

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
-----------------------------------	---	--

1.0	PHA Information PHA Name: <u>Housing Authority of the City of Seymour</u> PHA Code: <u>TX052</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>176</u> Number of HCV units: <u>0</u>																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Housing Authority of the City of Seymour 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. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Seymour Housing Authority: Goals and Objectives <ul style="list-style-type: none"> • Expand the supply of assisted housing • Improve the quality of assisted housing, Modernize units to improve marketability and improve customer satisfaction. • Increase customer satisfaction: Solicit tenant's comments and suggestions regarding services provided. • Improve community quality of life and economic vitality • Promote self-sufficiency and asset development of families and individuals • Ensure Equal Opportunity in Housing for all Americans; Our goal is to insure equal housing opportunities and tenant rights See Attachment – Violence Against Women's Act for Seymour Housing Authority																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None of the Housing Authority of the City of Seymour PHA Annual Plan Elements have been revised since its last Annual Plan submission. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Main business office of the Housing Authority of the City of Seymour is where the public may obtain copies of the 5-Year and Annual PHA Plan.																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. The following is Not Applicable for the Housing Authority of the City of Seymour.																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <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. (See Attachment – 2010 Capital Fund Program Annual Statement (See Attachment - Performance and Evaluation Reports))																										
8.2	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. (See Attachment – Capital Fund Program Five Year Action Plan)																										
8.3	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. The following is Not Applicable for the Housing Authority of the City of Seymour.																										

9.0 Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Housing Problems Output for -All Households

Name of Jurisdiction: Seymour city, Texas		Source of Data: CHAS Data Book				Data Current as of: 2000					
Household by Type, Income, & Housing Problem	Renters					Owners					Total Households
	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	
1. Household Income <=50% MFI	119	84	18	33	254	107	28	14	20	169	423
2. Household Income <=30% MFI	33	49	14	25	121	15	14	0	10	39	160
3. % with any housing problems	12.1	28.6	100	40	34.7	100	28.6	N/A	0	48.7	38.1
4. % Cost Burden >30%	12.1	28.6	100	40	34.7	100	28.6	N/A	0	48.7	38.1
5. % Cost Burden >50%	12.1	28.6	28.6	40	26.4	0	28.6	N/A	0	10.3	22.5
6. Household Income >30% to <=50% MFI	86	35	4	8	133	92	14	14	10	130	263
7. % with any housing problems	20.9	57.1	100	50	34.6	34.8	71.4	100	0	43.1	38.8
8. % Cost Burden >30%	20.9	28.6	0	50	24.1	34.8	71.4	100	0	43.1	33.5
9. % Cost Burden >50%	4.7	0	0	0	3	8.7	71.4	100	0	24.6	13.7
10. Household Income >50 to <=80% MFI	25	4	0	20	49	63	54	23	19	159	208
11. % with any housing problems	40	0	N/A	0	20.4	6.3	25.9	34.8	21.1	18.9	19.2
12. % Cost Burden >30%	40	0	N/A	0	20.4	6.3	18.5	17.4	21.1	13.8	15.4
13. % Cost Burden >50%	0	0	N/A	0	0	0	0	0	0	0	0
14. Household Income >80% MFI	20	35	10	20	85	193	219	30	64	506	591
15. % with any housing problems	0	0	0	0	0	4.1	1.8	0	6.3	3.2	2.7
16. % Cost Burden >30%	0	0	0	0	0	2.1	1.8	0	6.3	2.4	2
17. % Cost Burden >50%	0	0	0	0	0	0	0	0	0	0	0
18. Total Households	164	123	28	73	388	363	301	67	103	834	1,222
19. % with any housing problems	19.5	27.6	64.3	19.2	25.3	16.3	10.6	32.8	7.8	14.5	17.9
20. % Cost Burden >30	19.5	19.5	50	19.2	21.6	15.2	9.3	26.9	7.8	13.1	15.8
21. % Cost Burden >50	4.9	11.4	14.3	13.7	9.3	2.2	4.7	20.9	0	4.3	5.9

**Seymour Housing Authority
Housing Needs of Families on the Waiting List**

Waiting list type: (select one)

