

*Through our Agency's Strong Private,  
Public and Not-for-Profit Partnerships,*

*"We are Building Strong Communities  
with an Exceptional Quality of Life".*

**2010  
to  
2014**

## **Aiken Housing Authority 5-Year Annual Plan**



Top: Stoney Gallman Townhomes After  
Below: Stoney Gallman Townhomes Before



The Housing Act of 1937 established a permanent Public Housing Program whereby State enabling legislation was required to create local Public Housing Authorities. Public housing was seen as a program to create viable jobs and stimulate construction, not a social welfare program. Original Public Housing residents were seen as "temporarily poor", with public housing resembling a holding station that was waiting to return people to their original socioeconomic status. Many people moved on to homeownership.

**Aiken Housing Authority**

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**10/1/2010**

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing		OMB No. 2577-0226 Expires 4/30/2011		
1.0	<b>PHA Information</b> PHA Name: <u>Housing Authority of The City of Aiken</u> PHA Code: <u>SC007</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>10.01.2010</u>				
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>244</u> Number of HCV units: <u>875</u>				
3.0	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	<b>Mission.</b> 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: <a href="#">See Attached Mission</a>				
5.2	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <a href="#">See Attached Goals and Objectives</a>				
6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <a href="#">See Attached 6.0</a> (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. <a href="#">Display Locations for PHA Plans and Supporting Documents as well as information regarding any activities outlined in this plan can be obtained by contacting PHA development management offices or the Main administrative office of the AHA.</a>				
7.0	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <a href="#">See Attached 7.0 Statements</a>				
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <a href="#">See attached 2010 Annual Plan; 2009 Stimulus Plan Performance and Evaluation Report; 2009 Performance and Evaluation Report; 2008 Performance and Evaluation Report; 2007 Performance and Evaluation Report.</a>				
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <a href="#">See Attached Capital Fund Program Five-Year Action Plan</a>				

8.3	<b>Capital Fund Financing Program (CFFP).</b> <input checked="" type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<b>Housing Needs.</b> 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. <a href="#">See Attached Housing Needs</a>
9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> <a href="#">See Attached Strategy For Housing Needs</a>
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested. <ul style="list-style-type: none"> <li>(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. <a href="#">See Statement of Progress in Meeting the 5-Year Plan Mission and Goals</a></li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" <a href="#">See Attached Definition of Substantial Deviations</a></li> </ul>
11.0	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office. <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(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.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>

**11.0 (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.**

**Resident Advisory Board Recommendations**

[The PHA did not receive any comments on the PHA Plan from the Resident Advisory Board.](#)

**11.0 (g) Challenged Elements**

[There were no elements within the AHA annual plan that were challenged by residents, staff, Board of Commissioners or the general public.](#)

## **5.1 Mission**

### **MISSION**

The mission of the Housing Authority of the City of Aiken is to provide adequate, affordable and well-maintained housing that promotes a positive family living environment. Additionally, we will provide access to programs and guidance that encourages our families to, 1) decrease dependence upon the provision of housing assistance, 2) utilize pathways to homeownership, and 3) become self-reliant. Through our agency's strong public, private and not-for-profit partnerships, we are building strong communities with an exceptional quality of life.

## **5.2 Goals and Objectives**

### **GOALS AND OBJECTIVES**

#### **Previous 5-Year Plan (2005-2009).**

#### **Goal One (1)**

**MANAGE THE HOUSING AUTHORITY OF THE CITY OF AIKEN'S EXISTING PUBLIC HOUSING PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER.**

#### **Objectives**

1. The Housing Authority of the City of Aiken will strive to continue its high performer status.
2. The Housing Authority of the City of Aiken shall promote a motivating work environment with a capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing industry.
3. The Housing Authority of the City of Aiken shall continue to improve resident communications through monthly and quarterly newsletters.

#### **Updates**

1. The Housing Authority of the City of Aiken rehabilitated one of its oldest Public Housing Developments, Stoney Homes, consisting of forty-four (44) public housing units.
2. The Housing Authority of the City of Aiken applied for and was awarded sixty (60) additional Housing Choice Vouchers and thirty (30) Tenant Based Rental Assistance (TBRA) Vouchers.
3. The Housing Authority of the City of Aiken purchased twelve (12) additional units; therefore increasing the agency's housing stock from 232 to 244 low rent public housing units.

#### **Goal Two (2)**

**THE HOUSING AUTHORITY OF THE CITY OF AIKEN SHALL MAKE PUBLIC HOUSING THE AFFORDABLE HOUSING OF CHOICE FOR THE VERY LOW INCOME RESIDENTS OF OUR COMMUNITY.**

#### **Objectives**

1. The Housing Authority of the City of Aiken shall provide a safe and secure environment in its public housing developments by decreasing crimes and calls for service from the police department.
2. The Housing Authority of the City of Aiken shall reduce its evictions due to violations of criminal laws through aggressive screening procedures.

#### **Updates**

1. The Housing Authority of the City of Aiken installed a state of the art digital, pan-tilt zoom wireless surveillance camera with a high capacity digital video recorder and DVD burner system. The system provides law enforcement with 24 hour access with the capability to view from central dispatch locations and laptop computers in police vehicles.
2. In an effort to secure the safety of its public housing developments, The Housing Authority of the City of Aiken mandated that all public housing residents, 1) obtain a picture identification

identifying them as residents, 2) register any/all vehicles through the Housing Authority, and 3) obtain vehicle decals identifying any/all vehicles as the property of the public housing resident.

**Goal Three (3)**

**MANAGE THE HOUSING AUTHORITY OF THE CITY OF AIKEN'S TENANT BASED RENTAL ASSISTANCE PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER**

**Objectives**

1. The Housing Authority of the City of Aiken shall achieve and sustain a utilization rate of 95% in its tenant-based program.
2. The Housing Authority of the City of Aiken shall expand the range and quality of housing choices available to participants in the Authority's tenant-based assistance program through owner outreach initiatives.
3. The Housing Authority of the City of Aiken will strive to meet performer status.

**Updates**

The Housing Authority of the City of Aiken maintained a 100% utilization rate for the Tenant Based Rental Assistance (TBRA) Program.

**Goal Four (4)**

**EXPAND HOUSING OPPORTUNITIES AVAILABLE TO ASSISTED FAMILIES AND PROMOTE INDEPENDENT LIVING/SELF-SUFFICIENCY**

**Objectives**

1. The Housing Authority of the City of Aiken shall continue to expand its current programs to promote homeownership.
2. The Housing Authority of the City of Aiken shall continue its efforts in economic opportunity and self-sufficiency for the families and individuals who reside in our Low Rent Public Housing developments and are participants under our Section 8 Housing Choice Voucher Program.
3. The Housing Authority of the City of Aiken shall continue efforts involving mixed financing for expansion of housing opportunities for residents and citizens of Aiken.
4. The Housing Authority of the City of Aiken shall enter into partnerships with the various local community organizations to provide education and alternatives for the youth in the communities.

**Updates**

1. The Housing Authority of the City of Aiken converted 175 vouchers to Projected Based Vouchers.
2. The Housing Authority of the City of Aiken and its partner, Community Development & Improvement Corporation (CDIC), created homeownership opportunities for low rent public housing families.
3. The Housing Authority of the City of Aiken successfully graduated three (3) families from the Family Self-Sufficiency Program.
4. The Housing Authority of the City of Aiken enabled two (2) families enrolled in the Family Self-Sufficiency (FSS) program to accomplish their goals of homeownership.
5. The Housing Authority of the City of Aiken has been a recipient of the Lower Savannah Council of Government Workforce Development Awards, garnering over seven (7) million dollars, providing approximately 4300 adults, dislocated workers and youth with the opportunity to gain valuable career skills through the completion of GED, High School Diploma, and Short-term Prevocational studies. Additionally, the Housing Authority/Community Development & Improvement Corporation has created ten (10) Case Management positions, who are also nationally accredited Certified Career Development Facilitators.

