

Housing Choice Voucher Administrative Plan Revisions 2011

Chapter 3 Applying for Admission

Suggested New Policy

F. TIME OF SELECTION (24 CFR 982.204,5.410)

When funding is available, families will be selected from the waiting list by, **preference** and then date and time **that** their name **was placed** on the waiting list. When there is insufficient funding available for the family at the top of the list, the PHA will not admit any other applicant until funding is available for the first applicant. Applicants will not be passed over the waiting list. (If family does not respond to update letter, family will be denied and the next person will be notified.)

Current Policy

F. TIME OF SELECTION (24 CFR 982.204,5.410)

When funding is available, families will be selected from the waiting list by, the date and time that they were placed their name on the waiting list. When there is insufficient funding available for the family at the top of the list, the PHA will not admit any other applicant until funding is available for the first applicant. Applicants will not be passed over the waiting list. (If family does not respond to update letter, family will be denied and the next person will be notified.)

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Chapter 4 Establishing Preferences And Maintaining The Waiting List

Suggested New Policy	Current Policy
<p>B. Waiting List</p> <p>Waiting list for the PHA's Housing Choice Voucher Program will be maintained by order of preference and then date and time of application. Preferences are given as stated in Section C of this Chapter. However, 75% of new admissions to the program must be at or below 30% of the area median income.</p>	<p>B. Waiting List</p> <p>Waiting list for the PHA's Housing Choice Voucher Program will be maintained by date and time of application. Preferences are given as stated in Section C of this Chapter. However, 75% of new admissions to the program must be at or below 30% of the area median income.</p>
<p>E. Exceptions For Special Admissions</p> <p>Special admissions families will be admitted outside of the regular waiting list process. BCHA operates a number of programs which serve special populations, special needs or which were designed for special purposes. For these populations and programs, applicants are generated by referral from various community organizations or divisions of local government which are under a Memorandum of Understanding (MOU) or a Contract with BCHA. They do not have to qualify for any preferences, nor are they required to be on the regular voucher program waiting list. BCHA programs qualifying for special admissions include: Welfare to Work, Family Unification Program, Shelter Plus Care, 1915 (c) Waiver, Mainstream Disabilities, Veteran's Administration Supportive Housing (VASH), Women In Distress – Homeless Assistance and the HOME/TBRA. The PHA maintains separate records of these admissions.</p>	<p>E. Exceptions For Special Admissions</p> <p>Special admissions families will be admitted outside of the regular waiting list process. BCHA operates a number of programs which serve special populations, special needs or which were designed for special purposes. For these populations and programs, applicants are generated by referral from various community organizations or divisions of local government which are under a Memorandum of Understanding (MOU) or a Contract with BCHA. They do not have to qualify for any preferences, nor are they required to be on the regular voucher program waiting list. BCHA programs qualifying for special admissions include: Welfare to Work, Family Unification Program, Shelter Plus Care, 1915 (c) Waiver, Mainstream Disabilities, Women In Distress – Homeless Assistance. The PHA maintains separate records of these admissions.</p>

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Chapter 5 Determination of Voucher Size/Subsidy Standards

Suggested New Policy

A. DETERMINING FAMILY UNIT (VOUCHER) SIZE

For each family, the PHA determines the appropriate number of bedrooms under the PHA subsidy standards and enters the family unit size on the voucher that is issued to the family. **The family unit size does not dictate the size of unit the family must actually lease, nor does it determine who within a household will share a bedroom/sleeping room.**

The following requirements apply when the PHA determines family unit size:

The subsidy standards **must be consistent with space requirements under the housing quality standards.**

Foster children (or those who present guardianship papers) will be included in determining unit size only if they will be in the unit for more than 12 months **as confirmed by the placing agency or the courts.**

Adult of the opposite sex (other than spouses) will be allocated a separate bedroom. **If a minor child will be 18 during the lease term, he/she will be considered an adult when determining bedroom size.**

A family that consist of a pregnant woman (with no other persons) must be treated as a two person family **(1 bedroom voucher).**

Single person families will be allocated Zero bedroom.

Current Policy

A. DETERMINING (VOUCHER) SIZE

For each family, the PHA determines the appropriate number of bedrooms under the PHA subsidy standards and enters the family unit size on the voucher that is issued to the family. The PHA does not determine who shares a bedroom/sleeping room. For subsidy standards, an adults is a person 18 years or older.

The following requirements apply when the PHA determines family unit size:

The subsidy standards will be applied consistently for all families of like size and compositions.

Foster children (or those who present guardianship papers) will be included in determining unit size only if they will be in the unit for more than 12 months.

Adult of the opposite sex (other than spouses) will be allocated a separate bedroom.

A family that consist of a pregnant woman (with no other persons) must be treated as a two person family.

