

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> (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. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

6.O: PHA PLAN ELEMENTS

1. ELIGIBILITY, SELECTION AND ADMISSIONS POLICIES, INCLUDING DECONCENTRATION AND WAIT LIST PROCEDURES. --- NO REVISION.
2. FINANCIAL RESOURCES. --- REVISED.
3. RENT DETERMINATION. --- NO REVISION.
4. OPERATION AND MANAGEMENT. --- NO REVISION.
5. GRIEVANCE PROCEDURES. --- NO REVISION.
6. DESIGNATED HOUSING FOR ELDERLY AND DISABLED FAMILIES. --- NO REVISION.
7. COMMUNITY SERVICE AND SELF-SUFFICIENCY. --- NO REVISION.
8. SAFETY AND CRIME PREVENTION. --- NO REVISION.
9. PETS. --- NO REVISION.
10. CIVIL RIGHTS CERTIFICATION. --- NO REVISION.
11. FISCAL YEAR AUDIT. --- REVISED
12. ASSET MANAGEMENT. --- NO REVISION.
13. VIOLENCE AGAINST WOMEN ACT, (VAWA). --- NO REVISION (REVISED AS INDICATED BELOW IN PRIOR YEAR.)

ADDITIONS TO THE ACOP:

- 24.0 PROHIBITION AGAINST TERMINATING TENANCY OF VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING.

THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2005 (VAWA), PROVIDES THAT "CRIMINAL ACTIVITY DIRECTLY RELATING TO DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, ENGAGED IN BY A MEMBER OF A TENANT'S HOUSEHOLD OR ANY GUEST OR OTHER PERSON UNDER THE TENANT'S CONTROL, SHALL NOT BE CAUSE FOR TERMINATION OF THE TENANCY OR OCCUPANCY RIGHTS, IF THE TENANT OR IMMEDIATE FAMILY MEMBER OF THE TENANT'S FAMILY IS THE VICTIM OR THREATENED VICTIM OF THAT ABUSE."

VAWA FURTHER PROVIDES THAT INCIDENTS OF ACTUAL OR THREATENED DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING MAY NOT BE CONSTRUED EITHER AS SERIOUS OR REPEATED VIOLATIONS OF THE LEASE BY THE VICTIM OF SUCH VIOLENCE OR AS GOOD CAUSE FOR TERMINATING THE TENANCY OR OCCUPANCY RIGHTS OF THE VICTIM OF SUCH VIOLENCE. VAWA DOES NOT LIMIT HOUSING AUTHORITIES POWER TO TERMINATE THE TENANCY OF ANY TENANT IF THE HOUSING AUTHORITIES CAN DEMONSTRATE AN ACTUAL AND IMMINENT THREAT TO OTHER TENANTS OR THOSE EMPLOYED AT OR PROVIDING SERVICES TO THE PROPERTY.

- 24.1 TERMINATING OR EVICTING A PERPETRATOR OF DOMESTIC VIOLENCE.

WHEN THE ACTIONS OF A TENANT OR OTHER FAMILY MEMBER RESULT IN A DETERMINATION BY WHA TO TERMINATE THE FAMILY'S LEASE AND ANOTHER FAMILY MEMBER CLAIMS THAT THE ACTIONS INVOLVE CRIMINAL ACTS OF PHYSICAL VIOLENCE AGAINST FAMILY MEMBERS OR OTHERS, WHA WILL REQUEST THAT THE VICTIM SUBMIT A CERTIFICATION AND SUPPORTING DOCUMENTATION WITHIN 14 DAYS. IF THE CERTIFICATION AND SUPPORTING DOCUMENTATION ARE SUBMITTED WITHIN THE REQUIRED TIME FRAME OR ANY APPROVED EXTENSION PERIOD, WHA MAY BIFURCATE THE LEASE AND EVICT OR TERMINATE THE OCCUPANCY RIGHTS OF THE PERPETRATOR. IF THE VICTIM DOES NOT PROVIDE THE CERTIFICATION AND SUPPORTING DOCUMENTATION, AS REQUIRED, THE WHA MAY PROCEED WITH TERMINATION OF THE FAMILY'S LEASE. IF WHA CAN DEMONSTRATE AN ACTUAL AND IMMINENT THREAT TO OTHER TENANTS OF THOSE EMPLOYED AT OR PROVIDING SERVICE TO THE PROPERTY IF THE TENANT'S TENANCY IS NOT TERMINATED, WHA MAY BYPASS THE STANDARD PROCESS AND PROCEED WITH THE IMMEDIATE TERMINATION OF THE FAMILY.

