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: MATHIS HOUSING AUTHORITY PHA Code: TX165

PHA Type: ☒ Small ☐ High Performing ☐ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 01/2010

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: 99 Number of HCV units: 0

3.0 Submission Type

☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Programs 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 IS THE SAME 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. 1.EXPAND THE SUPPLY OF ASSISTED HOUSING 2. IMPROVE THE QUALITY OF ASSISTED HOUSING 3. INCREASE ASSISTED HOUSING CHOICES

6.0 PHA Plan Update

(a) 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 OFFICE: 500 WEST FULTON, MATHIS, TEXAS 78368

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

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

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

8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan*, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop the current year, and add the fifth year). Large capital items must be included in the Five-Year Action Plan.

8.3 Capital Fund Financing Program (CFFP).

☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.

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

9.1	**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. DEVELOPE PLANS FOR A NON-PROFIT CORPORATION TO CONSTRUCT HOUSING.**
10.0	**Additional Information** Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. 1. THE AUTHORITY HAS ACHIEVED SCORES SUFFICIENT TO BE REMOVED FROM TROUBLED STATUS IN PUBLIC AND INDIAN HOUSING PROGRAMS. OUR GOAL IS TO ACHIEVE HIGH PERFORMER STATUS. 2. THE AUTHORITY HAS EXPENDED ALL CFP GRANTS IN A TIMELY MANNER. FUNDS WERE USED TO RENOVATE AND MODERNIZE OUR PROPERTIES AND TO INCREASE TENANT SECURITY. 3. IMPROVE THE VOUCHER MOBILITY COUNSELING PROGRAM. 4. INCREASE THE TRAINING FORMAT IN ALL PHASES OF THE AUTHORITY'S PROGRAMS. 5. UPGRADE ALL AUTHORITY POLICIES TO CONFORM WITH FEDERAL REGULATIONS. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification". THE MATHIS HOUSING AUTHORITY HAS DEFINED A SUBSTANTIAL DEVIATION FROM THE FIVE YEAR PLAN AS: 1. ANY CHANGES TO THE MISSION STATEMENT. 2. FIFTY (50%) DELETION FROM OR ADDITION TO THE GOALS AND OBJECTIVES AS A WHOLE. 3. FIFTY (50%) OR MORE DECREASE IN THE QUANTITATIVE MEASURE FOR ANY INDIVIDUAL GOAL OR OBJECTIVE. THE MATHIS HOUSING AUTHORITY HAS DEFINED A SUBSTANTIAL DEVIATION / MODIFICATION AS: ANY INCREASE OR DECREASE OVER FIFTY PERCENT (50%) IN FUNDS REFLECTED IN THE "FINANCIAL RESOURCES" STATEMENT AND/OR THE CAPITAL FUND PROGRAM ANNUAL FUND.

11.0	**Required Submissions 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 (l) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which created a new section 5A of the U.S. Housing Act of 1937, as amended, which requires the PHA to submit a 5 Year and Annual PHA Plan. 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 will 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 you 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, United States 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 a 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 all the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory
Indicate each program that has available units, and the number of units in each. If the PHA administers more than one site-based waiting list, provide the information for each.

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 Objectives (24 CFR 903.6) and complete for 5 Year Plan.

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 for the 5 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 and 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 cockroach infestation, and maintenance of the PHA and project wide 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 or approval for 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 for 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 units, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The description shall include: 1) A description of the need for measures to ensure the safety of public housing residents; 2) A description of any crime prevention activities conducted or to be conducted by the PHA; and 3) 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 counts) 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/hope/index.cfm.

(b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACC's 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/assessment_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:

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 one-to-one fiscal year work, or are resulting from the PHA's 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 annually 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 CFP proceeds. See guidance on HUD's website at http://www.hud.gov/office/pih/programs/ph/capital/cfp.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 (1) a statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan, (2) 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, including any comments 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

(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

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

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

Part I: Summary

PHA Name: MATHIS HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: TX39P164501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant 2008 FFY of Grant Approval

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 21) *	26659.00		26659.00	26659.00
3	1408 Management Improvements	76574.17	76574.17	76574.17	15374.17
4	1410 Administration (may not exceed 10% of line 21)	13479.00	1746.07	1746.07	1746.07
5	1411 Audit	100.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	12800.00	550.00	550.00	550.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	100.00	3866.35	3866.35	3866.35
10	1460 Dwelling Structures	55000.00	66386.71	66386.71	66386.71
11	1465.1 Dwelling Equipment—Nonexpendable	100.00	15470.70	15470.70	15470.70
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	100.00	4444.00	4444.00	4444.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
17	1499 Development Activities *	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	134797.00	134797.00	134797.00	134797.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

* To be completed for the Performance and Evaluation Report.
** To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
*** PHAs with under 250 units in management may use 100% of CFP Grants for operations.
**** 50% funds that be included here.

