

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Dover Housing Authority</u> PHA Code: <u>DE002</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2011</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>287</u> Number of HCV units: <u>220</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" 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
	PHA 1:				PH HCV
	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> The Dover Housing Authority is committed to encouraging low income families to achieve economic self-sufficiency by providing services and programs that empower families. The ultimate mission of the Authority is to provide safe, decent, sanitary housing to low income families in the City of Dover.				
<b>5.2</b>	<b>Goals and Objectives.</b> The goals and objectives of the Dover Housing Authority are to expand the supply of assisted housing. This includes the leverage of private or other public funds to create additional housing opportunities and to acquire or build additional units and/or developments. We also want to improve the quality of assisted housing by improving a number of various aspects of the company. We will begin by improving public housing management (PHAS score) 85 and continue improving voucher management. We will also increase customer satisfaction, concentrate on efforts to improve specific management functions, renovate or modernize our public housing units and demolish or dispose of obsolete public housing units. Another PHA goal is to promote self-sufficiency of assisted households. We will reach this goal by increasing the number and percentage of employed persons in assisted families, provide or attract supportive services to improve assistance recipients' employability, and provide or attract supportive services to increase independence for the elderly or families with disabilities. Finally, we want to ensure equal opportunity in Housing for all Americans. We will ensure equal opportunity and affirmatively further fair housing by undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability. We will also undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability. Lastly, we will undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.				
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None (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. <i>Dover Housing Authority Administrative Office 76 Stevenson Drive Dover, DE 19901</i>				
<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>In 1993, the Dover Housing Authority introduced its Affordable Home Ownership Program (AHOP) with thirty (30) scattered-site units through its Public Housing Program. Today Dover Housing Authority's Affordable Home Ownership Program is flourishing and continuing to make strides, having made homeownership a reality for twenty-three (23) families in the City of Dover through partnerships with housing counseling agencies, providing homeownership seminars, credit counseling and budgeting seminars.</i>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				

8.1	<p><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.</p> <p><input checked="" type="checkbox"/> The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan</p>
8.2	<p><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.</p> <p>a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><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.</p>

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

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**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	151	NA	NA	NA	NA	5	NA
Income >30% but <=50% of AMI	24	5	NA	NA	NA	5	NA
Income >50% but <80% of AMI	9	5	NA	NA	NA	5	NA
Elderly	21	NA	NA	NA	NA	5	NA
Families with Disabilities	60	NA	NA	NA	NA	NA	NA
Race/Ethnicity	51	NA	NA	NA	NA	NA	NA
Race/Ethnicity	136	NA	NA	NA	NA	NA	NA
Race/Ethnicity	1	NA	NA	NA	NA	NA	NA
Race/Ethnicity	2	NA	NA	NA	NA	NA	NA

9.0

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

Waiting list type: (select one)

Section 8 tenant-based assistance

Public Housing

Combined Section 8 and Public Housing

Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/sub jurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	621		
Extremely low income <=30% AMI	151	24%	
Very low income (>30% but <=50% AMI)	24	4%	
Low income (>50% but <80% AMI)	10	2%	
Families with children	381	61%	
Elderly families	21	3%	
Families with Disabilities	60	10%	
Race/ethnicity- (Caucasian)	51	8%	
Race/ethnicity- (African American)	136	22%	
Race/ethnicity- (Amer. Ind/ Alaska Native)	1	<1%	
Race/ethnicity- (Hispanic)	58	9%	
Race/ethnicity- Asian Families	2	<1%	

Characteristics by Bedroom Size (Public Housing Only)			
0 BR	32	5%	
1BR	232	37%	
2 BR	262	42%	
3 BR	67	11%	
4 BR	22	3%	
5 BR	6	<1%	
5+ BR	0		
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
<b>HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?</b>			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	641		
Extremely low income <=30% AMI	449	70%	
Very low income (>30% but <=50% AMI)	149	23%	
Low income (>50% but <80% AMI)	34	5%	
Families with children	416	71%	
Elderly families	25	4%	
Families with Disabilities	21	3%	
Race/ethnicity- (Caucasian)	107	17%	
Race/ethnicity- (African American)	520	82%	
Race/ethnicity- Amer. Ind/ Alaska Native	6	<1%	
Race/ethnicity- (Hispanic)	37	6%	
Race/ethnicity- Asian Families	3	<1%	
Race/ethnicity-(Pacific Islander)	2	<1%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			

<b>Housing Needs of Families on the Waiting List</b>			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: <b>HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? 16</b> Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>9.1</b>	<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>The authority will give preference in the selection of tenants as noted below:</p> <ol style="list-style-type: none"> <li>6. Federal Disaster Victims that are current participants.</li> <li>6. Victims of Domestic Violence.</li> <li>5. Federal Disaster Victims that are not current participants.</li> <li>4. Living in Dover and Working in Dover.</li> <li>4. Living in Dover and elderly or disabled.</li> <li>3. Working in Dover and living anywhere.</li> <li>3. Living in Dover and working anywhere.</li> <li>2. Not living in Dover and elderly or disabled.</li> <li>1. Living in Dover not working.</li> <li>0. Not living in Dover not working.</li> </ol>
<b>10.0</b>	<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>(b) Significant Amendment and Substantial Deviation/Modification.            Pursuant to 24 CFR Part 903.7, the criteria for a significant amendment or modification to the Five-Year Plan or Annual Plan is:</p> <ul style="list-style-type: none"> <li>▪ Changes to rent or admissions policies or the organization of the waiting list; or</li> <li>▪ The elimination of, or reduction in, programs or services to residents due to the administrative convenience of DHA; or</li> <li>▪ A material change in an approved policy that affect services to residents; or</li> <li>▪ Additions of non-emergency work items when the dollar amounts exceed 10% of the Capital Fund budget or the amount of replacement reserve funds that exceed 10% of the annual Capital Funds Budget.</li> </ul> <p>The criteria for a substantial deviation and significant amendment or modification DO NOT include:</p> <ul style="list-style-type: none"> <li>▪ A change in funding or other resources due to factors beyond the control of DHA;</li> <li>▪ The elimination of, or reduction in, funding due to the results of an authorized assessment of DHA’s performance; or</li> <li>▪ The adoption of a new policy pursuant to HUD authorized programs or regulations;</li> <li>▪ Addition of work items considered to benefit the safety and security of DHA assets, its residents, and/or the community.</li> </ul>

