

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Housing Needs Financial Resources</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. PHA Main Administrative Office</p>																																																																																
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8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>																																																																																
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. Completed</p>																																																																																
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Completed</p>																																																																																
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>																																																																																
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability</p> <table border="1" data-bbox="232 888 1458 1251"> <thead> <tr> <th colspan="8">Housing Needs of Families in the Jurisdiction by Family Type</th> </tr> <tr> <th>Family Type</th> <th>Overall</th> <th>Affordability</th> <th>Supply</th> <th>Quality</th> <th>Access-ibility</th> <th>Size</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Income <= 30% of AMI</td> <td>389</td> <td>5</td> <td>1</td> <td>3</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Income >30% but <=50% of AMI</td> <td>233</td> <td>3</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Income >50% but <80% of AMI</td> <td>304</td> <td>3</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Elderly</td> <td>345</td> <td>3</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>Families with Disabilities</td> <td>359</td> <td>4</td> <td>1</td> <td>2</td> <td>3</td> <td>1</td> <td>1</td> </tr> <tr> <td>White</td> <td>630</td> <td>4</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>African American</td> <td>694</td> <td>4</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Hispanic</td> <td>40</td> <td>4</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> </tbody> </table> <p>, supply, quality, accessibility, size of units, and location.</p> <p>What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)</p> <p><input checked="" type="checkbox"/> Consolidated Plan of the Jurisdictions <input checked="" type="checkbox"/> U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset</p>	Housing Needs of Families in the Jurisdiction by Family Type								Family Type	Overall	Affordability	Supply	Quality	Access-ibility	Size	Location	Income <= 30% of AMI	389	5	1	3	1	1	1	Income >30% but <=50% of AMI	233	3	1	2	1	1	1	Income >50% but <80% of AMI	304	3	1	1	1	1	1	Elderly	345	3	1	1	2	1	1	Families with Disabilities	359	4	1	2	3	1	1	White	630	4	1	1	1	1	1	African American	694	4	1	1	1	1	1	Hispanic	40	4	1	1	1	1	1
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Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- 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

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work

9.1

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Affirmatively market to local non-profit agencies that assist families with disabilities

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Results of consultation with residents and the Resident Advisory Board

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Humboldt Housing Authority continues its mission to provide decent, safe, sanitary and affordable housing to our community in a non-discriminatory manner.</p> <p>We continue our goal of improving the quality of assisted housing by maintaining our objective of being a high performer and modernizing our units through the use of our Capital Funds.</p> <p>We are providing an improved living environment by implementing our objectives of de-concentrating income disparities amongst our developments and improving security measures by hiring security officers.</p> <p>We strive to meet our goal of promoting self sufficiency and asset development of assisted households by partnering with a local agency to provide a VISTA worker who works to meet our objectives of increasing the number and percentage of employed persons in assisted families and providing supportive services to increase independence for the elderly and disabled.</p> <p>As always, we undertake affirmative measures to ensure equal opportunity and further fair housing regardless of race, color, religion, national origin, sex, familial status, and disability.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The Housing Authority will consider the following to be changes in its Agency Plan necessary and sufficient to require a full review by the Resident Advisory Board before a corresponding change in the Agency Plan can be adopted:</p> <ol style="list-style-type: none"> 1. Any alteration of the PHA's Mission Statement. 2. Any change or amendment to a stated Strategic Goal. 3. Any change or amendment to a stated Strategic Objective except in a case Where the change results from the objective having been met. 4. Any introduction of a new Strategic Goal or a new Strategic Objective. 5. Any alteration in the Capital Fund Program that affects an expenditure greater than twenty percent of the CFP Annual Budget for that year. <p>In defining the above, the Housing Authority intends by "Strategic Goal" and "Strategic Objective" specifically those items in its Five Year Plan and any change in the above items will be considered a "substantial deviation" from the plan. Furthermore, the PHA considers the following changes to require a public process before amending said changes and that these items are a "significant amendments or modification" to the Agency Plan:</p> <ol style="list-style-type: none"> 1. Changes to rent or admissions policies or organization of the waiting list. 2. Additions on non-emergency work-items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund. 3. Additions of new activities not included in any PHDEP Plan. 4. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. <p>An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements, such changes will not be considered significant amendments by HUD.</p>
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11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