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

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name:	Grant Type and Number	FFY of Grant
HOUSING AUTHORITY CITY OF MATHIS	Capital Fund Program Grant No: TX69P156501-08 Replacement Housing Factor Grant No: Date of CFFP:	2008 FFY of Grant Approval:

Type of Grant

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

☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Signature of Executive Director	Date	Signature of Public Housing Director	Date	
		3-31-10			

Part II: Supporting Pages

PHA Name	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No:	CFFP (Yes/ No):	**Federal FFY of Grant:**

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]	

[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

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

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY CITY OF MATHIS	**Grant Type and Number** Capital Fund Program Grant No: TX59P164501-08 CFFP (Yes/ No) Replacement Housing Factor Grant 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	Funds Obligated	Funds Expended	
HA-WIDE	OPERATIONS CENTRAL OFFICE	1406		26959.00		26959.00	26959.00	COMPLETE
HA-WIDE	MANAGEMENT IMPROVEMENTS	1408		26959.00	15374.17	15374.17	15374.17	COMPLETE
HA-WIDE	ADMINISTRATION SALARY AND	1410		13479.00	1746.07	1746.07	1746.07	COMPLETE
HA-WIDE	FEES AND COSTS ENGINEERING	1430		12000.00	550.00	550.00	550.00	COMPLETE
HA-WIDE	SITE IMPROVEMENT	1450		100.00	3866.35	3866.35	3866.35	COMPLETE
ENCINO-TX001	DWELLINF STRUCTURES	1460		55000.00	66386.71	66386.71	66386.71	COMPLETE
HA-WIDE	DWELLINF EQUIPMENT-NON	1465.1		100.00	15470.70	15470.70	15470.70	COMPLETE
HA-WIDE	NON DWELLING EQUIPMENT	1475		100.00	4444.00	1444.00	4444.00	COMPLETE
	TOTAL			134797.00	134797.00	134797.00	134797.00	COMPLETE

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:
HOUSING AUTHORITY CITY OF MATHIS

Federal FFY 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	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name					**Federal FFY of Grant**
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	

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

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

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

Part I: Summary

PHA Name: Mathis Housing Authority **Grant Type and Number** Capital Fund Program Grant No: TX59P164501-09
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant:
FFY of Grant Approval: 2008

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)[3]	26,818.00		19,655.00	19,655.00
3	1408 Management Improvements	26,818.00		4,978.00	4,978.00
4	1410 Administration (may not exceed 10% of line 21)	13,409.00		1,746.07	1,746.07
5	1411 Audit	100.00		0.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	100.00		0.00	0.00
10	1460 Dwelling Structures	64,848.00		72,380.20	72,380.20
11	1465.1 Dwelling Equipment—Nonexpendable	1,000.00		1759.00	1,759.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	900.00		0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				

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

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

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

Part I: Summary

PHA Name:	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: FFY of Grant Approval:

Type of Grant

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

☐ **Performance and Evaluation Report for Period Ending:** ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
17a	1501 Collateralization or Debt Service paid by the PHA				
17b	1502 Collateralization or Debt Service paid by Trustee or System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	134,093.00		98,772.20	98,772.20
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** 3-31-10 **Signature of Public Housing Director** **Date**

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

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

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

Part II: Supporting Pages

PHA Name	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	Federal FFY of Grant:

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]	
HA-WIDE	Operations Central Office Expenses	1406		26,818.00		19,655.00	19,655.00	
HA-WIDE	Management Improvements Purchase of Computers, Software, Copier, Other Equipment	1408		26,818		4978.00	4978.00	
HA-WIDE	Administration Salary and Fringe Benefits for Administration	1410		13409.00		0.00	0.00	
HA-WIDE	Audit Costs	1411		100.00		0.00	0.00	
HA-WIDE	Fees and Costs, Engineering Eng Maint.	1430		100.00		0.00	0.00	
HA-WIDE	Site Improvement, Landscaping, Plants	1450		100.00		0.00	0.00	
HA-WIDE	Dwelling Structures, Insulation/Maint.	1460		69,848.00		72,380.00	72,380.00	
HA-WIDE	Dwelling Equipment-Non Expendable Appliances, Refrigerators, Ranges	1465.1		1,000.00		1759.00	1759.00	
HA-WIDE	Non-Dwelling Equipment Maint. Tools	1475		9000		0.00	0.00	