- Section 8 tenant-based assistance
 Public Housing
 Combined Section 8 and Public Housing
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	10		
Extremely low income <=30% AMI	0	0%	
Very low income (>30% but <=50% AMI)	0	0%	
Low income (>50% but <80% AMI)	10	100%	
Families with children	5	50%	
Elderly families	2	20%	
Families with Disabilities	3	30%	
Race/ethnicity: Caucasian	8	80%	
Race/ethnicity: Hispanic	1	10%	
Race/ethnicity: African-American	1	10%	
Race/ethnicity: American Indian			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	4	40%	
2 BR	5	50%	
3 BR	1	10%	
4 BR	0	0%	
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How Long Has It Been Closed (# of Months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Housing Authority of the City of Seymour is preparing to use the following strategies for addressing their Housing needs for family in their jurisdiction and on their waiting list for the upcoming year.</p> <ul style="list-style-type: none"> • Employ effective maintenance and management policies to minimize the number of public housing units off-line • Reduce turnover time for vacated public housing units • Reduce time to renovate public housing units
------------	--

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 Seymour Housing Authority has remained on target with the objectives set forth in their plan. The Executive Director has ensure the review of all existing polices and procedures to incorporate all necessary requirements and if warranted, will make revisions as needed.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p style="text-align: center;">Seymour Housing Authority - Significant Amendment and Substantial Deviation/Modification</p> <p><i>a. Substantial Deviation from the 5-Year Plan</i></p> <p>Substantial Deviation from the 5-year Plan: Any change to Mission statement such as: 50% deletion from or addition to the goals and objectives as a whole 50% or more decrease in the quantifiable measurement of any individual goal or objective.</p> <p><i>b. Significant Amendment or Modification to the Annual Plan</i></p> <p>50% variance in the funds projected in the Capital Fund Program Annual Statement. Any Increase or decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Fund Program annual Statement Any change in a policy or procedure that requires a regulatory 30-day posting Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, designated Housing or Homeownership programs.+</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> <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><i>Seymour Housing Authority (RAB) - No comments concerning the Seymour Housing Authority PHA Annual Plan.</i></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>
-------------	---

Attachment: Statement of Financial Resources

Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2009 grants)		
a) Public Housing Operating Fund	348,926.00	
b) Public Housing Capital Fund	239,822.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
TX21P05250109	239,822.00	
TX21S05250109	13,045.00	
3. Public Housing Dwelling Rental Income	334,567.00	
4. Other income (list below)		
4. Non-federal sources (list below)		
Total resources	\$1,176,182.00	

Attachment – Fiscal Audit

Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
2. Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes No: Were there any findings as the result of that audit?
4. Yes No: If there were any findings, do any remain unresolved? **None**
If yes, how many unresolved findings remain?
5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

Attachment – Violence Against Women’s Act

Violence Against Women’s Act – Seymour Housing Authority TX052

Statement:

Seymour Housing Authority is dedicated to providing this community with quality, affordable housing that is decent, well maintained and free from drugs and violent crime. We endeavor to provide communities that are made up of a diverse range of economic incomes so that the children of these communities have role models that are visible, striving to make economic gains for their families. We are committed to providing our residents with as many opportunities as possible to become economically self-sufficient. We shall do all of these things while serving our residents with the highest degree of professional courtesy, empathy and respect.

Goals:

Seymour Housing Authority may request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking and that the incidences of threatened or actual abuse are bona fide in determining whether the protections afforded to such individuals under VAWA are applicable.

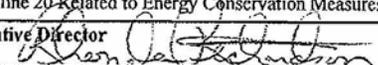
Seymour Housing Authority responding to an incident or incidents of actual or threatened domestic violence, dating violence or stalking that may affect a tenant’s participation in the housing program to request in writing that an individual complete, sign and submit, within 14 business days of the request, a HUD- approved certification form. On the form, the individual certifies that he/she is a victim of domestic violence, dating violence, or stalking, and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse. On the certification form, the individual shall provide the name of the perpetrator.

