

1.0	PHA Information PHA Name: <u>Brownwood Housing Authority</u> PHA Code: <u>TX021</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>07/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>236</u> Number of HCV units: <u>501</u>																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:8%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:19%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:8%;">PH</th> <th style="width:11%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. The mission of the Housing Authority of the City of Brownwood is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
5.2	Goals and Objectives Improve public housing management: (PHAS score). Attain at least a score of 94. Increase customer satisfaction Concentrate on efforts to improve management functions Renovate or modernize public housing units as funding becomes available Increase assisted housing choices Provide voucher mobility counseling Provide counseling to all new voucher holders. Conduct outreach efforts to potential voucher landlords Improve community quality of life and economic vitality Provide an improved living environment Implement public housing security improvements such as lighting Designate developments or buildings for particular resident groups (elderly, persons with disabilities) Promote self-sufficiency and asset development of families and individuals Promote self-sufficiency and asset development of assisted households Increase the number and percentage of employed persons in assisted families: Increase number of assisted families with earned income by 10%. Ensure Equal Opportunity in Housing for all Americans Ensure equal opportunity and affirmatively further fair housing Objectives: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:																										

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:</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan.</p> <p>(1) Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures are available at the Office during normal office hours. The ACOP will be reviewed and updated where needed in the next year.</p> <p>(2) All Financial Resource Information is available at the Office during normal office hours.</p> <p>(3) Rent Determination, is made according to Federal Regulations and written policies available at the Office during normal office hours.</p> <p>(4) Operation and Management policies are available at the Office during normal office hours.</p> <p>(5) A copy of the Grievance Procedures is available at the Office during normal office hours.</p> <p>(6) Designated Housing for Elderly and Disabled Families; Park Homes, TX021-001, 44 Units; Sunset Terrace, TX021-006, 20 Units; Commerce Manor, TX021-007, 18 Units.</p> <p>(7) Community Service The H/A keeps strong ties with community service organizations and provides a list of those providers and the services they provide, monthly to the residents. Residents with income changes are treated according to written policy.</p> <p>(8) The PHA's major crime prevention is done through strict Lease Enforcement.</p> <p>(9) Pets are handled through our Pet Policy's, lease and strict enforcement.</p> <p>(10) Civil Rights The PHA will continue to review policy and procedures to assure they are following all Civil Rights laws, regulations and H/A policy.</p> <p>(11) Fiscal Year Audit is available at the Office during normal working hours.</p> <p>(12) Asset Management: This is covered by written policy available at the Office during normal office hours.</p> <p>(13) Violence Against Women Act is covered by PHA written policy available at the Office during normal office hours.</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>This PHA does not participate in any of these programs.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>Current forms attached to Plan as Attachment # <u> 01 </u></p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The Brownwood Chamber of Commerce states that the current occupancy rate in Brownwood is approximately 98%. The Brownwood Housing Authority currently has 242 applicants on the Section 8 waiting list and 80 applicants on the Public Housing waiting list</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. To provide Decent safe and sanitary housing and to adhere to our policy's, through strict lease enforcement and relocation of residents that are overhoused and underhoused.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p><i>As stated above: the mission of this PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. To that end this PHA is reducing public housing vacancies, renovating and/or modernizing housing units as funding is available, improving customer satisfaction and good will by improving counseling and management/ client interaction in all programs, and attracting supportive services to improve assisted recipients' employability and increase independence for the elderly or families with disabilities.</i></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>

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> <ul style="list-style-type: none">(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)(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.(g) Challenged Elements(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Brownwood Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Capital Fund Program (CFP) TX21P02150110

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

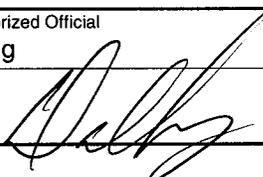
2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

