFP Program	1406		318,676	318,676	318,676	318,676	Complete
PHA Wide Improvement	Provide Funding for Studies and Implementation of Staffing needs	1408		318,676	80,796	80,796	80,796	Complete
PHA Wide Administration	Provide Necessary Advertisements	1410		5,136	5,136	5,136	5,136	Complete
Administration	Provide Necessary Staff Support	1410		159,338	159,338	159,338	159,338	Complete
Fees and Costs	HUD and State Requirements for A/E Services	1430		86,519	86,519	86,519	86,519	Complete
PHA Wide	Replace Grounds Mice Equipment	1475		8,699	8,697	8,697	8,697	Complete
Non Dwelling Equipment	Replace Vehicle	1475		52,367	52,367	52,367	52,367	Complete
Equipment	Replace Office Equipment	1475		9,450	9,451	9,451	9,451	Complete
<b>TOTAL</b>				<b>1,640,457</b>	<b>1,640,457</b>	<b>1,640,457</b>	<b>1,640,457</b>	

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Town of Hempstead Housing Authority				Federal FFY of Grant: 2006	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NY46-1 Newbridge	9/2008	3/2008	9/2009	3/2009	
NY46-2 Green Acres	9/2008	6/2008	9/2009	6/2009	
NY46-3 Park Gardens	9/2008	3/2008	9/2009	6/2009	
NY46-4 Bayview	9/2008	3/2008	9/2009	3/2009	
NY46-5 Inwood	9/2008	6/2008	9/2009	6/2009	
NY46-6 Brookside	9/2008	12/2007	9/2009	3/2009	
NY46-7 Meadowbrook	9/2008	6/2008	9/2009	3/2009	
NY46-8 Mill River	9/2008	3/2008	9/2009	6/2009	
NY46-9 Bellmore	9/2008	6/2008	9/2009	6/2009	
NY46-10 Westover	9/2008	6/2008	9/2009	6/2009	
NY46-11 Dogwood	9/2008	12/2007	9/2009	3/2009	
NY46-12 Eastover	9/2008	12/2007	9/2009	3/2009	
NY46-14 Centennial	9/2008	3/2008	9/2009	3/2009	
NY46-17 Salisbury	9/2008	6/2008	9/2009	3/2009	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Town of Hempstead Housing Authority					Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure Ead Date	
PHA Wide Management Improvements	9/2008	6/2007	9/2009	6/2007	
PHA Wide Administration	9/2008	6/2007	9/2009	6/2007	
PHA Wide Operations	9/2008	3/2008	9/2009	6/2007	
Fees & Costs	9/2008	3/2008	9/2009	9/2008	
PHA Wide Non Dwelling	9/2008	6/2008	9/2009	9/2008	

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

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

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

Part I: Summary				
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650107 Replacement Housing Factor Grant No: Date of CFFP: <u>09/15/2007</u>		FFY of Grant: 2007 FFY of Grant Approval: 2007
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: <u>06/30/2009</u> <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obigated      Expended
	Signature of Executive Director <i>[Signature]</i>	Date <u>8/29/2009</u>	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: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650107 Replacement Housing Factor Grant No: Date of CFFP: 9/13/2007		FFY of Grant: 2007 FFY of Grant Approval: 2007	
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: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	331,730	331,730	331,730	331,730
3	1408 Management Improvements	331,730	20,719	20,719	20,719
4	1410 Administration (may not exceed 10% of line 21)	165,865	3,114	3,114	3,114
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000	86,603	86,603	86,603
8	1440 Site Acquisition				
9	1450 Site Improvement	100,000	0	0	
10	1460 Dwelling Structures	814,329	1,146,612	1,146,612	1,146,612
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	0	68,281	68,281	68,281
13	1475 Non-dwelling Equipment	65,000	1,595	1,595	1,595
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	1,658,654	1,658,654	1,658,654	1,658,654
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				