- 24.2 WHA CONFIDENTIALITY REQUIREMENTS

ALL INFORMATION PROVIDED TO WHA REGARDING DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, INCLUDING THE FACT THAT AN INDIVIDUAL IS A VICTIM OF SUCH VIOLENCE OR STALKING, MUST BE RETAINED IN THE CONFIDENCE AND MAY NEITHER BE ENTERED INTO ANY SHARED DATA BASE NOR PROVIDED TO ANY RELATED

ENTITY, EXCEPT TO THE EXTENT THAT THE DISCLOSURE (A) IS REQUESTED OR CONSENTED TO BY THE INDIVIDUAL IN WRITING, (B) IS REQUIRED FOR USE IN AN EVICTION PROCEEDING, OR (C) IS OTHERWISE REQUIRED BY APPLICABLE LAW.

ADDITIONS TO THE SECTION 8 ADMINISTRATIVE PLAN:

15.1 TERMINATING THE ASSISTANCE OR DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING VICTIMS AND PERPETRATORS.

THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2005, (VAWA), PROVIDES THAT "CRIMINAL ACTIVITY DIRECTLY RELATING TO DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, ENGAGED IN BY A MEMBER OR THE TENANT'S HOUSEHOLD OR ANY GUEST OR OTHER PERSON UNDER THE TENANT'S CONTROL SHALL NOT BE A CAUSE FOR TERMINATION OR ASSISTANCE, TENANCY, OR OCCUPANCY RIGHTS IF THE TENANT OR AN IMMEDIATE MEMBER OF THE TENANT'S FAMILY IS THE VICTIM OR THREATENED VICTIM OF THAT DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING." VAWA ALSO GIVES PHAS THE AUTHORITY TO "TERMINATE ASSISTANCE TO ANY INDIVIDUAL WHO IS A TENANT OR LAWFUL OCCUPANT AND WHO ENGAGES IN CRIMINAL ACTS OF PHYSICAL VIOLENCE AGAINST FAMILY MEMBERS OR OTHERS, WITHOUT EVICTING, REMOVING, TERMINATING ASSISTANCE TO, OR OTHERWISE PENALIZING THE VICTIM OR SUCH VIOLENCE WHO IS ALSO A TENANT OR LAWFUL OCCUPANT." VAWA DOES NOT LIMIT THE AUTHORITY OF THE PHA TO TERMINATE THE ASSISTANCE OF ANY PARTICIPANT IF THE PHA "CAN DEMONSTRATE AN ACTUAL AND IMMINENT THREAT TO OTHER TENANTS OR THOSE EMPLOYED AT OR PROVIDING SERVICE TO THE PROPERTY IF THAT TENANT IS NOT EVICTED OR TERMINATED FROM ASSISTANCE.

VICTIM DOCUMENTATION

WHEN A PARTICIPANT FAMILY IS FACING ASSISTANCE TERMINATION BECAUSE OF THE ACTIONS OF A PARTICIPANT, HOUSEHOLD MEMBER, GUEST, OR OTHER PERSON UNDER THE PARTICIPANT'S CONTROL AND A PARTICIPANT OR IMMEDIATE FAMILY MEMBER OF THE PARTICIPANT'S FAMILY CLAIMS THAT SHE OR HE IS THE PARTICIPANT OR IMMEDIATE FAMILY MEMBER OF THE PARTICIPANT'S FAMILY CLAIMS THAT SHE OR HE IS THE VICTIM OF SUCH ACTIONS AND THAT THE ACTIONS ARE RELATED TO DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, THE PHA WILL REQUIRE THE INDIVIDUAL TO SUBMIT DOCUMENTATION AFFIRMING THAT CLAIM.

