

1.0	PHA Information PHA Name: <u>YALE HOUSING AUTHORITY</u> PHA Code: <u>OK120</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>4/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>29</u> Number of HCV units: <u>0</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <u>Goals and Objectives</u> Increase the availability of decent, safe, and affordable housing: Expand the supply of assisted housing: Reduce public housing vacancies; Leverage private or other public funds to create additional housing opportunities. Improve the quality of assisted housing: Improve PHAS score, increase customer satisfaction, concentrate on efforts to improve specific management functions, and renovate or modernize public housing units Improve community quality of life and economic vitality: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments; Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments; and, Implement public housing security improvements Promote self-sufficiency and asset development of families and individuals: Promote self-sufficiency and asset development of assisted households: Increase the number and percentage of employed persons in assisted families; Provide or attract supportive services to improve assistance recipients' employability; Provide or attract supportive services to increase independence for the elderly or families with disabilities. Ensure Equal Opportunity in Housing for all Americans: Ensure Equal Opportunity and affirmatively further fair housing: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability; Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability; and, Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required <u>Report on Progress:</u> <ul style="list-style-type: none"> • Maintained 88% occupancy • Replaced sewer lines, replaced all roofing, replaced 11 HVAC units, replaced all unit cabinets • Attended HUD offered training • Upgraded computer systems • Increased financial stability • Improved PHAS score • Maintain policies of: Buy American Polity, Smoke Free Policy, Violence Against Women Policy, Section 3 Policy 				

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No revisions</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Copies of PHA Plans can be seen at Yale Housing Authority, 100 Watson Drive, Yale, OK 74085</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>N/A</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>Form HUD-50075.1 is included in this submission</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>Form HUD-50075.2 is included in this submission</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>No current information is available on affordability, supply, quality, accessibility, size of units, and location according to the US Census CHAS except the same information that was reported in the year 2000.</p> <p>Yale Housing Authority as of December 31, 2009 has 19 people on the waiting list and is broken down as follows:</p> <p>7 – 1BR 6 White 1 Hispanic of these 2 are elderly and 1 elderly is disabled 7 – 2BR 5 White 2 American Indian of these none are elderly and none are disabled 5 – 3BR 4 White 2 American Indian of these none are elderly and 1 is disabled</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Need: Shortage of affordable housing for all eligible populations Strategy: Employ effective maintenance and management policies to minimize the number of public housing units off-line, reduce turnover time for vacated public housing units, reduce time to renovate public housing units, and undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required. Influences: Funding and staffing constraints</p>

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p><u>Report on Progress:</u></p> <ul style="list-style-type: none"> • Maintained 88% occupancy • Replaced sewer lines, replaced all roofing, replaced 11 HVAC units, replaced all unit cabinets • Attended HUD offered training • Upgraded computer systems • Increased financial stability • Improved PHAS score • Maintain policies of: Buy American Polity, Smoke Free Policy, Violence Against Women Policy, Section 3 Policy <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>The Housing Authority of Yale has defined “Substantial Deviation” and “Significant Amendment or Modification” as they relate to the Agency Plan as follows:</p> <p>“Substantial Deviation(s)” from the 5-year Action Plan shall be explained in the Annual Plan for the period in which they occur and shall include:</p> <ul style="list-style-type: none"> • Any change to rent or admissions policies or organization of the waiting list; • Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement reserve funds under the Capital Fund; • Additions of new activities not included in the current PHA Plan; and, • Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. <p>“Significant Amendment or Modification” of the Annual Plan means:</p> <ul style="list-style-type: none"> • Any change to rent or admissions policies or organization of the waiting list; • Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement reserve funds under the Capital Fund; • Additions of new activities not included in the current PHA Plan; and, • Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> <p>Item # a,b,c, and d will be signed and sent to the Oklahoma Field Office via US Mail along with a signed copy of Form HUD-50075.1 Original Annual Statement for OK56P120501-10. Items f and g do not apply. Items h and I are included in this electronic submission. A</p>
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital fund Financing Program

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

Part I: Summary					
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval:	
<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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20) ³	19,007			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 20)	3,862			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	15,750			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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 Expires 4/30/2011

