

1.0	PHA Information PHA Name: <u>Warwick Housing Authority</u> PHA Code: <u>RI011</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>517</u> Number of HCV units: <u>350</u>																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 5%;">PH</th> <th style="width: 5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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: The Warwick Housing Authority is committed to providing a safe and affordable living environment for our residents and to promote programs that will afford opportunities for personal enrichment and the attainment of economic self-sufficiency.																										
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. Establish No-Smoking Policy in public housing Pursue opportunities for the development of affordable housing Increase Section 8 Voucher lease-up Attract additional landlords to Section 8 Voucher program Expand Section 8 FSS program Explore the viability of home ownership program Update Flat Rents Review and revise, as necessary, all WHA policies Upgrade and modernize public housing units through Capital Fund Grants Expand security system at elderly developments Improve PHAS score Improve SEMAP score Explore alternative management software Increase staff training Explore the designation of developments or buildings for particular resident groups																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No elements of the Plan have been revised since the WHA's prior Plan submission. (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. The public may obtain copies of the 5-Year and Annual PHA Plan at the main office of the Warwick Housing Authority, 1035 West Shore Road, Warwick, Rhode Island 02889.																										

6.1 Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures
 Eligibility, selection and admissions policies, including concentration and wait list policies are defined in the Warwick Housing Authority's Admissions and Continued Occupancy. Eligibility, selection and admissions policies for the Section 8 Program are contained in the Section 8 Administrative Plan. Both documents are available at the main office of the Warwick Housing Authority, 1035 West Shore Road, Warwick, Rhode Island 02889.

6.2 Financial Resources

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2009 grants)		
a) Public Housing Operating Fund	1,598,000	
b) Public Housing Capital Fund	553,475	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,356,427	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	41,000	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
Capital Fund Program 50109	250,000	Capital Improvements
Capital Fund Program 50108	240,000	Capital Improvements
3. Public Housing Dwelling Rental Income		
	1,789,600	Operating Expenses
4. Other income (list below)		
Excess Utilities	20,000	Operating Expenses
Interest Income	5,000	Operating Expenses
4. Non-federal sources (list below)		
State of Rhode Island	5,000	Resident Services
Total resources	5,858,502	

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report*, form HUD-50075.1, for each current and open CFP grant and CFFP financing.
 See Attached

8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan*, 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.
 See Attached

8.3 Capital Fund Financing Program (CFFP).
 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.

9.0

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.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	2,145	5	5	4	4	5	4
Income >30% but <=50% of AMI	1,756	5	5	4	4	5	4
Income >50% but <80% of AMI	2,163	5	5	4	4	5	4
Elderly	2,471	5	5	4	4	5	4
Families with Disabilities	1,650	5	5	4	4	5	4
White	5,745	5	5	4	4	5	4
Black	108	5	5	4	4	5	4
Hispanic	90	5	5	4	4	5	4
Native American	15	5	5	4	4	5	4

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	371		65
Extremely low income <=30% AMI	222	60%	
Very low income (>30% but <=50% AMI)	99	27%	
Low income (>50% but <80% AMI)	50	13%	
Families with children	16	3%	
Elderly families	182	49%	
Families with Disabilities	209	66%	
White	364	98%	
Black	6	1%	
Hispanic	9	2%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	351	95%	
2 BR	12	3%	
3 BR	8	2%	
4 BR	0	0%	
5 BR	0	0%	
5+ BR	0	0%	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Family Waiting List			
If yes:			
HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? 38			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

Section 8 tenant-based assistance

Public Housing

Combined Section 8 and Public Housing

Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	657		20
Extremely low income <=30% AMI	637	97%	
Very low income (>30% but <=50% AMI)	20	3%	
Low income (>50% but <80% AMI)	0	0	
Families with children	500	76%	
Elderly families	40	6%	
Families with Disabilities	96	14%	
White	547	83%	
Black	93	14%	
Hispanic	153	23%	
Native American	8	1%	
Asian	8	1%	
Hawaiian/Pacific Islander	1	<1%	

Characteristics by Bedroom Size (Public Housing Only)			
1BR	167	25%	
2 BR	298	45%	
3BR	182	28%	
4 BR	10	2%	
5 BR	0	0%	
5+ BR	0	0%	

Is the waiting list closed (select one)? No Yes

If yes:

HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? 18

Does the PHA expect to reopen the list in the PHA Plan year? No Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? No Yes

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>Employ effective management and maintenance policies to minimize the number of public housing units off-line;</p> <p>Reduce turnover time for vacated public housing units;</p> <p>Reduce time to renovated public housing units;</p> <p>Maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction;</p> <p>Maintain or increase Section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration;</p> <p>Maintain or increase Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of the program;</p> <p>Pursue housing resources through PHA non-profit corporation;</p> <p>Partner with private developers to increase supply of affordable housing;</p> <p>Continue to adopt rent policies to support and encourage work;</p> <p>Employ admissions preferences aimed at families who are working;</p>
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Additional Information. Describe the following, as well as any additional information HUD has requested.

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

In an effort to expand the supply of assisted housing, the Warwick Housing Authority has completed the construction of twenty-six (26) additional unit of public housing.

The Warwick Housing Authority continues to meet the obligation and expenditure deadlines for the Capital Fund program to renovate and modernize public housing units.