## 5.2 Goals and Objectives Continued

### New 5-Year Plan (2010-2015).

#### Goal One (1)

#### **THE HOUSING AUTHORITY OF THE CITY OF AIKEN WILL ACTIVELY GARNER RESOURCES FOR HOUSING PRESERVATION AND DEVELOPMENT.**

##### **Objectives**

1. Partner with Community Development & Improvement Corporation (CDIC) and other agencies and organizations to preserve, develop, and/or manage affordable housing and other cooperative and entrepreneurial efforts.
2. Partner with the Aiken Housing Authority development arm and affiliate organization (Community Development & Improvement Corporation), the City of Aiken, Aiken County and other not-for-profit and for-profit entities to create at least five homeownership and or rental units.
3. Seek out opportunities to produce additional affordable housing with federal resources (such as Replacement Vouchers) and/or other methods, while maintaining at least a ninety five percent (95%) lease-up and/or budget authority expenditure rate for the sixty (60) tenant preservation units received from the disposition of the Glendale Terrace privately owned development in Aiken County.
4. Seek out opportunities to provide additional affordable housing rental assistance through state resources (such as Tenant Based Rental Assistance), and maintain the TBRA funds received from the South Carolina State Housing Finance and Development Authority which provides thirty (30) families residing in HOME Assisted Units with rental assistance.
5. Develop five (5) additional public housing units, utilizing replacement housing factor fund, received from the disposition of Garvin, Valley and Busch Homes.
6. Continue to set-aside twenty-percent of the agency's Section 8 Housing Choice Vouchers as Section 8 Project Based units. This set aside will be conducted in a fashion that's most suitable for the tenant.

#### Goal Two (2)

#### **THE HOUSING AUTHORITY OF THE CITY OF AIKEN WILL CONTINUE TO MAKE CAPITAL IMPROVEMENTS TO ITS CURRENT HOUSING STOCK.**

##### **Objectives**

1. Continue renovating public housing properties and making capital improvements designed to increase the livability standards of our residents, while preserving the asset.
2. Maintain high quality and timely design, bidding, and construction.
3. Continue to actively involve residents, staff and the community in planning capital improvements.

#### Goal Three (3)

#### **THE HOUSING AUTHORITY OF THE CITY OF AIKEN WILL CONTINUE TO PROVIDE RESOURCES TO ENSURE EMPLOYEE AND ORGANIZATIONAL DEVELOPMENT.**

##### **Objectives**

1. Promote education, growth and advancement of employees through career planning, training opportunities, industry certifications and other resources.
2. Continue internal rethinking strategies to promote organization development, continuous improvement, and appropriate rethinking strategies to promote organization development, continuous improvement, and appropriate responses to budget challenges and program changes.
3. Continue active leadership in national and state housing organizations especially to advocate for full funding and program reform.

#### **Goal Four (4)**

**THE HOUSING AUTHORITY OF THE CITY OF AIKEN WILL CONTINUE LINKING ITS RESIDENTS WITH THE TOOLS NECESSARY TO BECOMING SELF-RELIANT INDIVIDUALS AND FAMILIES THROUGH DIRECTLY PROVIDING AND OR LINKING THEM TO COMMUNITY, WORKFORCE AND HOUSING PROGRAMS.**

#### **Objectives**

1. Promote links to community service that meets the changing needs of Aiken Housing Authority residents, focusing on programs and services that enrich resident's lives, promote independence, increase community involvement and support successful tenancies in public housing.
2. Provide residents with opportunities for Section 3 Resident and Business opportunities to the greatest extent feasible. AHA will hire qualified residents and participants in AHA housing programs and other low income residents, with a focus on promoting training opportunities. AHA will also contract with Section 3 businesses and require other businesses seeking AHA contracts to hire qualified Section 3 residents or to subcontract to Section 3 businesses.
3. Continue seeking Workforce Investment Act (WIA) funding through the United States Department of Labor to provide families with the resources to address barriers to education and employment opportunities.
4. Continue partnering with the Corporation for National and Community Service to provide residents with volunteer opportunities through the AmeriCorps VISTA Program.

#### **Goal Five (5)**

**THE HOUSING AUTHORITY OF THE CITY OF AIKEN WILL CONTINUE TO IMPROVE THE RESIDENT EXPERIENCE THROUGH CUSTOMARY, MODERN DAY AND ADVANCED TECHNOLOGY BY TAILORING ITS OUTREACH EFFORTS TO MEET THE NEEDS OF THE ITS FAMILIES AND COMMUNITIES.**

#### **Objectives**

1. Provide written information to families and customers through various avenues, including an Annual Agency Calendar, and a monthly newsletter.
2. Ensure the delivery of valuable information to improve the resident and/or family experience, through the dissemination of information in the form of an Annual Calendar.
3. Utilize various social media outlets such as face book, twitter, etc., to improve the customer experience.
4. Provide agency information to our customers and our residents through the creation of Ecommerce e-campaigns.
5. Develop an interactive website that will allow for the transmission of information (i.e. downloading applications, posting available properties for rental, change of family information, etc.) making it convenient for residents and/or customers to obtain information.

#### **6.0 PHA Plan Update**

- (a) PHA Plan elements that have been revised since 2009 Annual Plan submission:
1. Implement the American Recovery and Reinvestment Act (ARRA) funding.
  2. Updated Public Housing ACOP and Section 8 Administrative Plan.
  3. Modified definition of significant amendment and substantial deviation to annual plan.
  4. Fully utilized the 60 newly acquired Section 8 vouchers.
  5. Summary of Policy and Program Changes

The AHA has not made nor intends to make any major policy or program changes in 2010. Local preferences have been established and will not change, rent policies remain the same, community service policy parameters are included in our lease, ACOP, and our pet policy has been implemented.

(b) Specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan.

Display Locations For PHA Plans and Supporting Documents as well as information regarding any activities outlined in this plan can be obtained by contacting PHA development management offices or the Main administrative office of the Aiken Housing Authority, 100 Rogers Terrace Aiken, SC 29801.

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

The AHA will:

1. Partner with Community Development & Improvement Corporation (CDIC), The City of Aiken, Aiken County and other agencies and organizations to preserve, develop, and/or manage affordable housing and other cooperative and entrepreneurial efforts.
2. Partner with the Aiken Housing Authority development arm and affiliate organization (Community Development & Improvement Corporation), the City of Aiken, Aiken County and other not for profit and for profit housing entities to create at least five homeownership and or rental units.
3. Seek out opportunities to produce additional affordable housing with federal resources (such as Replacement Vouchers) and/or other methods, while maintaining at least a ninety five percent (95%) lease-up and/or budget authority expenditure rate for the sixty (60) tenant preservation units received from the disposition of the Glendale Terrace privately owned development in Aiken County.
4. Seek out opportunities to provide additional affordable housing rental assistance through state resources (such as Tenant Based Rental Assistance), and maintain the TBRA funds received from the South Carolina State Housing Finance and Development Authority which provides thirty (30) families residing in HOME Assisted Units with rental assistance.
5. Develop five (5) additional public housing units utilizing replacement housing factor funds, received from the disposition of Garvin, Valley and Busch Homes.
6. Review the options presented by the proposed PETRA program with extreme interest, particularly with the Hahn Village Development as an opportunity.
7. The Housing Authority of The City of Aiken, has converted 175 vouchers to Project Based Assistance. The one hundred and seventy five units' comprises of Busch Homes (18), Villages at Horsecreek (69), Ridgeview Manor (88). The Housing Authority continues to look for units to put under Project-Based Vouchers that are in the best interest of the clients.

**9.0 Housing Needs**

<b>Housing Needs of Families in the Jurisdiction by Family Type Served by the AHA</b>							
Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income <= 30% of AMI	2,737	4	3	3	4	3	3
Income > 30% but <=50% of AMI	1,590	4	2	3	4	3	3
Income > 30% but <80% of AMI	2,004	3	2	2	4	3	3
Elderly	758	4	4	3	4	4	4
Families with Disabilities	N/A	N/A	4	4	4	4	4
Race/Ethnicity White	1,320	4	1	1	4	1	1
Race/Ethnicity Black	1,397	4	1	1	4	1	1
Race/Ethnicity Hispanic	16	4	1	1	4	1	1
Race/Ethnicity Other	4	N/A	1	1	4	1	1

The AHA used the following sources of information to conduct this analysis (all materials are made available for public inspection.)  
 2010 – 2011 Consolidated Plan of the Jurisdiction  
 U.S. Census data: the 2006 Comprehensive Housing Affordability Strategy ("CHAS") dataset

**Housing Needs of Families on the Public Housing Waiting List**

The waiting list has been closed for 18 months. The AHA does not expect to reopen the list in the PHA Plan year, nor permit specific

categories of families onto the waiting list, even if generally closed.			
	Number of Families	Percent of total families	Annual Turnover
Waiting List Total	1,148		
Extremely low income <=30% AMI	1,103	96.1	
Very low income (>30% but <=50% AMI)	38	3.3	
Low income(>50% but<80% AMI)	7	0.6	
Families with children	860	74.9	
Elderly families	6	0.5	
Families with Disabilities	38	3.3	
Race/ethnicity Black	924	80.5	
Race/ethnicity White	220	19.2	
Race/ethnicity Hispanic	113	9.8	
Characteristics by Bedroom size			
0 Bedroom	0		16
1 Bedroom	226		20
2 Bedroom	531		29
3 Bedroom	320		20
4 Bedroom	71		1

### Housing Needs of Families on the Section 8 tenant-based assistance Waiting List

The waiting list has been closed for 31 months. The AHA expects to reopen the list in the PHA Plan year. The AHA permits specific categories of families onto the waiting list, even if generally closed.