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

Part II: Supporting Pages
PHA Name:

Grant Type and Number
Capital Fund Program Grant No:
CFFP (Yes/No):
Replacement Housing Factor Grant No:

Federal FFY of Grant:

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]	

[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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name

Federal FFY of Grant:

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	

[1] Obligation and expenditure end dates can be revised with HUD approval pursuant to Section 9(j) of the U.S. Housing Act of 1937, as amended

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

Part III: Implementation Schedule for Capital Fund Financing Program
PHA Name

Federal FFY of Grant:

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	

[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

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

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

Part I: Summary

PHA Name
Mathis Housing Authority

Grant Type and Number
Capital Fund Program Grant No: TX 59516450I-09
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant:
FFY of Grant Approval:
2009 AREA

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
1	1406 Operations (may not exceed 20% of line 21)[3]				
2	1408 Management Improvements				
3	1410 Administration (may not exceed 10% of line 21)				
4	1411 Audit				
5	1415 Liquidated Damages				
6	1430 Fees and Costs				
7	1440 Site Acquisition				
8	1450 Site Improvement				
9	1460 Dwelling Structures				
10	1465.1 Dwelling Equipment—Nonexpendable	170,626.00		170,626.00	170,626.00
11	1470 Non-dwelling Structures				
12	1475 Non-dwelling Equipment				
13	1485 Demolition				
14	1492 Moving to Work Demonstration				
15	1495.1 Relocation Costs				
16	1499 Development Activities[4]				

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

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

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

Part I: Summary

PHA Name

Grant Type and Number
Capital Fund Program Grant No:
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant
FFY of Grant Approval

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no.**)

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost *	
		Original	Revised *	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)				
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				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	170,626.00		170,626.00	170,626.00
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** 3-31-10

Signature of Public Housing Director **Date**

* To be completed for the Performance and Evaluation Report.
To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
PHAs with approved Deconcentration and Other Policy Revisions must attach a copy of the Board Resolution.
* RHF Funds shall be included here.

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

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

Part II: Supporting Pages
PHA Name:

Grant Type and Number
Capital Fund Program Grant No.
CFFP (Yes/No)
Replacement Housing Factor Grant No.

Federal FFY of Grant:

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]	
HA-WIDE	Dwelling Structures Insulation [illegible]	1460		170,620.00		170,620.00	170,620.00	Complete

[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.

form **HUD-50075.1** (4/2008)

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

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

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]	

[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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name

Federal FFY of Grant:

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	
PA-2005	3-18-09	3-18-09	3-13-16		

* Obligation end dates or expenditure end dates may be revised, with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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

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

Part III: Implementation Schedule for Capital Fund Financing Program
PHA Name:

Federal FFY of Grant:

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	

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

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary

PHA Name/Number
MATHIS HOUSING AUTHORITY
TX 164

Locality (City/County & State)
MATHIS, SAN PATRICIO COUNTY, TEXAS

X Original 5-Year Plan ☐ Revision No:

	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B	Physical Improvements Subtotal	Annual Statement	55,093.00	55,093.00	55,093.00	55,093.00
C	Management Improvements		13,400.00	13,400.00	13,400.00	13,400.00
D	PHA-Wide Non-dwelling Structures and Equipment		21,000.00	1,000.00	1,000.00	1,000.00
E	Administration		26,800.00	26,800.00	26,800.00	26,800.00
F	Other		11,000.00	11,000.00	11,000.00	11,000.00
G	Operations		26,800.00	26,800.00	26,800.00	26,800.00
H	Demolition		0.00	0.00	0.00	0.00
I	Development		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		134,093	134,093	134,093	134,093
L	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M	Grand Total		134,093	134,093	134,093	134,093