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

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650107 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY46-1 Gardens	Upgrade Infestation Prevention	1460		850	76	76	76	Complete
	Upgrade Community Building	1470		0	4,410	4,410	4,410	Complete
NY 46-2 Green Acres	Repave Parking Lots	1450		50,000	0	0	0	
	Upgrade Infestation Prevention	1460		850	109	109	109	Complete
	Upgrade Building Security	1460		12,724	13,369	13,369	13,369	Complete
NY 46-3 Park Gardens	Replace Entrance Doors	1460		12,276	0	0	0	
	Upgrade Building Entrances	1460		25,000	0	0	0	
	Upgrade Infestation Prevention	1460		850	123	123	123	Complete
	Structural Stabilization & Drainage	1460		0	6,770	6,770	6,770	Complete
	Upgrade Community Building	1470		0	2,744	2,744	2,744	Complete
NY 46-4 Bayview Gardens	Upgrade Infestation Prevention	1460		850	59	59	59	Complete
	Upgrade Building Exterior	1460		29,329	0	0	0	
NY 46-5 Inwood Gardens	Upgrade Infestation Prevention	1460		850	59	59	59	Complete
	Upgrade Building Exterior	1460		15,000	0	0	0	

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

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

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650107 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY46-6	Structural Stabilization	1460		50,000	146,211	146,211	146,211	Complete
Brookside Gardens	Upgrade Infestation Prevention	1460		850	67	67	67	Complete
	Upgrade Heating System	1460		200,000	108,965	108,965	108,965	Complete
NY 46-7	Upgrade Infestation Prevention	1460		850	81	81	81	Complete
Meadowbrook Gardens	Upgrade Community Building	1470		10,157	14,365	14,365	14,365	Complete
NY 46-8 Mill River	Upgrade Heating System	1460		200,000	271,700	271,700	271,700	Complete
Gardens	Upgrade Infestation Prevention	1460		850	65	65	65	Complete
NY 46-9	Repave Parking Lots	1450		50,000	0	0	0	
Bellmore Gardens	Upgrade Infestation Prevention	1460		2,000	62	62	62	Complete
	Replace Roofs, Gutters & Leaders	1460		56,950	55,373	55,373	55,373	Complete
	Upgrade Community Building	1470		0	5,292	5,292	5,292	Complete
NY 46-10								
Westover	Upgrade Infestation Prevention	1460		850	108	108	108	Complete
Gardens	Upgrade Heating System	1460		4,435	4,435	4,435	4,435	Complete

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

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

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650107 CFFP (Yes/No): Yes Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY46-11 Dogwood	Upgrade Infestation Prevention	1460		850	77	77	77	Complete
NY 46-12 Eastover Gardens	Upgrade Infestation Prevention Upgrade Heating System Replace Roofs, Gutters & Leaders	1460 1460 1460		850 0 0	116 296,395 185,360	116 296,395 185,360	116 296,395 185,360	Complete Complete Complete
	Upgrade Building Exterior Upgrade Community Building	1460 1470		0 0	56,870 4,410	56,870 4,410	56,870 4,410	Complete Complete
NY46-14 Centennial Gardens	Upgrade Infestation Prevention Upgrade Community Building	1460 1470		850 0	47 2,564	47 2,564	47 2,564	Complete Complete
NY46-17 Salisbury	Upgrade Infestation Prevention Upgrade Community Building	1460 1470		850 0	115 34,496	115 34,496	115 34,496	Complete Complete
PHA-Wide Operations	Provide funds for Operation of CFP Program	1406		331,730	331,730	331,730	331,730	Complete

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

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

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650107 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide Management Improvement	Provide Funding for Studies and Implementation of Parking Lot Computer Needs, Staffing Needs	1408		331,730	20,719	20,719	20,719	Complete
PHA-Wide Administration	Provide Necessary Advertisements	1410		5,000	3,114	3,114	3,114	Complete
Fees and Costs	HUD and State Requirements for A/E Services	1430		50,000	86,603	86,603	86,603	Complete
PHA-Wide Non Dwelling Equipment	Replace Grounds Mtce Equipment Replace Vehicle Replace Office Equipment	1475 1475 1475		10,000 34,843 10,000	1,595 0 0	1,595 0 0	1,595 0 0	Complete
TOTAL				1,658,654	1,658,654	1,658,654	1,658,654	

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

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



Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2007
PHA Name: Town of Hempstead Housing Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide					
Management	9/2009	3/2008	9/2010	9/2008	
Improvements					
PHA Wide	9/2009	9/2008	9/2010	9/2009	
Administrations					
PHA Wide	9/2009	3/2008	9/2010	9/2008	
Operations					
Fees & Costs	9/2009	9/2008	9/2010	9/2009	
PHA Wide	9/2009	9/2008	9/2010	9/2009	
Non Dwelling					

