



5.2	<p><b>Goals and Objectives.</b> Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p>BMHA concentrated on efforts to improve specific management functions by continually increasing and/or improving quality control management functions in public housing finance and voucher unit inspections the last five years. We continued to modernize our public housing units with CFP funds. We demolished two units of Public Housing that repairs and general maintenance were cost prohibitive as planned. BMHA consistently maintained high performer status for all of the past five years in both PH and the HCV program which speaks to the soundness of our internal quality control efforts.</p> <p>Implement voucher homeownership program: When and if funding allows through legislative action. No legislative action has funded a homeownership program and we have not adopted one.</p> <p>Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: The BMHA ACOP contains provisions for deconcentrating poverty in public housing. There was no evidence of poverty concentration in any BMHA property when compared to the census tracts where our developments are located in the last five years. In the event this would happen we would follow the adopted agency deconcentration policy.</p> <p>Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: BMHA markets our developments to all eligible income groups without steering anyone toward higher or lower income properties.</p> <p>Continue public housing security measures. BMHA continued security measures at targeted developments to ensure resident safety and will continue these efforts over the next five years if adequate funding is available.</p> <p>Provide or attract supportive services to improve assistance recipients’ employability: BMHA continued to advocate on behalf of our residents to provide or attract supportive services to increase independence for the elderly or families with disabilities the past five years and will continue to do so the next.</p> <p>Ensure equal opportunity and affirmatively further fair housing BMHA strives to ensure access to our assisted housing regardless of race, color, religion national origin, sex, familial status, and disability and will continue to do so.</p> <p>BMHA continually reviews and determines whether demolition or disposition of some units due to location, condition, marketability or modernization costs are appropriate.</p> <p style="padding-left: 40px;">We demolished Washington Street (2 units of 20-05) during the last five years, we have a recently approved SAC application to demolish Hamilton Street (4 units of 20-5).</p> <p>In order to provide a more secure and cohesive work environment for office staff, BMHA will deprogram four apartments on the first floor of the main administrative office building for office space.</p> <p style="padding-left: 40px;">We identified this goal in our last five year plan. Due to funding shortfalls in the capital fund program this goal was not met. We hope, dependent on funding, to meet this goal in the upcoming five years.</p>
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: n/a</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. BMHA Main Office, 100 S. 3<sup>rd</sup> St., Martins Ferry, OH 43935</p>
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> Include statements related to these programs as applicable. We have a recently approved SAC application for 4 units at Hamilton Street part of 20-5, AMP 4, but it has not changed since last annual plan.</p>

8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.
8.1	<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. Attached Final P& E for 501-07; P & E for 501-08, 501-09S and 501-09; Annual Statement for 501-10.
8.2	<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. Attached HUD-50075.2
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.

**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.

The CHIS for Belmont County identified the following housing needs: For low to moderate income families' affordability is the main issue with a high percentage of rental households paying more than 30% of their income for rent. Supply of larger units (3br or larger) is low as well as suitability of rental housing stock since 32% of all units were built before 1940 and are not energy efficient. BMHA's wait lists contains a very high percentage of applicants with less than 30% of area median income so affordability is the main concern of applicants on our wait lists for both PH and Section 8 tenant-based waiting lists. While the area CHIS identified a lack of larger units (3br or larger) our wait list for public housing does not support that demand with only 2% of families waiting for a larger unit but 19% of the HCV wait list requires a 3br or larger unit and we provide listing of available units and contact our larger landlords for assistance in housing, we do not find an issue with applicants finding the larger units but one bedroom which we market heavily existing units.

**BMHA Waiting List Data**

<b>Demographic</b>	<b>Public Housing</b>	<b>Section 8</b>
Extremely low income	62	79
Very low income	20	66
Low income income	8	21
Elderly families	14	28
Families with disabilities	25	60
<b>Race</b>		
White	126	318
Black/African American	24	52
Asian	0	0
American Indian/Alaska Native	2	4
<b>Ethnicity</b>		
Hispanic or Latino	0	1
<b>Bedroom size required</b>		
Zero bedrooms	0	0
One bedroom	54	62
Two bedrooms	32	72
Three bedrooms	3	29
Four bedrooms	1	2
Five bedrooms	0	1
Over five bedrooms	0	0

<b>Family composition</b>	<b>Public Housing</b>	<b>Section 8</b>
Families with no children	64	76
Families with 1 child	17	44
Families with 2 children	7	36
Families with 3 children	2	5
Families with 4 children	0	4
Families with 5 children	0	0
Families with 6 children	0	1
<b>Total families on waiting list</b>	<b>90</b>	<b>166</b>

The strategy for meeting those needs are as follows:

- 1) Maximize the number of affordable units available to the PHA within its current resources by the use of effective maintenance and management policies to minimize the number of vacant public housing units by maintaining occupancy and quick turnover of vacant units. We maintain a 97% and above level of occupancy and will strive to continue to do so.
- 2) Continue through the use of capital funds to make our public housing units energy efficient by continually updating systems, windows, etc.
- 3) Continue to monitor our Section 8 program to utilize available funding to the fullest which result in the greatest number of families being served. We currently expend 99% of funding and will strive to maintain a high percentage of utilization.