The Authority has increased the Section 8 voucher payment standard to 110% of the Fair Market Rents in an effort to increase assisted housing choices.

10.0

The Authority continues to reach out to potential landlords. The Authority has partnered with the Warwick Office of Community Development in a program that will provide low interest loans to Section 8 landlords for the removal of lead-base paint.

The Authority has pursued legislative grants to hold life enrichment programs for its residents.

The Authority continues to partner with the Warwick Interfaith Association for Affordable Assisted Living to provide assisted services to its residents.

The Authority continues to assure access to assisted housing through the Capital Fund program by making improvements to accommodate persons with disabilities.

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

A Substantial Deviation/Modification can be defined as a change in WHA policy that will financially affect the residents of the Authority or that will change admission to housing and alter the waiting list.

A Significant Amendment can be defined as a change in the Plan involving the disposition or demolition of units and the development or elimination of housing programs.

11.0

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.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- (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. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
- (g) Challenged Elements
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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
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.

Part I: Summary	
PHA Name: Warwick Housing Authority	Grant Type and Number Capital Fund Program Grant No: RI43P01150110 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval:	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 21) ³	100,000			
3	1408 Management Improvements	0			
4	1410 Administration (may not exceed 10% of line 21)	55,347			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	40,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment				
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴	0			

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: Warwick Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P01150110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	0				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0				
19	1502 Contingency (may not exceed 8% of line 20)	553,475				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	0				
21	Amount of line 20 Related to LBP Activities	0				
22	Amount of line 20 Related to Section 504 Activities	0				
23	Amount of line 20 Related to Security - Soft Costs	0				
24	Amount of line 20 Related to Security - Hard Costs	0				
25	Amount of line 20 Related to Energy Conservation Measures	0				
Signature of Executive Director			Date		Signature of Public Housing Director	
					Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Warwick Housing Authority			Grant Type and Number Capital Fund Program Grant No: RI43P01150110 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
COCC	Fee for Services	1410		55,347				
AMP RI011000001	Operations	1406		10,000				
RI11-1/4/8	A&E Fees	1430		10,000				
	Site Improvements	1450		9,800				
	Painting	1460		72,317				
	Roofing							
	Flooring							
	Heating Improvements							
	DHW Heaters							
	Repair Railings							
	Emergency Lighting							
	Garbage Disposals							
AMP RI011000002	Operations	1406		70,000				
RI11-2	A&E Fees	1430		10,000				
	Site Improvements	1450		11,000				
	Flooring	1460		7,300				
	Emergency Lighting							
AMP RI011000003	Operations	1406		10,000				
RI11-5/6	A&E Fees	1430		20,000				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Warwick Housing Authority			Grant Type and Number Capital Fund Program Grant No: RI43P01150110 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Painting	1460		201,211				
	Roofing							
	Hallway Windows							
	Bath Improvements							
	Flooring							
	DHW Heaters							
	Emergency Lighting							
AMP RI011000004	Operations	1406		10,000				
RI11-9/10	Site Improvements	1450		1,000				
	Misc. Interior Improvements	1460		55,500				
	Misc. Exterior Improvements							

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Warwick Housing Authority					Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
COCC	09/14/2012		09/14/2014		
AMP RI011000001	09/14/2012		09/14/2014		
AMP RI011000002	09/14/2012		09/14/2014		
AMP RI011000003	09/14/2012		09/14/2014		
AMP RI011000004	09/14/2012		09/14/2014		

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

Part I: Summary	
PHA Name: Warwick Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: RI43R01150110 Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval: 2010	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 21) ³	0			
3	1408 Management Improvements	0			
4	1410 Administration (may not exceed 10% of line 21)	0			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	0			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	0			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴	27,108			

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: Warwick Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: RI43R01150110 Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	0				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0				
19	1502 Contingency (may not exceed 8% of line 20)	0				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	27,108				
21	Amount of line 20 Related to LBP Activities	0				
22	Amount of line 20 Related to Section 504 Activities	0				
23	Amount of line 20 Related to Security - Soft Costs	0				
24	Amount of line 20 Related to Security - Hard Costs	0				
25	Amount of line 20 Related to Energy Conservation Measures	0				
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

Part I: Summary						
PHA Name/Number Warwick Housing Authority / RI011		Locality (City/County & State) Warwick/Kent County, RI			<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	398,128	398,128	398,128	313,128
C.	Management Improvements		0	0	0	50,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	35,000
E.	Administration		55,347	55,347	55,347	55,347
F.	Other		0	0	0	0
G.	Operations		100,000	100,000	100,000	100,000
H.	Demolition		0	0	0	0
I.	Development		27,108	27,108	27,108	27,108
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		580,583	580,583	580,583	580,583
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		580,583	580,583	580,583	580,583

Part I: Summary (Continuation)						
PHA Name/Number Warwick Housing Authority / RI011		Locality (City/county & State) Warwick/Kent County, RI			<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____
	COCC	Annual Statement	55,347	55,347	55,347	140,347
	AMP RI011000001		43,700	189,000	174,500	29,900
	AMP RI011000002		101,000	93,000	98,500	94,300
	AMP RI011000003		323,428	179,000	163,200	224,000
	AMP RI011000004		30,000	36,828	61,928	64,928