THE DOCUMENTATION MUST INCLUDE TWO ELEMENTS:

1. A WRITTEN CERTIFICATION BY THE VICTIM THAT PROVIDES THE NAME OF THE PERPETRATOR AND CERTIFIES THAT THE INCIDENTS IN QUESTION ARE BONA FIDE INCIDENTS OF ACTUAL OR THREATENED DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, AND
2. ONE OF THE FOLLOWING:

A POLICE OR COURT RECORD DOCUMENTING THE ACTUAL OR THREATENED ABUSE, OR A STATEMENT SIGNED BY AN EMPLOYEE, AGENT, OR VOLUNTEER OF A VICTIM SERVICE PROVIDER; AN ATTORNEY; A MEDICAL PROFESSIONAL; OR ANOTHER KNOWLEDGEABLE PROFESSIONAL FROM WHOM THE VICTIM HAS SOUGHT ASSISTANCE IN ADDRESSING THE ACTUAL OR THREATENED ABUSE. THE PROFESSIONAL MUST ATTEST UNDER PENALTY OR PERJURY THAT THE INCIDENTS IN QUESTION ARE BONA FIDE INCIDENTS OF ABUSE, AND THE VICTIM MUST SIGN OR ATTEST TO THE STATEMENT.

THE REQUIRED CERTIFICATION AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE PHA WITHIN 14 DAYS AFTER THE WHA ISSUES THEIR WRITTEN REQUEST. THE 14 -DAY DEADLINE MAY BE EXTENDED AT THE WHA'S DISCRETION. IF THE INDIVIDUAL DOES NOT PROVIDE THE REQUIRED CERTIFICATION AND SUPPORTING DOCUMENTATION WITHIN 14 DAYS, OR THE APPROVED EXTENSION PERIOD, THE WHA MAY PROCEED WITH ASSISTNACE TERMINATION. IF THE WHA CAN DEMONSTRATE AN ACTUAL AND IMMINENT THREAT TO OTHER PARTICIPANTS OR THOSE EMPLOYED AT OR PROVIDING SERVICE TO THE PROPERTY IF THE PARTICIPANT'S TENANCY IS NOT TERMINATED, THE WHA WILL BYPASS THE STANDARD PROCESS AND PROCEED WITH THE IMMEDIATE TERMINATION OF THE FAMILY'S ASSISTANCE.

TERMINATING THE ASSISTANCE OF A DOMESTIC VIOLENCE PERPETRATOR

ALTHOUGH VAWA PROVIDES ASSISTANCE TERMINATION PROTECTION FOR VICTIMS OF DOMESTIC VIOLENCE, IT DOES NOT PROVIDE PROTECTION FOR PERPETRATORS. VAWA GIVES THE PAH THE EXPLICIT AUTHORITY TO "TERMINATE ASSISTANCE TO ANY INDIVIDUAL WHO IS A TENANT OR LAWFUL OCCUPANT AND WHO ENGAGES IN CRIMINAL ACTS OF PHYSICAL VIOLENCE AGAINST FAMILY MEMBERS OR OTHERS WITHOUT TERMINATING ASSISTANCE TO, OR OTHERWISE PENALIZING THE VICTIM OF SUCH VIOLENCE WHO IS ALSO A TENANT OR LAWFUL OCCUPANT." THIS AUTHORITY SUPERSEDES ANY LOCAL, STATE, OR OTHER FEDERAL LAW TO THE CONTRARY. HOWEVER, IF THE PHA CHOOSES TO EXERCISE THIS AUTHORITY, IT MUST FOLLOW ANY PROCEDURES PRESCRIBED BY HUD OR BY APPLICABLE LOCAL, STATE, OR FEDERAL LAW REGARDING TERMINATION OF ASSISTANCE.