9.0

<p>9.1</p>	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> Continue efforts to keep our vacancies low and unit turnaround time quick for public housing. Continue to strive to serve as many families as possible for Section 8 HCV program by managing our program to utilize available funding to the fullest extent possible. We continually analyze the Section 8 HCV program to ensure the maximum number of families are being served with the dollars provided. Our analysis entails reviewing how many families issued vouchers actually utilize the voucher which dictates how many vouchers are put on the street and keeping a close eye on funding and future projections to see that we live within our budget while utilizing our funds to the maximum extent possible without going over budget.</p> <p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. We continue to keep our vacancies low and our unit turnaround time quick to maximize the availability of our units. We continue to improve the quality of our housing through the use of capital funds to modernize our units and constantly strive to deliver high quality service to our residents by our management and maintenance staff. Training has been provided for staff in asset management, project based accounting, inspections of units, maintenance repairs, and customer service. BMHA selects families based on the following preferences: A. Residency Preference for families head or spouse, who live, work or have been hired to work (or who are attending school) in the jurisdiction. B. Applicants with an adult family member who is a Veteran of the Armed Forces of the United States. C. Families with at least one adult who is employed. This preference is extended equally to elderly families or families whose head or spouse is receiving income based on their inability to work. Our preferences are designed to meet the needs of the local jurisdiction, to promote family self-sufficiency by encouraging work while not discriminating against the elderly and disabled population. Each preference is worth 5 points and all applicants are ranked by total number of points. For public housing this is maintained by bedroom size waiting list (BMHA does not maintain site based wait lists) and overall for the HCV program after meeting the statutory income targeting requirements. BMHA is designated a High Performer in both PH and HCV and that is a positive indication of our success in meeting our goals and objectives and we will continue to strive to maintain high performer status. We continue to monitor both programs for poverty concentration by census tract if we found a concentration of poverty in any one public housing development we would then follow the adopted deconcentration policy.</p>
<p>10.0</p>	<p>See section 5.2</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, or objectives, or plans of the agency and which require formal approval of the Board of Commissioners.</p>
<p>11.0</p>	<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> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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

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

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

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

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

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

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

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

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

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

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

<b>Part I: Summary</b>	
<b>PHA Name: Belmont MHA</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-10 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>	65,980			
3	1408 Management Improvements	150,000			
4	1410 Administration (may not exceed 10% of line 21)	108,331			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	52,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	380,000			
10	1460 Dwelling Structures	327,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <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.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Belmont MHA		<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-10 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,083,311				
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	150,000				
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</b>	<b>Signature of Public Housing Director</b>		

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

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Belmont MHA			<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-10 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</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>	
AMP 1								
20-1 Hartman Manor	Dumpster Enclosure	1450	1	5,500				
20-4 Laslo Building	Dumpster Enclosure	1450	1	5,500				
AMP 2								
20-2 St. Myer Terrace	Roofs, Gutters, DS, S&F	1460	Lot	300,000				
	Dumpster Enclosures	1450	6	28,500				
	Signage	1450	Lot	3,000				
20-10 Starcher	Roofs, Gutters, DS, S&F	1460	Lot	27,000				
	Dumpster Enclosure	1450	Lot	5,500				
	Signage	1450	Lot	500				
20-14 ER Mackey	Signage	1450	Lot	3,000				

<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: Belmont MHA					<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	
AMP 1	10/1/2012		10/1/2014		
AMP 2	10/1/2012		10/1/2014		
AMP 3	10/1/2012		10/1/2014		
AMP 4	10/1/2012		10/1/2014		

<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.



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

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

<b>Part I: Summary</b>						
PHA Name/Number Belmont MHA OH020		Locality (Martins Ferry/Belmont & OH)			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	592,500	735,500	799,000	751,000
C.	Management Improvements		300,000	150,000	150,000	150,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		108,331	108,331	108,331	108,331
F.	Other					
G.	Operations		82,480	89,480	25,980	73,980
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,083,311	1,083,311	1,083,311	1,083,311
L.	Total Non-CFP Funds					
M.	Grand Total		1,083,331	1,083,311	1,083,311	1,083,311

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

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

<b>Part I: Summary (Continuation)</b>						
PHA Belmont MHA/OH020		Locality (Martins Ferry/Belmont & OH)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
		Annual Statement				









# CAPITAL FUND PROGRAM

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

<b>PHA Name:</b> Belmont Metropolitan Housing Authority 100 South Third Street, Martins Ferry, OH 43935	<b>Grant Type and Number:</b> Capital Fund Program Grant No: OH16P02050107 Replacement Housing Factor Grant No.	<b>FFY of Grant Approved:</b> 2007
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Original Annual Statement   
  Reserve for Disasters/Emergencies   
  Revised Annual Statement - Revision No. 3  
 Performance and Evaluation Report for Period Ending: 09/30/09   
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 10% of line 16)	29,930.25	29,930.25	29,930.25	29,930.25
3	1408 Management Improvements Soft Costs	152,000.00	152,000.00	152,000.00	152,000.00
4	1410 Administration	100,077.00	100,077.00	100,077.00	100,077.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	54,355.75	54,355.75	54,355.75	54,355.75
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000.00	50,000.00	50,000.00	50,000.00
10	1460 Dwelling Structures	613,456.00	613,456.00	613,456.00	613,456.00
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	950.00	950.00	950.00	950.00
15	1490 Replacement Reserve				
16	1492 Moving to Work Demolition				
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant (Sum of lines 2-14)</b>	<b>1,000,769.00</b>	<b>1,000,769.00</b>	<b>1,000,769.00</b>	<b>1,000,769.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs	100,000.00	152,000.00	152,000.00	152,000.00
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