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2</u> FFY <u>2011</u>			Work Statement for Year: <u>3</u> FFY <u>2012</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	COCC			COCC		
Annual	Fee for Services		55,347	Fee for Services		55,347
Statement						
	Subtotal		55,347	Subtotal		55,347
	AMP RI011000001			AMP RI011000001		
	Operations		10,000	Operations		10,000
	A&E Fees		10,000	A&E Fees		15,000
	Heating Improvements		15,500	Roofing		154,300
	Replace Range Hoods			Painting		
	Replace Ranges		5,200	Flooring		
	Site Improvements		3,000	Bath Improvements		
				Foundation Repairs		
	Subtotal		43,700	Refinish Doors		
				Replace Vents		
	AMP RI011000002			Site Improvements		9,700
	Operations		70,000			
	A&E Fees		10,000	Subtotal		189,000
	Roofing		19,000			
	Repair Railings					
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

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**

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ____2010____	Work Statement for Year ____2____ FFY ____2011____			Work Statement for Year: ____3____ FFY ____2012____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Repair Bulkheads			AMP RI011000002		
Annual	Site Improvements		2,000	Operations		70,000
Statement				Painting		23,000
	Subtotal		101,000	Bath Improvements		
	AMP RI011000003			Subtotal		93,000
	Operations		10,000			
	A&E Fees		15,000	AMP RI011000003		
	Roofing		298,428	Operations		10,000
	Replace Gutters			A&E Fees		15,000
	Replace Siding & Soffits			Roofing		140,300
	DHW Heaters			Flooring		
	Comm. Bldg. Roof			Kitchen Improvements		
	Comm. Bldg. Soffits			DHW Heaters		
				Site Improvements		14,000
	Subtotal		323,428			
				Subtotal		179,300
	AMP RI011000004					
	Operations		10,000	AMP RI011000004		
	Misc. Interior Repairs		20,000	Operations		10,000
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ____2010__	Work Statement for Year ____4____ FFY ____2013____			Work Statement for Year: ____5____ FFY ____2014____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	COCC			COCC		
Annual	Fee for Services		55,347	Fee for Services		55,347
Statement				Maintenance Vehicle		35,000
	Subtotal		55,347			
				Subtotal		90,347
	AMP RI011000001					
	Operations		10,000	AMP RI011000001		
	A&E Fees		10,000	Operations		10,000
	Roofing		149,800	A&E Fees		10,000
	Painting			Emergency Lighting		6,300
	Flooring			Site Improvements		3,600
	Bathroom Improvements					
	Door Hardware			Subtotal		29,900
	Repair Railings					
	Garbage Disposals			AMP RI011000002		
	Fire Extinguishers			Operations		70,000
	Emergency Lighting			A&E Fees		10,000
	Entrance Canopy			Exterior Lighting		9,300
	Site Improvements		4,700	Replace Sump Pumps		
				Flooring		
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ____2010__	Work Statement for Year ____4____ FFY ____2013____			Work Statement for Year: ____5____ FFY ____2014____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Subtotal		174,500	Site Improvements		5,000
Annual						
Statement	AMP RI011000002			Subtotal		94,300
	Operations		70,000			
	A&E Fees		10,000	AMP RI011000003		
	Roofing		14,500	Operations		10,000
	Emergency Lighting			A&E Fees		10,000
	Fire Extinguishers			Renovate Kitchens		203,000
	Bath Improvements			DHW Heaters		
	Railing Repairs			Site Improvements		1,000
	Site Improvements		4,000			
	Subtotal		98,500	Subtotal		224,000
				AMP RI011000004		
	AMP RI011000003			Operations		10,000
	Operations		10,000	Misc. Interior Repairs		49,000
	A&E Fees		10,000	Misc. Exterior Repairs		
	Kitchen Renovations		139,700	Site Improvements		5,928
	Bath Improvements					
	Flooring			Subtotal		64,928
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$ 503,475

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY ____2010__	Work Statement for Year _____2_____ FFY _____2011_____		Work Statement for Year: _____3_____ FFY _____2012_____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$ 0	Subtotal of Estimated Cost	\$ 0

ATTACHMENT B

Resident Membership of the PHA Governing Board

The resident member on the Governing Board of the Warwick Housing Authority is:

Esther Taylor
2215 Elmwood Avenue, Apt. A-9
Warwick, RI 02888

The appointing official for the Governing Board is Scott Avedisian, Mayor of Warwick.

ATTACHMENT C

Membership of the Resident Advisory Board

The following tenants are members of the Resident Advisory Board:

1. Mr. Everett Nelson
2. Mrs. Jane Nelson
3. Mrs. Barbara Colwell

ATTACHMENT D

Component 10 (A) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments?
2
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?
6
- c. How many Assessments were conducted for the PHA's covered developments?
2
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None	

- e. If the PHA has not completed the Required Initial Assessment, describe the status of these assessments:

ATTACHMENT E

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

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Warwick Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P01150107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	100,000		100,000	100,000
3	1408 Management Improvements	0		0	0
4	1410 Administration	50,000		50,000	50,000
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	30,000		31,500	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	188,623		22,164	20,826
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	10,960		1,114.48	1,114.48
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	188,100		188,100	188,100
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	567,683		392,878.48	360,040.48
22	Amount of line 21 Related to LBP Activities	0		0	0
23	Amount of line 21 Related to Section 504 compliance	0		0	0
24	Amount of line 21 Related to Security – Soft Costs	0		0	0
25	Amount of Line 21 Related to Security – Hard Costs	0		0	0
26	Amount of line 21 Related to Energy Conservation Measures	0		0	0

