

**Capital Fund Program—Five-Year Action Plan**

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

| <b>Part I: Summary</b> |  |   |                                       |                                       |  |                                       |
|------------------------|--|---|---------------------------------------|---------------------------------------|--|---------------------------------------|
| PHA Name/Number        |  | Locality (City/County & State)            |                                       |                                       | <input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b> |                                       |
| A.                     | Development Number and Name                    | Work Statement for Year 1<br>FFY __2010__ | Work Statement for Year 2<br>FFY 2011 | Work Statement for Year 3<br>FFY 2012 | Work Statement for Year 4<br>FFY 2013  | Work Statement for Year 5<br>FFY 2014 |
| B.                     | Physical Improvements Subtotal                 | Annual Statement                          | \$ 9,500.00                           | \$ 59,400.00                          | \$ 66,000.00   | \$ 66,000.00                          |
| C.                     | Management Improvements                        |   | 5,000.00                              |                                       |  |                                       |
| D.                     | PHA-Wide Non-dwelling Structures and Equipment |   | \$ 51,500.00                          |                                       |  |                                       |
| E.                     | Administration                                 |   |                                       |                                       |  |                                       |
| F.                     | Other  |   |                                       | 6,600.00                              |  |                                       |
| G.                     | Operations                                     |   |                                       |                                       |  |                                       |
| H.                     | Demolition                                     |   |                                       |                                       |  |                                       |
| I.                     | Development                                    |   |                                       |                                       |  |                                       |
| J.                     | Capital Fund Financing – Debt Service          |   |                                       |                                       |  |                                       |
| K.                     | Total CFP Funds                                |   |                                       |                                       |  |                                       |
| L.                     | Total Non-CFP Funds                            |   |                                       |                                       |  |                                       |
| M.                     | Grand Total                                    |   | \$ 66,000.00                          | \$ 66,000.00                          | \$ 66,000.00   | \$ 66,000.00                          |



| <b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b> |   |          |                |   |          |                |
|---|---|----------|----------------|---|----------|----------------|
| Work Statement for Year 1 FFY _____                                 | Work Statement for Year 4 FFY 2013                                      |          |                | Work Statement for Year 5 FFY 2014                                      |          |                |
|   | Development Number/Name<br>General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories | Quantity | Estimated Cost |
| See   | Continue with HVAC  | 15       | 66,000.00      | Continue with HVAC  | 15       | 66,000.00      |
| Annual Statement  |   |          |                |   |          |                |
|   |   |          |                |   |          |                |
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|   |   |          |                |   |          |                |
|   |   |          |                |   |          |                |
|   | Subtotal of Estimated Cost  |          | \$ 66,000.00   | Subtotal of Estimated Cost  |          | \$ 66,000.00   |

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

|            |   |          |                                      |                               |                              |     |
|------------|---|----------|--------------------------------------|-------------------------------|------------------------------|-----|
| <b>1.0</b> | <b>PHA Information</b><br>PHA Name: <u>Edgewood Housing Authority</u> PHA Code: <u>TX242</u><br>PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)<br>PHA Fiscal Year Beginning: (MM/YYYY): <u>10/01/2010</u>   |          |                                      |                               |                              |     |
| <b>2.0</b> | <b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above)<br>Number of PH units: <u>50</u> Number of HCV units: <u>34</u>  |          |                                      |                               |                              |     |
| <b>3.0</b> | <b>Submission Type</b><br><input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only  |          |                                      |                               |                              |     |
| <b>4.0</b> | <b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)   |          |                                      |                               |                              |     |
|            | 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:  |          |                                      |                               |                              |     |
| <b>5.0</b> | <b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.  |          |                                      |                               |                              |     |
| <b>5.1</b> | <b>Mission.</b> 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:<br><br>The PHA's mission is to provide drug-free, decent, safe and sanitary housing for eligible families and to provide opportunities that promote self-sufficiency and economic independence for residents in an affordable living environment free from discrimination.   |          |                                      |                               |                              |     |
| <b>5.2</b> | <b>Goals and Objectives.</b> 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.<br><br>The PHA's goals are to increase customer satisfaction; to improve unit turnaround time; and to continue to maintain and improve the quality of housing units  |          |                                      |                               |                              |     |
| <b>6.0</b> | <b>PHA Plan Update</b><br><br>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:<br><br>(a) The following plans and policies have been amended and/or adopted since the last annual plan: Pet Policy—11/25/2008; Make the Grades—It Pays Policy—1/27/2009; Internal Control Policy—8-24-2009; Community Center Use Policy—9/29/2009; Charges for Excess Water Usage—2/16/2010.<br><br>(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.<br><br>(b) The 5-Year and Annual PHA Plan is on display in the Housing Authority Office, 202 N. Houston Street, Edgewood, Texas from 9 a.m. to 1 p.m., Monday through Friday. |          |                                      |                               |                              |     |
| <b>7.0</b> | <b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i><br>N/A  |          |                                      |                               |                              |     |
| <b>8.0</b> | <b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.  |          |                                      |                               |                              |     |
| <b>8.1</b> | <b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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.  |          |                                      |                               |                              |     |
| <b>8.2</b> | <b>Capital Fund Program Five-Year Action Plan.</b> 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.  |          |                                      |                               |                              |     |
| <b>8.3</b> | <b>Capital Fund Financing Program (CFFP).</b><br><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.<br>N/A  |          |                                      |                               |                              |     |