10/09/09

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Belmont Metropolitan Housing Authority 100 South Third Street, Martins Ferry, OH 43935			Grant Type and Number: Capital Fund Program Grant No. OH16P02050107 Replacement Housing Factor Grant No.			FFY of Grant Approved: 12/31/2007		
Development Number Name/HA Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OH020 20-2 St Myer	Concrete	1450	lot	9,645.00	9,645.00	9,645.00	9,645.00	Complete
OH020 20-4 Laslo	A/C Flooring/Library	1460 1460	lot	161,000.00 700.00	161,000.00 700.00	161,000.00 700.00	161,000.00 700.00	Complete Complete
OH020 20-5	(Kimball 950.00 hazardous material study)	1485		950.00	950.00	950.00	950.00	Delete Complete
Monroe Court	Roofs,Gutters,DS,Sofit,Siding	1460		58,210.00	58,210.00	58,210.00	58,210.00	Complete
Spruce,Hamilton, Vine	Roofs,Gutters,DS,Soffit,Siding	1460		63,855.00	63,855.00	63,855.00	63,855.00	Complete
17th Street	Roofs,Gutters,DS,Soffit,Siding	1460		57,676.00	57,676.00	57,676.00	57,676.00	Complete
OH20-07 Shadyside	Flooring Common Areas	1460		37,000.00	37,000.00	37,000.00	37,000.00	Complete
	Exhaust Fans Kit & Bath	1460		5,950.00	5,950.00	5,950.00	5,950.00	Complete

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OH20-08 Wayne Hays Colonial	Flooring Common Areas	1460		37,000.00	37,000.00	37,000.00	37,000.00	Complete
	Exhaust Fans Kit & Bath	1460		5,100.00	5,100.00	5,100.00	5,100.00	Complete
20-9 Wayne Hays Tower	Flooring Common Areas	1460		72,500.00	72,500.00	72,500.00	72,500.00	Complete
	Exhaust Fans Kit & Bath	1460		16,320.00	16,320.00	16,320.00	16,320.00	Complete
OH020-20-11 Francis Wallace	Roofs,Gutters, & DS	1460		98,145.00	98,145.00	98,145.00	98,145.00	Complete

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OH020-20-14 Mackey	Concrete	1450		40,355.00	40,355.00	40,355.00	40,355.00	Complete
PHA Wide	Plan approval laslo hvac	1430	lot	1,355.75	1,355.75	1,355.75	1,355.75	Complete
	A & E	1430		45,800.00	45,800.00	45,800.00	45,800.00	Complete
	Environmental Review	1430						Delete
	Energy Audit	1430		7,200.00	7,200.00	7,200.00	7,200.00	Complete
	Administrative Salaries	1410		100,077.00	100,077.00	100,077.00	100,077.00	Complete
	Security	1408		152,000.00	152,000.00	152,000.00	152,000.00	Complete
	Operations 2008 Chevy Colorado Truck 17,108.18 2009 Ford Pick up Truck 12,822.07	1406		29,930.25	29,930.25	29,930.25	29,930.25	Complete

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

<b>PHA Name:</b> Belmont Metropolitan Housing Authority 100 South Third Street, Martins Ferry, OH 43935			<b>Grant Type and Number:</b> Capital Fund Program Grant No: OH16P02050107 Replacement Housing Factor Grant No.			<b>FFY of Grant Approved</b> 12/31/2007
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Development Number/HA Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
20-01	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-02	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-03	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-04	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-05	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-06	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-07	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-08	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-09	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-10	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-11	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-12	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-13	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-14	9/12/2009		7/1/2009	9/12/2011		8/17/2009	
20-15	9/12/2009		7/1/2009	9/12/2011		8/17/2009	



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FFY:	Work Statement for Year 3 FFY Grant: PHA FFY:	Work Statement for Year 4 FFY Grant: PHA FFY:	Work Statement for Year 5 FFY Grant: PHA FFY:
	<p><b>See Annual Statement</b></p>				
<b>Totals This Page</b>					

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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Developed by:  
**Kevin R. Blum - Forms Developer**

### Version 2.1e

Changed Date format to 4-digit year.

### Version 3.1b

Unprotected Account number and descriptions.

### Version 3.1c

Updated to CAP Fund requirements

File Directory C:\Documents and Settings\LocalService\My Documents\

### DATA COLLECTION

HA_NAME	Belmont Metropolitan Housing Au
HA_ADDRESS	100 South Third Street
HA_CITY	Martins Ferry
HA_STATE	35
HA_ZIP	43935
HA_PROJ_NUM	
HA_FYE_DATE	12/31/2007
CIAP_REV_NO	6
PeriodEnding	12/31/2007
PeriodEndingChk	1
HA_PILOT	
EvalRepRevDate	
FiveYearRevNum	

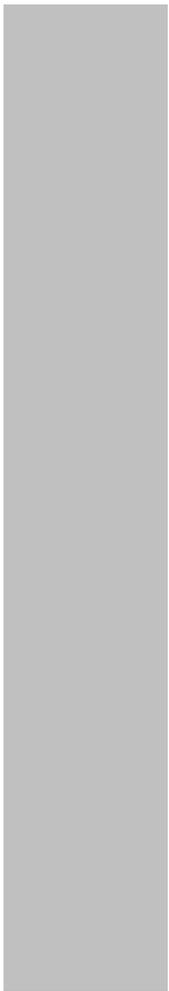
If necessary to make change  
this data, enter only in the cells  
with the yellow background.