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Town of Hempstead Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY36PO4650108 Replacement Housing Factor Grant No: Date of CFFP: 06/13/2009		<b>FFY of Grant:</b> 2008 <b>FFY of Grant Approval:</b> 2008	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
<b>Signature of Executive Director</b> <i>[Signature]</i>		<b>Date</b> 9/15/2009		<b>Signature of Public Housing Director</b>  	
				<b>Date</b>	

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: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650108 Date of CFFP: 06/13/2008		Replacement Housing Factor Grant No: FFY of Grant: 2008 FFY of Grant Approval: 2008	
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: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	324,777	324,777	324,777	324,777
3	1408 Management Improvements	324,777	77,271	77,271	77,271
4	1410 Administration (may not exceed 10% of line 21)	162,388	160,000	160,000	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000	45,482	45,842	
8	1440 Site Acquisition				
9	1450 Site Improvement	62,000	22,687	22,687	
10	1460 Dwelling Structures	589,946	868,284	868,284	250,695
11	1465 1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	45,000	66,445	66,445	
13	1475 Non-dwelling Equipment	65,000	58,942	58,942	
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	1,623,888	1,623,888	1,623,888	652,743
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				

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

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650108 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY46-1	Upgrade Apartment and Halls	1460		10,000	0	0	0	
Newbridge	Upgrade Heating System	1460		25,000	168,597	168,597	107,906	In Process
Gardens	Replace Roofs and Bldg Canopies	1460		32,617	33,028	33,208	0	In Process
	Upgrade Infestation Prevention	1460		0	9,780	9,780	0	In Process
	Termite Prevention	1460		0	3,815	3,815	0	In Process
NY 46-2	Upgrade Air Conditioning System	1470		20,000	0	0	0	
Green Acres	Upgrade Apartment and Halls	1460		10,000	0	0	0	
	Upgrade Infestation Prevention	1460		0	14,948	14,948	0	In Process
	Termite Prevention	1460		0	5,457	5,457	0	In Process
	Upgrade & Refurbish Bldg Exterior	1460		0	126,229	126,229	0	In Process
	Upgrade Community Building	1470		0	14,870	14,870	0	In Process
	Upgrade Heating System	1460		0	2,460	2,460	0	In Process
NY46-3	Replace Bldg Entrance Doors	1460		25,000	0	0	0	
Park Gardens	Upgrade Apartment and Halls	1460		10,000	9,408	9,408	0	In Process
	Upgrade Infestation Prevention	1460		0	12,129	12,129	0	In Process
	Termite Prevention	1460		0	6,165	6,165	0	In Process

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

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

Part II: Supporting Pages								
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			CFFP (Yes/ No):		Federal FFY of Grant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY 46-3	Upgrade Community Building	1470		0	3,694	3,694	0	In Process
Park Gardens	Upgrade Landscaping	1450		0	2,876	2,876	0	In Process
	Upgrade Heating System	1460		0	11,774	11,774	0	In Process
NY 46-4	Upgrade Apartments	1460		10,000	0	0	0	
Bayview Gardens	Replace Roofs	1460		50,000	2,556	2,556	2,279	In Process
	Upgrade Infestation Prevention	1460		0	9,166	9,166	0	In Process
	Termite Prevention	1460		0	2,975	2,975	0	In Process
	Upgrade Landscaping	1450		0	750	750	0	In Process
NY 46-5	Replace Walkways	1450		20,000	0	0	0	
Inwood Gardens	Replace Roofs	1460		50,000	142	142	0	In Process
	Upgrade Apartments	1460		10,000	0	0	0	
	Termite Prevention	1460		0	2,951	2,951	0	In Process
	Upgrade Landscaping	1450		0	2,600	2,600	0	In Process
NY 46-6	Upgrade Apartments and Halls	1460		10,000	0			
Brookside	Upgrade Drainage System	1460		10,000	0			
Gardens	Upgrade Heating System	1460		20,000	17,906	17,906	17,906	Complete