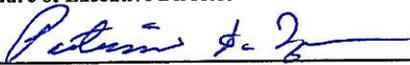
- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. (Note: Standard and Troubled PHAs complete annually).

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

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P02750110 Date of CFFP:		FFY of Grant: <u>2010</u> FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$83,641			
4	1410 Administration (may not exceed 10% of line 21)	\$41,825			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$62,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$5,914			
10	1460 Dwelling Structures	\$172,750			
11	1465.1 Dwelling Equipment—Nonexpendable	\$13,125			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$25,000			
14	1485 Demolition	\$14,000			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$418,255			
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P02750110 Date of CFFP: _____			FFY of Grant: <u>2010</u> FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised :	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
		2/19/09			

Part II: Supporting Pages		Grant Type and Number				Federal FFY of Grant: 2010		
PHA Name: Humboldt Housing Authority		Capital Fund Program Grant No: TN43P02750110 CFFP (YES/No): No Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Management Improvements	1408	1 LS	\$83,641				
PHA-WIDE	Administrative	1410	1 LS	\$41,825				
PHA-WIDE	A & E Services	1430	1 LS	\$57,000				
PHA-WIDE	Environmental Testing/Abatement/Monitoring	1430	1 LS	\$5,000				
PHA-WIDE	Site Improvements	1450	1 LS	\$5,914				
PHA-WIDE	Water Heaters	1460	25 EA	\$8,750				
TN027-004	Roofing	1460	30 Bldgs.	\$120,000				
PHA-WIDE	Kitchen Cabinets	1460	8 DU	\$44,000				
PHA-WIDE	Ranges	1465	15 EA	\$5,625				
PHA-WIDE	Refrigerators	1465	15 EA	\$7,500				
PHA-WIDE	Management Vehicle	1475	1 EA	\$25,000				
PHA-WIDE	Selective Demolition	1485	2 Bldgs.	\$14,000				

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

Part III: Implementation Schedule					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program No: TN43P02750110 Replacement Housing Factor No:		Federal FY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	9/12		9/14		
TN027-004	9/12		9/14		

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

Part I: Summary						
PHA Name/Number Humboldt Housing Authority/ TN027		Locality (City/County & State) Humboldt, Gibson, Tennessee			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number/Name	Work Statement For Year 1 FFY <u> 2010 </u>	Work Statement for Year 2 FFY <u> 2011 </u>	Work Statement for Year 3 FFY <u> 2012 </u>	Work Statement for Year 4 FFY <u> 2013 </u>	Work Statement for Year 5 FFY <u> 2014 </u>
B.	Physical Improvements Subtotal	Annual Statement	\$187,664	\$188,289	\$231,414	\$193,389
C.	Management Improvements		\$83,641	\$83,641	\$83,641	\$83,641
D.	PHA-Wide Non-dwelling Structures and Equipment		\$25,000	\$25,000		\$40,000
E.	Administration		\$41,825	\$41,825	\$41,825	\$41,825
F.	Other		\$80,125	\$79,500	\$61,375	\$59,400
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing- Debt Service					
K.	Total CFP Funds		\$418,255	\$418,255	\$418,255	\$418,255
L.	Non-CFP Funds					
M.	Grand Total					

Part I: Summary						
PHA Name/Number Humboldt Housing Authority TN027		Locality (City/County & State) Humboldt, Gibson, Tennessee			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number/Name	Work Statement For Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing- Debt Service					
K.	Total CFP Funds					
L.	Non-CFP Funds					
M.	Grand Total					