ATTACHMENT E

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Warwick Housing Authority			Grant Type and Number Capital Fund Program Grant No: RI43P01150107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
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	Funds Obligated	Funds Expended	
HA – Wide Operations	Operations	1406		100,000		100,000	100,000	Complete
HA – Wide Administration	Admin Salary – Executive Director	1410		11,000		11,000	11,000	Complete
	Admin Salary – Deputy Director	1410		10,000		10,000	10,000	Complete
	Admin Salary – Maintenance Director	1410		12,000		12,000	12,000	Complete
	Benefits	1410		17,000		17,000	17,000	Complete
HA – Wide Fees & Costs	Architect & Engineering Fees	1430		30,000		31,500	0	In Progress
HA – Wide	Development Activities	1499		188,100		188,100	188,100	Complete
HA – Wide	Misc. Equipment	1475		10,960		1114.48	1114.48	In Progress
RI11-001	Replace Flooring	1460		5,000		840	460	In Progress
RI11-001	Painting	1460		15,000		0	0	Planning
RI11-001	Fire Alarm Upgrade	1460		10,000		0	0	Planning
RI11-002	Replace Flooring	1460		5,000		3,397	3,397	In Progress
RI11-002	Painting	1460		20,000		0	0	Planning
RI11-002	Fire Alarm Upgrade	1460		10,000		0	0	Planning
RI11-004	Painting	1460		20,000		0	0	Planning
RI11-005	Painting	1460		30,000		0	0	Planning
RI11-005	Flooring	1460		10,000		1,698	740	In Progress
RI11-006	Painting	1460		15,000		0	0	Planning
RI11-006	Replace Flooring	1460		5,000		2,651	2,651	In Progress
RI11-008	Fire Alarm Upgrade	1460		10,000		0	0	Planning
RI11-009	Misc. Interior Repairs	1460		9,000		4,808	4,808	In Progress

ATTACHMENT E

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Warwick Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P01150107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007			
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	Funds Obligated	Funds Expended	
RI11-009	Misc. Exterior Repairs	1460		9,000		3,001	3,001	In Progress
RI11-010	Misc. Interior Repairs	1460		8,000		3,909	3,909	In Progress
RI11-010	Misc. Exterior Repairs	1460		7,623		1,860	1,860	In Progress

ATTACHMENT E

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Warwick Housing Authority		Grant Type and Number Capital Fund Program No: RI43P01150107 Replacement Housing Factor No:				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	09/12/2009			09/12/2011			
RI11-001	09/12/2009			09/12/2011			
RI11-002	09/12/2009			09/12/2011			
RI11-004	09/12/2009			09/12/2011			
RI11-005	09/12/2009			09/12/2011			
RI11-006	09/12/2009			09/12/2011			
RI11-009	09/12/2009			09/12/2011			
RI11-010	09/12/2009			09/12/2011			

ATTACHMENT F

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

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Warwick Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: RI43R01150107			Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	0			
3	1408 Management Improvements	0			
4	1410 Administration	0			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	0			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	0			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	26,973		26,973	0
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	26,973			
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

ATTACHMENT F

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Warwick Housing Authority			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: RI43R01150107			Federal FY of Grant: 2007		
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	Funds Obligated	Funds Expended	
HA – Wide	Development Activities	1499		26,973		26,973	0	In Progress

ATTACHMENT F

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Warwick Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: RI43R01150107				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	09/12/2009			09/12/2011			
RI11-001	09/12/2009			09/12/2011			
RI11-002	09/12/2009			09/12/2011			
RI11-004	09/12/2009			09/12/2011			
RI11-005	09/12/2009			09/12/2011			
RI11-006	09/12/2009			09/12/2011			
RI11-009	09/12/2009			09/12/2011			
RI11-010	09/12/2009			09/12/2011			

ATTACHMENT G

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

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Warwick Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P01150108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	100,000		100,000	100,000
3	1408 Management Improvements	0		0	0
4	1410 Administration	55,763		55,763	55,763
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	50,000		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	47,200		5,646	0
10	1460 Dwelling Structures	133,620		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	8,550		0	0
12	1470 Nondwelling Structures	6,000		0	0
13	1475 Nondwelling Equipment	6,500		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	150,000		150,000	150,000
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	557,633		311,409	305,763
22	Amount of line 21 Related to LBP Activities	0		0	0
23	Amount of line 21 Related to Section 504 compliance	0		0	0
24	Amount of line 21 Related to Security – Soft Costs	0		0	0
25	Amount of Line 21 Related to Security – Hard Costs	0		0	0
26	Amount of line 21 Related to Energy Conservation Measures	0		0	0