21-1	Park Homes	1500 Dublin,	Brownwood, TX 76801
21-2	Sunset Terrace	1500 Terrace Dr.,	Brownwood, TX 76801
21-3	George Smith	1004 Cordell,	Brownwood, TX 76801
21-4	LaVillita	1613 Melwood,	Brownwood, TX 76801
21-5	Sunset Terrace	1500 Terrace Dr.,	Brownwood, TX 76801
21-6	Sunset Terrace	1500 Terrace Dr.,	Brownwood, TX 76801
21-7	Commerce Manor	1522 Market Place Blvd.,	Brownwood, TX 76801

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official David Long	Title Executive Director
Signature X 	Date 07/22/2010

**Certification of Payments
to Influence Federal Transactions**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

Applicant Name

Brownwood Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Capital Fund Program TX21P02150110

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

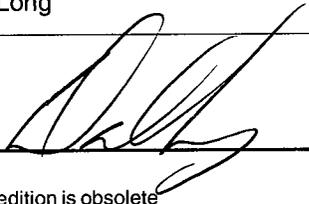
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official David Long	Title Executive Director
Signature 	Date (mm/dd/yyyy) 07/22/2010

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

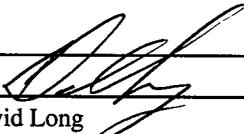
DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Brownwood Housing Authority P.O. Box 1647 Brownwood, Texas 76804 Congressional District, if known: 11	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: Department of Housing and Urban Development	7. Federal Program Name/Description: Public Housing Capital Fund Program CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>David Long</u> Title: <u>Executive Director</u> Telephone No.: <u>325-646-0790</u> Date: <u>07/22/2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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

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

Part I: Summary					
PHA Name: Brownwood Housing Authority		Grant Type and Number Capital Fund Program Grant # TX21P02150110 Date of CFFP: Replacement Housing Factor Grant No:		FFY of Grant: 2011 FFY of Grant Approval	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 21) ³	64,500			
3	1408 Management Improvements	1,000			
4	1410 Administration (may not exceed 10% of line 21)	15,300			
5	1411 Audit	1,500			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	1,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	16,500			
10	1460 Dwelling Structures	214,600			
11	1465.1 Dwelling Equipment - Nonexpendable	5,965			
12	1470 Nondwelling Structures	2,570			
13	1475 Nondwelling Equipment	1,000			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴	0			
18a	1501 Collateralization or Debt	0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant: (sum of line 2-19)	323,935	0	0	0
21	Amount of Line 20 Related to LBP Activities			0	0
22	Amount of Line 20 Related to section 504 Activities			0	0
23	Amount of Line 20 Related to Security - Soft Costs				
24	Amount of Line 20 Related to Security - Hard Costs				
24	Amount of Line 20 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

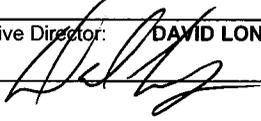
³ PHA's with under 250 units in management may use 100% of CFP Grants

⁴ RHF funds shall be included here.

\$323,935.00

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

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

Part I: Summary				
PHA Name: Brownwood Housing Authority		Grant Type and Number Capital Fund Program Grant # TX21P02150110 Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Revised Annual Statement (revision no:)
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated
Signature of Executive Director: DAVID LONG 		Date 07/22/10		Signature of Public Housing Director Date