|      |  |
|------|--|
| 9.0  | <p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>As of June 9, 2010, the PH waiting list has 99 applicants of various races and household sizes. Thirty four of these households have a head or spouse who is disabled. There are 35 households waiting for 1-bedrooms, 34 waiting for 2 bedrooms and 30 waiting for 3-bedrooms. The Housing Choice Voucher list had 154 applicants as of the same date. The PHA's Five Year and Annual Plan is consistent with the Consolidated Plan of The State of Texas.</p>   |
| 9.1  | <p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>We expect that most of the Public Housing applicants, if eligible, will receive offers within the next 6-9 months. It is currently taking from 18 to 24 months for families to reach the top of the HCV waiting list. We will continue to monitor all our occupants and participants closely to insure that households do not receive assistance for which they are not eligible.</p>   |
| 10.0 | <p><b>Additional Information.</b> 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>(a) We believe that we are doing a good job of meeting our Mission and Goals. We have made many improvements to the quality of our housing units and continue to maintain them in an above-average condition. We are also careful with our screening to insure that dangerous applicants are not admitted.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>(b) The PHA's definition of Significant Amendment or Modification to the Annual Plan: 50% variance in the funds projected in the Capital Fund Program Annual Statement; or any increase or decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Funds Program annual statement; or any change in a policy or procedure that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs.</p> <p>The PHA's definition of 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; or 50% or more decrease in the quantifiable measurement of any individual goal or objective.</p>   |
| 11.0 | <p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> |



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| <b>Part I: Summary</b>                      |   |  |
| <b>PHA Name: Edgewood Housing Authority</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21P24250107<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant: 2007</b><br><b>FFY of Grant Approval:</b> |

**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 <sup>1</sup> |              |
|------|--|----------------------|----------------------|--------------------------------|--------------|
|      |  | Original             | Revised <sup>2</sup> | Obligated                      | Expended     |
| 1    | Total non-CFP Funds  |                      |                      |                                |              |
| 2    | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> |                      |                      |                                |              |
| 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  | \$ 5,000.00          | \$ 7,334.26          | \$ 7,334.26                    | \$ 7,334.26  |
| 8    | 1440 Site Acquisition  |                      |                      |                                |              |
| 9    | 1450 Site Improvement  | 0                    | 1,250.00             | 1,250.00                       | 1,250.00     |
| 10   | 1460 Dwelling Structures                                     | \$ 59,363.00         | \$ 55,778.74         | \$ 55,778.74                   | \$ 55,778.74 |
| 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 <sup>4</sup>                     |                      |                      |                                |              |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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**

| <b>Part I: Summary</b>  |   |   |                      |   |              |
|---|---|---|----------------------|---|--------------|
| <b>PHA Name:</b><br>Edgewood Housing Authority                                | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21P24250107<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant:2007</b><br><b>FFY of Grant Approval:</b>                   |                      |   |              |
| <b>Type of Grant</b>  |   |   |                      |   |              |
| <input 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 checked="" type="checkbox"/> Final Performance and Evaluation Report |                      |   |              |
| Line  | Summary by Development Account  | Total Estimated Cost  |                      | Total Actual Cost <sup>1</sup>                                    |              |
|   |   | Original  | Revised <sup>2</sup> | Obligated   | Expended     |
| 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)  | \$ 64,363.00  | \$ 64,363.00         | \$ 64,363.00  | \$ 64,363.00 |
| 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   |   |                      |   |              |
| <b>Signature of Executive Director</b>  |   | <b>Date</b>   |                      | <b>Signature of Public Housing Director</b>                       |              |
|   |   |   |                      | <b>Date</b>   |              |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