Part I: Summary						
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:	
<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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2-19)	38,619				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security – Soft Costs					
24	Amount of line 20 Related to Security – Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	15,750				
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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PART I: SUMMARY		OK120				
PHA Name/Number Yale Housing Authority		Locality (City/County & State) Yale, OK			<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	25,238	27,688	27,688	20,871
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	ADMINISTRATION		3,862	3,862	3,862	3,862
F.	Other					
G.	Operations		9,519	7,069	7,069	13,886
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		38,619	38,619	38,619	38,619

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 Expires 4/30/2011

Part I: Summary						
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) ³	14,757		14,757		
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 20)	3,862		3,862		
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	20,000		20,000		
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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Part I: Summary						
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009				<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2-19)	38,619		38,619		
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security – Soft Costs					
24	Amount of line 20 Related to Security – Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	20,000		20,000		
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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Part I: Summary						
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56S12050109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 ARRA FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 20)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	49,604		49,604	49,604	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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Part I: Summary						
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56S12050109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 ARRA FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2-19)	49,604		49,604	49,604	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security – Soft Costs					
24	Amount of line 20 Related to Security – Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	7,804		7,804	7,804	
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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Part I: Summary						
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) ³	15,523	18,276	18,276	18,276	
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 20)	3,965	1,843	1,843	1,843	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	11,700	13,229	13,229	13,229	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	8,000	5,840	5,840	5,840	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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⁴ RHF funds shall be included here.

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Part I: Summary						
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2-19)	39,188	39,188	39,188	39,188	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security – Soft Costs					
24	Amount of line 20 Related to Security – Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	11,700	13,229	13,229	13,229	
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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Part II: Supporting Pages									
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050108 CFFP (Yes/No): Replacement Housing Factor Grant No:				FFY of Grant: 2008 FFY of Grant Approval:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.		Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Operations	1406	A3	LS	15,523	18,276	18,276	18,276	100%
OK120001	Administration	1410	A3	LS	3,965	1,843	1,843	1,843	100%
OK120001	Replace HVAC Units	1460	C3	6 Units	11,700	13,229	13,229	13,229	100%
OK120001	Commercial Lawn Mower	1475		1	8,000	5,840	5,840	5,840	100%
					39,188	39,188	39,188	39,188	100%

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Part I: Summary						
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050107 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) ³	15,135	15,084	15,084	15,084	
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 20)	765	816	816	816	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	3,200	3,200	3,200	3,200	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	20,553	20,553	20,553	20,553	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050107 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2-19)	39,653	39,653	39,653	39,653	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security – Soft Costs					
24	Amount of line 20 Related to Security – Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	20,553	20,553	20,553	20,553	
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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Part II: Supporting Pages									
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050107 CFFP (Yes/No): Replacement Housing Factor Grant No:				FFY of Grant: 2007 FFY of Grant Approval:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA Wide	Operations	1406 A3	LS	15,135	15,084	15,084	15,084	100%	
OK120001	Administration	1410 A3	LS	765	816	816	816	100%	
OK120001	Fees and Costs	1460 A3	LS	3,200	3,200	3,200	3,200	100%	
OK120001	Remove and replace composition roofing ridge vents and flashing	1460 C3	4 Bldgs	20,553	20,553	20,553	20,553	100%	
				39,653	39,653	39,653	39,653	100%	

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

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

Part I: Summary						
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050106 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2006 FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) ³	9,580		9,580	9,580	
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 20)	3,934		3,934	3,934	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	7,481		7,481	7,481	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	18,348		18,348	18,348	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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

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

Part I: Summary						
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050106 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2006 FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2-19)	39,343	39,343	39,343	39,343	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security – Soft Costs					
24	Amount of line 20 Related to Security – Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	18,348		18,348	18,348	
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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Part II: Supporting Pages									
PHA Name: Yale Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12050106 CFFP (Yes/No): Replacement Housing Factor Grant No:				FFY of Grant: 2006 FFY of Grant Approval:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA Wide	Operations	1406 A3	LS	9,580		9,580	9,580	100%	
OK120001	Administration	1410 A3	LS	3,934		3,934	3,934	100%	
OK120001	Fees and Costs	1430 A3	LS	7,481		7,481	7,481	100%	
OK120001	Remove and replace composition roofing ridge vents and flashing	1460 C3	6 Bldgs	18,348		18,348	18,348	100%	
				39,343	39,343	39,343	39,343	100%	

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

² To be completed for the Performance and Evaluation Report.