Seymour Housing Authority is not required to demand that an individual produce official documentation or physical proof of an individual’s status as a victim of domestic violence, dating violence, sexual assault, or stalking in order to receive the protections of VAWA. Note that, Seymour Housing Authority at their discretion may provide assistance to an individual based solely upon the individual’s statement or other corroborating evidence.

Seymour Housing Authority will notify tenants of their rights with VAWA including the existence of the HUD 50066 making it available at the time of admission and include with eviction/termination notice.

Objectives:

Seymour Housing Authority protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Part I: Summary					
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21P05250110 Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				FFY of Grant: 2010 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	25,000.00			
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	23,620.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	1,000.00			
10	1460 Dwelling Structures	185,202.00			
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000.00			
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 paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$239,822.00		\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 4/28/10	Signature of Public Housing Director		Date

¹To be completed for the Performance and Evaluation Report.

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

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

⁴RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21P05250110 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010 CFFP (Yes/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	
TX052-003								
052-003-1	Repair/Replace A/C units with new	1460	48,100.00					
052-003-2	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments	1460	500.00					
	SUBTOTAL	1460	\$48,600.00					
	TX052-003 TOTAL		\$48,600.00					

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

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21P05250110 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010 CFFP (Yes/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	
TX052-HA								
052-HA-1	Operations	1406		25,000.00				
	SUBTOTAL	1406		\$25,000.00				
052-HA-2	Hire a consultant to assist with	1430		5,000.00				
052-HA-3	Hire an architect to develop	1430		15,744.00				
052-HA-4	Provide funds for reproduction	1430		1,000.00				
052-HA-5	Hire an onsite inspector	1430		1,126.00				
052-HA-6	Environmental Review	1430		750.00				
	SUBTOTAL	1430		\$23,620.00				
052-HA-7	Office/ Maintenance equipment	1475		5,000.00				
	SUBTOTAL	1475		\$5,000.00				
	HA WIDE NEEDS TOTAL			\$53,620.00				

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

²To be completed for the Performance and Evaluation Report.

Part I: Summary						
PHA Name/Number : Seymour Housing Authority/TX052		Locality (Seymour/Baylor County, Texas)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY: 2010	Work Statement for Year 2 FFY: 2011	Work Statement for Year 3 FFY: 2012	Work Statement for Year 4 FFY: 2013	Work Statement for Year 5 FFY: 2014
B.	Physical Improvements Subtotal	Annual Statement	161,252.00	186,252.00	186,252.00	186,252.00
C.	Management Improvements		0.00	0.00	0.00	0.00
D.	PHA-Wide Non-dwelling Structures and Equipment		30,000.00	5,000.00	5,000.00	5,000.00
E.	Administration		0.00	0.00	0.00	0.00
F.	Other		23,570.00	23,570.00	23,570.00	23,570.00
G.	Operations		25,000.00	25,000.00	25,000.00	25,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		\$239,822.00	\$239,822.00	\$239,822.00	\$239,822.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2010	Work Statement for Year 2 FFY: 2011			Work Statement for Year 3 FFY: 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TX052-001			TX052-001		
	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		5,000.00	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		5,000.00
	Replace existing drain lines at washer connections with new		21,275.00	Replace existing drain lines at washer connections with new		46,275.00
		Subtotal of Estimated Cost		\$26,275.00	Subtotal of Estimated Cost	

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2010	Work Statement for Year 4 FFY: 2013			Work Statement for Year 5 FFY: 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TX052-001			TX052-001		
	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		43,452.00	Site Improvements as needed		1,000.00
				Replace flooring with new		15,300.00
				Replace interior doors and interior trim with new entrance		24,575.00
		Subtotal of Estimated Cost		\$43,452.00	Subtotal of Estimated Cost	

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2010	Work Statement for Year 2 FFY: 2011			Work Statement for Year 3 FFY: 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TX052-002			TX052-002		
	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		47,600.00	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		23,800.00
				Site Improvements as needed		23,800.00
		Subtotal of Estimated Cost		\$47,600.00	Subtotal of Estimated Cost	