WHEN THE ACTIONS OF A PARTICIPANT OR OTHER FAMILY MEMBER RESULT IN A PHA DECISION TO TERMINATE THE FAMILY'S ASSISTANCE AND ANOTHER FAMILY MEMBER CLAIMS THAT THE ACTIOSN INVOLVE CRIMINAL ACTSOF PHYSICAL VIOLENCE AGAINST FAMILY MEMBERS OR OTHERS, THE PHA WILL REQUEST THAT THE VICTIM SUBMIT THE ABOVE REQUIRED CERTIFICATIONAND SUPPORTING DOCUMENTATION IN ACCORDANCE WITH THE STATED TIME FRAME. IF THE CERTIFICATION

AND SUPPORTING DOCUMENTATION ARE SUBMITTED WITHIN THE REQUIRED TIME FRAME, OR ANY APPROVED EXTENSION PERIOD, THE PHA WILL TERMINATE THE PERPETRATOR'S ASSISTANCE. IF THE VICTIM DOES NOT PROVIDE THE CERTIFICATION AND SUPPORTING DOCUMENTATION, AS REQUIRED, THE PHA WILL PROCEED WITH TERMINATION OF THE FAMILY'S ASSISTANCE.

IF THE WHA CAN DEMONSTRATE AN ACTUAL AND IMMINENT THREAT TO OTHER TENANTS OR THOSE EMPLOYED OR PROVIDING SERVICE TO THE PROPERTY IF THE PARTICIPANT'S TENANCY IS NOT TERMINATED, THE WHA WILL BYPASS THE STANDARD PROCESS AND PROCEED WITH THE IMMEDIATE TERMINATION OR THE FAMILY'S ASSISTANCE.

WHA CONFIDENTIALITY REQUIREMENTS

ALL INFORMATION PROVIDED TO THE WHA REGARDING DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, INCLUDING THE FACT THAT AN INDIVIDUAL IS A VICTIM OF SUCH VIOLENCE OR STALKING, MUST BE RETAINED IN CONFIDENCE AND MAY NEITHER BE ENTERED INTO ANY SHARED DATA BASE NOR PROVIDED TO ANY RELATED ENTITY, EXCEPT TO THE EXTENT THAT THE DISCLOSURE (A) IS REQUESTED OR CONSENTED TO BY THE INDIVIDUAL IN WRITING, (B) IS REQUIRED FOR USE IN AN EVICTION PROCEEDING, OR (C) IS OTHERWISE REQUIRED BY APPLICABLE LAW.

16.4 NOTIFICATION REGARDING APPLICABLE PROVISIONS OF THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2005 (VAWA)

NOTIFICATION TO PARTICIPANTS

VAWA REQUIRES PHAS TO NOTIFY PROGRAM PARTICIPANTS OF THEIR RIGHTS UNDER THIS LAW, INCLUDING THEIR RIGHT TO CONFIDENTIALITY AND THE LIMITS THEREOF.

THE WHA WILL PROVIDE ALL PARTICIPANTS WITH NOTIFICATION OF THEIR PROTECTIONS AND RIGHTS UNDER THE VAWA AT THE TIME OF ADMISSION AND AT ANNUAL REEXAMINATION. THE NOTICE WILL EXPLAIN THE PROTECTIONS AFFORDED UNDER THE LAW, INFORM THE PARTICIPANT OF WHA CONFIDENTIALITY REQUIREMENTS. THE WHA WILL ALSO INCLUDE IN ALL ASSISTANCE TERMINATION NOTICES A STATEMENT EXPLAINING ASSISTANCE TERMINATION PROTECTION PROVIDED BY VAWA.

NOTIFICATION TO OWNERS AND MANAGERS

VAWA REQUIRES PHAS TO NOTIFY OWNERS AND MANAGERS OF THEIR RIGHTS AND RESPONSIBILITIES UNDER THIS LAW.