	Number of Families	Percent of total families	Annual Turnover
Waiting list total	231		213
Extremely low income <=30% AMI	174	76.6	
Very low income(>30% but <=50% AMI)	44	19.4	
Low income (>50% but < 80% AMI)	9	3.9	
Families with children	186	80.5	
Elderly families	0	0	
Families with Disabilities	5	2.2	
Race/ethnicity White	14	6.1	
Race/ethnicity Black	217	93.9	
Race/ethnicity Hispanic	5	2.2	

## 9.1 Strategy for Addressing Housing Needs

### (1) Strategies

**NEED: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the AHA within its current resources by:**

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of
- minority and poverty concentration
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

**Strategy 2: Increase the number of affordable housing units by:**

- Apply for additional section 8 units should they become available

- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.

**NEED:**                    **Specific Family Types: Families at or below 30% of median**  
**Strategy:**            **Target available assistance to families at or below 30 % of AMI**  
 Adopt rent policies to support and encourage work

**NEED:**                    **Specific Family Types: Families at or below 50% of median**  
**Strategy:**            **Target available assistance to families at or below 50% of AMI**  
 Employ admissions preferences aimed at families who are working  
 Adopt rent policies to support and encourage work

**NEED:**                    **Specific Family Types: The Elderly**  
**Strategy:**            **Target available assistance to the elderly:**  
 Seek designation of public housing for the elderly  
 Families who are elderly and disabled, will be offered housing before other single persons.  
**Buildings Designed for the Elderly and Disabled (Mixed Population Development):** Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

**NEED:**                    **Specific Family Types: Families with Disabilities**  
**Strategy:**            **Target available assistance to Families with Disabilities:**  
 Seek designation of public housing for families with disabilities  
 Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing.

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

Families who are elderly and disabled, will be offered housing before other single persons.  
**Buildings Designed for the Elderly and Disabled (Mixed Population Development):** Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

**Accessible Units:** Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice.

**NEED:**                    **Specific Family Types: Races or ethnicities with disproportionate housing needs**  
**Strategy 1:**            **Increase awareness of AHA resources among families of races and ethnicities with disproportionate needs:**

The following are extracts from our adopted Admissions and Continued Occupancy Policy. We have similar policies for our Section 8 programs.

### **3.0 Services For Non-English Speaking Applicants and Residents**

All applicants that appear to be experiencing difficulties communicating in English will be asked if they need to communicate in a language other than English (including sign language or Braille). Their needs will be accommodated as much as possible. If another family member or a friend can translate, this option will be utilized to the maximum degree possible. The Aiken Housing Authority will endeavor to have bilingual staff or access to people who speak languages other than English.

### **4.0 Family Outreach**

The Housing Authority will publicize whenever appropriate the availability and nature of the Public Housing Program for extremely low-income, very low and low-income families in a newspaper of general circulation, minority media, and by other suitable means.

To reach persons who cannot or do not read the newspapers; the Housing Authority will distribute fact sheets to the broadcasting media and initiate personal contacts with members of the news media and community service personnel. The Housing Authority will also try to utilize public service announcements.

The Housing Authority will communicate the status of housing availability to other service providers in the community and inform them of housing eligibility factors and guidelines so they can make proper referrals for the Public Housing Program.

### **Strategy 2: Conduct activities to affirmatively further fair housing**

The following policy governs our public housing and Section 8 programs.

It is the policy of the Housing Authority of the City of Aiken to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity in housing and employment.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Housing Authority's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Housing Authority will provide Federal/State/local information to applicants/tenants of the Public Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Housing Authority office.

The Housing Authority will assist any family that believes they have suffered illegal discrimination by providing the family with copies of the appropriate housing discrimination forms. The Housing Authority will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity.

### **Reasons for Selecting Strategies**

The factors listed below, influenced the AHA's selection of the strategies it will pursue:

- Funding and Staffing constraints
- Limited availability of sites for assisted housing
- Influence of the housing market on AHA programs

## 10.0 (a) Progress in Meeting Mission and Goals

### GOALS AND OBJECTIVES

Previous 5-Year Plan (2005-2009).

#### Goal One (1)

**MANAGE THE HOUSING AUTHORITY OF THE CITY OF AIKEN'S EXISTING PUBLIC HOUSING PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER.**

#### Objectives

1. The Housing Authority of the City of Aiken will strive to continue its high performer status.
2. The Housing Authority of the City of Aiken shall promote a motivating work environment with a capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing industry.
3. The Housing Authority of the City of Aiken shall continue to improve resident communications through monthly and quarterly newsletters.

#### Updates

1. The Housing Authority of the City of Aiken rehabilitated one of its oldest Public Housing Developments, Stoney Homes, consisting of forty-four (44) public housing units.
2. The Housing Authority of the City of Aiken applied for and was awarded sixty (60) additional Housing Choice Vouchers and thirty (30) Tenant Based Rental Assistance (TBRA) Vouchers.
3. The Housing Authority of the City of Aiken purchased twelve (12) additional units; therefore increasing the agency's housing stock from 232 to 244 low rent public housing units.

#### Goal Two (2)

**THE HOUSING AUTHORITY OF THE CITY OF AIKEN SHALL MAKE PUBLIC HOUSING THE AFFORDABLE HOUSING OF CHOICE FOR THE VERY LOW INCOME RESIDENTS OF OUR COMMUNITY.**

#### Objectives

1. The Housing Authority of the City of Aiken shall provide a safe and secure environment in its public housing developments by decreasing crimes and calls for service from the police department.
2. The Housing Authority of the City of Aiken shall reduce its evictions due to violations of criminal laws through aggressive screening procedures.

#### Updates

1. The Housing Authority of the City of Aiken installed a state of the art digital, pan-tilt zoom wireless surveillance camera with a high capacity digital video recorder and DVD burner system. The system provides law enforcement with 24 hour access with the capability to view from central dispatch locations and laptop computers in police vehicles.
2. In an effort to secure the safety of its public housing developments, The Housing Authority of the City of Aiken mandated that all public housing residents, 1) obtain a picture identification identifying them as residents, 2) register any/all vehicles through the Housing Authority, and 3) obtain vehicle decals identifying any/all vehicles as the property of the public housing resident.

**Goal Three (3)**

**MANAGE THE HOUSING AUTHORITY OF THE CITY OF AIKEN'S TENANT BASED RENTAL ASSISTANCE PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER**

**Objectives**

1. The Housing Authority of the City of Aiken shall achieve and sustain a utilization rate of 95% in its tenant-based program.
2. The Housing Authority of the City of Aiken shall expand the range and quality of housing choices available to participants in the Authority's tenant-based assistance program through owner outreach initiatives.
3. The Housing Authority of the City of Aiken will strive to meet performer status.

**Updates**

The Housing Authority of the City of Aiken maintained a 100% utilization rate for the Tenant Based Rental Assistance (TBRA) Program.

**Goal Four (4)**

**EXPAND HOUSING OPPORTUNITIES AVAILABLE TO ASSISTED FAMILIES AND PROMOTE INDEPENDENT LIVING/SELF-SUFFICIENCY**

**Objectives**

1. The Housing Authority of the City of Aiken shall continue to expand its current programs to promote homeownership.
2. The Housing Authority of the City of Aiken shall continue its efforts in economic opportunity and self-sufficiency for the families and individuals who reside in our Low Rent Public Housing developments and are participants under our Section 8 Housing Choice Voucher Program.
3. The Housing Authority of the City of Aiken shall continue efforts involving mixed financing for expansion of housing opportunities for residents and citizens of Aiken.
4. The Housing Authority of the City of Aiken shall enter into partnerships with the various local community organizations to provide education and alternatives for the youth in the communities.