ATTACHMENT G

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Warwick Housing Authority			Grant Type and Number Capital Fund Program Grant No: RI43P01150108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008		
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	Funds Obligated	Funds Expended	
COCC	Fee for Services	1410		55,763		55,763	55,763	Complete
AMP RI011000001	Development Activities	1499		150,000		150,000	150,000	Complete
RI11-1/4/8	Operations	1406		10,000		10,000	10,000	Complete
	A&E Fees	1430		15,000		0	0	Planning
	Site Improvements	1450		18,000		5,646	0	In Progress
	Replace Flooring	1460		47,850		0	0	Planning
	Painting	1460				0	0	Planning
	Replace Bath Vents	1460				0	0	Planning
	Caulk Bathtubs	1460				0	0	Planning
	Replace Kitchen Drains	1460				0	0	Planning
	Refinish Doors	1460				0	0	Planning
	Re-point Brick	1460				0	0	Planning
	Repair Roof Drains	1460				0	0	Planning
	Replace Refrigerators	1465.1		6,500		0	0	Planning
AMP RI011000002	Operations	1406		70,000		70,000	70,000	Complete
RI11-2	A&E Fees	1430		20,000		0	0	Planning
	Site Improvements	1450		3,500		0	0	Planning
	Replace Flooring	1460		30,200		0	0	Planning
	Roofing	1460				0	0	Planning
	Painting	1460				0	0	Planning
	Repair Bulkheads	1460				0	0	Planning
	Heating Improvements	1460				0	0	Planning
	Finish Common Area Doors	1460				0	0	Planning
	Bath Repairs	1460				0	0	Planning

ATTACHMENT G

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Warwick Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P01150108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
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	Funds Obligated	Funds Expended	
	Comm. Bldg. Door Repairs	1470		3,500		0	0	Planning
	Misc. Equipment	1475		6,500		0	0	Planning
AMP RI011000003	Operations	1406		10,000		10,000	10,000	Complete
RI11-5/6	A&E Fees	1430		10,000		0	0	Planning
	Site Improvements	1450		5,700		0	0	Planning
	Replace Bath Vents	1460		21,550		0	0	Planning
	Replace Flooring	1460				0	0	Planning
	Repair Siding	1460				0	0	Planning
	Common Area Repairs	1460				0	0	Planning
	Storage Shed	1470		2,500		0	0	Planning
AMP RI011000004	Operations	1406		10,000		10,000	10,000	Complete
RI11-9/10	A&E Fees	1430		5,000		0	0	Planning
	Site Improvements	1450		20,000		0	0	Planning
	Misc. Interior Repairs	1460		34,020		0	0	Planning
	Misc. Exterior Repairs	1460				0	0	Planning
	Refrigerators & Ranges	1465.1		2,050		0	0	Planning

ATTACHMENT G

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Warwick Housing Authority		Grant Type and Number Capital Fund Program No: RI43P01150108 Replacement Housing Factor No:				Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
COCC	06/12/2010			06/12/2012			
AMP RI011000001	06/12/2010			06/12/2012			
AMP RI011000002	06/12/2010			06/12/2012			
AMP RI011000003	06/12/2010			06/12/2012			
AMP RI011000004	06/12/2010			06/12/2012			

ATTACHMENT H

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Warwick Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: RI43R01150108			Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	0			
3	1408 Management Improvements	0			
4	1410 Administration	0			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	0			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	0			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	26,503		26,503	26,503
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	26,503			
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

ATTACHMENT H

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Warwick Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: RI43R01150108			Federal FY of Grant: 2008			
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	Funds Obligated	Funds Expended	
RI11-001	Development Activities	1499		26,503		26,503	26,503	In Progress

ATTACHMENT I

Warwick Housing Authority Pet Policy

The following policy governs the keeping of pets in and on properties owned and operated by the Warwick Housing Authority.

Residents of the Warwick Housing Authority are permitted to have common household pets if the resident maintains the pet:

1. Responsibly
2. In accordance with the applicable State and local public health, animal control and animal anti-cruelty laws and regulations; and
3. In accordance with the terms of this policy.

Pet Deposit: Tenants will be charged a refundable pet deposit of \$50.00. The pet deposit shall be paid in advance or on the approval of the pet by the Housing Authority. The pet deposit is refundable if no damage has been done to the dwelling unit, as verified by the Housing Authority, after the tenant disposes of the pet, or moves.

Number of Pets: Tenants are allowed to keep a maximum of one pet per dwelling unit.

Allowable Household Pets: Animals that are allowed as pets in Housing Authority units are domesticated dogs, cats, birds and fish aquariums. Aquariums may be no larger than twenty (20) gallons and must be sealed against leakage. Dogs and cats must weigh less than twenty (20) pounds and be no more than fifteen (15) inches in height. No birds of prey or dangerous species of breeds of animals may be kept.

Registration: All pets must be registered and approved by the Housing Authority.

Requirements:

4. Dogs are to be licensed yearly with the proper authorities. Tenants must show proof of yearly distemper and rabies boosters for both dogs and cats.
5. All female dogs and cats are to be spayed.
3. All male dogs and cats are to be neutered.
6. Pets must not be kept in violation of humane or health laws.