<b>11.0</b>	<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> <ul style="list-style-type: none"> <li>(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)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(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.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
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**Public Housing Homeownership Activity Description**  
**Complete one for each development affected**

1a. Development name: Scattered Sites  
1b. Development (project) number: DE26-P002-009

2. Federal Program authority:  
 HOPE I  
 5(h)  
 Turnkey III  
 Section 32 of the USHA of 1937 (effective 10/1/99)

3. Application status: (select one)  
 Approved; included in the PHA's Homeownership Plan/Program  
 Submitted, pending approval  
 Planned application

4. Date Homeownership Plan/Program approved, submitted, or planned for submission:  
(DD/MM/YYYY) 05-16-1994

5. Number of units affected: 1

Coverage of action: (select one)  
 Part of the development  
 Total Development

**Public Housing Homeownership Activity Description**  
**Complete one for each development affected**

1a. Development name: Scattered Sites  
1b. Development (project) number: DE26-P002-010

2. Federal Program authority:  
 HOPE I  
 5(h)  
 Turnkey III  
 Section 32 of the USHA of 1937 (effective 10/1/99)

3. Application status: (select one)  
 Approved; included in the PHA's Homeownership Plan/Program  
 Submitted, pending approval  
 Planned application

4. Date Homeownership Plan/Program approved, submitted, or planned for submission:  
(DD/MM/YYYY) 05-16-1994

5. Number of units affected: 3

Coverage of action: (select one)  
 Part of the development  
 Total Development

**Public Housing Homeownership Activity Description**  
**Complete one for each development affected**

1a. Development name: Scattered Sites  
1b. Development (project) number: DE26-P002-011

2. Federal Program authority:  
 HOPE I  
 5(h)  
 Turnkey III  
 Section 32 of the USHA of 1937 (effective 10/1/99)

3. Application status: (select one)  
 Approved; included in the PHA's Homeownership Plan/Program  
 Submitted, pending approval  
 Planned application

4. Date Homeownership Plan/Program approved, submitted, or planned for submission:  
(DD/MM/YYYY) 05-16-1994

5. Number of units affected: 0

Coverage of action: (select one)  
 Part of the development  
 Total Development

**Public Housing Homeownership Activity Description**  
**Complete one for each development affected**

1a. Development name: Scattered Sites  
1b. Development (project) number: DE26-P002-012

2. Federal Program authority:  
 HOPE I  
 5(h)  
 Turnkey III  
 Section 32 of the USHA of 1937 (effective 10/1/99)

3. Application status: (select one)  
 Approved; included in the PHA's Homeownership Plan/Program  
 Submitted, pending approval  
 Planned application

4. Date Homeownership Plan/Program approved, submitted, or planned for submission:  
(DD/MM/YYYY) 05-16-1994

5. Number of units affected: 1

Coverage of action: (select one)  
 Part of the development  
 Total Development

**Public Housing Homeownership Activity Description**  
**Complete one for each development affected**

1a. Development name: Scattered Sites  
1b. Development (project) number: DE26-P002-014

2. Federal Program authority:  
 HOPE I  
 5(h)  
 Turnkey III  
 Section 32 of the USHA of 1937 (effective 10/1/99)

3. Application status: (select one)  
 Approved; included in the PHA's Homeownership Plan/Program  
 Submitted, pending approval  
 Planned application

4. Date Homeownership Plan/Program approved, submitted, or planned for submission:  
(DD/MM/YYYY) 05-16-1994

5. Number of units affected : 2

Coverage of action: (select one)  
 Part of the development  
 Total Development

## Resident Advisory Board 2010

Betty Schoolfield  
Carlisa Chandler  
Carolyn Rhodes  
Catherine Kiser  
Charlotte Waters  
Crystal Moore  
Cynthia Morris  
Daisy West  
Darlene Johnson  
Diamond Madison  
Doris Berry  
Dorothy Purnell  
Elaine Ewing  
Gail Tolbert  
Jerry Singletary  
Jessica Singletary  
Karen Masten  
Kathy Brown  
Martha Wright  
Minnie Fedd  
Nakia Mosley  
Nikita Barnaby  
Pamela Smith  
Rhonda Reid  
Ruby Riley  
Shani Brown  
Shinell Kelly  
Takessa Henry

\*\*In addition a Public Comment period and Public Hearing notice were published in the local newspaper. DHA did not receive any comments.

Dover Housing Authority's  
Capacity to Operate the Section 8  
Homeownership Program

A minimum down payment of at least 3% of purchase price will be required. In addition, the family must pay at least 1% of the purchase price from the family's personal resources.

Dover Housing Authority will require that financing be provided, insured or guaranteed by state or federal government and will comply with acceptable underwriting standards.