**Updates**

1. The Housing Authority of the City of Aiken converted 175 vouchers to Projected Based Vouchers.
2. The Housing Authority of the City of Aiken and its partner, Community Development & Improvement Corporation (CDIC), created homeownership opportunities for low rent public housing families.
3. The Housing Authority of the City of Aiken successfully graduated three (3) families from the Family Self-Sufficiency Program.
4. The Housing Authority of the City of Aiken enabled two (2) families enrolled in the Family Self-Sufficiency (FSS) program to accomplish their goals of homeownership.
5. The Housing Authority of the City of Aiken has been a recipient of the Lower Savannah Council of Government Workforce Development Awards, garnering over seven (7) million dollars, providing approximately 4300 adults, dislocated workers and youth with the opportunity to gain valuable career skills through the completion of GED, High School Diploma, and Short-term Prevocational studies. Additionally, the Housing Authority/Community Development & Improvement Corporation has created ten (10) Case Management positions, who are also nationally accredited Certified Career Development Facilitators.

## 10.0 (a) Goals and Objectives Continued

### New 5-Year Plan (2010-2015).

#### Goal One (1)

#### **THE HOUSING AUTHORITY OF THE CITY OF AIKEN WILL ACTIVELY GARNER RESOURCES FOR HOUSING PRESERVATION AND DEVELOPMENT.**

##### **Objectives**

1. Partner with Community Development & Improvement Corporation (CDIC) and other agencies and organizations to preserve, develop, and/or manage affordable housing and other cooperative and entrepreneurial efforts.
2. Partner with the Aiken Housing Authority development arm and affiliate organization (Community Development & Improvement Corporation), the City of Aiken, Aiken County and other not-for-profit and for-profit entities to create at least five homeownership and or rental units.
3. Seek out opportunities to produce additional affordable housing with federal resources (such as Replacement Vouchers) and/or other methods, while maintaining at least a ninety five percent (95%) lease-up and/or budget authority expenditure rate for the sixty (60) tenant preservation units received from the disposition of the Glendale Terrace privately owned development in Aiken County.
4. Seek out opportunities to provide additional affordable housing rental assistance through state resources (such as Tenant Based Rental Assistance), and maintain the TBRA funds received from the South Carolina State Housing Finance and Development Authority which provides thirty (30) families residing in HOME Assisted Units with rental assistance.
5. Develop five (5) additional public housing units, utilizing replacement housing factor fund, received from the disposition of Garvin, Valley and Busch Homes.
6. Continue to set-aside twenty-percent of the agency's Section 8 Housing Choice Vouchers as Section 8 Project Based units. This set aside will be conducted in a fashion that's most suitable for the tenant.

#### Goal Two (2)

#### **THE HOUSING AUTHORITY OF THE CITY OF AIKEN WILL CONTINUE TO MAKE CAPITAL IMPROVEMENTS TO ITS CURRENT HOUSING STOCK.**

##### **Objectives**

1. Continue renovating public housing properties and making capital improvements designed to increase the livability standards of our residents, while preserving the asset.
2. Maintain high quality and timely design, bidding, and construction.
3. Continue to actively involve residents, staff and the community in planning capital improvements.

#### Goal Three (3)

#### **THE HOUSING AUTHORITY OF THE CITY OF AIKEN WILL CONTINUE TO PROVIDE RESOURCES TO ENSURE EMPLOYEE AND ORGANIZATIONAL DEVELOPMENT.**

##### **Objectives**

1. Promote education, growth and advancement of employees through career planning, training opportunities, industry certifications and other resources.
2. Continue internal rethinking strategies to promote organization development, continuous improvement, and appropriate rethinking strategies to promote organization development, continuous improvement, and appropriate responses to budget challenges and program changes.
3. Continue active leadership in national and state housing organizations especially to advocate for full funding and program reform.

**Goal Four (4)**

**THE HOUSING AUTHORITY OF THE CITY OF AIKEN WILL CONTINUE LINKING ITS RESIDENTS WITH THE TOOLS NECESSARY TO BECOMING SELF-RELIANT INDIVIDUALS AND FAMILIES THROUGH DIRECTLY PROVIDING AND OR LINKING THEM TO COMMUNITY, WORKFORCE AND HOUSING PROGRAMS.**

**Objectives**

1. Promote links to community service that meets the changing needs of Aiken Housing Authority residents, focusing on programs and services that enrich resident's lives, promote independence, increase community involvement and support successful tenancies in public housing.
2. Provide residents with opportunities for Section 3 Resident and Business opportunities to the greatest extent feasible. AHA will hire qualified residents and participants in AHA housing programs and other low income residents, with a focus on promoting training opportunities. AHA will also contract with Section 3 businesses and require other businesses seeking AHA contracts to hire qualified Section 3 residents or to subcontract to Section 3 businesses.
3. Continue seeking Workforce Investment Act (WIA) funding through the United States Department of Labor to provide families with the resources to address barriers to education and employment opportunities.
4. Continue partnering with the Corporation for National and Community Service to provide residents with volunteer opportunities through the AmeriCorps VISTA Program.

**Goal Five (5)**

**THE HOUSING AUTHORITY OF THE CITY OF AIKEN WILL CONTINUE TO IMPROVE THE RESIDENT EXPERIENCE THROUGH CUSTOMARY, MODERN DAY AND ADVANCED TECHNOLOGY BY TAILORING ITS OUTREACH EFFORTS TO MEET THE NEEDS OF THE ITS FAMILIES AND COMMUNITIES.**

**Objectives**

1. Provide written information to families and customers through various avenues, including an Annual Agency Calendar, and a monthly newsletter.
2. Ensure the delivery of valuable information to improve the resident and/or family experience, through the dissemination of information in the form of an Annual Calendar.
3. Utilize various social media outlets such as face book, twitter, etc., to improve the customer experience.
4. Provide agency information to our customers and our residents through the creation of Ecommerce e-campaigns.
5. Develop an interactive website that will allow for the transmission of information (i.e. downloading applications, posting available properties for rental, change of family information, etc.) making it convenient for residents and/or customers to obtain information.

## Aiken Housing Authority's Criteria for Substantial Amendments or Modifications, Significant Deviations from the 5-Year Plan

### Criteria for Substantial Amendments or Modifications, Significant Deviations from the 5-Year Plan

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment, to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A substantial deviation from the Five-Year Plan is defined as a change to the mission statement or the goals and objectives that would cause a change in the service provided to public housing residents or to Section 8 Program participants including a significant change in the Authority's financial situation. We did not experience a substantial deviation from the 5-year plan nor do we anticipate a substantial deviation during this fiscal year. The Housing Authority defines substantial deviations as:

- Any change in the planned or actual use of federal funds for activities that would prohibit or redirect the Housing Authority's strategic goals of increasing the availability of decent, safe and affordable housing for the citizens of the City of Aiken.
- Any single or cumulative annual change in the planned or actual use of federal funds as identified in the five-year plan that exceeds 20% of the Housing Authority of the City of Aiken's annual program budgets for Section 8 or public housing activities.
- A need to respond immediately to Acts of God beyond the control of the Housing Authority, such as a hurricane or other unforeseen significant event.
- A mandate from local government officials, specifically the governing board of the Housing Authority, to modify, revise, or delete the long-range goals and objectives of the program.

### Significant Amendment or Modification to the Annual Plan:

The following actions are considered to be Significant Amendments or Modifications:

- Changes to rent or admissions policies or organization of the waiting list;
- Any change with regard to homeownership program; and
- A change in the planned or use of Capital Funds that results in a financial deviation that exceeds 20% of the Annual Budget.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; HUD does not consider such changes significant amendments.

## Violence Against Women Act (VAWA) Policy

Title VI of the VAWA adds a new housing provision that establishes several categories of protected individuals. Under the law victims of domestic violence, dating violence, sexual assault, and stalking are granted protections and cannot be denied or terminated from housing or housing assistance because of activity that is directly related to domestic violence. 2005 VAWA Pub. L. 109-162; Stat. 2960 signed into law on January 5, 2006 and codified at 42 U.S.C. §1437d(l) and 1435f(d), (0) & 1 and (u)

### 1.0 Purpose

The purpose of this Policy is to reduce domestic violence, dating violence, and stalking and to prevent homelessness by:

- (a) protecting the safety of victims;
- (b) creating long-term housing solutions for victims;
- (c) building collaborations among victim service providers; and
- (d) assisting AHA to respond appropriately to the violence while maintaining a safe environment for AHA, employees, tenants, applicants, Section 8 participants, program participants and others.

