

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
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1.0	PHA Information PHA Name: <u>Housing Authority of the City of Hamlin</u> PHA Code: <u>TX195</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>01/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>34</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 Hamlin 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. Hamlin 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 																										
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 Hamlin 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 Hamlin 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 Hamlin.																										
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 - 2007, 2008 2009 (ARRA) 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 Hamlin.																										

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: Hamlin 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	18	26	10	34	88	145	37	22	20	224	312
2. Household Income <=30% MFI	18	4	0	24	46	56	14	4	12	86	132
3. % with any housing problems	77.8	0	N/A	58.3	60.9	75	71.4	100	66.7	74.4	69.7
4. % Cost Burden >30%	77.8	0	N/A	58.3	60.9	75	71.4	0	66.7	69.8	66.7
5. % Cost Burden >50%	22.2	0	N/A	41.7	30.4	57.1	71.4	0	33.3	53.5	45.5
6. Household Income >30% to <=50% MFI	0	22	10	10	42	89	23	18	8	138	180
7. % with any housing problems	N/A	81.8	0	100	66.7	55.1	34.8	44.4	50	50	53.9
8. % Cost Burden >30%	N/A	81.8	0	100	66.7	55.1	34.8	0	50	44.2	49.4
9. % Cost Burden >50%	N/A	18.2	0	0	9.5	4.5	0	0	0	2.9	4.4
10. Household Income >50 to <=80% MFI	12	4	4	20	40	58	58	4	4	124	164
11. % with any housing problems	33.3	0	0	0	10	13.8	13.8	100	100	19.4	17.1
12. % Cost Burden >30%	33.3	0	0	0	10	13.8	13.8	0	100	16.1	14.6
13. % Cost Burden >50%	0	0	0	0	0	0	6.9	0	0	3.2	2.4
14. Household Income >80% MFI	0	54	0	10	64	88	223	40	29	380	444
15. % with any housing problems	N/A	7.4	N/A	0	6.3	0	8.1	25	0	7.4	7.2
16. % Cost Burden >30%	N/A	7.4	N/A	0	6.3	0	6.3	0	0	3.7	4.1
17. % Cost Burden >50%	N/A	0	N/A	0	0	0	0	0	0	0	0
18. Total Households	30	84	14	64	192	291	318	66	53	728	920
19. % with any housing problems	60	26.2	0	37.5	33.3	34	13.8	39.4	30.2	25.4	27.1
20. % Cost Burden >30	60	26.2	0	37.5	33.3	34	12.6	0	30.2	21.3	23.8
21. % Cost Burden >50	13.3	4.8	0	15.6	9.4	12.4	4.4	0	7.5	7.4	7.8

**Hamlin 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	4		5
Extremely low income <=30% AMI	0	0	
Very low income (>30% but <=50% AMI)	3	75%	
Low income (>50% but <80% AMI)	1	25%	
Families with children	2	0	
Elderly families	2	0	
Families with Disabilities	2	0	
Race/ethnicity: Hispanic	0	0	
Race/ethnicity: Caucasian	4	0	
Race/ethnicity: African-American	0	0	
Race/ethnicity: American Indian	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	2	0	
2 BR	2	0	
3 BR			
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)? No Yes

If yes:

How Long Has It Been Closed (# of Months)?

Does the PHA expect to reopen the list in the PHA Plan year? No Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? No Yes

<p>9.1</p>	<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 Hamlin 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 • Adopt rent policies to support and encourage work
<p>10.0</p>	<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 style="text-align: center;">Hamlin Housing Authority - Progress in Meeting Mission and Goals</p> <p>The Hamlin Housing Authority’s efforts to improve physical conditions of our units and improve Accessibility Standards. Our goals are to provide an accessibility route that connects all part of every facility; as well as the rehabilitation of our units i.e. cabinets, air conditioning, etc.</p> <p>In addition, Hamlin Housing Authority has received training on the latest regulations and has continued the practice of reviewing and/or updating policies on a regular basis.</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;">Hamlin 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>