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

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

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO04650108 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY 46-6	Upgrade Infestation Prevention	1460		0	8,292	8,292	0	In Process
Brookside	Termite Prevention	1460		0	3,346	3,346	0	In Process
Gardens	Upgrade Community Building	1470		0	6,004	6,004	0	In Process
	Upgrade Landscaping	1450		0	1,500	1,500	0	In Process
NY 46-7	Upgrade Apartment and Halls	1460		10,000	0	0	0	
Meadowbrook	Upgrade Infestation Prevention	1460		0	11,392	11,392	0	In Process
Gardens	Termite Prevention	1460		0	4,030	4,030	0	In Process
	Upgrade Community Building	1470		0	6,882	6,882	0	In Process
	Upgrade Landscaping	1450		0	11,421	11,421	0	In Process
	Upgrade Heating System	1460		0	75,501	75,501	72,850	In Process
NY 46-8	Upgrade Apartment and Halls	1460		10,000	0	0	0	
Mill River	Upgrade Infestation Prevention	1460		0	12,081	12,081	0	In Process
Gardens	Termite Prevention	1460		0	3,247	3,247	0	In Process
	Upgrade Community Building	1470		0	6,463	6,463	0	In Process

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

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

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO04650108 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY 46-9	Repave Parking Lots	1460		20,000	0	0	0	
Bellmore	Replace Walkways	1460		22,000	0	0	0	
Gardens	Upgrade Apartment and Halls	1460		10,000	0	0	0	
	Upgrade Infestation Prevention	1460		0	9,240	9,240	0	In Process
	Termite Prevention	1460		0	3,069	3,069	0	In Process
	Replace Roofs	1460		0	60	60	60	Complete
NY 46-10	Upgrade Apartment and Halls	1460		10,000	0	0	0	
Westover	Upgrade Landscaping	1450		0	600	600	0	In Process
Gardens	Upgrade Infestation Prevention	1460		0	14,955	14,955	0	In Process
	Termite Prevention	1460		0	5,433	5,433	0	In Process
	Upgrade Community Building	1470		0	13,481	13,481	0	In Process
	Upgrade Heating System	1460		0	64,295	64,295	50,000	In Process
NY 46-11	Replace Bldg Roofs and Canopies	1460		50,000	0	0	0	
Dogwood	Upgrade Apartment and Halls	1460		10,000	0	0	0	
Terrace	Upgrade Infestation Prevention	1460		0	10,794	10,794	0	In Process
	Termite Prevention	1460		0	3,880	3,880	0	In Process
	Upgrade Community Building	1470		0	6,591	6,591	0	In Process

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

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

Part II: Supporting Pages								
PHA Name: Town of Hempstead Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36PO4650108 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY 46-12	Replace Windows	1460		25,000	0	0	0	
Eastover	Replace Bldg Entrance Doors	1460		25,000	0	0	0	
Gardens	Upgrade Apartment and Halls	1460		10,000	0	0	0	
	Upgrade Heating System	1460		40,000	0	0	0	
	Replace Roofs and Canopies	1460		40,000	7,636	7,636	0	In Process
	Upgrade Infestation Prevention	1460		0	16,147	16,147	0	In Process
	Termite Prevention	1460		0	5,791	5,791	0	In Process
	Upgrade Security System	1460		0	823	823	0	In Process
	Upgrade Landscaping	1450		0	2,646	2,626	0	In Process
NY 46-14	Upgrade Hallway Heating System	1460		10,000	0	0	0	
Centennial	Upgrade Apartment and Halls	1460		10,000	0	0	0	
Gardens	Upgrade Community Building	1470		15,000	1404	1404	0	In Process
	Upgrade Landscaping	1450		0	2,940	2,940	0	In Process
	Upgrade Infestation Prevention	1460		0	5,753	5,753	0	In Process
	Termite Prevention	1460		0	2,335	2,335	0	In Process
NY 46-17	Upgrade Apartment and Halls	1460		10,000	0	0	0	
Salisbury Gardens	Replace Roofs, Gutters and Leaders	1460		47,329	0	0	0	