THE WHA WILL INFORM PROPERTY OWNERS AND MANAGERS OF THEIR SCREENING AND TERMINATION RESPONSIBILITIES RELATED TO VAWA. THE WHA MAY UTILIZE ANY OR ALL OF THE FOLLOWING MEANS TO NOTIFY OWNERS OF THEIR VAWA RESPONSIBILITIES:

1. AS APPROPRIATE IN DAY TO DAY INTERACTIONS WITH OWNERS AND MANAGERS.
2. INSERTS IN HQS INSPECTION NOTICES, HAP PAYMENTS, 1099S, NEWLETTERS, OR MAILINGS WHICH MAY INCLUDE MODES VAWA CERTIFICATION FORMS.

Statement of Financial Resources

[24 CFR Part 903.12 (b), 903.7 (c)]

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2010 grants)		
a) Public Housing Operating Fund	779,472	
b) Public Housing Capital Fund	385,418	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	2,634,876	
f) Resident Opportunity and Self- Sufficiency Grants	N/A	
g) Community Development Block Grant	N/A	
h) HOME	N/A	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	884,730	
4. Other income (list below)		
4. Non-federal sources (list below)		
Total resources	4,684,496	

5.2 *PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan*

GOAL 1. Reduce public housing vacancies.

PROGRESS. The Authority has significantly reduced its vacancies in its public housing developments and continues to strive to meet this goal.

GOAL 2. Improve the Quality of Assisted Housing.

PROGRESS. The Authority continues to work diligently at improving both its PHAS and SEMAP scores. We were leased up at 100% for our Voucher Program and have recently been issued 99 Enhanced Vouchers that we will strive lease up rapidly.

GOAL 3. Increase assisted housing choices.

PROGRESS. We provide voucher mobility counseling to all who need it. The Authority has held landlord meetings and sent outreach materials in an effort to reach potential landlords.

GOAL 4. Improve community quality of life and economic vitality.

PROGRESS. The construction of the Congregate Addition continues to be a great improvement to the quality of the residents life.

GOAL 5. Promote self-sufficiency and asset development of assisted households.

PROGRESS. The Authority employs a Resident Service Coordinator to attract supportive services for our elderly and disabled residents.

GOAL 6. Endure Equal Opportunity in Housing for all Americans.

9.0 HOUSING NEEDS OF FAMILIES IN THE JURISDICTION SERVED BY WILLIMANTIC HOUSING AUTHORITY

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1886	5	5	4	4	2	2
Income >30% but <=50% of AMI	1410	4	5	4	4	2	2
Income >50% but <80% of AMI	1702	3	3	3	3	2	2
Elderly	1133	4	4	3	4	2	2

9.1 STRATEGY FOR ADDRESSING HOUSING NEEDS.

STRATEGY 1. SHORTAGE OF AFFORDABLE HOUSING FOR ALL ELIGIBLE POPULATIONS.

- 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.
- MAINTAIN OR INCREASE SECTION 8 LEASE-UP RATES BY ESTABLISHING PAYMENT STANDARDS THAT WILL ENABLE FAMILIES TO RENT THROUGHOUT THE JURISDICTION.
- MAINTAIN OR INCREASE SECTION 8 LEASE-UP RATES BY MARKETING THE PROGRAM TO OWNERS, PARTICULARLY THOSE OUTSIDE OF AREAS OF MINORITY AND POVERTY CONCENTRATION.
- MAINTAIN OR INCREASE SECTION 8 LEASE-UP RATES BY EFFECTIVELY SCREENING SECTION 8 APPLICANTS TO INCREASE OWNER ACCEPTANCE OF PROGRAM.

STRATEGY 2. INCREASE THE NUMBER OF AFFORDABLE HOUSING UNITS BY:

- APPLY FOR ADDITIONAL SECTION 8 UNITS SHOULD THEY BECOME AVAILABLE.
- PURSUE HOUSING RESOURCES OTHER THAN PUBLIC HOUSING OR SECTION 8 TENANT BASED ASSISTANCE

STRATEGY 3. TARGET AVAILABLE ASSISTANCE TO FAMILIES AT OR BELOW 30% OF THE AMI

- EXCEED HUD FEDERAL TARGETING REQUIREMENTS FOR FAMILIES AT OR BELOW 30% OF AMI IN PUBLIC HOUSING.
- EXCEED HUD FEDERAL TARGETING REQUIREMENTS FOR FAMILIES AT OR BELOW 30% OF AMI IN TENANT BASED SECTION 8 ASSISTANCE
- ADOPT RENT POLICIES TO SUPPORT AND ENCOURAGE WORK.