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2010	Work Statement for Year 4 FFY: 2013			Work Statement for Year 5 FFY: 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TX052-002			TX052-002		
	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		23,800.00	Replace water supply with new		23,800.00
	Site Improvements as needed		23,800.00	Replace existing drain lines at washer connections		23,800.00
	Subtotal of Estimated Cost		\$47,600.00	Subtotal of Estimated Cost		\$47,600.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2010	Work Statement for Year 2 FFY: 2011			Work Statement for Year 3 FFY: 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TX052-003			TX052-003		
	Replace existing commodes and tubs including fixture and replace with new		23,800.00	Replace existing commodes and tubs including fixture and replace with new		23,800.00
	Replace existing drain lines at washer connections		23,800.00	Replace existing drain lines at washer connections		23,800.00
	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		1,000.00	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		1,000.00
	Subtotal of Estimated Cost		\$48,600.00	Subtotal of Estimated Cost		\$48,600.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2010	Work Statement for Year 4 FFY: 2013			Work Statement for Year 5 FFY: 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TX052-003			TX052-003		
	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		23,800.00	Replace existing commodes and tubs including fixture and replace with new		23,800.00
	Site Improvements as needed		23,800.00	Replace existing drain lines at washer connections		23,800.00
				Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		1,000.00
	Subtotal of Estimated Cost		\$47,600.00	Subtotal of Estimated Cost		\$48,600.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2010	Work Statement for Year 2 FFY: 2011			Work Statement for Year 3 FFY: 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TX052-005			TX052-005		
	Replace existing commodes and tubs including fixture and replace with new		23,891.00	Replace existing commodes and tubs including fixture and replace with new		23,891.00
	Replace existing drain lines at washer connections		14,886.00	Replace existing drain lines at washer connections		14,886.00
		Subtotal of Estimated Cost		\$38,777.00	Subtotal of Estimated Cost	

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2010	Work Statement for Year 4 FFY: 2013			Work Statement for Year 5 FFY: 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TX052-005			TX052-005		
	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		23,800.00	Replace existing commodes and tubs including fixture and replace with new		33,841.00
	Site Improvements as needed		23,800.00	Replace existing drain lines at washer connections		14,886.00
	Subtotal of Estimated Cost		\$47,600.00	Subtotal of Estimated Cost		\$48,727.00

Part I: Summary					
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21P05250109 Date of CFFP: _____		Replacement Housing Factor Grant No: _____ FFY of Grant: 2009 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 type="checkbox"/> Final Performance and Evaluation Report					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09					
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	25,000.00		0.00	0.00
3	1408 Management Improvements	5,000.00		0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,620.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	186,202.00		0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000.00		0.00	0.00
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 paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$239,822.00		\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>[Signature]</i>		Date 4/28/10		Signature of Public Housing Director _____ Date _____	

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

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21P05250109 Replacement Housing Factor Grant No:			CFFP (Yes/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	
TX052-005								
052-005-1	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments	1460		7,746.00		0.00	0.00	
	SUBTOTAL	1460		\$7,746.00		\$0.00	\$0.00	
	TX052-005 TOTAL			\$7,746.00		\$0.00	\$0.00	

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

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21P05250109 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
		CFFP (Yes/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	
TX052-HA								
052-HA-1	Operations	1406		25,000.00		0.00	0.00	
	SUBTOTAL	1406		\$25,000.00		\$0.00	\$0.00	
052-HA-2	Hire a consultant to assist with annual plan	1408		5,000.00		0.00	0.00	
	SUBTOTAL	1408		\$5,000.00		\$0.00	\$0.00	
052-HA-3	Hire an architect to develop plans and specifications	1430		15,744.00		0.00	0.00	
052-HA-4	Provide funds for reproduction	1430		1,000.00		0.00	0.00	
052-HA-5	Hire an onsite inspector	1430		1,126.00		0.00	0.00	
	Environmental Review	1430		750.00		0.00	0.00	
	SUBTOTAL	1430		\$18,620.00		\$0.00	\$0.00	
052-HA-6	Office/ Maintenance equipment	1475		5,000.00		0.00	0.00	
	SUBTOTAL	1475		\$5,000.00		\$0.00	\$0.00	
	HA WIDE NEEDS TOTAL			\$53,620.00		\$0.00	\$0.00	

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

²To be completed for the Performance and Evaluation Report.