# Voluntary Conversion of Developments From Public Housing

## Initial Assessment- Dover Housing Authority

### **Colonial Gardens & Hayes Circle**

Conversion of Colonial Gardens is not feasible; additional Housing Choice Vouchers are not included in the City of Dover's Consolidated Plan. The City does not want additional Section 8 vouchers due to the fact that DHA shares jurisdiction within the City with Delaware State Housing Authority. City Council feels that the City currently supports an adequate number of Section 8 tenant vouchers.

### **Senate View**

Conversion of Senate View is not feasible; additional Housing Choice Vouchers are not included in the City of Dover's Consolidated Plan. The City does not want additional Section 8 vouchers due to the fact that DHA shares jurisdiction within the City with Delaware State Housing Authority. City Council feels that the City currently supports an adequate number of Section 8 tenant vouchers.

### **Queen Manor**

This development is not a general occupancy development; therefore, it is exempt from conversion.

### **Manchester Square & Manchester Circle**

Conversion of Manchester is not feasible; additional Housing Choice Vouchers are not included in the City of Dover's Consolidation Plan. The City does not want additional Section 8 vouchers due to the fact that DHA shares jurisdiction within the City with Delaware State Housing Authority. City Council feels that the City currently supports an adequate number of Section 8 tenant vouchers.

### **Derby Estates I & II**

Conversion of Derby Estates is not feasible; additional Housing Choice Vouchers are not included in the City of Dover's Consolidation Plan. The City does not want additional Section 8 vouchers due to the fact that DHA shares jurisdiction within the City with Delaware State Housing Authority. City Council feels that the City currently supports an adequate number of Section 8 tenant vouchers.



# Pet Policy

It is the policy of Dover Housing Authority to allow pets in all family units, under the following conditions:

1. Only one dog, cat or pet is allowed per bedroom per apartment.
2. No pets are to be left unattended on patios, balconies or tied up outdoors.
3. The following charges or deposits will be required if a pet is maintained:
  - **A non-refundable pet fee of \$20.00.** This fee will cover reasonable costs relating to the presence of pets. This fee will be added to the first month's rent and the first month of each annual renewal. The pet security deposit is considered an additional security deposit under the lease.
  - **A refundable pet deposit of \$100.00.** This amount is refundable only if the apartment is vacated without damage caused by a pet. Otherwise, the cost to correct any damage caused by a pet will be deducted from the deposit and the balance, if any, will be returned.
4. The following rules and regulations apply to all pet owners:
  - **Licenses:** all pets are required to be licensed according to Delaware State Law. A copy of the license must be provided to management.
  - **Vaccinations:** All pets are required to receive appropriate vaccinations according to Delaware State Law. A copy of the vaccination record must be provided to management.
  - **Leashes:** All pets outside of the apartment must be kept on a lease. This applies to cats as well as dogs. The pet is not permitted to roam the property unattended.
  - **Restricted Areas:** All pets are excluded from laundry rooms, playgrounds and recreational areas.
  - **Cleanup: Animal wastes are a danger to health and sanitation.** All pet owners are required to cleanup after their animals whether they are inside the apartment or outside on the grounds. Cat litter may not be disposed of in toilets. Cat litter may not be dropped down trash chutes unless securely bagged.
  - **Noise:** All pets are subject to local noise ordinances and may not disturb other residents.
  - **Temporary Pets:** No pets are allowed on a temporary basis. Residents are responsible for their pets.
  - **Dangerous Breeds:** Management in its sole discretion, may deny occupancy to animal breeds it deems unacceptable to apartment living. Any breed that is considered a dangerous breed by the American Kennel Association is prohibited in DHA units.
  - **Exotic Pets:** Exotic pets are to be registered with the Department of Agriculture, as required by law. A copy of the USDA registration must be on file with Dover Housing Authority.

- **Termination:** Management can cancel the Pet Agreement at will if management, in its sole discretion, deems the agreement to have been violated.
- **Breeding:** Pets shall not be kept, bred or used for any commercial purpose.
- **Lease Addendum:** All residents who have pets are required to register the pet with the Dover Housing Authority and sign the Lease Addendum Pet Disclosure Agreement. A violation of this agreement is considered a lease violation.

Notwithstanding any provision herein, people with visual, hearing and physical disabilities may keep certified guide dogs or service dogs in their apartments. Further, nothing herein shall hinder full access to the apartments and the common areas by persons with disabilities assisted by service animals.

## Community Service Requirement for Public Housing Residents

Adult residents of public housing will be required to perform eight hours of community service each month, or participate in a self-sufficiency program for at least eight hours every month. The following residents will be exempt from this requirement:

1. Elderly persons
2. Disabled persons
3. Employed persons
4. Persons exempted from work requirements under State of Delaware welfare to work programs.
5. Persons receiving assistance under a State program that have not been found to be in noncompliance with such a program.

DHA will determine compliance annually, 30 days prior to the expiration of the lease. If DHA determines that the resident is not in compliance, the resident will be notified of noncompliance and that the determination is subject to administrative grievance procedures. The resident's lease will not be renewed unless the resident enters into an agreement with DHA to make up the missed hours by participating in a self-sufficiency program or contributing to community service.

Residents who are required to perform eight hours of Community Service will satisfy this requirement by working directly for the Dover Housing Authority in the following capacities:

- Performing routine clerical duties
- Manning the information desk at Queen Manor
- Housekeeping chores
- Maintenance chores, yard cleanup etc.

Tracking and monitoring the Community Service volunteers will be the responsibility of the DHA Secretary/Office Manager. Residents will be informed of the policy in the DHA December 2000 issue of the Newsletter.