Part III: Supporting Pages- Management Needs Work Statement (s)				
Work Statement for Year 1 FFY 2010	Work Statement for Year: <u>2</u> FFY <u>2011</u>		Work Statement for Year: <u>3</u> FFY <u>2012</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE ATTACHED STATEMENT	PHA-WIDE		PHA-WIDE	
	Management Improvements (Vista Worker, Security Maintenance Resident Initiative Coordinator, Computer Software)	\$83,641	Management Improvements (Vista Worker, Security Maintenance Resident Initiative Coordinator, Computer Software)	\$83,641
	Subtotal of Estimated Cost	\$83,641	Subtotal of Estimated Cost	\$83,641

Part I: Summary						
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43R02750105 Date of CFFP:			FFY of Grant: <u>2005</u> 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 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
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 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴	\$20,859	\$20,859	\$0	\$0	
18a	1501 Collateralization or Debt Service					
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$20,859	\$20,859	\$0	\$0	
21	Amount of line 21 Related to LBP Activities					
22	Amount of line 21 Related to Section 504 compliance					
23	Amount of line 21 Related to Security – Soft Costs					
24	Amount of Line 21 Related to Security – Hard Costs					
25	Amount of line 21 Related to Energy Conservation Measures					

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43R02750105 Date of CFFP: _____		FFY of Grant: <u>2005</u> 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: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost1	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director <i>Patricia A. Egan</i>		Date 9/19/09		Signature of Public Housing Director Date	

Part III: Implementation Schedule					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: TN43R02750105			Federal FY of Grant: 2005
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	9/30/10		9/30/12		

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43R02750106 Date of CFFP:			FFY of Grant: <u>2006</u> 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 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
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 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	\$16,542	\$17,942	\$0	\$0
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$16,542	\$17,942	\$0	\$0
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43R02750106 Date of CFFP: _____		FFY of Grant: <u>2006</u> 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: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director		Signature of Public Housing Director		Date	
<i>Patricia A. Page</i>		<i>[Signature]</i>		9/19/09	

Part III: Implementation Schedule						
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: TN43R02750106			Federal FY of Grant: 2006	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
PHA-WIDE	9/30/11		9/30/13			

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P02750107 Date of CFFP:		FFY of Grant: <u>2007</u> 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: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$37,000	\$70,190.80	\$70,190.80	\$70,190.80
4	1410 Administration (may not exceed 10% of line 21)	\$1,000	\$35,095.40	\$31,809.20	\$26,039.76
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$72,499	\$60,000	\$52,000	\$51,420
8	1440 Site Acquisition				
9	1450 Site Improvement	\$6,409	\$100,217.90	\$46,549.70	\$45,625.35
10	1460 Dwelling Structures	\$214,502	\$85,450.30	\$59,450.30	\$59,030.30
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$18,544	\$0		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	\$1,000	\$0		
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$350,954	\$350,954	\$260,000	\$252,306.21
21	Amount of line 21 Related to LBP Activities	\$2,500	\$0		
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P02750107 Date of CFFP: _____		FFY of Grant: <u>2007</u> 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: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
		9/19/09			