OH

43935

HA\_PILOT1

States	
AK	1
AL	2
AR	3
AZ	4
CA	5
CO	6
CT	7
DC	8
DE	9
FL	10
GA	11
HI	12
IA	13
ID	14
IL	15
IN	16
LA	17
KS	18
MA	19
MD	20
ME	21
MI	22
MN	23
MO	24
MS	25
MT	26
NC	27
ND	28
NE	29
NH	30
NJ	31
NM	32
NV	33
NY	34
OH	35
OK	36
OR	37
PA	38
RI	39
SC	40
SD	41
TN	42
TX	43
UT	44
VA	45
VT	46
WA	47
WI	48
WV	49
WY	50



# CAPITAL FUND PROGRAM

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

<b>PHA Name:</b> Belmont Metropolitan Housing Authority	<b>Grant Type and Number:</b> Capital Fund Program Grant No: OH16P02050108 Replacement Housing Factor Grant	<b>FFY of Grant Approved:</b>  2008
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Original Annual Statement   
  Reserve for Disasters/Emergencies   
  Revised Annual Statement - Revision No. 4

Performance and Evaluation Report for Period Ending: 9/30/2009   
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 10% of line 16)	213,565.00	68,949.27	41,098.31	39,003.31
3	1408 Management Improvements Soft Costs	150,000.00	150,000.00	150,000.00	96,618.50
4	1410 Administration	109,308.00	109,308.00	109,308.00	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	43,500.00	41,500.00	41,500.00	41,002.00
8	1440 Site Acquisition				
9	1450 Site Improvement	188,101.00	88,101.00	69,332.00	38,101.00
10	1460 Dwelling Structures	142,259.00	388,874.73	388,874.73	81,079.00
11	1465.1 Dwelling Equipment--Nonexpendable	55,000.00	55,000.00		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	191,350.00	191,350.00		
15	1490 Replacement Reserve				
16	1492 Moving to Work Demolition				
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant (Sum of lines 2-14)</b>	<b>1,093,083.00</b>	<b>1,093,083.00</b>	<b>800,113.04</b>	<b>295,803.81</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs	150,000.00	150,000.00	150,000.00	96,618.50
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

10/09/09

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Belmont Metropolitan Housing Authority			Grant Type and Number: Capital Fund Program Grant No: OH16P02050108 Replacement Housing Factor Grant No.			FFY of Grant Approved: 2008		
Development Number Name/HA Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AMP 1 Hartman 20-1	Refrigerators (IH)	1465	lot	18,000.00	18,000.00			Pending
WLH Tower 20-9	Refrigerators (IH)	1465	lot	37,000.00	37,000.00			Pending
AMP 2 Starcher 20-10	Replace original furnaces with high efficiency electric furnace and add a/c (put in Stimulus 501-09S)	1460	lot					Delete
AMP 3 Shadyside 20-7	Concrete,Retaining Wall& Drainage	1450	lot	28,536.00	28,536.00	28,536.00		In Progress
Bellaire Scattered 20-5	Community Room Heat Pump Replacement	1460			6,510.00	6,510.00		In Progress
	Demo	1485	4	191,350.00	191,350.00			Pending
Hamilton	Replace decking/railings on front façade	1460			28,673.00	28,673.00		In Progress
Hamilton	Concrete(stoops/walk)	1450			2,695.00	2,695.00		In Progress
15th St	Roofs, Gutters, DS, Soffit, Siding	1460		45,692.00	45,692.00	45,692.00	34,885.60	In Progress
Atchison Rd	Roofs, Gutters, DS, Soffit, Siding	1460		51,326.00	51,326.00	51,326.00	46,193.40	In Progress

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
20-5	Replace original furnaces with high efficiency electric furnaces and add a/c	1460			211,432.73	211,432.73		In Progress
	Concrete (501-08 = 38101.00 501/07 = 50,000.00 = 88,101.00 Huffner)	1450	lot	38,101.00	38,101.00	38,101.00	38,101.00	Complete
Indian Run 20-15	Roofs, Gutters, DS, Soffit, Siding	1460	lot	45,241.00	45,241.00	45,241.00		In Progress
20-1 - 20-15	Concrete/Asphalt work as needed	1450	lot	121,464.00	18,769.00			Pending
PHA - Wide	A& E Fees	1430	lot	41,500.00	41,500.00	41,500.00	41,002.00	In Progress
	Environmental Review	1430	lot	2,000.00				Delete
	Security	1408	lot	150,000.00	150,000.00	150,000.00	96,618.50	In Progress
	Administrations	1410	lot	109,308.00	109,308.00	109,308.00		In Progress
	Operations - 9,910.00 2003 Dodge Van 12,568.69 2008 Dodge van 3,535.93 2009 Ford Pick Up 12,988.69 2008 Chevy Pick-upSilverado 2,095.00 Tail gate lift	1406	lot	213,565.00	68,949.27	41,098.31	39,003.31	In Progress



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

<b>PHA Name:</b> Belmont Metropolitan Housing Authority	<b>Grant Type and Number:</b> Capital Fund Program Grant No: OH16P02050108 Replacement Housing Factor Grant No.	<b>FFY of Grant Approved</b>  2008
--	---	--