All residents who are exempted from the Community Service policy will be notified in December 2000. Residents will be given a choice of either performing Community Service or enrolling in the Family Self-Sufficiency Program. Tracking of compliance will begin in January 2001.

# Deconcentration Plan

For  
Dover Housing Authority

## **Purpose:**

This plan was developed to specify the steps Dover Housing Authority will take in order to reduce the concentration of lower income and higher income public housing tenants in particular developments, should they exist and to affirmatively further fair housing.

## **Steps necessary to deconcentrate poverty in DHA developments:**

Step 1: DHA will annually determine the average income of all families residing in all of its developments.

Step 2: Since all of DHA developments contain less than 100 units and all buildings house no more than 7 families, it is not necessary to determine the average income of residents by building.

Step 3: Determine which developments have an average income higher than the average for general occupancy developments. The developments will be designated “higher income developments”. Determine which developments have an average income lower than the average for general developments. These developments will be designated lower income developments”.

Step 4: Determine which families on the waiting list have incomes higher than the DHA-wide average income for general occupancy developments and which families have incomes lower than the DHA-wide average income for general occupancy developments.

Step 5: When a unit becomes available for occupancy in a higher income development, DHA will skip families on the waiting list if necessary to reach a lower income family to whom DHA will offer the unit. When a unit becomes available for occupancy in a lower income development, DHA will skip families on the waiting list if necessary to reach a higher income family to whom DHA will offer the unit.

## **Fair Housing Requirements:**

All admission and occupancy policies for public housing and Section 8 tenant-based Housing programs will comply with Fair Housing Act requirements and regulations for affirmatively furthering fair housing. DHA will not require any specific income or racial quotas for any development or developments.

DHA will carry out its Deconcentration Plan in conformity with the nondiscrimination requirements in Federal civil rights laws. DHA will not assign a person to a particular section of a development or building based on race, color religion, sex, disability, familial status or national origin for purposes of segregating populations.

DHA policies that govern eligibility, selection and admissions have been designed to Reduce racial and national origin concentrations.

# Dover Housing Authority

## Organizational Chart

Board of Commissioners

Executive Director

Housing Management Specialist

Occupancy Department	Accounting Department	Maintenance Department	Facilities/Construction	Resident Services
Housing Specialist III	Fee Accountant	Maintenance Mechanic	Project Manager	FSS Coord.
Housing Specialist II	Accounting Tech	Maintenance Aide I	Admin Asst	
Housing Specialist I	Admin Asst	Maintenance Aide I		
Housing Specialist I		Maintenance Aide I		
Housing Specialist I		Maintenance Aide		
Clerk Typist I		Maintenance Laborer		
Clerk Typist I		Maintenance Laborer		
Clerk Typist Trainee		Maintenance Trainee		
Clerk Typist Trainee		Maintenance Trainee		
		Clerk Typist		

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>Grant Type and Number</b>		<b>FY of Grant: 2006</b>	
PHA Name: Dover Housing Authority		Capital Fund Program Grant No: DE26P002501-06		FFY of Grant Approval:	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	Summary by Development Account	Original	Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup>
				Total Estimated Cost	Revised <sup>2</sup>	
1		Total non-CFP Funds				
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	49,421	49,421	49,421	49,421
3		1408 Management Improvements	95,000	93,767	93,767	93,767
4		1410 Administration (may not exceed 10% of line 21)	49,421	46,942	46,942	46,942
5		1411 Audit				
6		1415 Liquidated Damages				
7		1430 Fees and Costs				
8		1440 Site Acquisition				
9		1450 Site Improvement	75,000	45,703	45,703	42,544
10		1460 Dwelling Structures	185,000	207,834	207,834	197,433
11		1465.1 Dwelling Equipment—Nonexpendable	0			
12		1470 Non-dwelling Structures	20,000			
13		1475 Non-dwelling Equipment	10,000	25,760	25,760	25,760
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.

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Part I: Summary		FFY of Grant: 2006	
PHA Name: Dover Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: DE26P002501-06 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: 06/30/2010 <input type="checkbox"/> Revised Annual Statement (revision no: ) <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>
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)	10,370	
20	Amount of Annual Grant: (sum of lines 2 - 19)	494,212	469,427
21	Amount of line 20 Related to LBP Activities		469,427
22	Amount of line 20 Related to Section 504 Activities		10,000
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		140,000
25	Amount of line 20 Related to Energy Conservation Measures	125,000	38,179
Signature of Executive Director		Date	Signature of Public Housing Director
		01/15/2010	
			Date