<p>11.0</p>	<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) SUBMITTED ELECTRONICALLY TO THE FORT WORTH HUD FIELD OFFICE</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) SUBMITTED ELECTRONICALLY TO THE FORT WORTH HUD FIELD OFFICE</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) SUBMITTED ELECTRONICALLY TO THE FORT WORTH HUD FIELD OFFICE</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) SUBMITTED ELECTRONICALLY TO THE FORT WORTH HUD FIELD OFFICE</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) SUBMITTED ELECTRONICALLY TO THE FORT WORTH HUD FIELD OFFICE</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. HAMLIN HOUSING AUTHORITY (RAB) - NO COMMENTS CONCERNING THE HAMLIN HOUSING AUTHORITY PHA ANNUAL PLAN.</p> <p>(g) Challenged Elements – HAMLIN HOUSING AUTHORITY DOES NOT APPLY</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) SEE ATTACHED FORM HUD-50075.1, CAPITAL FUND PROGRAM ANNUAL STATEMENT/PERFORMANCE AND EVALUATION</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) SEE ATTACHED HUD-50075.2, CAPITAL FUND PROGRAM FIVE-YEAR ACTION PLAN</p>
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Attachment: Statement of Financial Resources

Hamlin Housing Authority Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2009 grants)		
a) Public Housing Operating Fund	100,417.00	
b) Public Housing Capital Fund	46,313.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Resident Opportunity and Self-Sufficiency Grants		
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
TX21P19550107	0.00	
TX21P19550108	24,232.21	
TX21S19550109	0.00	
3. Public Housing Dwelling Rental Income	46,920.00	
4. Other income (list below)	2,500.00	
4. Non-federal sources (list below)		
Total resources	\$220,382.21	

Attachment: Violence Against Women Act

Violence Against Women Act – Hamlin Housing Authority TX195

Statement:

Hamlin 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:

Hamlin 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.

Hamlin 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.

Hamlin 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, Hamlin Housing Authority at their discretion may provide assistance to an individual based solely upon the individual's statement or other corroborating evidence.

Hamlin 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:

Hamlin 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 Hamlin		Grant Type and Number Capital Fund Program Grant No: TX21P19550110 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	6,000.00			
3	1408 Management Improvements	6,000.00			
4	1410 Administration (may not exceed 10% of line 21)	3,091.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,465.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	24,257.00			
11	1465.1 Dwelling Equipment-Nonexpendable	500.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2,000.00			
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)	\$46,313.00		\$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>Janice Freeman</i>		Date <i>10-8-2009</i>	Signature of Public Housing Director <i>Janice Freeman</i>		Date <i>10-08-2009</i>

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 Hamlin		Grant Type and Number Capital Fund Program Grant No: TX21P19550110 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	
TX195-001 & 002								
	Install a/c units in each unit	1460		21,757.00				
	Renovate units as needed - Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, and etc.) and other accouterments	1460		2,000.00				
	Purchase hot water heaters	1460		500.00				
	SUBTOTAL	1460		\$24,257.00				
	Purchase ranges, refrigerators	1465		500.00				
	SUBTOTAL	1465		\$500.00				
	TX195-001 & 002 TOTAL			\$24,757.00				

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 Hamlin		Grant Type and Number Capital Fund Program Grant No: TX21P19550110 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	
TX195-HA								
195-HA-1	Operations	1406		6,000.00				
	SUBTOTAL	1406		\$6,000.00				
195-HA-2	Management Improvements	1408		3,000.00				
195-HA-3	Hire consultant to assist with annual plan	1408		2,000.00				
195-HA-4	Training	1408		1,000.00				
	SUBTOTAL	1408		\$6,000.00				
195-HA-5	Hire part time help	1410		3,091.00				
	SUBTOTAL	1410		\$3,091.00				
195-HA-6	Fees and Costs	1430		4,465.00				
	SUBTOTAL	1430		\$4,465.00				
195-HA-7	Maintenance equipment	1475		1,000.00				
195-HA-8	Office equipment	1475		1,000.00				
	SUBTOTAL	1475		\$2,000.00				
	HA WIDE NEEDS TOTAL			\$21,556.00				

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 : Hamlin Housing Authority/TX195		Locality (Hamlin/ Fisher 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	24,257.00	24,257.00	24,257.00	24,257.00
C.	Management Improvements		6,000.00	6,000.00	6,000.00	6,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		2,000.00	2,000.00	2,000.00	2,000.00
E.	Administration		3,091.00	3,091.00	3,091.00	3,091.00
F.	Other		4,965.00	4,965.00	4,965.00	4,965.00
G.	Operations		6,000.00	6,000.00	6,000.00	6,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$46,313.00	\$46,313.00	\$46,313.00	\$46,313.00
L.	Total Non-CFP Funds					
M.	Grand Total					