The policy will assist the Housing Authority of the City of Aiken (AHA) in providing rights under the Violence Against Women Act to its applicants, public housing residents, Section 8 participants and other program participants.

This Policy is incorporated into AHA's "Admission and Continued Occupancy Policy" and "Section 8 Administration Plan" and applies to all AHA housing programs.

### 2.0 Definitions

The definitions in this Section apply only to this Policy.

- 2.1 **Confidentiality:** Means that AHA will not enter information provided to AHA by a victim alleging domestic violence into a shared database or provide this information to any related entity except as stated in 3.4.
- 2.2 **Dating Violence:** Violence committed by a person (a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such 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. 42 U.S.C. §1437d (u)(3)(A), § 13925.
- 2.3 **Domestic Violence:** Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, committed by a person with whom the victim shares a child in common, committed by a person who is cohabitating with or has cohabitated with the victim as a spouse, committed by a person similarly situated to a spouse of the victim under the domestic or family violence laws of South Carolina, or committed 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 South Carolina. 42 U.S.C. §1437d(u)(3)(B), § 13925.
- 2.4 **Immediate Family Member:** A spouse, parent, brother or sister, or child of a victim or an individual to whom the victim stands *in loco parentis*; or any other person living in the household of the victim and related to the victim by blood or marriage. 42 U.S.C. § 1437d(u)(3)(D), § 13925.
- 2.5 **Perpetrator:** A person who commits an act of domestic violence, dating domestic violence or stalking against a victim.

- 2.6 **Stalking:** (a) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate the victim; (b) to place under surveillance with the intent to kill, injure, harass or intimidate the victim; (c) in the course of, or as a result of such following, pursuit, surveillance, or repeatedly committed acts, to place the victim in reasonable fear of the death of, or serious bodily injury to the victim; or (d) to cause substantial emotional harm to the victim, a member of the immediate family of the victim or the spouse or intimate partner of the victim. 42 U.S.C. §1437d(u)(3)(C), §13925.
- 2.7 **Bona Fide Claim:** A *bonafide* claim of domestic violence, dating violence or stalking must include incidents that meet the terms and conditions in the above definitions.
- 2.8 **Victim:** Is a person who is the victim of domestic violence, dating violence, or stalking under this Policy and who has timely and completely completed the certification under 3.2 and 3.3 or as requested by AHA.

### 3.0 Certification and Confidentiality

#### 3.1 Failure to Provide Certification Under 3.2 and 3.3

The person claiming protection under VAWA shall provide complete and accurate certifications to AHA, owner or manager within 14 business days after the party requests in writing that the person completes the certifications. If the person does not provide a complete and accurate certification within the 14 business days, AHA, owner or manager may take action to deny or terminate participation or tenancy. 42 U.S.C. §14371 (5) & (6); 42 U.S.C. § 1437F(c)(9); 42 U.S.C. §1437f(d)(l)(B)(ii)&(iii); 42 U.S.C. §1437f(o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20) or for other good cause.

#### 3.2 HUD Approved Certification

For each incident that a person is claiming as abuse, the person shall certify to AHA, owner or manager their victim status by completing a HUD approved certification form. The person shall certify the date, time and description of the incidents, that the incidents are *bonafide* incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator including but not limited to the name and, if known, all alias names, date of birth, address, contact information such as postal, e-mail or internet address, telephone or facsimile number or other identification.

#### 3.3 Confirmation of Certification

A person who is claiming victim status shall provide to AHA, an owner or manager: (a) documentation signed by the victim and 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 domestic violence, dating violence or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. §1746) the professional's belief that the incident(s) in question are *bonafide* incidents of abuse; or (b) a federal, state, tribal, territorial, local police or court record.

#### 3.4 Confidentiality

AHA, the owner and managers shall keep all information provided to AHA under this Section confidential. AHA, owner and manager shall not enter the information into a shared database or provide to any related entity except to the extent that:

(a) the victim request or consents to the disclosure in writing;

(b) the disclosure is required for:

- i. eviction from public housing under 42 U.S.C. §1437 l(5)&(6)(See Section 4 in this Policy)

- ii. termination of Section 8 assistance under 42 U.S.C. §1437f(c)(9); 42 U.S.C. §1437f(d)(1)(B)(ii)&(iii); 42 U.S.C. §1437f (o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20)(See Section 4 in this Policy); or (c) the disclosure is required by applicable law.

#### **4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy**

- 4.1 AHA shall not deny participation or admission to a program on the basis of a person's abuse status, if the person otherwise qualifies for admission of assistance.
- 4.2 An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be a serious or repeated violation of the lease by the victim and shall not be good cause for denying to a victim admission to a program, terminating Section 8 assistance or occupancy rights, or evicting a tenant.
- 4.3 Criminal activity directly related to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim of that domestic violence, dating violence or stalking.
- 4.4 Notwithstanding Sections 4.1, 4.2, and 4.2, AHA, an owner or manager may bifurcate a lease to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing, terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. 42 U.S.C. §1437d(l)(6)(B).
- 4.5 Nothing in Sections 4.1, 4.2, and 4.3 shall limit the authority of AHA, an owner or manager, when notified, to honor court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- 4.6 Nothing in Sections 4.1, 4.2, and 4.3 limits AHA, an owner or manager's authority to evict or terminate assistance to any tenant for any violation of lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However AHA, owner or manager may not hold a victim to a more demanding standard.
- 4.7 Nothing in Sections 4.1, 4.2, and 4.3 limits AHA, an owner or manager's authority to evict or terminate assistance, or deny admission to a program if the AHA, owner or manager can show an actual and imminent threat to other tenants, neighbors, guests, their employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.
- 4.8 Nothing in Sections 4.1, 4.2, or 4.3 limits AHA, an owner or manager's authority to deny admission, terminate assistance or evict a person who engages in criminal acts including but not limited to acts of physical violence or stalking against family members or others.
- 4.9 A Section 8 recipient who moves out of an assisted dwelling unit to protect their health or safety and who: (a) is a victim under this Policy; (b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and (c) has complied with all other obligations of the Section 8 program may receive a voucher and move to another Section 8 jurisdiction.

## **5.0 Actions Against a Perpetrator**

The AHA may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take action to control or prevent the domestic violence, dating violence, or stalking. The action may include but is not limited to: (a) obtaining and enforcing a restraining or no contact order or order for protection against the perpetrator; (b) obtaining and enforcing a trespass against the perpetrator; (c) enforcing AHA or law enforcement's trespass of the perpetrator; (d) preventing the delivery of the perpetrator's mail to the victim's unit; (e) providing identifying information listed in 3.2; and (f) other reasonable measures.

## **6.0 AHA Right to Terminate Housing and Housing Assistance Under this Policy**

1.1 Nothing in this Policy will restrict the AHA, owner or manager's right to terminate tenancy for lease violations by a resident who claims VAWA as a defense if it is determined by the AHA, owner or manager that such a claim is false.

1.2 Nothing in this Policy will restrict the AHA right to terminate tenancy if the victim tenant (a) allows a perpetrator to violate a court order relating to the act or acts of violence; or (b) if the victim tenant allows a perpetrator who has been barred from AHA property to come onto AHA property including but not limited to the victim's unit or any other area under their control; or (c) if the victim tenant fails to cooperate with an established safety strategy as designed by a local victim support service provider (see 7.2).

6.3 Nothing in this Policy will restrict the AHA right to terminate housing and housing assistance if the victim tenant who claims as a defense to an eviction or termination action relating to domestic violence has engaged in fraud and abuse against a federal housing program; especially where such fraud and abuse can be shown to have existed before the claim of domestic violence was made. Such fraud and abuse includes but is not limited to unreported income and ongoing boarders and lodgers violations, or damage to property.

## **7.0 Statements of Responsibility of Tenant Victim, the AHA to the Victim, and to the Larger Community.**

7.1 A tenant victim has no less duty and responsibility under the lease to meet and comply with the terms of the lease than any other tenant not making such a claim. Ultimately all tenants must be able to take personal responsibility for themselves and exercise control over their households in order to continue their housing and housing assistance. The AHA will continue to issue lease violation notices to all residents who violate the lease including those who claim a defense of domestic violence.

7.2 AHA recognizes the pathologic dynamic and cycle of domestic violence and a victim of domestic violence will be referred to local victim support service providers to help victims break the cycle of domestic violence through counseling, referral and development of a safety strategy.