7. Pets must not be allowed to roam outside the tenant's dwelling unit. Dogs must be on a leash when outside the dwelling unit. Birds must be confined to a cage at all times.
8. Tenants must maintain litter boxes in sanitary condition.
9. Tenants must promptly clean up pet droppings outside of the dwelling unit and properly dispose of the droppings.
10. Tenants shall take adequate precautions to eliminate any pet odors within or around the dwelling unit and maintain the unit in a sanitary condition at all times.
11. Tenants shall not permit any disturbance by their pet that would interfere with the quiet enjoyment of other tenants; whether by loud barking howling, biting, scratching, chirping or other such activities. If the Housing Authority determines that a pet is a nuisance or threat to the safety or security of person or property, it may request the removal of the pet from the premises.
12. Tenants must not leave pets unattended for twenty-four (24) hours or more. If the pet is left unattended for such time, the Housing Authority may enter the unit to remove the pet and transfer it to the proper authorities. The Housing Authority will accept no responsibility for the pet under such circumstances.
13. Tenants must provide the Housing Authority with the name, address and telephone number of a responsible party who will care for the pet if the owner is unable to do so for any reason.
14. Tenants are responsible for all damages caused by their pets.
15. Tenants are prohibited from keeping or feeding stray or feral animals.
16. Tenants shall not alter their dwelling unit or grounds to create a space or enclosure for the pet.
17. Tenants shall not allow visitors to bring any unauthorized animals onto the premises or into a dwelling unit.

Tenants who violate this policy will forfeit their right to keep a pet and may be subject to eviction.

This policy does not apply to animals that assist, support or provide service to persons with disabilities.

ATTACHMENT J

WARWICK HOUSING AUTHORITY COMMUNITY SERVICE AND ECONOMIC SELF SUFFICIENCY POLICY JANUARY 1, 2001

Warwick Housing Authority residents, who are not engaged in work activities or otherwise considered exempt, must perform community service or participate in an economic self-sufficiency program as a condition of their tenancy.

General Requirements:

Each adult resident, except for those determined to be exempt, must:

1. Perform 8 hours per month of community service; or
2. Participate in an economic self-sufficiency program for 8 hours per month; or
3. Perform 8 hours of combined activities.

Community Service:

Community service is defined as the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities.

Exempt Individual:

An exempt individual is defined as an adult who:

1. Is 62 years of age or older;
2. Is a blind or disabled individual, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382c), and who certifies that because of this disability he or she is unable to comply with the service requirements, or is a primary caretaker of such individual;
3. Is engaged in work activities;
4. Meet the requirements for being exempted from having to engage in a work activity under the State program funded under part A of the title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State, including a State-administered welfare-to-work program; or
5. Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

Program Administration:

The Authority will administer qualifying activities through its Self-Sufficiency program and through partnerships with qualified organizations and community agencies and institutions.

The Authority will determine which family members are exempt from the service requirement based upon documentation provided by the family at recertification. The Authority will enter into an agreement with the local welfare agency to provide documentation for determining changes to the status of family members.

The Authority will provide the family with a written description of the service requirement, and of the process for claiming status as an exempt person and for verification of such status. The Authority will notify the family of its determination identifying the family members who are subject to the service requirement, and the family members who are exempt persons.

The Authority will review family compliance with service requirements, and will verify such compliance annually at least thirty (30) days before the end of the twelve-month lease term. Reasonable documentation of service requirement performance or exemption will be retained in the family's file.

Family Compliance of Service Requirement:

Failure of the family to comply with the service requirement is grounds for nonrenewal of the lease agreement at the end of the twelve-month lease term.

If the Authority determines that there is a family member who is required to fulfill a service requirement, but who has violated this family obligation, the Authority will notify the tenant of this determination.

Notice to the tenant will briefly describe the noncompliance and state that the Authority will not renew the lease at the end of the twelve month lease term unless the tenant, and any other noncompliant resident, enter into a written agreement with the Authority, in the form and manner required by the Authority, to cure such noncompliance, and in fact cure such noncompliance in accordance with such agreement, or the family provides written assurance satisfactory to the Authority that the tenant or other noncompliant resident no longer resides in the unit.

Notice to the tenant will state that the tenant may request a grievance hearing on the Authority's determination and that the tenant may exercise any available judicial remedy to seek timely redress for the Authority's nonrenewal of the lease because of such determination.

Tenant Agreement to Comply with Service Requirement

If the tenant or another family member has violated the service requirement, the Authority may no renew the lease upon expiration on the lease term unless:

1. The tenant, and any other noncompliant resident, enter into a written agreement with the Authority, in the form and manner required by the Authority, to cure such noncompliance by completing the additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve-month term of the new lease; and
2. All other members of the family who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.

ATTACHMENT K

DECONCENTRATION POLICY

BOARD RESOLUTION NO. 1094

Whereas, the Quality Housing and Work Responsibility Act of 1998 requires Housing Authorities to develop policies that are designed to provide for the deconcentration of poverty and income mixing by increasing the number of higher income families in lower income public housing developments and increasing the number of lower income families in higher income public housing developments, and

Whereas, the Warwick Housing Authority has two (2) scattered site developments, RI11-09 and RI11-010, that are subject to the deconcentration provisions of QHAWRA.

Now, therefore, be it resolved, that the Warwick Housing Authority will monitor the average income range of these developments and, taking into consideration the development's size, location and/or configuration, will take steps to attract a broader range of incomes, if necessary.

**WARWICK HOUSING AUTHORITY
VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY**

Purpose and Applicability

The purpose of this policy (herein called “Policy”) is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and more generally to set forth Warwick Housing Authority’s (herein called WHA) policies and procedures regarding domestic violence, dating violence and stalking, as hereinafter defined.