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

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

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			CFPP (Yes/ No):		Federal FFY of Grant:	
		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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NY 46-17	Upgrade Community Building	1470		10,000	4,410	4,410	0	In Process
Salisbury Gardens	Upgrade Infestation Prevention	1460		0	12,519	12,519	0	In Process
	Termite Prevention	1460		0	5,732	5,732	0	In Process
PHA-Wide	Provide Funds for Operation	1406		324,777	324,777	324,777	324,777	Complete
Operations	of CFP Program							
Management	Provide Funding for Studies	1408		324,777	77,271	77,271	77,271	Complete
Improvement	and Implementation							
Administration	Provide Necessary Advertisements	1410		5,000	0	0		
	Provide Necessary Staff Support	1410		157,388	160,000	160,000	0	In Process
Fees and Costs	HUD and State Requirements	1430		50,000	45,482	45,482	0	In Process
	for A/E Services							
PHA-Wide								
Non Dwelling	Replace Grounds Mtce Equipment	1475		10,000	6,312	6,312	0	In Process
Equipment	Replace Vehicles	1475		50,000	51,925	51,925	0	In Process
	Replace Office Equipment	1475		5,000	705	705	0	In Process

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2008
PHA Name: Town of Hempstead Housing Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NY46-1 Newbridge	9/2010	3/2009	9/2011		
NY46-2 Green Acres	9/2010	3/2009	9/2011		
NY46-3 Park Gardens	9/2010	3/2009	9/2011		
NY46-4 Bayview	9/2010	3/2009	9/2011		
NY46-5 Inwood	9/2010	3/2009	9/2011		
NY46-6 Brookside	9/2010	3/2009	9/2011		
NY46-7 Meadowbrook	9/2010	3/2009	9/2011		
NY46-8 Mill river	9/2010	3/2009	9/2011		
NY46-9 Bellmore	9/2010	3/2009	9/2011		
NY46-10 Westover	9/2010	3/2009	9/2011		
NY46-11 Dogwood	9/2010	3/2009	9/2011		
NY46-12 Eastover	9/2010	3/2009	9/2011		
NY46-14 Centennial	9/2010	3/2009	9/2011		
NY46-17 Salisbury	9/2010	3/2009	9/2011		

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

Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2008
PHA Name: Town of Hempstead Housing Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide Management Improvements	9/2010	12/2008	9/2011	12/2008	
PHA Wide Administrations	9/2010	3/2009	9/2011		
PHA Wide Operations	9/2010	3/2009	9/2011	9/2008	
Fees & Costs	9/2010	3/2009	9/2011		
PHA Wide Non Dwelling	9/2010	3/2009	9/2011		

<sup>1</sup> 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.

**COMMENTS OF THE RESIDENT ADVISORY BOARD  
and  
COMMENTS AT PUBLIC HEARING**

**Question:** Is it possible to replace the stoves in Bellmore and Salisbury

**Answer:** As a matter of fact, new stoves for Bellmore and Salisbury are included as items in the budget for the stimulus funding we received.

**Question:** When will the apartments in Bellmore be painted?

**Answer:** This question was asked last year. There is currently a painting contract in place. The contractor should be contacting you shortly to schedule the painting of your apartment. Those complexes not included in this contract will be painted next year.

**Question:** There is a problem with parking at Dogwood Terrace in Franklin Square.

**Answer:** Yes. As a matter of fact, if you look at the Annual Plan, you will see we have included an item for enlarging the existing parking lot.

**Question:** We need better security and security cameras.

**Answer:** We want everyone to feel safe and secure. Your safety is one of our top priorities. We are patrolled by the Town of Hempstead Department of Public Safety. I think that is very important. If all of you keep the security doors closed and do not buzz in people you do not know, the buildings will remain safe at all times. We have installed security screens on the lower floor windows and are regularly inspecting site lighting and upgrading it for security purposes. If you have any indication of any illegal activities going on in the buildings or are aware of any people living in apartments who are not actually on leases, please notify us as soon as possible. We maintain an ongoing dialogue with each of the precincts within our jurisdiction and work closely with them when a problem is reported to us. Reports of suspect behavior or incidents are investigated thoroughly. We maintain a zero tolerance policy.

**Question:** Why don't you purchase leaf mulchers to more efficiently deal with the leaves.

**Answer:** That's a good question and it has never come up before. However, coincidentally, we just purchased our first one to see how effective it is. If it saves time and proves a more effective method of dealing with the leaves, we will purchase more of them.

**Question:** What can be done about the recent increase in bedbugs?

**Answer:** This problem disturbs all of us. We have worked aggressively to curtail the termite and roach problems and those efforts have met with great success. Having now reduced those problems significantly, we are faced with a new problem that is much harder to fight. Again, we are working very aggressively with Mr. Skinner whose company is in the forefront of eliminating this problem. It comes back to you. We are spending a great deal of money to treat apartments where they are found, but if you who have your apartments treated do not follow through with the cleaning of your things before taking them back into your apartments, the problem will quickly return, which is what we are seeing. We cannot continue to finance the treatments in your apartments if you are not going to cooperate completely. I want to introduce Mr. Jim Skinner, who is not only our exterminator, but also fast becoming a leading expert on the treatment of bedbugs.