7.3 A tenant victim must take personal responsibility for exercising control over their household by accepting assistance and complying with the safety strategy or plan to best of victim's ability and reason under the circumstances. Failure to do this may be seen as other good cause.

7.4 All damages including lock changes will be the responsibility of the tenant victim. This is in keeping with other agency policies governing tenant caused damages.

**8.0 Notice to Applicants, Participants, Tenants and Section 8 Managers and Owners.**

AHA shall provide notice to applicants, participants, tenants, managers and owners of their rights and obligations under Section 3.4 Confidentiality and Section 4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy. 8.1 If the AHA, owner or manager knows that an applicant to or participant in a AHA housing program is the victim of dating violence, domestic violence or stalking, the AHA, owner or manager shall inform that person of this Policy and the person's rights under it.

**9.0 Reporting Requirements**

AHA shall include in its 5-year plan a statement of goals, objectives, policies or programs that will serve the needs of victims. AHA shall also include a description of activities, services or programs provided or offered either directly or in partnership with other service providers to victims, to help victims obtain or maintain housing or to prevent the abuse or to enhance the safety of victims.

**10.0 Conflict and Scope**

This Policy does not enlarge AHA's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law, regulation or ordinance shall control. If this Policy conflicts with another AHA policy such as its Statement of Policies or Section 8 Administration Plan, this Policy will control.

**11.0 Amendment**

The Executive Director may amend this policy when it is reasonably necessary to effectuate the Policy's intent, purpose or interpretation. The proposed amendment along with the rationale for the amendment shall be submitted to the Executive Director for consideration. Where reasonably necessary, the Executive Director may approve the amendment. The amendment shall be effective and incorporated on the date that the Executive Director signs the amendment.



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*Through our Agency's Strong Private, Public and Not-for-Profit Partnerships,  
"We are Building Strong Communities With an Exceptional Quality of Life".*

## Aiken Housing Authority

Resolution No.: 2010-29

### Aiken Housing Authority Aiken Housing Authority's Five Year (2010-2014) Capital Fund Comprehensive and Annual Plan

It is hereby requested that the Board of Commissioners grant approval of the Aiken Housing Authority's Five Year (2010-2014) Capital Fund Comprehensive and Annual Plan.

Be it resolved by the Board of Commissioners on this 15<sup>th</sup> day of June, 2010.

Sara Wood, Board Chairman

Ivory N. Mathews, Secretary

#### COMMISSIONERS:

Channing Jones  
Faleaser Elmore  
Frances Farley  
James Gallman  
Martin Buckley  
Nathaniel Dicks  
Sara S. Wood

#### CHIEF EXECUTIVE OFFICER:

Ivory N. Mathews, M.E.d, PHM, EDHP



Stoney-Gallman Townhomes

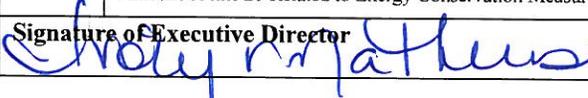
#### DEPARTMENTS

- Accounting / Administration
- AmeriCorps VISTA
- Brownfield's EPA
- Low Rent Public Housing
- Maintenance
- Section 8 Housing Choice Voucher
- Summer Food Service Program
- Workforce Investment Act



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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750110 Replacement Housing Factor Grant No: Date of CFFP: 01/2006		<b>FFY of Grant:</b> 2010 <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,861.04			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	410,711.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 6.15.2010		Signature of Public Housing Director  Date	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Aiken			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750110 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406						
	Public Housing Operations		LS	82,245.00				
	Subtotal Acct 1406			82,245.00				
HA Wide	Management Improvement	1408						
	Computer Hardware upgrade, consulting fees,office equipment, training		LS	7,562.96				
	Subtotal Acct 1408			7,562.96				
HA Wide	Administration	1410						
	FP Administration: Salaries & Benefits		LS	41,122.00				
	Subtotal Acct 1410			41,122.00				
HA Wide	Fees and Costs	1430						
	A & E Fees; Reimbursable Costs		LS	5,000.00				
	Subtotal Acct 1430			5,000.00				

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Aiken			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750110 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Dwelling Structures	1460						
SC007-6	Hot Water Heaters-Hahn		42	9,920.00				
SC007-8	Cabinets-New Hope I		18	87,000.00				
SC007-9	Cabinets-New Hope II		2	6,000.00				
SC007-5B	Furnaces - Bradby		5	16,000.00				
	Subtotal Acct 1460			118,920.00				
	Non-Dwelling Equipment	1475						
SC007-8	Security Camera System-New Hope I		29	5,044.00				
SC007-9	Security Camera System-New Hope II		40	6,956.00				
	Subtotal Acct 1475			12,000.00				
	Collateralization or Debt Service	9000						
HA -Wide	Capital Fund Borrowing Program Debt Service			143,861.04				
	Subtotal Acct 9000			143,861.04				
	Grand Total			410,711.00				

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Aiken				<b>Federal FFY of Grant: 2010</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	09/15/12		09/15/14		
SC007-2	09/15/12		09/15/14		
SC007-5B	09/15/12		09/15/14		
SC007-6	09/15/12		09/15/14		
SC007-8	09/15/12		09/15/14		
SC007-9	09/15/12		09/15/14		

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

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

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

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of The City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16S00750109 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/2010       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	85,500.00	42,217.64	42,217.64	42,217.64
4	1410 Administration (may not exceed 10% of line 21)	86,561.00	86,561.00	86,561.00	29,979.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000.00	35,000.00	35,000.00	20,602.50
8	1440 Site Acquisition				
9	1450 Site Improvement	103,697.00	71,961.75	71,961.75	71,961.75
10	1460 Dwelling Structures	439,249.00	553,616.41	553,616.41	75,314.64
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	115,612.00	76,262.20	76,262.20	77,674.33
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of The City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16S00750109 Replacement Housing Factor Grant No. Date of CFFP		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 865,619</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 03/31/2010</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	865,619.00	865,619.00	865,619.00	317,749.86
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>[Signature]</i>		Date <i>6.15.2010</i>		Signature of Public Housing Director _____ Date _____	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of The City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16S00750109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Management Improvements	1408						
	Computer software upgrades; Staff Training			85,500.00	42,217.64	42,217.64	42,217.64	
	Subtotal Account 1408			85,500.00	42,217.64	42,217.64	42,217.64	
HA Wide	Administration	1410						
	CFP Administration; Salaries and Benefits			86,561.00	86,561.00	86,561.00	29,979.00	
	Subtotal Account 1410			86,561.00	86,561.00	86,561.00	29,979.00	
HA Wide	Fees and Costs	1430						
	A & E Fees; Physical Needs Assessment			35,000.00	35,000.00	35,000.00	20,602.50	
	Subtotal Account 1430			35,000.00	35,000.00	35,000.00	20,602.50	
	Site Improvements	1450						
SC007-8 & SC007-9	Erosion Control - New Hope Community			10,000.00	10,000.00	10,000.00	36,522.86	
SC007-5B	Gas Line Repair - Bradby Homes			8,696.75	8,696.75	8,696.75	8,696.75	
SC007-6	Fence at Hahn Village to close Maurice entrance			20,000.00	13,265.00	13,265.00	13,267.00	
HA Wide	Administrative Office Parking Plan			65,000.25	40,000.00	40,000.00	13,475.14	
	Subtotal Account 1450			103,697.00	71,961.75	71,961.75	71,961.75	

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of The City of Aiken			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16S00750109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Dwelling Structures	1460						
SC007-2	Complete Stoney Homes Rehabilitation			400,000.00	550,000.00	550,000.00	75,314.64	
SC0078 & SC007-9	New Hope Community - Cabinets and Interior Deferred Maintenance			22,000.00	1,816.41	1,816.41	0.00	
SC007-5B	Bradby Homes - Cabinets and Interior Deferred Maintenance			17,249.00	1,800.00	1,800.00	0.00	
	Subtotal Account 1460			439,249.00	553,616.41	553,616.41	75,314.64	
	Non-Dwelling Equipment	1475						
SC007-6	Wireless Security Camera System - Hahn Village			56,000.00	64,802.20	64,802.20	58,716.08	
HA Wide	Upgrade Telephone System			15,000.00	0.00	0.00	0.00	
HA Wide	Company Car			0.00	0.00	0.00	0.00	
HA Wide	Maint Vehicle, 18 foot trailer; 2 commercial lawn mowers; 2 weed eaters, edgers, blowers			44,612.00	0.00	0.00	0.00	
HA Wide	Tables, Chairs, Sound System, TV/DVD, Refrigerator, Stove for Community Room to provide training for residents in housekeeping and use of appliances in connection with modernization of homes.			0	11,460.00	11,460.00	18,958.25	
	Subtotal Non-Dwelling Equipment			115,612.00	76,262.20	76,262.20	77,674.33	