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	TX195-001 & 002			TX195-001 & 002		
	Replace kitchen cabinets with new, including counter tops, stainless steel sink and fixtures		21,757.00	Replace kitchen cabinets with new, including counter tops, stainless steel sink and fixtures		21,757.00
	Renovate units as needed - Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		2,000.00	Renovate units as needed - Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		2,000.00
	Purchase ranges, refrigerators		500.00	Purchase ranges, refrigerators		500.00
	Purchase hot water heaters		500.00	Purchase hot water heaters		500.00
	Subtotal of Estimated Cost		\$24,757.00	Subtotal of Estimated Cost		\$24,757.00

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	TX195-001 & 002			TX195-001 & 002		
	Remodel bathroom as needed		21,757.00	Remodel bathroom as needed		21,757.00
	Renovate units as needed - Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		2,000.00	Renovate units as needed - Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments		2,000.00
	Purchase ranges, refrigerators		500.00	Purchase ranges, refrigerators		500.00
	Purchase hot water heaters		500.00	Purchase hot water heaters		500.00
		Subtotal of Estimated Cost		\$24,757.00	Subtotal of Estimated Cost	

Part III: Supporting Pages – Management 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	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	TX195-HA		TX195-HA	
	Operations	6,000.00	Operations	6,000.00
	Management Improvements	3,000.00	Management Improvements	3,000.00
	Hire part time help	3,091.00	Hire part time help	3,091.00
	Fees and Costs	4,465.00	Fees and Costs	4,465.00
	Hire consultant to assist with annual plan	2,000.00	Hire consultant to assist with annual plan	2,000.00
	Maintenance equipment	1,000.00	Maintenance equipment	1,000.00
	Office equipment	1,000.00	Office equipment	1,000.00
	Training	1,000.00	Training	1,000.00
	Subtotal of Estimated Cost	\$21,556.00	Subtotal of Estimated Cost	\$21,556.00

Part III: Supporting Pages – Management 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	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	TX195-HA		TX195-HA	
	Operations	6,000.00	Operations	6,000.00
	Management Improvements	3,000.00	Management Improvements	3,000.00
	Hire part time help	3,091.00	Hire part time help	3,091.00
	Fees and Costs	4,465.00	Fees and Costs	4,465.00
	Hire consultant to assist with annual plan	2,000.00	Hire consultant to assist with annual plan	2,000.00
	Maintenance equipment	1,000.00	Maintenance equipment	1,000.00
	Office equipment	1,000.00	Office equipment	1,000.00
	Training	1,000.00	Training	1,000.00
	Subtotal of Estimated Cost	\$21,556.00	Subtotal of Estimated Cost	\$21,556.00

Part I: Summary					
PHA Name: Housing Authority of the City of Hamlin		Grant Type and Number Capital Fund Program Grant No: TX21P19550107 Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				FFY of Grant: <u>2007</u> FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09 <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	6,000.00		6,000.00	6,000.00
3	1408 Management Improvements	3,000.00		3,000.00	3,000.00
4	1410 Administration (may not exceed 10% of line 21)	3,930.00		3,930.00	3,930.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,465.00		4,465.00	4,465.00
8	1440 Site Acquisition				
9	1450 Site Improvement	28,158.00		28,158.00	28,158.00
10	1460 Dwelling Structures	2,000.00		2,000.00	2,000.00
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)	\$47,553.00		\$47,553.00	\$47,553.00
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>Stenie Freeman</i>		Date <i>10-19-09</i>		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 Hamlin	Grant Type and Number Capital Fund Program Grant No: TX21P19550107 Replacement Housing Factor Grant No:				CFPP (Yes/No):		Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Proj. 1, 2, & HA							
TX195	Operations	1406		6,000.00		6,000.00	6,000.00	
	SUBTOTAL	1406		\$6,000.00		\$6,000.00	\$6,000.00	
	Provide training	1408		1,000.00		1,000.00	1,000.00	
	Hire a consultant to assist with plan	1408		2,000.00		2,000.00	2,000.00	
	SUBTOTAL	1406		\$6,000.00		\$6,000.00	\$6,000.00	
	Provide funds for non technical help	1410		3,930.00		3,930.00	3,930.00	
	SUBTOTAL	1410		\$3,930.00		\$3,930.00	\$3,930.00	
	Hire an on site inspector	1430		1,000.00		1,000.00	1,000.00	
	Hire an architect	1430		3,465.00		3,465.00	3,465.00	
	SUBTOTAL	1430		\$4,465.00		\$4,465.00	\$4,465.00	
	Replace sewer lines with new	1450		28,158.00		28,158.00	28,158.00	
	SUBTOTAL	1450		\$28,158.00		\$28,158.00	\$28,158.00	
	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterment	1460		2,000.00		2,000.00	2,000.00	
	SUBTOTAL	1460		\$2,000.00		\$2,000.00	\$2,000.00	
	HA WIDE TOTAL			\$47,553.00		\$47,553.00	\$47,553.00	

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²To be completed for the Performance and Evaluation Report.