Part II: Supporting Pages—Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012			Work Statement for Year: 3 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity LINE ITEM	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity LINE ITEM	Estimated Cost
See Annual Statement	HA-WIDE 1406	OPERATIONS	26,800.00	HA-WIDE 1406	OPERATIONS	26,800.00
	HA-WIDE 1408	MAN IMPROVEMENTS	13,400.00	HA-WIDE 1408	MAN IMPROVEMENTS	11,400.00
	HA-WIDE 1410	ADMINISTRATION	26,800.00	HA-WIDE 1410	ADMINISTRATION	26,800.00
	HA-WIDE 1430	ENGINEERING FEES AND COSTS	9,000.00	HA-WIDE 1430	ENGINEERING FEES AND COSTS	9,000.00
	HA-WIDE 1450	LANDSCAPING	1,000.00	HA-WIDE 1450	LANDSCAPING	1,000.00
	HA-WIDE 1460	UNIT INSULATION AND OTHER ENERGY EFFICIENT PROJECTS	35,093.00	HA-WIDE 1460	UNIT MODERNIZATION REPLACE HOT WATER HEATERS AND VENTS	53,293.00
	HA-WIDE 1465.1	KITCHEN APPLIANCES	2,000.00	HA-WIDE 1465.1	KITCHEN APPLIANCES	3,000.00
	HA-WIDE 1475	MAINTENANCE EQUIPMENT	20,000.00	HA-WIDE 1475	MAINTENANCE EQUIPMENT	1,000.00
		Subtotal of Estimated Cost	$134,093.00		Subtotal of Estimated Cost	$134,093.00

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY	Work Statement for Year 1 FFY 2014			Work Statement for Year: 5 FFY 2015		
	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	HA-WIDE 1406	OPERATIONS	26,800.00	HA-WIDE 1406	OPERATIONS	26,800.00
	HA-WIDE 1408	MAN IMPROVEMENTS	13,200.00	HA-WIDE 1408	MAN IMPROVEMENTS	13,100.00
	HA-WIDE 1410	ADMINISTRATION	26,800.00	HA-WIDE 1410	ADMINISTRATION	26,800.00
	HA-WIDE 1430	ENGINEERING FEES AND COSTS	9,000.00	HA-WIDE 1430	ENGINEERING FEES AND COSTS	9,000.00
	HA-WIDE 1450	LANDSCAPING	1,000.00	HA-WIDE 1450	LANDSCAPING	1,000.00
	HA-WIDE 1460	UNIT MODERNIZATION KITCHENS AND BATHS	51,093.00	HA-WIDE 1460	UNIT MODERNIZATION KITCHENS AND BATHS	51,093
	HA-WIDE 1465.1	KITCHEN APPLIANCES	5,000.00	HA-WIDE 1465.1	KITCHEN APPLIANCES	5,000.00
	HA-WIDE 1475	MAINTENANCE EQUIPMENT	1,000.00	HA-WIDE 1475	MAINTENANCE EQUIPMENT	1,000.00
		Subtotal of Estimated Cost	$134,093.00		Subtotal of Estimated Cost	$134,093.00

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

Work Statement for Year 1 FFY	Work Statement for Year: FFY 2012		Work Statement for Year: FFY 2013	
	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	UNIT INSULATION- WALLS AND ATTICS	35,081.00	UNIT MODERNIZATION - REPLACE	51,293.00
	AND OTHER ENERGY EFFICIENT PRODUCTS		HOT WATER HEATERS AND FLUVENTS	
	COMPUTERS AND PERIPHERALS	11,800.00	OFFICE EQUIPMENT	11,800.00
	REPLACE KITCHEN APPLIANCES	2,000.00	REPLACE KITCHEN APPLIANCES	5,000.00
	PURCHASE MAINTENANCE PICKUP AND	20,000.00	MAINTENANCE TOOLS/EQUIPMENT	1,000.00
	MAINTENANCE TOOLS/EQUIPMENT			

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

Work Statement for Year 1 FFY	Work Statement for Year: FFY 2014		Work Statement for Year: FFY 2015	
	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	UNIT MODERNIZATION	51,293.00	UNIT MODERNIZATION	51,293.00
	KITCHENS AND BATHROOMS		KITCHENS AND BATHROOMS	
	OFFICE EQUIPMENT	13,400.00	OFFICE EQUIPMENT	13,400.00
	REPLACE KITCHEN APPLIANCES	5,000.00	REPLACE KITCHEN APPLIANCES	5,000.00
	MAINTENANCE TOOLS/EQUIPMENT	1,000.00	MAINTENANCE TOOLS/EQUIPMENT	1,000.00
	Subtotal of Estimated Cost	$	Subtotal of Estimated Cost	$