	Grand Total			865,619.00	865,619.00	865,619.00	317,749.86	

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of The City of Aiken				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	02/28/10	02/28/10	02/28/12		
SC007-8 & SC007-9	02/28/10	02/28/10	02/28/12		
SC007-5B	02/28/10	02/28/10	02/28/12		
SC007-6	02/28/10	02/28/10	02/28/12		
SC007-2	02/28/10	02/28/10	02/28/12		

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

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750109 Replacement Housing Factor Grant No: Date of CFFP: 01/2006
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	82,245.00		82,245.00	41,118.00
3	1408 Management Improvements	20,561.00		0	0
4	1410 Administration (may not exceed 10% of line 21)	41,122.00		41,122.00	20,556.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	62,563.96		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	23,625.00		0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	27,248.00		0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750109 Replacement Housing Factor Grant No: Date of CFFP: 01/2006		<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 03/31/2010</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,861.04		143,861.04	0
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	411,226.00		267,228.04	61,674.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Marcy Mathews</i>		Date <i>6.15.2010</i>		Signature of Public Housing Director _____	
				Date _____	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Aiken			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750109 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406	LS					
	Public Housing Operations			82,245.00		82,245.00	41,118.00	
	Subtotal Acct 1406			82,245.00		82,245.00	41,118.00	
HA Wide	Management Improvements	1408	LS					
	Computer software & hardware upgrades; consulting fees; office equipment; training			20,561.00		0	0	
	Subtotal Acct 1408			20,561.00		0	0	
HA Wide	Administration	1410	LS					
	CFP Administration: Salaries and Benefits			41,122.00		41,122.00	20,556.00	
	Subtotal Acct 1410			41,122.00		41,122.00	20,556.00	
HA Wide	Fees and Costs	1430	LS					
	A & E Fees; Reimbursable Costs			10,000.00		0	0	
	Subtotal Acct 1430			10,000.00		0	0	
	Dwelling Structures	1460						
SC007-2	Rehabilitation Contract		44 units	62,563.96		0	0	
	Subtotal Acct 1460			62,563.96		0	0	

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Aiken			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750109 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Dwelling Equipment	1465.1						
SC007-5B	Refrigerators, ranges, water heaters		12	5,250.00		0	0	
SC007-6	Refrigerators, ranges, water heaters		30	13,125.00		0	0	
SC007-8	Refrigerators, ranges, water heaters		6	2,625.00		0	0	
SC007-9	Refrigerators, ranges, water heaters		6	2,625.00		0	0	
	Subtotal Acct 1465.1			23,625.00		0	0	
	Non-Dwelling Equipment	1475						
HA Wide	Company Vehicle			27,248.00		0	0	
	Subtotal Acct 1475			27,248.00		0	0	
	Collateralization or Debt Service	9000	LS					
HA Wide	Capital Fund Borrowing Program Debt Service			143,861.04		143,861.04	0	
	Subtotal Acct 9000			143,861.04		143,861.04	0	
	Grand Total			411,226.00		267,228.04	61,674.00	

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Aiken				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	09/14/11		09/14/13		
SC007-2	09/14/11		09/14/13		
SC007-5B	09/14/11		09/14/13		
SC007-6	09/14/11		09/14/13		
SC007-8	09/14/11		09/14/13		
SC007-9	09/14/11		09/14/13		

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

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750108 Replacement Housing Factor Grant No: Date of CFFP: 01/2006
<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	95,920.00	95,920.00	95,920.00	95,920.00
3	1408 Management Improvements		0	0	0
4	1410 Administration (may not exceed 10% of line 21)	38,368.00	38,368.00	38,368.00	38,368.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	10,000.00	10,000.00	10,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	19,400.00	19,400.00	19,400.00	19,400.00
10	1460 Dwelling Structures	52,505.96	7,893.96	7,893.96	3,900.00
11	1465.1 Dwelling Equipment—Nonexpendable	23,625.00	23,625.00	23,625.00	3,372.89
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0	44,612.00	44,612.00	27,248.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

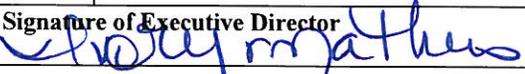
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No. SC16P00750108 Replacement Housing Factor Grant No. Date of CFFP: 01/2006		<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,861.04	143,861.04	143,861.04	59,942.10
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	383,680.00	383,680.00	383,680.00	258,150.99
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 6.15.2010		<b>Signature of Public Housing Director</b> _____	
				<b>Date</b> _____	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Aiken			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750108 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406	LS					
	Public Housing Operations			95,920.00	95,920.00	95,920.00	95,920.00	
	Subtotal Acct 1406			95,920.00	95,920.00	95,920.00	95,920.00	
HA Wide	Administration	1410	LS					
	CFP Administration: Salaries and Benefits			38,368.000	38,368.000	38,368.000	38,368.000	
	Subtotal Acct 1410			38,368.00	038,368.00	38,368.000	38,368.000	
HA Wide	Fees and Costs	1430	LS					
	A & E Fees; Reimbursable Costs			10,000.00	10,000.00	10,000.00	10,000.00	
	Subtotal Acct 1430			10,000.00	10,000.00	10,000.00	10,000.00	
SC007-4	Site Improvement	1450	LS					
	Sidewalk Repairs			19,400.00	19,400.00	19,400.00	19,400.00	
	Subtotal Acct 1450			19,400.00	19,400.00	19,400.00	19,400.00	
SC007-2	Dwelling Structures	1460						
	Rehabilitation Contract		44 units	52,505.96	7,893.96	7,893.96	3,900.00	
	Subtotal Acct 1460			52,505.96	7,893.96	7,893.96	3,900.00	

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Aiken			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750108 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Dwelling Equipment	1465.1						
SC007-5B	Refrigerators, ranges, water heaters		12	5,250.00	5,250.00	5,250.00	0	
SC007-6	Refrigerators, ranges, water heaters		30	13,125.00	13,125.00	13,125.00	0	
SC007-8	Refrigerators, ranges, water heaters		6	2,625.00	2,625.00	2,625.00	0	
SC007-9	Refrigerators, ranges, water heaters		6	2,625.00	2,625.00	2,625.00	0	
	Subtotal Acct 1465.1			23,625.00	23,625.00	23,625.00	0	
	Non-Dwelling Equipment	1475						
HA Wide	Lawn Maintenance Equipment, Maintenance Vehicle			0	44,612.00	44,612.00	27,248.00	
	Subtotal Acct 1475			0	44,612.00	44,612.00	27,248.00	
HA Wide	Collateralization or Debt Service	9000	LS					
	Capital Fund Borrowing Program Debt Service			143,861.04	143,861.04	143,861.04	59,942.10	
	Subtotal Acct 9000			143,861.04	143,861.04	143,861.04	59,942.10	
	Grand Total			383,680.00	383,680.00	383,680.00	258,150.99	

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Aiken				<b>Federal FFY of Grant: 2008</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	06/12/10		06/12/12		
SC007-2	06/12/10		06/12/12		
SC007-5B	06/12/10		06/12/12		
SC007-6	06/12/10		06/12/12		
SC007-8	06/12/10		06/12/12		
SC007-9	06/12/10		06/12/12		

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

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

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

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of The City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750107 Replacement Housing Factor Grant No: Date of CFFP: 01/2006
<b>FFY of Grant: 2007</b>	
<b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	91,165.00		91,165.00	91,165.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	37,632.00		37,632.00	37,632.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,675.76		7,675.76	7,675.76
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	95,986.20		95,986.20	95,986.20
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

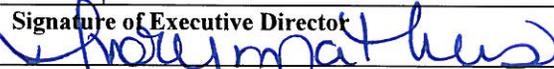
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

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

<b>Part I: Summary</b>						
PHA Name: Housing Authority of The City of Aiken		Grant Type and Number Capital Fund Program Grant No. SC16P00750107 Replacement Housing Factor Grant No: Date of CFFP: 01/2006			FFY of Grant:2007 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10 <input checked="" type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,861.04		143,861.04	143,861.04	
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	376,320.00		376,320.00	376,320.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date 6.15.2010		Signature of Public Housing Director  		