This policy shall be applicable to the administration by Warwick Housing Authority of all federally subsidized public housing and Section 8 rental assistance under the United States Housing Act of 1937 (42 U.S.C. para. 1437 *et seq.*). Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

Goals and Objectives

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking who are assisted by Warwick Housing Authority;
- C. Providing and maintaining housing opportunities for victims of domestic violence, dating violence or stalking;
- D. Creating and maintaining collaborative arrangements between Warwick Housing Authority, law enforcement authorities, victim service providers, and other to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by Warwick Housing Authority; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence or stalking, affecting individuals assisted by Warwick Housing Authority.

Other WHA Policies and Procedures

ATTACHMENT L

This Policy shall be referenced in and attached to WHA's Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of WHA's Admissions and Continued Occupancy Policy. WHA's Annual Public Housing Agency Plan shall also contain information concerning WHA's activities, services or programs relating to domestic violence, dating violence and stalking.

To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure or WHA, the provisions of this Policy shall prevail.

Definitions

As used in this Policy:

A. *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.

B. *Dating Violence* – means violence committed by a person:

1. Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
2. 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.

C. *Stalking* – means:

1. (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
2. 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

ATTACHMENT L

(iii) The spouse or intimate partner of that person.

D. *Immediate Family Member* – means, with respect to a person:

1. A spouse, parent, brother, sister or child of that person, or an individual to whom that person stands in loco parentis; or
2. Any other person living in the household of that person and related to that person by blood or marriage.

E. *Perpetrator* – means a person who commits an act of domestic violence, dating violence or stalking against a victim.

Admissions and Screening

Non-Denial of Assistance. WHA will not deny admission to public housing or to the Section 8 rental assistance program to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

Termination of Tenancy or Assistance

A. *VAWA Protections.* Under VAWA, public housing residents and persons assisted under the Section 8 rental assistance program have the following specific protections, which will be observed by WHA:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a “serious or repeated” violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.
2. In addition to the foregoing, tenancy or assistance will not be terminated by WHA as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant’s control, and the tenant or an immediate family member is the victim of threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:
 - (a) Nothing contained in this paragraph shall limit any otherwise available authority of WHA or a Section 8 owner or manager to terminate tenancy, evict or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or

ATTACHMENT L

acts of domestic violence, dating violence or stalking in question against the tenant or a member of the tenant's household. However, in taking any such action, neither WHA nor a Section 8 manager or owner may apply a more demanding standard to the victim of domestic violence, dating violence or stalking than that applied to other tenants.

- (b) Nothing contained in this paragraph shall be construed to limit the authority of WHA or a Section 8 owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or WHA, as the case may be, can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance.

- B. *Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI.A.2 or Federal, State or local law to the contrary, WHA or a Section 8 owner or manager, as the case may be, may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights or terminate assistance to any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to or otherwise penalizing the victim of such violence who is also the tenant or a lawful occupant. Such eviction, removal, termination of occupancy rights or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and eviction by WHA. Leases used for all public housing operated by WHA and, at the option of Section 8 owner or managers, leases for dwelling units occupied by families assisted with Section 8 rental assistance administered by WHA, shall contain provisions setting forth the substance of this paragraph.

Verification of Domestic Violence, Dating Violence or Stalking

- A. *Requirement for Verification.* The law allows, but does not require, WHA or a Section 8 owner or manager to verify that an incident or incidents of actual or threatened domestic violence, dating violence or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirement of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph VII.C., WHA shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by WHA. Section 8 owners or manager receiving rental assistance administered by WHA may elect to require verification, or not to require it, as permitted under applicable law.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways;

1. *HUD-approved form* – by providing to WHA or to the requesting Section 8 owner or manager a written certification, on a form approved by the U.S. Department of

ATTACHMENT L

Housing and Urban Development (HUD), that the individual is a victim of domestic violence, dating violence or stalking, that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.

2. *Other documentation* – by providing to WHA or to the requesting Section 8 owner or manager documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional’s belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incident(s) of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.
 3. *Police or court record* – by providing to WHA or to the requesting Section 8 owner or manager a Federal, State, tribal, territorial or a local police or court record describing the incident or incidents in question.
- B. *Time allowed to provide verification / failure to provide.* An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by WHA or a Section 8 owner or manager to provide verification, must provide such verification within 14 business days (i.e., 14 calendar days, excluding Saturdays, Sundays and federally-recognized holidays) after a receipt of the request for verification. Failure to provide verification in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.
- C. *Waiver of verification requirement.* The Executive Director of WHA or a Section 8 owner or manager may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this policy based on the victim’s statement or other corroborating evidence. Such waiver may be granted in the sole discretion of the Executive Director, owner or manager. Any such waiver must be in writing. Waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases regardless of similarity in circumstances.

Confidentiality

ATTACHMENT L

- A. *Right of confidentiality.* All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to WHA or to a Section 8 owner or manager in connection with a verification required under Section VII of this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database not provided to any related entity, except where disclosure is:
1. requested or consented to by the individual; or
 2. required for use in a public housing eviction proceeding or in connection with termination of Section 8 assistance, as permitted VAWA; or
 3. otherwise required by applicable law.
- B. *Notification of rights.* All tenants of public housing and tenants participating in the Section 8 rental assistance program administered by WHA shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

Transfer to New Residence

- A. *Portability.* A Section 8-assisted tenant will not be denied portability to a unit located in another jurisdiction (notwithstanding the term of the tenant's existing lease has not expired, or the family has not occupied the unit for 12 months) so long as the tenant has complied with all other requirements of the Section 8 program and has moved from the unit in order to protect the health or safety of an individual member of the household who is or has been the victim of domestic violence, dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

Notification

WHA shall provide written notification to applicants, tenants and Section 8 owners and managers concerning the rights and obligations created under VAWA relating to confidentiality, denial of assistance and termination of tenancy or assistance.