STRATEGY 4. TARGET AVAILABLE ASSISTANCE TO FAMILIES AT OR BELOW 50% OF AMI.

- EMPLOY ADMISSIONS PREFERENCES AIMED AT FAMILIES WHO ARE WORKING.

STRATEGY 5. TARGET AVAILABLE ASSISTANCE TO FAMILIES WITH DISABILITIES.

- CARRY OUT THE MODIFICATIONS NEEDED IN PUBLIC HOUSING ABASED ON THE SECTION 504 NEEDS ASSESSMENT FOR PUBLIC HOUSING.
- APPLY FOR SPECIAL PURPOSE VOUCHERS TARGETED TO FAMILIES WITH DISABILITIES, SHOULD THEY BECOME AVAILABLE.

STRATEGY 6. INCREASE AWARENESS OF PHA RESOURCES AMOUNG FAMILIES OF RACES AND ETHNICITIES WITH DISPROPORTIONATE NEEDS.

- AFFIRMATIVELY MARKET TO RACES/ETHNICITIES SHOWN TO HAVE DISPROPORTIONATE HOUSING NEEDS.

STRATEGY 7. CONDUCT ACTIVITIES TO AFFIRMATIVELY FURTHER FAIR HOUSING.

- COUNSEL SECTION 8 TENANTS AS TO LOCATION OF UNITS OUTSIDE OF AREAS OF POVERTY OR MINORITY CONCENTRATION AND ASSIST THEM TO LOCATE THOSE UNITS.
- MARKET THE SECTION 8 PROGRAM TO OWNERS OUTSIDE OF AREAS OF POVERTY/MINORITY CONCENTRATIONS.

10.B SIGNIFICANT AMENDMENT AND SUBSTANTIAL DEVIATION/MODIFICATION.

SUBSTANTIAL DEVIATIONS OR SIGNIFICANT AMENDMENTS OR MODIFICATIONS ARE DEFINED AS DISCRETIONARY CHANGES IN THE PLANS OR POLICIES OF THE HOUSING AUTHORITY OF THE CITY OF WILLIMANTIC THAT FUNDAMENTALLY CHANGE THE MISSION, GOALS, OBJECTIVES, OR PLANS OF THE AGENCY AND WHICH REQUIRE FORMAL APPROVAL OF THE BOARD OF COMMISSIONERS.

11.F. RESIDENT ADVISORY BOARD (RAB) COMMENTS.

THE WILLIMANTIC HOUSING AUTHORITY DID NOT RECEIVE ANY COMMENTS ON THE PHA PLAN FROM THE RESIDENT ADVISORY BOARD.

11.G. CHALLENGED ELEMENTS.

THERE WERE NO ELEMENTS WITHIN THE WILLIMANTIC HOUSING AUTHORITY'S PLAN THAT WERE CHALLENGED BY RESIDENTS, STAFF, BOARD OF COMMISSIONERS OR THE GENERAL PUBLIC.

11 H & I. SEE ATTACHMENTS.

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 3/31/2014

Part I: Summary		Grant Type and Number		FFY of Grant: 2006	
PHA Name:		Capital Fund Program Grant No: CT26P010501-06		FFY of Grant Approval:	
Willimantic Housing Authority		Replacement Housing Factor Grant No:			
Date of CFFP:					
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010				<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Revised ²	Obligated	Total Actual Cost ¹
					Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40000	40000	40000	40000
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	35000	35000	35000	35000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30000	30000	30000	30000
8	1440 Site Acquisition				
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	151743.90	151743.90	151743.90	151743.90
11	1465.1 Dwelling Equipment—Nonexpendable	127164.10	127164.10	127164.10	127164.10
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				

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

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

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

Part I: Summary		FFY of Grant: 2006 FFY of Grant Approval:	
PHA Name: Willimantic Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P010501-06 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
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)	383908	383908
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		Signature of Public Housing Director	
Date 4/7/11		Date	