Development Number/HA Wide	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AMP 1 (20-1, 20-9)	6/12/2010			6/12/2012			
AMP 2	6/12/2010			6/12/2012			
AMP 3	6/12/2010			6/12/2012			
AMP 4 (20-5, 20-15)	6/12/2010			6/12/2012			



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FFY:	Work Statement for Year 3 FFY Grant: PHA FFY:	Work Statement for Year 4 FFY Grant: PHA FFY:	Work Statement for Year 5 FFY Grant: PHA FFY:
	<p><b>See Annual Statement</b></p>				
<b>Totals This Page</b>					

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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## HMS HUD Forms

Version 3.1c 05/10/2001

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**(608) 785-7650**

Check out our web site at: [www.habinc.com](http://www.habinc.com)

Developed by:  
**Kevin R. Blum - Forms Developer**

### Version 2.1e

Changed Date format to 4-digit year.

### Version 3.1b

Unprotected Account number and descriptions.

### Version 3.1c

Updated to CAP Fund requirements

File Directory C:\Documents and Settings\LocalService\My Documents\

## DATA COLLECTION

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HA_ADDRESS	100 South Third Street
HA_CITY	Martins Ferry
HA_STATE	35
HA_ZIP	43935
HA_PROJ_NUM	
HA_FYE_DATE	06/30/05
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PeriodEnding	2008
PeriodEndingChk	1
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EvalRepRevDate	9/30/2009
FiveYearRevNum	

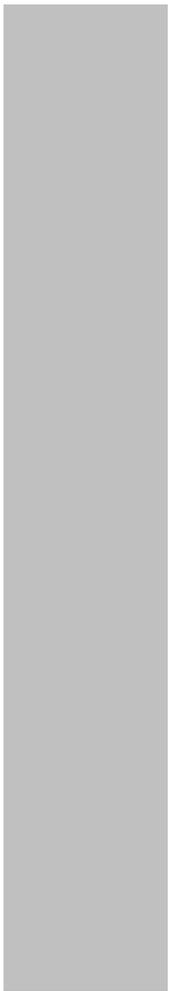
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with the yellow background.**

OH

43935

HA\_PILOT1

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AZ	4
CA	5
CO	6
CT	7
DC	8
DE	9
FL	10
GA	11
HI	12
IA	13
ID	14
IL	15
IN	16
LA	17
KS	18
MA	19
MD	20
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NV	33
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OH	35
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OR	37
PA	38
RI	39
SC	40
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WA	47
WI	48
WV	49
WY	50



# CAPITAL FUND PROGRAM

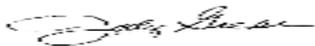
## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

<b>PHA Name:</b> Belmont Metropolitan Housing Authority	<b>Grant Type and Number:</b> Capital Fund Program Grant No: OH16S02050109 Stimulus Replacement Housing Factor Grant	<b>FFY of Grant Approved:</b>  2009
--	--	---

Original Annual Statement   
  Reserve for Disasters/Emergencies   
  Revised Annual Statement - Revision No. 2  
 Performance and Evaluation Report for Period Ending: 9/30/2009   
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 10% of line 16)				
3	1408 Management Improvements Soft Costs				
4	1410 Administration	10,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	90,427.00	90,427.00	90,427.00	78,157.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,283,200.00	1,293,200.00	1,293,200.00	529,039.74
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demolition				
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant (Sum of lines 2-14)</b>	<b>1,383,627.00</b>	<b>1,383,627.00</b>	<b>1,383,627.00</b>	<b>607,196.74</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



10/09/09

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Belmont Metropolitan Housing Authority			Grant Type and Number: Capital Fund Program Grant No: OH16S02050109 Stimulus Replacement Housing Factor Grant No.			FFY of Grant Approved: 2009		
Development Number Name/HA Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AMP 2 St Myer Terrace 20-2	Replace original furnaces with high efficiency gas furnaces and add a/c	1460	lot	390,000.00	382,000.00	382,000.00	317,625.90	In Progress
Townhouse 20-6	Replace original furnaces with high efficiency gas furnaces and add a/c	1460	lot	7,800.00	7,738.00	7,738.00	6,707.90	In Progress
Starcher 20-10	Replace original furnaces with high efficiency electric furnaces and add a/c (501-09S & 501-08)	1460	lot	77,500.00	64,189.00	64,189.00		In Progress
Mackey 20-14	Replace original furnaces with high efficiency gas furnaces and add a/c	1460	lot	39,000.00	38,200.00	38,200.00	33,748.30	In Progress
AMP 4 Bellaire Scatered 20-5	Replace original furnaces with high efficiency gas furnaces and add a/c	1460	8	31,200.00	44,841.00	44,841.00	20,537.75	In Progress
	Replace original furnaces with high efficiency electric furnaces and add a/c (501-09S & 501-08)	1460	66	511,500.00	418,562.56	418,562.56		In Progress

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AMP 4								
Francis Wallace 20-11	Replace original furnaces with high efficiency gas furnaces and add a/c	1460	48	187,200.00	281,639.44	281,639.44	124,267.56	In Progress
Indian Run 20-15	Replace original furnaces with high efficiency gas furnaces and add a/c	1460	lot	39,000.00	56,030.00	56,030.00	26,152.33	In Progress
Agency Wide	A & E Fees	1430	lot	90,427.00	90,427.00	90,427.00	78,157.00	In Progress
	Administrations	1410		10,000.00				Deleted