<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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2006				
PHA Name: Dover Housing Authority		Capital Fund Program Grant No: DE26P002501-06 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HAX-WIDE	Operations	1406		49,421	49,421	49,421	49,421	Comp
HA-WIDE	Computer software upgrades	1408	1	15,000	16,927	16,927	16,927	Comp
HA-WIDE	Drug elim activities/BGC, NIKE WOW	1408	1	25,000	38,252	38,252	38,252	Comp
HA-WIDE	Staff training	1408	5	15,000	13,588	13,588	13,588	Comp
HA-WIDE	Resident employment training	1408	2	40,000	25,000	25,000	25,000	Comp
HAX-WIDE	Admin Salaries/Benefits	1410		49,421	46,942	46,942	46,942	Comp
DE26P002001, DE26P002002, DE26P002003 & DE26P002004	Improve curb appeal through planting of add'l trees, shrubs, mulching; improvement of retainage pond area. (FORCE ACCT)	1450	6 devs	5,000	36,677	36,677	33,518	In Progress
DE26P002001	Replace sidewalks/ tripping hazards	145	1 dev	40,000	0	0	0	City of Dover to do
DE26P002001 & DE26P002002	Construct bus shelters	1450	6	30,000	0	0	0	Eliminated, attractive nuisance
DE26P002001	Blacktop playgroup/upgrade	1450	1 dev	0	9,026	9,026	9,026	COMP
DE26P002003	Replace carpet	1460	1 bldg/ 50 units	50,000	0	0	0	Moved to 701- 05
DE26P002001, DE26P002002 & DE26P002003	Section 504 improvements (FORCE ACCT)	1460	5 units	10,000	9,734	9,734	9,734	COMP
DE26P002002	Install central air conditioning systems	1460	25 units	125,000	0	0	0	Moved to 501- 08
DE26P002001	Roof upgrade	1460	60 units	0	37,376	37,376	37,376	COMP
DE26P002002	Bathroom upgrades	1460	76 baths	0	74,333	74,333	63,932	Funibility
DE26P002002	Replace carpet in Admin bldg	1470	1	20,000	0	0	0	Moved to 701- 05
DE26P002004	Equipment upgrades	1475	10	10,000	25,760	25,760	25,760	COMP



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**Part I: Summary**

PHA Name: Dover Housing Authority

Grant Type and Number: Capital Fund Program Grant No. DE26F002502-06  
 Replacement Housing Factor Grant No. \_\_\_\_\_  
 Date of CFFP: \_\_\_\_\_

FFY of Grant: 2007  
 FFY of Grant Approval: \_\_\_\_\_

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Final Performance and Evaluation Report	Original	Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup>
				Total Estimated Cost	Revised <sup>2</sup>	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		1,385		1,385	1,385
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)		1,385		1,385	1,385
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		11,099		11,099	11,099
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> RHP funds shall be included here.

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<b>Part I: Summary</b>		FFY of Grant: 2007	
PHA Name: Dover Housing Authority	Grant Type and Number Capital Fund Program Grant No. DE26P002502-06 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Type of Grant  
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 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)	13,869		13,869	
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	11,099			
Signature of Executive Director		Date	Signature of Public Housing Director		Date
<i>[Signature]</i>		10/15/2010			

<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.



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<b>Part I: Summary</b>		<b>Grant Type and Number</b>	
PHA Name: Dover Housing Authority		Capital Fund Program Grant No: DE26P002501-07	
		Replacement Housing Factor Grant No:	
		Date of CFFP:	

Line	Type of Grant	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>
			Revised <sup>2</sup>	Expanded		
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	47,115	47,115		47,115	47,115
3	1408 Management Improvements	93,885	93,885		93,885	93,885
4	1410 Administration (may not exceed 10% of line 21)	47,115	47,115		47,115	47,115
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	82,500	33,806		33,806	33,806
10	1460 Dwelling Structures	5,000	29,062		29,062	27,763
11	1465.1 Dwelling Equipment—Nonexpendable	173,788	213,045		213,045	213,045
12	1470 Non-dwelling Structures	0				
13	1475 Non-dwelling Equipment	10,000	7,151		7,151	7,151
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.

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<b>Part I: Summary</b>		<b>FFY of Grant: 2007</b>	
<b>PHA Name:</b> Dover Housing Authority	<b>Grant Type and Number:</b> Capital Fund Program Grant No: DE26P002501-07 Replacement Housing Factor Grant No: Date of CFP:	<b>FFY of Grant Approval:</b>	

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

Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	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)	11,776	0	0	0	
20	Amount of Annual Grant: (sum of lines 2 - 19)	471,179	471,179	471,179	469,880	
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		10,000			
24	Amount of line 20 Related to Security - Hard Costs		15,000			
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date		Signature of Public Housing Director		Date
<i>[Signature]</i>		10/15/2010				

<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.

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2007			
PHA Name: Dover Housing Authority		Capital Fund Program Grant No: DE26P002501-07 CFPP (Yes/No): Yes Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
HA-WIDE	Operations	1406	47,115	47,115	47,115	Comp	
HA-WIDE	Additional Police Patrols	1408	0	6,897	6,897	Emergency item- (2) shootings in dev	
HA-WIDE	Drug Prevention After School Program	1408	23,885	29,589	29,589	Comp	
HA-WIDE	Staff training	1408	15,000	17,399	17,399	Comp	
HA-WIDE	Resident employment training	1408	2	40,000	40,000	Comp	
HA-WIDE	Admin Salaries/Benefits	1410	47,115	47,115	47,115	Comp	
DE26P002001, DE26P002002, DE26P002003 & DE26P002004	Improve curb appeal through planting of add'l trees, shrubs, mulching, etc., (FORCE ACCT)	1450	6 devs	5,000	33,806	33,806	COMP
DE26P002004	Construct retaining walls	1450	1 dev	0	0	0	Moved to future
DE26P002001	Additional pole lights	1450	4 devs	10,000	0	0	Moved to future
HAX-WIDE	Playground upgrade	1450	1 dev	0	0	0	Moved 50106
DE26P002001	upgrade exterior vinyl	1460	5 units	5,000	0	0	Moved to future
DE26P002004	Upgrade smoke detectors to code	1460	73 units	0	2,679	1,380	In progress
DE26P002001 & DE26P002002	Install deadbolts (FORCE ACCT)	1460	22 units	0	0	0	Moved to future
DE26P002001	Repairs to unit w/ vehicle damage	1460	1 unit	0	26,383	26,383	Comp
DE26P002001	Office equipment upgrades	1475	1 dev	10,000	7,151	7,151	COMP
DE26P002002	Contingency	1502		11,776	0	0	Moved to 1450
HAX-WIDE	Computer software upgrades	1408	5	15,000	0	0	Absorb by operations
DE26P002002	Construct bus shelter	1450	1	10,000	0	0	Eliminated- attractive nuisance
DE26P002001	Repair parking lot	1450	1 dev	20,000	0	0	Moved to 5-yr