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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 3/31/2014

Part I: Summary		Grant Type and Number		FFY of Grant: 2007	
PHA Name:		Capital Fund Program Grant No: CT26P010501-07		FFY of Grant Approval:	
Willimantic Housing Authority		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010				<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended
		Revised ²			
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	30000	30000	30000	30000
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	35000	50000	50000	50000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22000	2287.20	2287.20	2287.20
8	1440 Site Acquisition				
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	20000	204712.80	204712.80	204712.80
11	1465.1 Dwelling Equipment—Nonexpendable	100087	100087	100087	100087
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				

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part I: Summary		FFY of Grant: 2007 FFY of Grant Approval:			
PHA Name: Willimantic Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P010501-07 Replacement Housing Factor Grant No: Date of CFFP:				
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Summary by Development Account <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Description	Original	Revised ²	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)	387087	387087	387087	387087
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 4/7/11		Signature of Public Housing Director	

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 3/31/2014

Part I: Summary		FFY of Grant: 2008 FFY of Grant Approval:	
PHA Name:	Grant Type and Number		
Williamantic Housing Authority	Capital Fund Program Grant No: CT26P010501-08 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	X Revised Annual Statement (revision no: 1) Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	40000	40000
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)	35000	35000
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	11330.56	11330.56
8	1440 Site Acquisition		
9	1450 Site Improvement	37087	0
10	1460 Dwelling Structures	264977	83130.10
11	1465.1 Dwelling Equipment—Nonexpendable	0	66478
12	1470 Non-dwelling Structures	227603.34	
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

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

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

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

Part I: Summary		FFY of Grant: 2008 FFY of Grant Approval:	
PHA Name: Willimantic Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P010501-08 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated
		Revised²	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)	397064	397064
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		Signature of Public Housing Director	
<i>[Signature]</i>		<i>[Signature]</i>	
Date		Date	
4/7/14		4/7/14	

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

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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name:		Willimantic Housing Authority	
Grant Type and Number Capital Fund Program Grant No: CT26P010501-09 (ARRA) Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		X Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
	Original	Obligated	
1	Total non-CFFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³		
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)	9571.79	9571.59
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	19408.90	19408.90
8	1440 Site Acquisition		
9	1450 Site Improvement	473623.31	473623.31
10	1460 Dwelling Structures		
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		

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

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

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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: Williamantic Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P010501-09 (ARRA) Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		X Revised Annual Statement (revision no: 1)	
X Performance and Evaluation Report for Period Ending: 12/31/2010		<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
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)	502604	502604
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		Signature of Public Housing Director	
<i>Michael J. White</i>		Date 4/7/11	
		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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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 3/31/2014

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name:		Grant Type and Number	
Willimantic Housing Authority		Capital Fund Program Grant No: CT26P010501-09 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	X Revised Annual Statement (revision no: 1)		
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010	<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
	Original	Obligated	
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³		
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)	35000	30000
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures		
11	1465.1 Dwelling Equipment—Nonexpendable	320963	168899
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	30000	30000
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

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⁴ RHF funds shall be included here.

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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: Willimantic Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P010501-09 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Revised Annual Statement (revision no: 1)		<input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Total Actual Cost ¹	
Line	Summary by Development Account	Total Estimated Cost	Expended
		Original	Revised²
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)	385963	233899
21	Amount of line 20 Related to LBP Activities		60000
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>Michael J. Westberg</i>		Date 4/17/11	Signature of Public Housing Director
			Date

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 3/31/2014

Part I: Summary		Grant Type and Number		FFY of Grant: 2010	
PHA Name:		Capital Fund Program Grant No: CT26P010501-10		FFY of Grant Approval:	
Willimantic Housing Authority		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		X Revised Annual Statement (revision no: 1)	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report	
X Performance and Evaluation Report for Period Ending: 12/31/2010		Summary by Development Account		Total Estimated Cost	
Line		Original	Revised ²	Obligated	Total Actual Cost ¹
					Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	30000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	20000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	320418	335418		
12	1470 Non-dwelling Structures	15000	0		
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2010 FFY of Grant Approval:	
PHA Name: Williamantic Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P010501-10 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	385418	
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	70000	85000
Signature of Executive Director		Date	Signature of Public Housing Director
		4/7/11	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ RHF funds shall be included here.