Part I: Summary

PHA Name:		Locality (City/County & State)			<input type="checkbox"/> Original 5-year Plan	<input type="checkbox"/> Revision No.
A.	Development Number/Name	Work Statement for Yr 1 FFY _____	Work Statement for Year 2 FFY_2012__	Work Statement for Year 3 __2013__	Work Statement for Year 4 __2014__	Work Statement for Year 5 __2015__
B.	Physical Improvements Subtotal	Annual Statement	\$61,016.00	\$76,270.00	95,338.00	\$114,405.00
C.	Management Improvements		36,200.00	40,600.00	45,500.00	50,900.00
D.	PHA-Wide Non-Dwelling Structures and Equipment		8,500.00	6,600.00	32,400.00	12,000.00
E.	Administration		13,500.00	15,600.00	9,300.00	12,400.00
F.	Other		219,684.00	251,230.00	256,062.00	305,195.00
G.	Operations		23,900.00	16,000.00	16,500.00	14,800.00
H.	Demolition		0.00	0.00	0.00	0.00
I.	Development Number/Name		0.00	0.00	0.00	0.00
J.	Capital Fund Financing - Debt Service		0.00	0.00	0.00	0.00
K.	Total CFP Funds		362,800.00	406,300.00	455,100.00	509,700.00
L.	Total Non-CFP Funds		362,800.00	406,300.00	455,100.00	509,700.00
M.	Grand Total		0.00	0.00	0.00	0.00

Part II: Supporting Pages--Physical Needs Work Statement

Work Statement for Year 1 FFY	Work Statement for Year <u>2</u> FFY <u>2012</u>			Work Statement for Year <u>3</u> FFY <u>2013</u>		
_____	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Insulate, replace sheetrock, floor covering, roof, electrical, windows, storage, laundry, HVAC, water heaters. New Screen doors.		226900	Insulate, replace sheetrock, floor covering, roof, electrical, windows, storage, laundry, HVAC, water heaters. New Screen doors.		254050
	Operations		64,500	Operations		40600
	Administration- REAC inspections, Plan, Utilities, policies		15,300	Administration- REAC inspections, Plan, Utilities, policies		22100
	Engineer/Architect		1,000	Engineer/Architect		1000
	Exterior work, walks, fence, landscaping, parking, drainage		5,000	Exterior work, walks, fence, landscaping, parking, drainage		6500
	Ranges, refrigerators, water heaters, misc. dwelling equipment		9,500	Ranges, refrigerators, water heaters, misc. dwelling equipment		13200
	Repairs to non-dwelling structures		6,300	Repairs to non-dwelling structures		8950
	Non-dwelling equipment, mowing equipment, maintenance equipment		10,900	Non-dwelling equipment, mowing equipment, maintenance truck		31600
	Repair work on units as required		23,400	Repair work on units as required		28300

Part II: Supporting Pages--Physical Needs Work Statement

Work Statement for Year 1 FFY	Work Statement for Year <u>4</u> FFY <u>2014</u>			Work Statement for Year <u>5</u> FFY <u>2015</u>		
<u>2011</u>	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Operations	PHA Wide	90,000	Operations		100,000
	Insulate, replace sheetrock, floor covering, roof, electrical, windows, storage, laundry, HVAC, water		213,300	Insulate, replace sheetrock, floor covering, roof, electrical, windows, storage, laundry, HVAC, water		246,800
	Administration- REAC inspections, Plan, Utilities, policies		45,000	Administration- REAC inspections, Plan, Utilities, policies		50,000
	Engineer/Architect		1,000	Engineer/Architect		1,000
	Exterior work, walks, fence, landscaping, parking, drainage		23,800	Exterior work, walks, fence, landscaping, parking, drainage		21,300
	Ranges, refrigerators, water heaters, misc. dwelling equipment		18,900	Ranges, refrigerators, water heaters, misc. dwelling equipment		22,500
	Repairs to non-dwelling structures		12,300	Repairs to non-dwelling structures		9,800
	Non-dwelling equipment, mowing equipment, maintenance equipment		18,400	Non-dwelling equipment, mowing equipment, maintenance equipment		32,500
	Repair work on units as required		32,400	Repair work on units as required		25,800

Part II: Supporting Pages--Management Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year __ FFY __20__			Work Statement for Year __ FFY __20__		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TX021 PHA Wide					
	Subtotal of Estimated Cost		\$0.00	Subtotal of Estimated Cost		\$0.00

Part III: Supporting Pages--Management Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	TX021 PHA Wide			
		Subtotal of Estimated Cost	\$0.00	Subtotal of Estimated Cost