Part II: Supporting Pages								
PHA Name: Humboldt Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN43P02750107 CFFP (YES/No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Vista	1408	1 LS	\$4,000	\$13,000	\$13,000	\$13,000	Completed
PHA-Wide	Resident Initiatives Coordinator	1408	1 LS	\$33,000	\$0			Deleted
PHA-Wide	Advertisements	1410	1 LS	\$1,000	\$4,000	\$2,000	\$1,967.35	Pending
PHA-Wide	Clerk of the Works	1430	1 LS	\$30,000	\$0			Deleted
PHA-Wide	A&E Design Inspection	1430	1 LS	\$39,999	\$60,000	\$52,000	\$51,420	Pending
PHA-Wide	LBP Monitoring/Testing	1430	1 LS	\$2,500	\$0			Deleted
PHA-Wide	Drainage, Landscaping, Fencing, Drives and Walks	1450	1 LS	\$6,409	\$2,385	\$2,385	\$2,385	Pending
TN027-003-2	Central Heat/Air	1460	1 LS	\$85,507	\$0			Completed
PHA-Wide	Administrative Vehicle	1475	1 LS	\$18,544	\$18,544			Pending
PHA-Wide	Relocation	1495	1 LS	\$1,000	\$1,000			Pending
	From 5-Year Plan							
PHA-Wide	Administration	1408	1 LS	\$0	\$57,190.80	\$57,190.80	\$57,190.80	Completed
PHA-Wide	Vista	1410	1 LS	\$0	\$1,000	\$1,000	\$1,000	Completed
PHA-Wide	Administration	1410	1 LS	\$0	\$30,095	\$28,809.20	\$23,072.41	Pending
TN027-001	Sewer Replacement	1450	1 LS	\$0	\$42,314.10	\$42,314.10	\$42,314.10	Completed
TN027-001	Water Line Replacement	1450	1 LS	\$0	\$50,926.25	\$926.25	\$926.25	Pending
TN027-002	Water Line Replacement	1450	1 LS	\$0	\$4,592.55	\$924.35		Pending
PHA-Wide	Dryer Vents	1460	1 LS	\$0	\$955	\$955	\$835	Pending
PHA-Wide	Interior Painting	1460	1 LS	\$0	\$6,002.50	\$6,002.50	\$5,702.50	Pending
PHA-Wide	Electrical	1460	1 LS	\$0	\$7,428.76	\$7,428.76	\$7,428.76	Completed

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

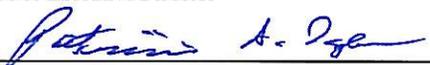
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program No: TN43P02750107 Replacement Housing Factor No:			Federal FY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates †
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	09/30/09		09/30/11		
TN027-001	09/30/09		09/30/11		
TN027-002	09/30/09		09/30/11		
TN027-003-1	09/30/09		09/30/11		
TN027-003-2	09/30/09	06/30/09	09/30/11		

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43R02750107 Date of CFFP:			FFY of Grant: <u>2007</u> 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 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost 1	
		Original	Revised 2	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
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 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4	\$16,542	\$16,542	\$0	\$0
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$16,542	\$16,542	\$0	\$0
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43R02750107 Date of CFFP: _____		FFY of Grant: <u>2007</u> 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: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director 		Date 9/18/09		Signature of Public Housing Director Date	

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P02750108 Date of CFFP:			FFY of Grant: <u>2008</u> 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: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost 1	
		Original	Revised 2	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
3	1408 Management Improvements	\$13,000	\$38,300		
4	1410 Administration (may not exceed 10% of line 21)	\$70,000	\$76,600		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$60,000	\$35,400		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$206,501	\$189,507		
10	1460 Dwelling Structures	\$21,000	\$20,000	\$615	
11	1465.1 Dwelling Equipment—Nonexpendable	\$12,500	\$23,194	\$24,385	\$24,385
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$383,001	\$383,001	\$25,000	\$24,385
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

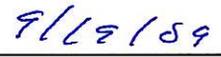
Part I: Summary						
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P02750108 Date of CFFP: _____			FFY of Grant: <u>2008</u> FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
Signature of Executive Director		Date	Signature of Public Housing Director		Date	
		9/19/09				

Part III: Implementation Schedule					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program No: TN43P02750108 Replacement Housing Factor No:			Federal FY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	9/30/10		9/30/12		
TN027-001	9/30/10		9/30/12		
TN027-002	9/30/10		9/30/12		
TN027-003-1	9/30/10		9/30/12		