Part I: Summary ATTACHMENT 2009 ARRA					
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21S05250109 Date of CFFP: _____		Replacement Housing Factor Grant No: _____	FFY of Grant: 2009 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: 12/31/09 <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	33,009.00		19,964.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	276,954.00		276,954.00	79,036.70
10	1460 Dwelling Structures	1,000.00		1,000.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$310,963.00		\$297,918.00	\$79,036.70
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 4/28/10		Signature of Public Housing Director _____	
				Date _____	

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

Part I: Summary ATTACHMENT 08					
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21P05250108 Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				FFY of Grant: 2008 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: 12/31/09 <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	25,000.00		25,000.00	25,000.00
3	1408 Management Improvements	5,000.00		5,000.00	5,000.00
4	1410 Administration (may not exceed 10% of line 21)	2,500.00		2,500.00	1,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,870.00		17,870.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	190,295.00		190,295.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000.00		5,000.00	5,000.00
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 paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$245,665.00		\$245,665.00	\$36,000.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 4/28/10		Signature of Public Housing Director	
				Date	

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

Part II: Supporting Pages ATTACHMENT 08

PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21S05250108 Replacement Housing Factor Grant No:			CFPP (Yes/No):		Federal FFY of Grant: 2008	
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	
TX052-HA								
052-HA-1	Operations	1406		25,000.00		25,000.00	25,000.00	
	SUBTOTAL	1406		\$25,000.00		\$25,000.00	\$25,000.00	
052-HA-2	Hire a consultant to assist with annual plan	1408		5,000.00		5,000.00	5,000.00	
	SUBTOTAL	1408		\$5,000.00		\$5,000.00	\$5,000.00	
052-HA-3	Provide funds for sundry items	1410		2,500.00		2,500.00	1,000.00	
	SUBTOTAL	1410		\$2,500.00		\$2,500.00	\$1,000.00	
052-HA-4	Hire an architect to develop plans and specifications	1430		15,744.00		15,744.00	0.00	
052-HA-5	Provide funds for reproductions	1430		1,000.00		1,000.00	0.00	
052-HA-6	Hire an onsite inspector	1430		1,126.00		1,126.00	0.00	
	SUBTOTAL	1430		\$17,870.00		\$17,870.00	\$0.00	
052-HA-7	Office/Maintenance equipment	1475		5,000.00		5,000.00	5,000.00	
	SUBTOTAL	1475		\$5,000.00		\$5,000.00	\$5,000.00	
	HA WIDE NEEDS TOTAL			\$55,370.00		\$55,370.00	\$36,000.00	

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

²To be completed for the Performance and Evaluation Report.

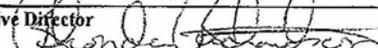
Part I: Summary ATTACHMENT 07					
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21P05250107 Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				FFY of Grant: 2007 FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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	25,000.00		25,000.00	25,000.00
3	1408 Management Improvements	5,000.00		5,000.00	5,000.00
4	1410 Administration (may not exceed 10% of line 21)	2,500.00		2,500.00	2,500.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,870.00		17,870.00	17,870.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	188,014.00		188,014.00	125,992.80
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000.00		5,000.00	0.00
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 paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$243,384.00		\$243,384.00	\$176,362.80
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 4/28/10		Signature of Public Housing Director _____	
				Date _____	

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

Part II: Supporting Pages ATTACHMENT 07								
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21S05250107 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
		CFFP (Yes/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	
TX052-HA								
052-HA-1	Operations	1406		25,000.00		25,000.00	25,000.00	
	SUBTOTAL	1406		\$25,000.00		\$25,000.00	\$25,000.00	
052-HA-2	Hire a consultant to assist with annual plan	1408		5,000.00		5,000.00	5,000.00	
	SUBTOTAL	1408		\$5,000.00		\$5,000.00	\$5,000.00	
052-HA-3	Provide funds for sundry items	1410		2,500.00		2,500.00	2,500.00	
	SUBTOTAL	1410		\$2,500.00		\$2,500.00	\$2,500.00	
052-HA-4	Hire an architect to develop plans and specifications	1430		15,744.00		15,744.00	15,744.00	
052-HA-5	Provide funds for reproductions	1430		1,000.00		1,000.00	1,000.00	
052-HA-6	Hire an onsite inspector	1430		1,126.00		1,126.00	1,126.00	
	SUBTOTAL	1430		\$17,870.00		\$17,870.00	\$17,870.00	
052-HA-7	Office/Maintenance equipment	1475		5,000.00		5,000.00	0.00	
	SUBTOTAL	1475		\$5,000.00		\$5,000.00	\$0.00	
	HA WIDE NEEDS TOTAL			\$55,370.00		\$55,370.00	\$50,370.00	