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

<b>PHA Name:</b> Belmont Metropolitan Housing Authority	<b>Grant Type and Number:</b> Capital Fund Program Grant No: OH16S02050109 Stimulus Replacement Housing Factor Grant No.	<b>FFY of Grant Approved</b>  2009
--	--	--

Development Number/HA Wide	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AMP 2 (20-2,20-6,20-10,20-14)	3/18/2010			3/18/2012			
AMP 4 (20-5,20-11,20-15)	3/18/2010			3/18/2012			



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FFY:	Work Statement for Year 3 FFY Grant: PHA FFY:	Work Statement for Year 4 FFY Grant: PHA FFY:	Work Statement for Year 5 FFY Grant: PHA FFY:
	<p><b>See Annual Statement</b></p>				
<b>Totals This Page</b>					

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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Version 3.1c 05/10/2001

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**(608) 785-7650**

Check out our web site at: [www.habinc.com](http://www.habinc.com)

**Developed by:  
Kevin R. Blum - Forms Developer**

### Version 2.1e

Changed Date format to 4-digit year.

### Version 3.1b

Unprotected Account number and descriptions.

### Version 3.1c

Updated to CAP Fund requirements

File Directory C:\Documents and Settings\LocalService\My Documents\

## DATA COLLECTION

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HA_ADDRESS	100 South Third Street
HA_CITY	Martins Ferry
HA_STATE	35
HA_ZIP	43935
HA_PROJ_NUM	
HA_FYE_DATE	07/01/05
CIAP_REV_NO	2
PeriodEnding	2009
PeriodEndingChk	1
HA_PILOT	
EvalRepRevDate	9/30/2009
FiveYearRevNum	

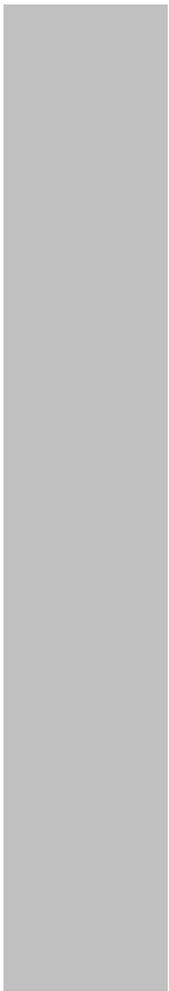
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OH

43935

HA\_PILOT1

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# CAPITAL FUND PROGRAM

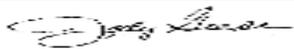
## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

<b>PHA Name:</b> Belmont Metropolitan Housing Authority	<b>Grant Type and Number:</b> Capital Fund Program Grant No: OH16P02050109 Replacement Housing Factor Grant	<b>FFY of Grant Approved:</b>  2009
--	---	---

Original Annual Statement   
  Reserve for Disasters/Emergencies   
  Revised Annual Statement - Revision No. 1  
 Performance and Evaluation Report for Period Ending: 9/30/09   
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (may not exceed 10% of line 16)	47,075.00	38,280.00		
3	1408 Management Improvements Soft Costs	100,000.00	100,000.00		
4	1410 Administration	109,308.00	108,331.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	54,700.00	54,700.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000.00	50,000.00		
10	1460 Dwelling Structures	732,000.00	732,000.00		
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demolition				
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant (Sum of lines 2-14)</b>	<b>1,093,083.00</b>	<b>1,083,311.00</b>		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



10/09/09

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Belmont Metropolitan Housing Authority			Grant Type and Number: Capital Fund Program Grant No: OH16P02050109 Replacement Housing Factor Grant No.			FFY of Grant Approved: 2009		
Development Number Name/HA Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AMP 1								
Selby 20-13	Kitchen Cabinets	1460	lot	140,000.00	140,000.00			Pending
	Flooring	1460	lot	125,000.00	125,000.00			Pending
	HVAC Units	1460	lot	150,000.00	150,000.00			Pending
AMP 2								
Starcher 20-10	Bi-Fold Doors	1460	lot	11,000.00	11,000.00			Pending
Mackey 20-14	Bi-Fold Doors	1460	lot	11,000.00	11,000.00			Pending

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AMP 3								
WLH Colonial 20-8	Kitchen Cabinets and sinks	1460	lot	84,000.00	84,000.00			Pending
	Flooring	1460	lot	75,000.00	75,000.00			Pending
AMP 4								
Bellaire Scattered	Bi-Fold Doors	1460	lot	72,000.00	72,000.00			Pending
Francis Wallace	Bi-Fold Doors	1460	lot	53,000.00	53,000.00			Pending
Indian Run 20-15	Bi-Fold Doors	1460	lot	11,000.00	11,000.00			Pending

PHA Wide	Concrete as needed	1450		50,000.00	50,000.00		Pending
	A & E Fees	1430		54,700.00	54,700.00		Pending
	Security	1408		100,000.00	100,000.00		Pending
	Administration	1410		109,308.00	108,331.00		Pending
	Operations	1406		47,075.00	38,280.00		Pending

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
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**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

<b>PHA Name:</b> Belmont Metropolitan Housing Authority	<b>Grant Type and Number:</b> Capital Fund Program Grant No: OH16P02050109 Replacement Housing Factor Grant No.	<b>FFY of Grant Approved</b>  2009
--	---	--