| <b>Part II: Supporting Pages</b>                  |   |                            |   |                      |                      |                                   |                                |                |
|---|---|----------------------------|---|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Edgewood Housing Authority              |   |                            | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21P24250107<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |                      |                      | <b>Federal FFY of Grant: 2007</b> |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories | Development<br>Account No. | Quantity  | Total Estimated Cost |                      | Total Actual Cost                 |                                | Status of Work |
|   |   |                            |   | Original             | Revised <sup>1</sup> | Funds<br>Obligated <sup>2</sup>   | Funds<br>Expended <sup>2</sup> |                |
| TX242   | Architect Services                              | 1430                       |   | 4,500.00             | 5,900.00             | 5,900.00                          | 5,900.00                       | 100%           |
| TX242   | Advertise & reproduce plans & specs             | 1430                       |   | 500.00               | 1,434.26             | 1,434.26                          | 1,434.26                       | 100%           |
| TX242   | Remove dead trees                               | 1450                       | 2   | 0                    | 1,250.00             | 1,250.00                          | 1,250.00                       | 100%           |
| TX242   | Level foundation of Building 3                  | 1460                       | 1   | 10,000.00            | 0                    | 0                                 | 0                              |                |
| TX242   | Install individual water meters to each apt     | 1460                       | 50  | 5,000.00             | 11,896.46            | 11,896.46                         | 11,896.46                      | 100%           |
| TX242   | Reface bathrooms                                | 1460                       | 47  | 44,363.00            | 43,882.28            | 43,882.28                         | 43,882.28                      | 100%           |
|   |   |                            |   |                      |                      |                                   |                                |                |
|   |   |                            |   |                      |                      |                                   |                                |                |
|   |   |                            |   |                      |                      |                                   |                                |                |
|   |   |                            |   |                      |                      |                                   |                                |                |
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|   |   |                            |   |                      |                      |                                   |                                |                |
|   |   |                            |   |                      |                      |                                   |                                |                |
|   |   |                            |   |                      |                      |                                   |                                |                |
|   |   |                            |   |                      |                      |                                   |                                |                |

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.







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| <b>Part I: Summary</b>                      |   |  |
| <b>PHA Name: Edgewood Housing Authority</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21P24250108<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant: 2008</b><br><b>FFY of Grant Approval:</b> |

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 06/30/2010       Final Performance and Evaluation Report

| Line | Summary by Development Account                               | Total Estimated Cost |                      | Total Actual Cost <sup>1</sup> |           |
|------|--|----------------------|----------------------|--------------------------------|-----------|
|      |  | Original             | Revised <sup>2</sup> | Obligated                      | Expended  |
| 1    | Total non-CFP Funds  |                      |                      |                                |           |
| 2    | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> |                      |                      |                                |           |
| 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  | 0                    | \$ 4,666.53          | \$ 4,666.53                    | \$ 666.53 |
| 8    | 1440 Site Acquisition  |                      |                      |                                |           |
| 9    | 1450 Site Improvement  |                      |                      |                                |           |
| 10   | 1460 Dwelling Structures                                     | \$ 67,934.00         | \$ 43,709.47         | \$ 43,709.47                   |           |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                      |                      |                      |                                |           |
| 12   | 1470 Non-dwelling Structures                                 |                      |                      |                                |           |
| 13   | 1475 Non-dwelling Equipment                                  | 0                    | \$ 19,558.00         | \$ 19,558.00                   | \$ 600.00 |
| 14   | 1485 Demolition  |                      |                      |                                |           |
| 15   | 1492 Moving to Work Demonstration                            |                      |                      |                                |           |
| 16   | 1495.1 Relocation Costs                                      |                      |                      |                                |           |
| 17   | 1499 Development Activities <sup>4</sup>                     |                      |                      |                                |           |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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**

| <b>Part I: Summary</b>  |   |  |  |   |             |
|---|---|--|--|---|-------------|
| <b>PHA Name:</b><br>Edgewood Housing Authority  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21P24250108<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant:2008</b><br><b>FFY of Grant Approval:</b>  |  |   |             |
| <b>Type of Grant</b>  |   |  |  |   |             |
| <input type="checkbox"/> Original Annual Statement  |   | <input type="checkbox"/> Reserve for Disasters/Emergencies |  | <input type="checkbox"/> Revised Annual Statement (revision no: ) |             |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010 |   |  | <input type="checkbox"/> Final Performance and Evaluation Report |   |             |
| Line  | Summary by Development Account  | Total Estimated Cost                                       |  | Total Actual Cost <sup>1</sup>                                    |             |
|   |   | Original   | Revised <sup>2</sup>   | Obligated   | Expended    |
| 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)  | \$ 67,934.00   | \$ 67,934.00   | \$ 67,934.00  | \$ 1,266.53 |
| 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  | 0  | \$ 19,558.00   | \$ 19,558.00  | \$ 600.00   |
| 25  | Amount of line 20 Related to Energy Conservation Measures   | 0  | \$ 43,709.47   | \$ 43,709.47  |             |
| <b>Signature of Executive Director</b>  |   | <b>Date</b>  |  | <b>Signature of Public Housing Director</b>                       |             |
|   |   |  |  | <b>Date</b>   |             |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