**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.

TOWN OF HEMPSTEAD HOUSING AUTHORITY

NY 046

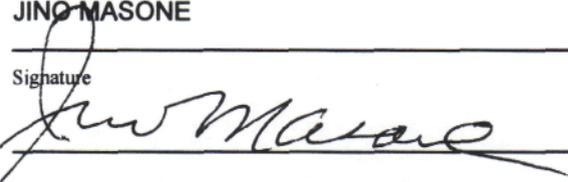
PHA Name

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	Title
JINO MASONE	CHAIRMAN, BOARD OF COMMISSIONERS
Signature	Date
	10/13/2009

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

TOWN OF HEMPSTEAD HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND 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)

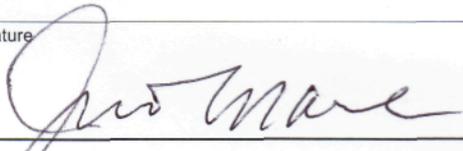
Name of Authorized Official

JINO MASONE

Title

CHAIRMAN, BOARD OF COMMISSIONERS

Signature



Date (mm/dd/yyyy)

10/13/2009

Previous edition is obsolete

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

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

TOWN OF HEMPSTEAD HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

## CAPITAL FUND 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;

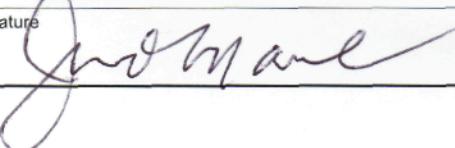
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

**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.)

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 <b>JINO MASONE</b>	Title <b>CHAIRMAN, BOARD OF COMMISSIONERS</b>
Signature 	Date <b>10/13/2009</b>

X

**TOWN OF HEMPSTEAD HOUSING AUTHORITY  
760 JERUSALEM AVENUE  
UNIONDALE, NEW YORK 11553**

<b>NY046-1 Newbridge Gardens</b>	<b>555 N. Newbridge Rd., Levittown, NY 11756</b>
<b>NY046-2 Green Acres</b>	<b>400 Flower Rd., Valley Stream, NY 11580</b>
<b>NY046-3 Park Gardens</b>	<b>835/840 Uniondale Ave., Uniondale, NY 11553</b>
<b>NY046-4 Bayview Gardens</b>	<b>339 Bayview Ave., Inwood, NY 11096</b>
<b>NY046-5 Inwood Gardens</b>	<b>255 Lawrence Ave., Inwood, NY 11096</b>
<b>NY046-6 Brookside Gardens</b>	<b>1810 Grand Ave., Baldwin, NY 11510</b>
<b>NY046-7 Meadowbrook Gardens</b>	<b>750 Jerusalem Ave., Uniondale, NY 11553</b>
<b>NY046-8 Mill River Gardens</b>	<b>2900 Rockaway Ave., Oceanside, NY 11572</b>
<b>NY046-9 Bellmore Gardens</b>	<b>2000/2025 Bellmore Ave., Bellmore, NY 11710</b>
<b>NY046-10 Westover Gardens</b>	<b>132-158 Elmont Rd., Elmont, NY 11003</b>
<b>NY046-11 Dogwood Terrace</b>	<b>1170-1180 Martha Pl., Franklin Square, NY 11010</b>
<b>NY046-12 Eastover Gardens</b>	<b>1150 Seaman's Neck Rd., Wantagh, NY 11793</b>
<b>NY046-14 Centennial Gardens</b>	<b>2 Babylon Turnpike, Roosevelt, NY 11575</b>
<b>NY046-17 Salisbury Gardens</b>	<b>460 Salisbury Park Dr., Westbury, NY 11590</b>

**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, Rosemary A. Olsen the Director, NCOHIA certify that the Five Year and  
Annual PHA Plan of the Town of Hempstead Housing is consistent with the Consolidated Plan of  
Nassau County prepared pursuant to 24 CFR Part 91.

11/4/09 Rosemary A. Olsen  
Signed / Dated by Appropriate State or Local Official