Development Number/HA Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AMP 1	9/15/2011			9/15/2013			
AMP 2	9/15/2011			9/15/2013			
AMP 3	9/15/2011			9/15/2013			
AMP 4	9/15/2011			9/15/2013			



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FFY:	Work Statement for Year 3 FFY Grant: PHA FFY:	Work Statement for Year 4 FFY Grant: PHA FFY:	Work Statement for Year 5 FFY Grant: PHA FFY:
	<p><b>See Annual Statement</b></p>				
<b>Totals This Page</b>					

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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

**Part II: Supporting Pages**

**Work Activities**

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p><b>See Annual Statement</b></p>						
	<b>Subtotal of CFP Estimated Cost</b>			<b>Subtotal of Estimated Cost</b>		

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**Developed by:  
Kevin R. Blum - Forms Developer**

### Version 2.1e

Changed Date format to 4-digit year.

### Version 3.1b

Unprotected Account number and descriptions.

### Version 3.1c

Updated to CAP Fund requirements

File Directory C:\Documents and Settings\LocalService\My Documents\

## DATA COLLECTION

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HA_ADDRESS	100 South Third Street
HA_CITY	Martins Ferry
HA_STATE	35
HA_ZIP	43935
HA_PROJ_NUM	
HA_FYE_DATE	07/01/05
CIAP_REV_NO	1
PeriodEnding	2009
PeriodEndingChk	1
HA_PILOT	
EvalRepRevDate	
FiveYearRevNum	

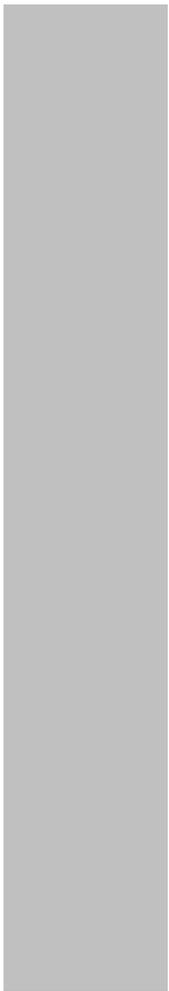
**If necessary to make change  
this data, enter only in the cells  
with the yellow background.**

OH

43935

HA\_PILOT1

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AL	2
AR	3
AZ	4
CA	5
CO	6
CT	7
DC	8
DE	9
FL	10
GA	11
HI	12
IA	13
ID	14
IL	15
IN	16
LA	17
KS	18
MA	19
MD	20
ME	21
MI	22
MN	23
MO	24
MS	25
MT	26
NC	27
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NE	29
NH	30
NJ	31
NM	32
NV	33
NY	34
OH	35
OK	36
OR	37
PA	38
RI	39
SC	40
SD	41
TN	42
TX	43
UT	44
VA	45
VT	46
WA	47
WI	48
WV	49
WY	50



**MINUTES OF THE  
BELMONT METROPOLITAN HOUSING AUTHORITY  
RESIDENT ADVISORY BOARD MEETING**

**DECEMBER 14, 2009**

The Resident Advisory Board met at the Wayne L. Hays Tower, Martins Ferry, Ohio at 10:30 a.m.

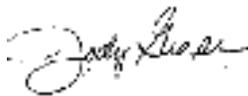
Present:       Kim Craig  
                  Sandy Roberts  
                  Ruby Johnson  
                  Jody Geese, Director  
                  Joyce Tyler, Adm. Asst.

Director noted the changes from last year in the format of the Annual Plan. Ms. Geese informed members that we still maintain our high performer status with HUD and that we manage 726 public housing units and have 275 Section 8 rental assistance families under our housing authority. Our new fiscal year begins April 1, 2010. The Five Year Plan was also reviewed and discussed. The Stimulus funds and projects the housing authority was able to include for residents was briefly discussed. Ms. Craig commented on the furnaces for the family units and the positive feedback from residents. Director explained that we are fully obligated for this funding and well near completion on this project.

Director and members discussed and approved the continuation of the resident calendar, the bi-monthly newsletter—one for family and one for the high rises—and the updating of our orientation video. Both public housing board members appreciated the calendars and newsletters and are in agreement to continue both. Director noted that the orientation video is near completion and updates regulations now in effect. Resident Advisory Board members agreed that Ms. Geese could use remaining funds at her discretion.

HUD has given approval for the demolition of the four Bellaire units discussed at last year's meeting.

Ms. Craig, Ms. Roberts and Ms. Johnson stated they appreciated the review and the favorable working relationship with management that has been maintained over the years. A Good Job vote was given to Director and Staff for another year by the members.



---

Jody Geese, Executive Director

OH020v01h

Attachment H:

2010 Annual and Five Year Plan – Belmont Metropolitan Housing Authority

**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:

**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.

Please see Addendum 6 of the Authority's ACOP for the authorities policy as it relates to VAWA dated March 15, 2007

The Housing Authority does not offer any specific services, activities, or programs for victims of domestic violence.