Relationship with Other Applicable Laws

Neither VAWA nor this Policy implementing it shall preempt or supersede any provision of Federal, State or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence or stalking.

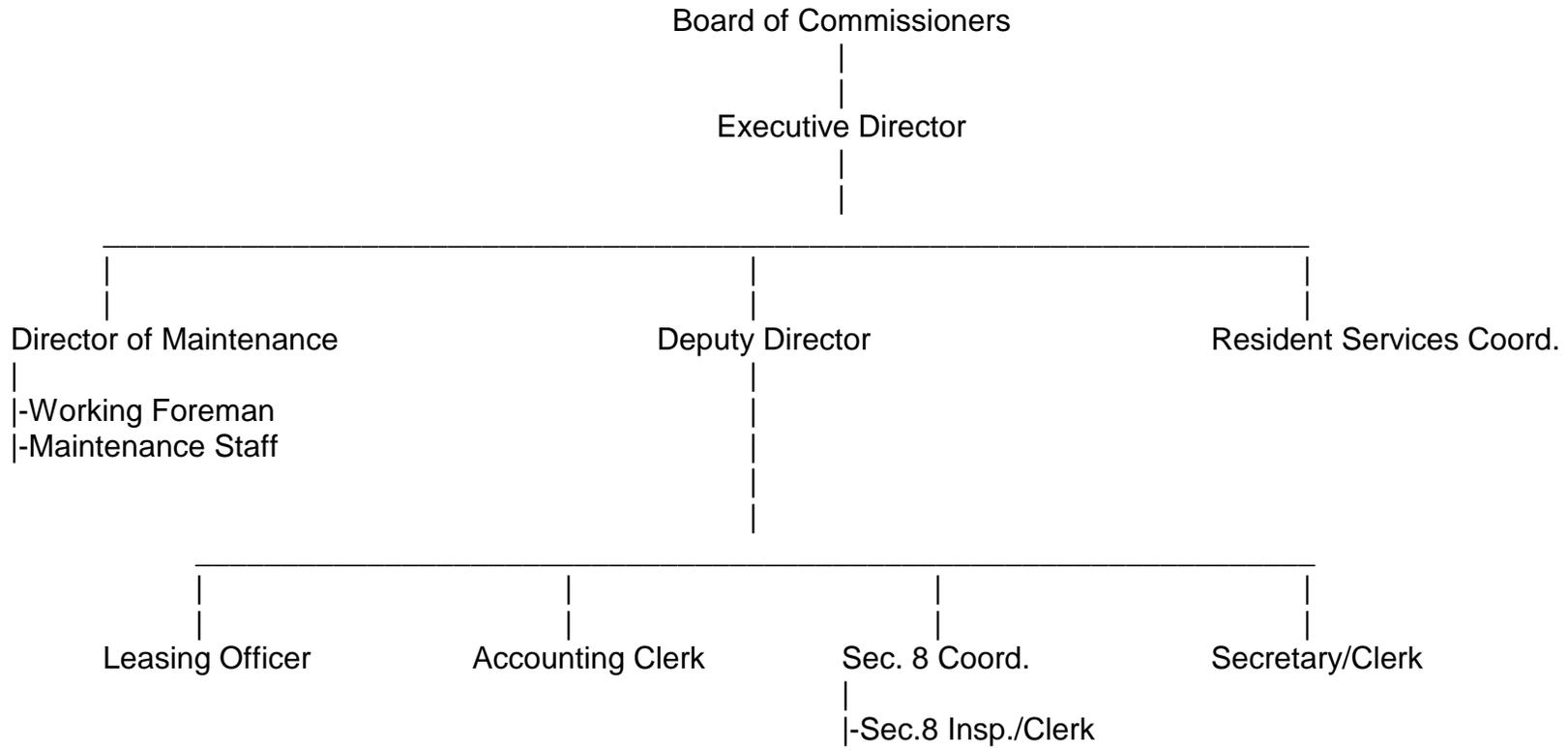
ATTACHMENT L

Amendment

This Policy may be amended from time to time by WHA as approved by the WHA Board of Commissioners.

ATTACHMENT M

WARWICK HOUSING AUTHORITY
ORGANIZATIONAL STRUCTURE



ATTACHMENT N

SMOKE-FREE POLICY

Adopted by the Board of Commissioners September 30, 2009

The new Warwick Housing Authority development, Shawomet Terrace, located at 1035 West Shore Road, Warwick, Rhode Island has been designated as a smoke-free facility.

The designation of this facility as smoke-free is the first step toward making all Warwick Housing Authority properties smoke-free.

As of November 1, 2009 all new tenants at Warwick Housing Authority properties will be required to comply with the Warwick Housing Authority's smoke-free policy.

Current tenants will have to comply with the smoke-free regulations and execute a smoke-free lease effective November 1, 2011.

Tenants whose lease term began prior to November 1, 2011 will be offered reasonable accommodation during this transition period.

Smoke-free areas are to include dwelling units, common areas, yards, hallways and parking areas.