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 3/31/2014

Part I: Summary		Grant Type and Number		FFY of Grant: 2011	
PHA Name:		Capital Fund Program Grant No: CT26P010501-11		FFY of Grant Approval:	
Willimantic Housing Authority		Replacement Housing Factor Grant No:			
		Date of CFPP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
X Original Annual Statement		<input type="checkbox"/>		<input type="checkbox"/>	
Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹
		Original			Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	30000			
3	1408 Management Improvements	25000			
4	1410 Administration (may not exceed 10% of line 21)	35000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	150418			
11	1465.1 Dwelling Equipment—Nonexpendable	100000			
12	1470 Non-dwelling Structures	15000			
13	1475 Non-dwelling Equipment	30000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary		FFY of Grant: 2011 FFY of Grant Approval:	
PHA Name: Williamantic Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26F010501-11 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Revised ² Obligated
18a	1501 Collateralization of 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)	385418	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities	140418	
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	110000	
Signature of Executive Director <i>Michael J. Wallace</i>		Signature of Public Housing Director	Date 4/7/11
			Date

¹ To be completed for the Performance and Evaluation Report.
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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

Part I: Summary

PHA Name/Number		Locality (City/County & State)			X Original 5-Year Plan	Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal	Annual Statement	350418	350418	350418	350418
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		35000	35000	35000	35000
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total	385418	385418	385418	385418	385418

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 7/2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Willimantic Housing Authority

CT010

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20_11_ - 20_16_

Annual PHA Plan for Fiscal Years 20_11_ - 20_12_

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Michael J. Westerfield	Executive Director
Signature 	Date 4/1/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Willimantic

Program/Activity Receiving Federal Grant Funding

Public Housing Program

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

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

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

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

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

(1) Abide by the terms of the statement; and

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

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

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

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

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

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

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

Name of Authorized Official

Michael J. Westerfield

Title

Executive Director

Signature

X

Date

4/11/2011

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of Willimantic

Program/Activity Receiving Federal Grant Funding

Capital Improvements

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

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

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

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

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

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

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

Name of Authorized Official

Michael J. Westerfield

Title

Executive Director

Signature

Date (mm/dd/yyyy)

4/1/11

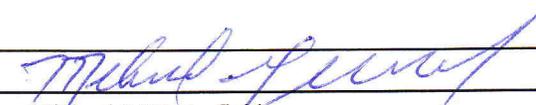
DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

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

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Housing Authority of the City of Willimantic 49 West Avenue Willimantic, CT 06226 Congressional District, if known:	
6. Federal Department/Agency: Dept. of Housing & Urban Development	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known: Unknown	9. Award Amount, if known: \$ N/A	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> NAHRO New England NAHRO ConnNAHRO	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> N/A	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: Michael J. Westerfield Title: Executive Director Telephone No.: 860-456-1413 Date: 4/1/2011	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

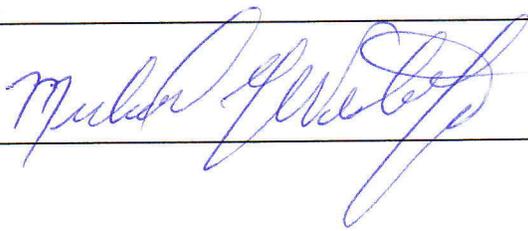
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Willimantic Housing Authority

CT010

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official Michael J. Westerfield	Title Executive Director
Signature 	Date 4/1/2011

Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan

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

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Ronald F. Angelo, Jr., Deputy Comm. of the CT Dept. of Econ. and Comm. Dev. certify that the Five Year and
Annual PHA Plan of the Willimantic Housing Authority is consistent with the Consolidated Plan of
the State of Connecticut prepared pursuant to 24 CFR Part 91.

 5-10-11

Signed / Dated by Appropriate State or Local Official