| <b>Part II: Supporting Pages</b>                  |  |                            |   |                      |                      |                                   |                                |                |
|---|--|----------------------------|---|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Edgewood Housing Authority              |  |                            | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21P24250108<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |                      |                      | <b>Federal FFY of Grant: 2008</b> |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories        | Development<br>Account No. | Quantity  | Total Estimated Cost |                      | Total Actual Cost                 |                                | Status of Work |
|   |  |                            |   | Original             | Revised <sup>1</sup> | Funds<br>Obligated <sup>2</sup>   | Funds<br>Expended <sup>2</sup> |                |
| TX242   | Hire Architect for Plans & Specs                       | 1430                       |   | 0                    | 4,000.00             | 4,000.00                          |                                |                |
| TX242   | Advertise & reproduce plans & specs                    | 1430                       |   | 0                    | 666.53               | 666.53                            | 666.53                         | 100%           |
| TX242   | Surveillance cameras for Site AA                       | 1475                       |   | 0                    | 19,558.00            | 19,558.00                         | 600.00                         |                |
| TX242   | Finish vinyl siding project started with<br>ARRA funds | 1460                       |   | 0                    | 0                    | 0                                 | 0                              |                |
| TX242   | Begin roofing project with ridge row attic<br>vents    | 1460                       | 17  | 0                    | 43,709.47            | 43,709.47                         | 0                              |                |
| TX242   | Remodel bathrooms                                      | 1460                       | 47  | 67,934.00            | 0                    | 0                                 | 0                              |                |
|   |  |                            |   |                      |                      |                                   |                                |                |
|   |  |                            |   |                      |                      |                                   |                                |                |
|   |  |                            |   |                      |                      |                                   |                                |                |
|   |  |                            |   |                      |                      |                                   |                                |                |
|   |  |                            |   |                      |                      |                                   |                                |                |
|   |  |                            |   |                      |                      |                                   |                                |                |
|   |  |                            |   |                      |                      |                                   |                                |                |

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.







|  |   |
|--|---|
| <b>Part I: Summary</b>                                     |   |
| <b>PHA Name:</b> TX242                                     | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21P24250109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |
| <b>FFY of Grant: 2009</b><br><b>FFY of Grant Approval:</b> |   |

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 6/30/2010       Final Performance and Evaluation Report

| Line | Summary by Development Account                               | Total Estimated Cost |                      | Total Actual Cost <sup>1</sup> |          |
|------|--|----------------------|----------------------|--------------------------------|----------|
|      |  | Original             | Revised <sup>2</sup> | Obligated                      | Expended |
| 1    | Total non-CFP Funds  |                      |                      |                                |          |
| 2    | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> |                      |                      |                                |          |
| 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  | 6,700.00             |                      | 6,700.00                       |          |
| 8    | 1440 Site Acquisition  |                      |                      |                                |          |
| 9    | 1450 Site Improvement  |                      |                      |                                |          |
| 10   | 1460 Dwelling Structures                                     | 61,014.00            |                      | 61,014.00                      |          |
| 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 <sup>4</sup>                     |                      |                      |                                |          |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

| <b>Part I: Summary</b>  |   |  |  |   |          |
|---|---|--|--|---|----------|
| <b>PHA Name:</b><br>Edgewood Housing Authority  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21P24250109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant:2009</b><br><b>FFY of Grant Approval:</b>  |  |   |          |
| <b>Type of Grant</b>  |   |  |  |   |          |
| <input type="checkbox"/> Original Annual Statement  |   | <input type="checkbox"/> Reserve for Disasters/Emergencies |  | <input type="checkbox"/> Revised Annual Statement (revision no: ) |          |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010 |   |  | <input type="checkbox"/> Final Performance and Evaluation Report |   |          |
| Line  | Summary by Development Account  | Total Estimated Cost                                       |  | Total Actual Cost <sup>1</sup>                                    |          |
|   |   | Original   | Revised <sup>2</sup>   | Obligated   | Expended |
| 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)  | \$ 67,714.00   | \$ 67,714.00   | \$ 67,714.00  | 0        |
| 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  | \$ 30,000.00   | 0  | 0   | 0        |
| 24  | Amount of line 20 Related to Security - Hard Costs  |  |  |   |          |
| 25  | Amount of line 20 Related to Energy Conservation Measures   | \$ 31,014.00   | \$ 61,014.00   | \$ 61,014.00  | 0        |
| <b>Signature of Executive Director</b>  |   | <b>Date</b>  |  | <b>Signature of Public Housing Director</b>                       |          |
|   |   |  |  | <b>Date</b>   |          |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.