## **CHANGES TO THE BELMONT METROPOLITAN HOUSING AUTHORITY ADMISSIONS AND CONTINUED OCCUPANCY POLICY EFFECTIVE MARCH 15, 2007**

**The following changes to the Admissions and Continued Occupancy Policy and Procedures have been approved by the Board of Commissioners. Federal Law requires that they become effective immediately: therefore, there is no comment period. These changes are entirely favorable to residents. This language will serve as addendum 6 in the Admission and Occupancy Policy adopted by resolution #1181 on March 15, 2007.**

### **ADDENDUM 6**

**Section 8.4 of the ACOP relating to grounds for denial is amended by adding the following section R.**

- R. No applicant for the public housing program who has been a victim of domestic violence, dating violence, or stalking shall be denied admission into the program if they are otherwise qualified.

The Violence against Women Reauthorization Act of 2005 (VAWA) prohibits denial of admission to an otherwise qualified applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking. Specifically, Section 607(2) of VAWA adds the following provision to Section 6 of the U.S. Housing Act of 1937, which lists contract provisions and requirements for the public housing program:

Every contract for contributions shall provide that...the public housing agency shall not deny admission to the project to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance of admission, and that nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

#### **Victim Documentation**

When an applicant family is facing denial because of the actions of a tenant, Household member, guest, or other person under the tenant's control and a tenant or immediate family member of the tenant's family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating

violence, or stalking, the BMHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

A signed statement (executed on HUD form 50066) by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking.

And:

One of the following:

A Federal, State, tribal, territorial, or local police or court record documenting the actual or threatened abuse.

Or:

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the BMHA within 14 business days after the BMHA request is received by the Victim. Upon written request from the tenant, the BMHA will extend the 14-day Deadline for an additional 10 business days as long as the extension request is Submitted within the initial 14 business-day period. If the individual does not provide the required certification and proper supporting documentation within 14 business days or the approved extension period, the BMHA will proceed with termination of the family's lease.

### **PHA Confidentiality Requirements**

All information provided to the BMHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared database nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

**Section 20.2 of the ACOP relating to lease terminations by the housing authority is amended by adding the following immediately before Section 20.3:**

**PROHIBITION AGAINST TERMINATING TENANCY OF VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING**

The Violence against Women Reauthorization Act of 2005 (VAWA), provides that “criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant’s family is the victim or threatened victim of that abuse.” VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the PHA’s authority to terminate the tenancy of any tenant if the PHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

Although VAWA provides protection from termination for victims of domestic violence, it does not provide protection for perpetrators. In fact, VAWA gives the PHA the explicit authority to bifurcate a lease, or to remove a household member from a lease, “in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant of lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.” This authority supersedes and local, state, or federal law to the contrary. However, if the PHA chooses to exercise this authority, it must follow any procedures prescribed by HUD or by applicable local, state, or federal law for eviction, lease termination, or termination of assistance.

When the actions of a tenant or other family member result in a determination by the BMHA to terminate the family’s lease and another family member claims that the actions involve criminal acts of violence against family members or others, the BMHA will request that the victim submit the required certification and/or supporting documentation in accordance with the stated time frame. If the certification and/or supporting documentation are properly submitted within the required time frame or any approved extension period, the BMHA will bifurcate the lease and evict or terminate the occupancy rights of the perpetrator. If the victim does not provide the certification and supporting documentation, as required, the BMHA will proceed with termination of the family’s lease.

If the BMHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant's tenancy is not terminated, the BMHA will bypass the standard process and proceed with the termination of the family.

### **Victim Documentation**

When an applicant family is facing termination of tenancy because of the actions of a tenant, household member, guest, or other person under the tenant's control and a tenant or immediate family member of the tenant's family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the BMHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

A signed statement (executed on HUD form 50066) by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking.

And:

One of the following:

A Federal, State, tribal, territorial, or local police or court record documenting the actual or threatened abuse.

Or:

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the BMHA within 14 business days after the BMHA request is received by the Victim. Upon written request from the tenant, the BMHA will extend the 14-day Deadline for an additional 10 business days as long as the extension request is Submitted within the initial 14 business-day period. If the individual does not provide the required certification and proper supporting documentation within 14

business days or the approved extension period, the BMHA will proceed with termination of the family's lease.

**Additionally, the following definitions have been approved by the Board of Commissioners for inclusion in the ACOP Glossary.**

The same definitions of “domestic violence,” “dating violence,” and “stalking,” and of “immediate family member” are provided in Sections 606 and 607 of the Violence Against Women’s act of 2005. While definitions of domestic and dating violence refer to standard definitions in the Violence Against Women Act, the definition of stalking provided in Title VI is specific to the housing provisions.

These are:

**1. *Domestic Violence*** – [as defined in Section 40002 of VAWA 1994] which states as follows:

SEC 40002(a)(6) – “DOMESTIC VIOLENCE - The term ‘domestic violence’ includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.”

**2. *Dating Violence*** – [as defined in Section 40002 of VAWA 1994] which states as follows:

SEC 40002(a)(8) – “DATING VIOLENCE- The term ‘dating violence’ means violence committed by a person—

(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and

(B) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- (i) The length of the relationship.
- (ii) The type of relationship.
- (iii) The frequency of interaction between the persons involved in the relationship.”

**3. *Stalking*** – “means –

(A)

- (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and
- (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and

(B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to –

- (i) that person;
- (ii) a member of the immediate family of that person; or
- (iii) the spouse or intimate partner of that person; ...”

**4. *Immediate Family Member*** - “means, with respect to a person –

(A) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or

(B) any other person living in the household of that person and related to that person by blood or marriage.”