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Part I: Summary

PHA Name: Dover Housing Authority	Grant Type and Number Capital Fund Program Grant No: DE26P002501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval:
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Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending: 06/30/2010  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>		Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	47,115	59,258	59,258	59,258	
3	1408 Management Improvements	94,149	96,000	88,292	85,552	
4	1410 Administration (may not exceed 10% of line 21)	47,115	48,332	48,332	48,332	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	5,000	13,234	12,410	9,656	
10	1460 Dwelling Structures	88,800	88,800	21,242	21,242	
11	1465.1 Dwelling Equipment—Nonexpendable	179,000	21,766	21,766	21,766	
12	1470 Non-dwelling Structures	0				
13	1475 Non-dwelling Equipment					
14	1485 Demolition	10,000	155,932	12,072	12,072	
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.

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<b>Part I: Summary</b>		FFY of Grant: 2008	
PHA Name: Dover Housing Authority	Grant Type and Number Capital Fund Program Grant No: DE26P002501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Type of Grant  Original Annual Statement  Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: 06/30/2010  Revised Annual Statement (revision no: )  
 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)		0	0	0	
20	Amount of Annual Grant: (sum of lines 2 - 19)	471,179	483,322	263,372	257,878	
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 Executing Director		Date		Signature of Public Housing Director		Date
<i>[Signature]</i>		10/15/2010		<i>[Signature]</i>		

<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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2008				
PHA Name: Dover Housing Authority		Capital Fund Program Grant No: DE26P002501-08						
		CFPP (Yes/No): Yes						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-WIDE	Operations	1406		47,115	59,258	59,258	59,258	Comp
HA-WIDE	Additional Police Patrols	1408	5 devs	15,000	15,000	7,092	7,092	In process
HA-WIDE	Drug Prevention After School Program	1408	2 devs	24,149	26,000	26,000	23,260	In process
HA-WIDE	Staff training	1408	5	15,000	15,000	15,200	15,200	Comp
HA-WIDE	Resident employment training	1408	2	40,000	40,000	40,000	40,000	Comp
HAX-WIDE	Admin Salaries/Benefits	1410		47,115	48,332	48,332	48,332	Comp
DE26P002001, DE26P002002, DE26P002003 & DE26P002004	Improve curb appeal through new plantings, new turf, (FORCE ACCT)	1450	6 devs	5,000	13,234	12,410	9,656	In process
DE26P002002 & DE26P002003	A/Cs in units	1465	2 devs	179,000	0			Stand alone units
DE26P002001, DE26P002002, DE26P002003 & DE26P002004	Upgrade smoke detectors to code	1460	192 units	88,800	88,800	21,242	21,242	Contract executed
DE26P002002	Office equipment upgrades	1475	3 devs	10,000	10,000	12,072	12,072	To keep up with technology; upgrades to computers
DE26P002001	Install security cameras	1475	1 dev	0	145,932			Moved from 5-yr plan/PNA
	Contingency	1502		0	0			
DE26P002003	Upgrade HWH to res bldg	1465	2	0	21,766	21,766	21,766	Moved from original 50109

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Part I: Summary

PHA Name: Dover Housing Authority	Grant Type and Number Capital Fund Program Grant No: DE26P00250109 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: 2009 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>		
1	<input type="checkbox"/> Reserve for Disasters/Emergencies	Total non-CFP Funds				
2	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Final Performance and Evaluation Report	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	96,660	96,660	96,660	96,660
3		1408 Management Improvements	103,000	103,000	93,000	75,791
4		1410 Administration (may not exceed 10% of line 21)	51,954	51,954	51,954	51,954
5		1411 Audit				
6		1415 Liquidated Damages				
7		1430 Fees and Costs		57,400	53,162	
8		1440 Site Acquisition				0
9		1450 Site Improvement		55,000	25,000	
10		1460 Dwelling Structures	75,000	100,000	4,238	875
11		1465.1 Dwelling Equipment-Nonexpendable	80,000	0		
12		1470 Non-dwelling Structures	75,000	50,000		
13		1475 Non-dwelling Equipment	15,000	0		
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.

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<b>Part I: Summary</b>				FFY of Grant: 2009		
PHA Name: Dover Housing Authority		Grant Type and Number Capital Fund Program Grant No: DE26P00250109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	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)	22,935	5,535			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	519,549	519,549	324,014	225,280	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities	50,000	50,000			
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	95,000	95,000			
Signature of Executive Director Ami Sebastian-Hauer		Signature of Public Housing Director		Date		
Date						

<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 CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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Part II: Supporting Pages