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of The City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750107 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406						
	PH Operations			91,165.00		91,165.00	91,165.00	
	Subtotal Account 1406			91,165.00		91,165.00	91,165.00	
HA Wide	Administration	1410						
	Prorated salaries & benefits for administration of CFP Program			37,632.00		37,632.00	37,632.00	
	Subtotal Account 1410			37,632.00		37,632.00	37,632.00	
HA Wide	Fees & Costs	1430						
	A & E Fees; reimbursable costs			7,675.76		7,675.76	7,675.76	
	Subtotal Account 1430			7,675.76		7,675.76	7,675.76	
HA Wide	Dwelling Structures	1460						
	Rehabilitation, replacement			95,986.20		95,986.20	95,986.20	
	Subtotal Account 1460			95,986.20		95,986.20	95,986.20	

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of The City of Aiken			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P00750107 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Loan Debt Obligation	9002		143,861.04		143,861.04	143,861.04	
	Subtotal Account 9002			143,861.04		143,861.04	143,861.04	
	Grand Total			376,320.00		376,320.00	376,320.00	

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of The City of Aiken					<b>Federal FFY of Grant: 2007</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	09/12/09	10/01/07	09/12/11	02/28/10	
SC007-2	09/12/09	10/01/07	09/12/11	02/28/10	
SC007-5A	09/12/09	10/01/07	09/12/11	02/28/10	
SC007-5B	09/12/09	10/01/07	09/12/11	02/28/10	
SC007-6	09/12/09	10/01/07	09/12/11	02/28/10	
SC007-8	09/12/09	10/01/07	09/12/11	02/28/10	
SC007-9	09/12/09	10/01/07	09/12/11	02/28/10	

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

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

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

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750210 Date of CFFP:
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	115,508.00		0	0

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750210 Date of CFFP:		<b>FFY of Grant:</b> 2010 <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	115,508.00		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> <i>[Signature]</i>		<b>Date</b> 6.15.2010		<b>Signature of Public Housing Director</b>  <b>Date</b>	

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









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

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

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750110 Date of CFFP:
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	139,670.00		0	0

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

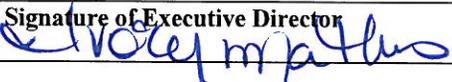
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750110 Date of CFFP:		<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:                      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	139,670.00		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 6.15.2010		<b>Signature of Public Housing Director</b> _____	
				<b>Date</b> _____	

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







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

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

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750209 Date of CFFP:
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 03/31/2010       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	84,672.00		0	0

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

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

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

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

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

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

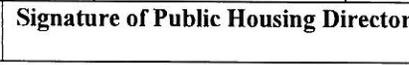
<b>Part I: Summary</b>		
<b>PHA Name:</b> Housing Authority of the City of Aiken	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750209 Date of CFFP	<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b>

**Type of Grant**

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

Performance and Evaluation Report for Period Ending: 03/31/2010                     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	84,672.00		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director 	Date 6/15/2010	Signature of Public Housing Director 	Date
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<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.







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

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

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750109 Date of CFFP:
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	

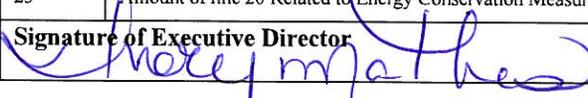
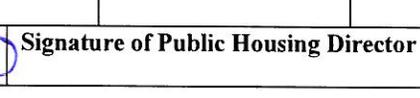
**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	170,948.00		0	0

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No SC16R00750109 Date of CFFP:			<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	170,948.00		0	0	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director:</b> 		<b>Date:</b> 6.15.2010	<b>Signature of Public Housing Director:</b> 		<b>Date:</b>	

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







<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750208 Date of CFFP:
<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>	

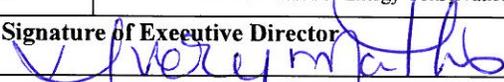
**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	122,835.00		122,835.00	0

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750208 Date of CFFP:		<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>		
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	122,835.00		122,835.00	0	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b> 			<b>Date</b> 6.15.2010		<b>Signature of Public Housing Director</b> _____	
					<b>Date</b> _____	

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







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

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

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750108 Date of CFFP:
<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>	

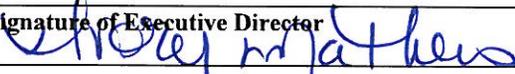
**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 3/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	177,335.00		177,335.00	0

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750108 Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 03/31/10</b> <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	177,335.00		177,335.00	0	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date 6.15.2010		Signature of Public Housing Director  Date		

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







<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750207 Date of CFFP:
<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 03/31/2010       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	115,352.00		115,352.00	0

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750207 Date of CFFP:		<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	115,352.00		115,352.00	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> <i>Worley Mathews</i>		<b>Date</b> 6.15.2010		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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







<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750107 Date of CFFP:
<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	167,079.00		167,079.00	34,526.65

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750107 Date of CFFP:		<b>FFY of Grant:</b> 2007 <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 03/31/10</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	167,079.00		167,079.00	34,526.65
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 6/15.2010		<b>Signature of Public Housing Director</b>  	
				<b>Date</b>	

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









<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750406 Date of CFFP:
<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	2,587.00		2,587.00	2,587.00

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No. SC16R00750406 Date of CFFP:		<b>FFY of Grant:2006</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	2,587.00		2,587.00	2,587.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> <i>Stacy Mathis</i>		<b>Date</b> 6.15.2010		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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







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

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

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750306 Date of CFFP:
<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	683.00		683.00	683.00

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

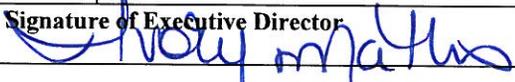
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No. Replacement Housing Factor Grant No. SC16R00750306 Date of CFFP:		<b>FFY of Grant:</b> 2006 <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 03/31/10</b> <input checked="" type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	683.00		683.00	683.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 6.15.2010		<b>Signature of Public Housing Director</b>  	
				<b>Date</b>	

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









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

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

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750206 Date of CFFP:
<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	87,544.00		87,544.00	87,544.00

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

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

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

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750206 Date of CFFP:			<b>FFY of Grant:2006</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	87,544.00		87,544.00	87,544.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b> <i>[Signature]</i>		<b>Date</b> 6.15.2010		<b>Signature of Public Housing Director</b>  		
				<b>Date</b>		

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









<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750106 Date of CFFP:
<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>	

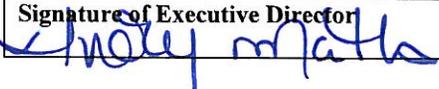
**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	23,126.00		23,126.00	23,126.00

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750106 Date of CFFP:		<b>FFY of Grant:</b> 2006 <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	23,126.00		23,126.00	23,126.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 6.15.2010		Signature of Public Housing Director  Date	

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







<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750105 Date of CFFP:
<b>FFY of Grant: 2005</b> <b>FFY of Grant Approval:</b>	

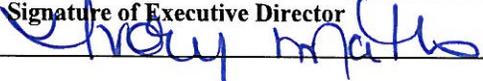
**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	156,296.00		156,296.00	156,296.00

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

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

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

<b>Part I: Summary</b>					
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No. Replacement Housing Factor Grant No. SC16R00750105 Date of CFFP:		FFY of Grant:2005 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	156,296.00		156,296.00	156,296.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 6.10.2010		Signature of Public Housing Director _____	
				Date _____	

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







<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750104 Date of CFFP:
<b>FFY of Grant: 2004</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	95,170.00		95,170.00	95,170.00

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of Aiken		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750104 Date of CFFP:			<b>FFY of Grant:2004</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	95,170.00		95,170.00	95,170.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b> <i>[Signature]</i>		<b>Date</b> 6/15.2010		<b>Signature of Public Housing Director</b>  <b>Date</b>		

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







<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Aiken</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750103 Date of CFFP:
<b>FFY of Grant: 2003</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	82,177.00	20,096.39	20,096.39	20,096.39

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

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

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

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

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

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> Housing Authority of the City of Aiken	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No. SC16R00750103 Date of CFFP:	<b>FFY of Grant:</b> 2003 <b>FFY of Grant Approval:</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:    )  
 **Performance and Evaluation Report for Period Ending: 03/31/10**       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	82,177.00	20,096.39	20,096.39	20,096.39
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> <i>Proby Mathis</i>	<b>Date</b> 6.15.2010	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.