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43R02750108 Date of CFFP:			FFY of Grant: <u>2008</u> 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 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
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 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	\$34,920	\$34,920	\$0	\$0
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$34,920	\$34,920	\$0	\$0
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43R02750108 Date of CFFP: _____		FFY of Grant: <u>2008</u> 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: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director		Signature of Public Housing Director		Date	
				Date	

Part III: Implementation Schedule						
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: TN43R02750108			Federal FY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
PHA-WIDE	9/30/13		9/30/15			

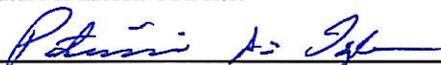
¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary		
PHA Name: Humboldt Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43P02750109 Date of CFFP:	FFY of Grant: <u>2009</u> FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 6/30/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$83,651			
4	1410 Administration (may not exceed 10% of line 21)	\$41,825			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$40,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$185,000			
10	1460 Dwelling Structures	\$17,779			
11	1465.1 Dwelling Equipment—Nonexpendable	\$30,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	\$20,000			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$418,255			
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P02750109 Date of CFFP: _____		FFY of Grant: <u>2009</u> 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: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ₂	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
		5/18/09			

Part II: Supporting Pages								
PHA Name: Humboldt Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN43P02750109 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Management Improvements	1408	1 LS	\$83,651				Pending
PHA-WIDE	Administrative	1410	1 LS	\$41,825				Pending
PHA-WIDE	A & E Services	1430	1 LS	\$40,000				Pending
PHA-WIDE	Site Improvements	1450	1 LS	\$3,000				Pending
TN027-002	Water Line Replacement	1450	1 LS	\$92,000				Pending
TN027-003-1	Bathroom Renovations	1460	50 DU	\$17,779				Pending
PHA-WIDE	Ranges and Refrigerators	1465	1 LS	\$30,000				Pending
TN027-001/1002	Selective Demolition	1485	1 LS	\$20,000				Pending
	From 5 Year Plan							
TN027-001	Water Line Replacement	1450	1 LS	\$89,500				Pending

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

Part III: Implementation Schedule					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program No: TN43P02750109 Replacement Housing Factor No:			Federal FY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	9/14/11		9/14/13		
TN027-001	9/14/11		9/14/13		
TN027-002	9/14/11		9/14/13		
TN027-003-1	9/14/11		9/14/13		

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Part I: Summary						
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43R02750109 Date of CFFP:			FFY of Grant: <u>2009</u> 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 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost 1		
		Original	Revised 2	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3					
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 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities 4	\$44,937	\$44,937	\$0	\$0	
19a	1501 Collateralization or Debt Service					
19b	9000 Collateralization or Debt Service paid Via System of Direct Payment					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 - 20)	\$44,937	\$44,937	\$0	\$0	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 compliance					
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

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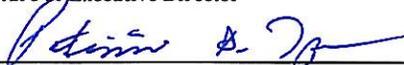
Part I: Summary						
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43R02750109 Date of CFFP: _____			FFY of Grant: <u>2009</u> FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised 2	Obligated	Expended	
Signature of Executive Director <i>Patricia A. Ogi</i>		Date 9/18/09		Signature of Public Housing Director Date		

Part III: Implementation Schedule						
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: TN43R02750109			Federal FY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
PHA-WIDE	9/30/14		9/30/16			

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Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S02750109 Date of CFFP:			FFY of Grant: <u>2009</u> 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: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
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	\$35,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	\$494,005			
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$529,005			
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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Part I: Summary					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S02750109 Date of CFFP: _____		FFY of Grant: <u>2009</u> 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: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ₂	Obligated	Expended
Signature of Executive Director		Date	Signature of Public Housing Director		Date
		9/19/09			

Part III: Implementation Schedule					
PHA Name: Humboldt Housing Authority		Grant Type and Number Capital Fund Program No: TN43S02750109 Replacement Housing Factor No:			Federal FY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN27000001	3/18/10		3/18/12		

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