PHA Name: Dover Housing Authority		Grant Type and Number Capital Fund Program Grant No: DE26P00250109 CFPP (Yes/ No): Yes Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HAX	OPERATIONS	1406	1	96,660	96,660	96,660,	96,660	COMP
HAX	YOUTH PROGRAMS--drug prevention programs that promote education and anti-drug activities	1408	2 programs	46,000	56,000	46,000	46,000	IN PROG
HAX	STAFF TRAINING--to ensure staff have up-to-date knowledge of regulations and policy changes	1408	10 staff	20,000	0	0	0	0
HAX	RESIDENT EMPLOYMENT TRAINING--employment and education on-the-job training for adults and for one youth	1408	2 programs	37,000	47,000	47,000	29,791	IN PROG
HAX	ADMINISTRATION--salaries/benefits	1410		51,954	51,954	51,954	51,954	COMP
DE26P002001	INSTALL SPLASH BLOCKS	1450	57 units	0	15,000			
DE26P002001	INSTALL WATER SHUTOFF CURB BOXES	1450	57 BOXES	0	15,000			
DE26P002001	IMPROVE SITE LIGHTING FOR SECURITY - NON DEWELLING	1450	10 light posts	0	25,000	25,000		NOT STARTED
DE26P002001	R/R UPGRADE HEATER DOORS	1460	75 units	30,000	30,000			
DE26P002001	UPGRADE ELEC METERS TO DIGITAL	1460	132 units		40,000	4,238	875	IN PROG
HAX	INSTALL CABLE OUTLETS IN ALL ROOMS	1460	294 units	30,000	30,000			
COCC	UPGRADE ENTRANCE FOR IMPROVED SECT 504/ADA COMPLIANCE	1470	1 bldg	50,000	50,000			
DE26P002001	INSTALL WATER SHUTOFF CURB BOXES	1475	57 boxes	15,000	0			moved to 1450



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> DOVER HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: DE26002501-10 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	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>			52,116			
3	1408 Management Improvements			73,762			
4	1410 Administration (may not exceed 10% of line 21)			52,116			
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition			10,000			
9	1450 Site Improvement						
10	1460 Dwelling Structures			25,000			
11	1465.1 Dwelling Equipment—Nonexpendable			233,900			
12	1470 Non-dwelling Structures			0			
13	1475 Non-dwelling Equipment						
14	1485 Demolition			50,000			
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>			18,000			

<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

**Part I: Summary**

PHA Name: <b>DOVER HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: DE26002501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:
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Type of Grant  
 Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Performance and Evaluation Report for Period Ending: 06/30/2010

Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	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)		6,274				
21	Amount of line 20 Related to LBP Activities			521,168			
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				233,900		

Signature of Executive Director **Ami Sebastian Hauer**  
 Date *10/15/2010* Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<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> DOVER HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No. DE26002501-11 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval:</b>	
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>
				Revised <sup>2</sup>	Final Performance and Evaluation Report		
1		Total non-CFP Funds					
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	52,116				
3		1408 Management Improvements	104,230				
4		1410 Administration (may not exceed 10% of line 21)	52,116				
5		1411 Audit					
6		1415 Liquidated Damages					
7		1430 Fees and Costs	25,000				
8		1440 Site Acquisition					
9		1450 Site Improvement					
10		1460 Dwelling Structures	269,706				
11		1465.1 Dwelling Equipment—Nonependable					
12		1470 Non-dwelling Structures	0				
13		1475 Non-dwelling Equipment					
14		1485 Demolition					
15		1492 Moving to Work Demonstration					
16		1495.1 Relocation Costs	18,000				
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

Part I: Summary

PHA Name: DOVER HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: DE26002501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:
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Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending:       Revised Annual Statement (revision no: )  
 Summary by Development Account       Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Expended
		Total Estimated Cost		Total Actual Cost <sup>1</sup>	
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)	521,168			
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 Arni Sebastian Hauer		Signature of Public Housing Director			
Date: <i>Arni Sebastian Hauer</i>		Date: <i>10/15/2010</i>			

<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

**Part I: Summary**

PHA Name: <b>DOVER HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No. DE26S00250109 Replacement Housing Factor Grant No. Date of CFFP:	FFY of Grant: FFY of Grant Approval:
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	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			61,179		61,179	24,417
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition			30,000		30,000	23,455
9	1450 Site Improvement						
10	1460 Dwelling Structures			25,000		25,000	0
11	1465.1 Dwelling Equipment—Nonexpendable			495,611		495,611	333,587
12	1470 Non-dwelling Structures			0			
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

Part I: Summary

PHA Name: DOVER HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: DE26S00250109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
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Type of Grant  
 Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: 06/30/2010  
 Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	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)	611,790		611,790	381,459
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	495,611			
Signature of Executive Director Ami Sebastian Hauer		Signature of Public Housing Director		Date	
Date		12/15/2010			

<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

Part II: Supporting Pages		PHA Name: DOVER HOUSING AUTHORITY		Grant Type and Number		Federal FFY of Grant: 2009	
				Capital Fund Program Grant No: DE26S00250109			
				CFHP (Yes/No): NO			
				Replacement Housing Factor Grant No:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
DE002001	IMPROVE SITE LIGHTING BY INSTALLING ADDITIONAL POLE LIGHTS	1450	10 light poles	25,000		25,000	0
HAX	ADMINISTRATION-salaries/benefits	1410	3 STAFF	61,179		61,179	24,417
HAX	ARCHITECT/ENGINEERING FEES	1430	2	30,000		30,000	23,455
DE26P002001	WINTERIZATION OF UNITS TO IMPROVE ENERGY EFFICIENCY TO INCLUDE ADDL INSULATION, ELIMINATION OF DRAFTS, IMPROVE AIR QUALITY.	1460	117	77,886		77,886	25,091
DE26P002002	WINTERIZATION OF UNITS TO IMPROVE ENERGY EFFICIENCY TO INCLUDE ADDL INSULATION, ELIMINATION OF DRAFTS, IMPROVE AIR QUALITY.	1460	113	78,760		78,760	73,979
DE26P002003	WINTERIZATION OF UNITS TO IMPROVE ENERGY EFFICIENCY TO INCLUDE ADDL INSULATION, ELIMINATION OF DRAFTS, IMPROVE AIR QUALITY.	1460	50	114,000		114,000	90,472
DE26P002004	WINTERIZATION OF UNITS TO IMPROVE ENERGY EFFICIENCY TO INCLUDE ADDL INSULATION, ELIMINATION OF DRAFTS, IMPROVE AIR QUALITY, WINDOW (w/ original to energy eff windows) AND ROOF UPGRADES (to increase pitch, elim leaks)	29,5381460	13	13,100		13,100	6,963