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

²To be completed for the Performance and Evaluation Report.

Part I: Summary ATTACHMENT 06					
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21P05250106 Date of CFFP: _____		Replacement Housing Factor Grant No: _____ FFY of Grant: 2006 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: 12/31/2009 <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	25,000.00		25,000.00	25,000.00
3	1408 Management Improvements	5,000.00		5,000.00	5,000.00
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,870.00		17,870.00	17,870.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	184,027.00		184,027.00	184,027.00
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000.00		5,000.00	0.00
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 paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$236,897.00		\$236,897.00	\$231,897.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 4/28/10		Signature of Public Housing Director _____	
				Date _____	

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

Part II: Supporting Pages ATTACHMENT 06								
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21P05250106 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2006		
		CFFP (Yes/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	
	Project 001, 002, 003 & 005							
TX052	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments	1460		10,620.00		10,620.00	10,620.00	
	Replace existing commodes and tubs including fixture and replace with new	1460		19,468.00		19,468.00	19,468.00	
	Replace existing drain lines at washer connections with new	1460		25,127.00		25,127.00	25,127.00	
	Replace air conditioning and heating units	1460		72,171.00		72,171.00	72,171.00	
	Upgrade electrical	1460		36,641.00		36,641.00	36,641.00	
	Replace water heaters including wiring connects	1460		20,000.00		20,000.00	20,000.00	
	REAC – Replace windows with new	1460		0.00		0.00	0.00	
	SUBTOTAL	1460		\$184,027.00		\$184,027.00	\$184,027.00	
	TX052 TOTAL	1460		\$184,027.00		\$184,027.00	\$184,027.00	

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

Part II: Supporting Pages ATTACHMENT 06								
PHA Name: Housing Authority of the City of Seymour	Grant Type and Number Capital Fund Program Grant No: TX21P05250106 Replacement Housing Factor Grant No:				CFPP (Yes/No):		Federal FFY of Grant: 2006	
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	
TX052-HA								
052-HA-1	Operations	1406		25,000.00		25,000.00	25,000.00	
	SUBTOTAL	1406		\$25,000.00		\$25,000.00	\$25,000.00	
052-HA-2	Hire a consultant to assist with annual plan	1408		5,000.00		5,000.00	5,000.00	
	SUBTOTAL	1408		\$5,000.00		\$5,000.00	\$5,000.00	
052-HA-3	Hire an Architect to develop plans and specifications	1430		15,744.00		15,744.00	15,744.00	
052-HA-4	Provide funds for reproduction	1430		1,000.00		1,000.00	1,000.00	
052-HA-5	Hire an on site inspector	1430		1,126.00		1,126.00	1,126.00	
	SUBTOTAL	1430		\$17,870.00		\$17,870.00	\$17,870.00	
052-HA-6	Office/Maintenance equipment	1475		5,000.00		5,000.00	0.00	
	SUBTOTAL	1475		\$5,000.00		\$5,000.00	\$0.00	
	HA WIDE NEEDS TOTAL			\$52,870.00		\$52,870.00	\$47,870.00	

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

²To be completed for the Performance and Evaluation Report.

Part I: Summary ATTACHMENT 06 BONUS					
PHA Name: Housing Authority of the City of Seymour		Grant Type and Number Capital Fund Program Grant No: TX21P05250106 Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				FFY of Grant: 2006 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: 12/31/09 <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	6,999.00		6,999.00	6,999.00
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$6,999.00		\$6,999.00	\$6,999.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 4/23/10		Signature of Public Housing Director _____	
				Date _____	

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