Part I: Summary					
PHA Name: Housing Authority of the City of Hamlin		Grant Type and Number Capital Fund Program Grant No: TX21P19550108 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: 6/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	6,000.00		0.00	0.00
3	1408 Management Improvements	4,003.00		0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	2,500.00		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,465.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	22,588.00		22,323.79	22,323.79
10	1460 Dwelling Structures	3,000.00		0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	1,000.00		0.00	0.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	3,000.00		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)	\$46,556.00		\$22,323.79	\$22,323.79
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>James Freeman</i>		Date 10-19-09		Signature of Public Housing Director _____	
				Date _____	

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⁴RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Hamlin	Grant Type and Number Capital Fund Program Grant No: TX21P19550108 Replacement Housing Factor Grant No: CFFP (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	
	Project 001 & 002							
TX195-001	Accessibility Standards – Provide an accessibility route that connects all part of every facility; Widen all sidewalks	1450		12,588.00		12,588.00	12,588.00	
195-001-1	Accessibility Standards – Provide ramps to all accessibility parking	1450		10,000.00		9,735.79	9,735.79	
	SUBTOTAL	1450		\$22,588.00		\$22,323.79	\$22,323.79	
	Whole unit rehab (electrical, plumbing, painting, doors, cabinets, bathroom fixtures, air conditioning and etc.) and other accouterments	1460		2,000.00		0.00	0.00	
	Accessibility Standards Install lever handles on screen doors	1460		1,000.00		0.00	0.00	
	SUBTOTAL	1460		\$3,000.00		\$0.00	\$0.00	
	Purchase ranges, refrigerators & hot water heaters	1465		1,000.00		0.00	0.00	
	SUBTOTAL	1465		\$1,000.00		\$0.00	\$0.00	
	TX195-001 TOTAL			26,588.00		\$22,323.79	\$22,323.79	

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Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Hamlin		Grant Type and Number Capital Fund Program Grant No: TX21P19550108 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008		
		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	
TX195-HA								
195-HA-1	Operations	1406		6,000.00		0.00	0.00	
	SUBTOTAL	1406		\$6,000.00		\$0.00	\$0.00	
	Management Improvements	1408		2,003.00		0.00	0.00	
	Hire consultant to assist with annual plan	1408		2,000.00		0.00	0.00	
	SUBTOTAL	1408		\$4,003.00		\$0.00	\$0.00	
	Hire part time help	1410		1,500.00		0.00	0.00	
	Training	1410		1,000.00		0.00	0.00	
	SUBTOTAL	1410		\$2,500.00		\$0.00	\$0.00	
	Fees and Costs	1430		4,465.00		0.00	0.00	
	SUBTOTAL	1430		\$4,465.00		\$0.00	\$0.00	
	Maintenance equipment	1475		2,000.00		0.00	0.00	
	Office equipment	1475		1,000.00		0.00	0.00	
	SUBTOTAL	1475		\$3,000.00		\$0.00	\$0.00	
	HA WIDE NEEDS TOTAL			\$19,968.00		\$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					
PHA Name: Housing Authority of the City of Hamlin		Grant Type and Number Capital Fund Program Grant No: TX21S19550109 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: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	I406 Operations (may not exceed 20% of line 21) ³				
3	I408 Management Improvements				
4	I410 Administration (may not exceed 10% of line 21)				
5	I411 Audit				
6	I415 Liquidated Damages				
7	I430 Fees and Costs				
8	I440 Site Acquisition				
9	I450 Site Improvement				
10	I460 Dwelling Structures	58,930.00		58,930.00	58,930.00
11	I465.1 Dwelling Equipment-Nonexpendable				
12	I470 Non-dwelling Structures				
13	I475 Non-dwelling Equipment				
14	I485 Demolition				
15	I492 Moving to Work Demonstration				
16	I495.1 Relocation Costs				
17	I499 Development Activities ⁴				
18a	I501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	I502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$58,930.00		\$58,930.00	\$58,930.00
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>Gamil Freeman</i>		Date 10-19-09		Signature of Public Housing Director _____	
				Date _____	

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