	IMPROVE AIR QUALITY.										
DE26P002001	UPGRADE HOT WATER HEATERS TO MORE ENERGY EFFICIENT UNIT	1460	117	87,000		87,000	29,538				
DE26P002002	UPGRADE HOT WATER HEATERS TO MORE ENERGY EFFICIENT UNIT	1460	113	57,000		57,000	23,872				
DE26P002004	UPGRADE HOT WATER HEATERS TO MORE ENERGY EFFICIENT UNIT	1460	13	7,000		7,000	0				
DE26P002001	WINTERIZATION OF UNITS TO IMPROVE ENERGY EFFICIENCY TO INCLUDE ELIMINATION OF DRAFTS AND UPGRADES TO SEALS AGAINST WEATHER BY FORCE ACCT LABOR.	1460	117 UNITS	29,684		29,684	50,232				
DE26P002002	WINTERIZATION OF UNITS TO IMPROVE ENERGY EFFICIENCY TO INCLUDE ELIMINATION OF DRAFTS AND UPGRADES TO SEALS AGAINST WEATHER BY FORCE ACCT LABOR.	1460	113 UNITS	21,225		21,225	18,715				
DE26P002003	WINTERIZATION OF UNITS TO IMPROVE ENERGY EFFICIENCY TO INCLUDE ELIMINATION OF DRAFTS AND UPGRADES TO SEALS AGAINST WEATHER BY FORCE ACCT LABOR.	1460	50 UNITS	6,063		6,063	13,690				
DE26P002004	WINTERIZATION OF UNITS TO IMPROVE ENERGY EFFICIENCY TO INCLUDE ELIMINATION OF DRAFTS AND UPGRADES TO SEALS AGAINST WEATHER BY FORCE ACCT LABOR.	1460	13 UNITS	3,893		3,893	1,035				

<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

**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 Dover H. A./DE002		Dover, Delaware			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 3	
A.	Development Number and Name	Work Statement for Year 1 FFY2011 Annual Statement	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		269,706	269,706	269,706	269,706
C.	Management Improvements		104,230	104,230	104,230	104,230
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		52,116	52,116	52,116	52,116
F.	Other		43,000	43,000	43,000	43,000
G.	Operations		52,116	52,116	52,116	52,116
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		521,168	521,168	521,168	521,168
L.	Total Non-CFP Funds					
M.	Grand Total					





**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**

Hard-wired smoke detectors--	\$ 3,000
Kitchen upgrades	\$ 18,000
R/R asbestos flooring	\$ 21,600
Upgrade plumbing system	\$ 15,000
Upgrade electric service	\$ 6,000
Upgrade fixtures	\$ 3,000
Upgrade HVAC	\$ 30,000
Upgrade bathrooms	\$ 18,000
Upgrade closets and doors	\$ 6,000
R/R lead-based walls	\$ 15,000
Upgrade exterior doors/locks	\$ 4,800
TOTAL COST	\$140,400









**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

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

**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 5-Year and/or 1 Annual PHA Plan for the PHA fiscal year beginning 01/2011, 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.

Dover Housing Authority

DE002

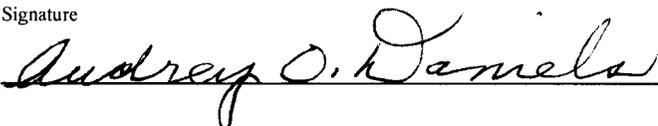
PHA Name

PHA Number/HA Code

       5-Year PHA Plan for Fiscal Years 20       - 20      

Annual PHA Plan for Fiscal Years 2011 - 2011

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
Audrey O. Daniels	Board of Commissioners, Chairperson
Signature	Date
	10/15/10

# 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.

Dover Housing Authority

DE002

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	Title
Audrey O. Daniels	Board of Commissioners, Chairperson
Signature <i>Audrey O. Daniels</i>	Date <i>10/15/10</i>

**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, Carleton E. Carey the Mayor certify that the Five Year and  
Annual PHA Plan of the Dover Housing Authority is consistent with the Consolidated Plan of  
the City of Dover prepared pursuant to 24 CFR Part 91.

*Carleton E. Carey Sr. Mayor City of Dover October 12, 2010*

Signed / Dated by Appropriate State or Local Official

# 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.)

<b>1. Type of Federal Action:</b> <input 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	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____  Congressional District, if known: 4c _____	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div> Congressional District, if known: _____	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> 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: _____ Title: _____ Telephone No.: _____ Date: _____	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Dover Housing Authority

Program/Activity Receiving Federal Grant Funding

Operating Fund

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.)

*City of Dover + 3 mile radius*

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 Ami Sebastian Hauer	Title Executive Director
Signature <i>Ami Sebastian Hauer</i>	Date 10/15/2010

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Dover Housing Authority

Program/Activity Receiving Federal Grant Funding

Operating Fund

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

Ami Sebastian Hauer

Title

Executive Director

Signature



Date (mm/dd/yyyy)



Previous edition is obsolete

form HUD 50071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3