|   |   |  |
|---|---|--|
| <b>Part I: Summary</b>                      |   |  |
| <b>PHA Name: Edgewood Housing Authority</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21S24250109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant: 2009</b><br><b>FFY of Grant Approval:</b> |

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 06/30/2010       Final Performance and Evaluation Report

| Line | Summary by Development Account                               | Total Estimated Cost |                      | Total Actual Cost <sup>1</sup> |              |
|------|--|----------------------|----------------------|--------------------------------|--------------|
|      |  | Original             | Revised <sup>2</sup> | Obligated                      | Expended     |
| 1    | Total non-CFP Funds  |                      |                      |                                |              |
| 2    | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> |                      |                      |                                |              |
| 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  | 0                    | \$ 2,178.37          | \$ 2,178.37                    | \$ 1,694.87  |
| 8    | 1440 Site Acquisition  |                      |                      |                                |              |
| 9    | 1450 Site Improvement  |                      |                      |                                |              |
| 10   | 1460 Dwelling Structures                                     | \$ 85,991.00         | \$ 83,812.63         | \$ 83,812.63                   | \$ 46,448.87 |
| 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 <sup>4</sup>                     |                      |                      |                                |              |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

| <b>Part I: Summary</b>  |   |  |  |   |              |
|---|---|--|--|---|--------------|
| <b>PHA Name:</b><br>Edgewood Housing Authority  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21S24250109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant:2009</b><br><b>FFY of Grant Approval:</b>  |  |   |              |
| <b>Type of Grant</b>  |   |  |  |   |              |
| <input type="checkbox"/> Original Annual Statement  |   | <input type="checkbox"/> Reserve for Disasters/Emergencies |  | <input type="checkbox"/> Revised Annual Statement (revision no: ) |              |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010 |   |  | <input type="checkbox"/> Final Performance and Evaluation Report |   |              |
| Line  | Summary by Development Account  | Total Estimated Cost                                       |  | Total Actual Cost <sup>1</sup>                                    |              |
|   |   | Original   | Revised <sup>2</sup>   | Obligated   | Expended     |
| 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)  | \$ 85,991.00   | \$ 85,991.00   | \$ 85,991.00  | \$ 48,143.74 |
| 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   |  |  |   |              |
| <b>Signature of Executive Director Janice A. Wingo</b><br>06/22/2010                                |   |  | <b>Date</b>  | <b>Signature of Public Housing Director</b>                       |              |
|   |   |  |  | <b>Date</b>   |              |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.









|   |   |  |
|---|---|--|
| <b>Part I: Summary</b>                      |   |  |
| <b>PHA Name: Edgewood Housing Authority</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21P24250110<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant: 2010</b><br><b>FFY of Grant Approval:</b> |

**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 <sup>1</sup> |          |
|------|--|----------------------|----------------------|--------------------------------|----------|
|      |  | Original             | Revised <sup>2</sup> | Obligated                      | Expended |
| 1    | Total non-CFP Funds  |                      |                      |                                |          |
| 2    | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> |                      |                      |                                |          |
| 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                                     | \$ 67,080.00         |                      |                                |          |
| 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 <sup>4</sup>                     |                      |                      |                                |          |

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

| <b>Part I: Summary</b>  |  |   |                      |   |   |  |
|---|--|---|----------------------|---|---|--|
| <b>PHA Name:</b><br>Edgewood Housing Authority                                |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TX21P24250110<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |                      |   | <b>FFY of Grant:2010</b><br><b>FFY of Grant Approval:</b> |  |
| <b>Type of Grant</b>  |  |   |                      |   |   |  |
| <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 <sup>1</sup>                                    |   |  |
|   |  | Original  | Revised <sup>2</sup> | Obligated   | Expended  |  |
| 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)                           | \$ 67,080.00  |                      |   |   |  |
| 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                | \$ 44,209.61  |                      |   |   |  |
| <b>Signature of Executive Director</b>  |  | <b>Date</b>   |                      | <b>Signature of Public Housing Director</b>                       |   |  |
|   |  |   |                      | <b>Date</b>   |   |  |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.