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Chapter 5 Determination of Voucher Size/Subsidy Standards	
Suggested New Policy	Current Policy
B. EXCEPTIONS TO SUBSIDY STANDARDS	B. EXCEPTIONS TO SUBSIDY STANDARDS
<p>Medical Need for Larger Voucher size</p> <p>A standardized Reasonable Accommodation form will be completed by both the participant and a knowledgeable professional that will describe the requested accommodation and explanation on how the accommodation will remove or reduce the barrier to housing. Medical need may include the need for a live in caregiver/aid or excessive medical equipment.</p>	NONE
<p>PHA Error</p> <p>If the PHA errors in the bedroom size designation, the family will be issued a Voucher of the appropriate size at the next re-examination.</p>	<p>PHA Error</p> <p>If the PHA errors in the bedroom size designation, the family will be issued a Voucher of the appropriate size.</p>
<p>Changes for Participants</p> <p>The members of the family residing in the unit must be approved by the PHA. The family must obtain written approval from the Housing Authority for any additional individual family member before the person occupies the unit, except for additions by birth, adoption, or court-awarded custody, in which case the family must inform the PHA within 30 days. Additionally, the family must notify the Housing Authority in writing if any family member no longer lives in the unit. If a member is reported as permanently absent from the unit, that member will not be permitted to be added to the application again in the future. Exception may be made based on needs of a disabled household.</p> <p>The PHA will deny requests to add families to an existing application unless the addition is due to a married couple combining families.</p>	<p>Changes for Participants</p> <p>The members of the family residing in the unit must be approved by the PHA. The family must obtain written approval from the Housing Authority for any additional family member before the person occupies the unit, except for additions by birth, adoption, or court-awarded custody, in which case the family must inform the PHA within 30 days. Additionally, the family must notify the Housing Authority in writing if any family member no longer lives in the unit.</p>

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Suggested New Policy	Current Policy
<p>Underhoused and Overhoused Families If a unit does not meet HQS space standards due to an increase in family size, (unit too small), the PHA will issue a new voucher of the appropriate size and allow the family to locate a suitable unit <u>at the next re-examination</u>.</p>	<p>Underhoused and Overhoused Families If a unit does not meet HQS space standards due to an increase in family size, (unit too small), the PHA will issue a new voucher of the appropriate size and allow the family to locate a suitable unit.</p>

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Chapter 6 Income and Subsidy Determinations

Suggested New Policy	Current Policy
<p>This Chapter defines the allowable expenses and deductions to be subtracted from Annual Income and how the presence or absence of household members may affect the Total Tenant Payment (TTP). Income and TTP are calculated in accordance with 24 CFR Part 5, Subparts E and F, and further instructions set forth in HUD Notices and Memoranda. The formula for the calculations of TTP is specific and not subject to interpretations. The PHA's policies in this Chapter address those areas which allow the PHA discretion to define terms and to develop standards in order to assure consistent application of various factors that relate to the determination of TTP.</p>	<p>This Chapter defines the allowable expenses and deductions to be subtracted from Annual Income and how the presence or absence of household members may affect the Total Tenant Payment (TTP). Income and TTP are calculated in accordance with 24 CFR Part 5, Subparts E and F, and further instructions set forth in HUD Notices and Memoranda. The formula for the calculations of TTP is specific and not subject to interpretations. The PHA's policies in this Chapter address those areas which allow the PHA discretion to define terms and to develop standards in order to assure consistence application of various factors that relate to the determination of TTP.</p>
<p>Income: The types of money which are to be used as income for the purpose of calculating the TTP are defined in federal regulations. In accordance with this definition, income from all sources of each member of the household is counted.</p>	<p>Income: The types of money which are to be used as income for the purposes of calculating the TTP are defined in federal regulations. In accordance with this definition, income from all sources of each member of the household is counted.</p>
<p>Annual Income is defined as the gross amount of income anticipated to be received by the family during the 12 months after certification or reexamination. Gross income is the amount of income prior to any allowable expenses or deductions, and does not include income which has been excluded by HUD. Annual income is used to determine whether or not applicants are within the applicable income limits.</p>	<p>Annual Income is defined as the gross amount of income anticipated to be received by the family during the 12 months after certification or certification. Gross income is the amount of income prior to any allowable expenses or deductions, and does not include income which has been excluded by HUD. Annual income is used to determine whether or not applicants are within the applicable income limits.</p>
<p>2. "Elderly"/Disabled: \$400 for families whose head, spouse or co-head is 62 or over, or disabled.</p>	<p>2. "Elderly"/Disabled: \$400 for families whose head, spouse or co-head is 62 or over, or disabled.</p>
<p>4. Child Care Expenses: for children, including foster children, under 13 are deducted when child care is necessary to allow an adult member to work, actively seek employment, or attend school. Child care is allowed only for the time an adult is actually working or attending school.</p> <p>Note: If 100% of wages are excluded, such as with Earned Income Disallowance (EID), childcare is not credited.</p>	<p>4. Child Care Expenses: for children, under 13 are deducted when child care is necessary to allow an adult member to work, actively seek employment, or attend school. Child care is allowed only for the time an adult is actually working or attending school.</p> <p>New</p>
<p>5. Allowable Disability Assistance Expenses: Expenses for attendant care or auxiliary apparatus for persons with disabilities, if needed, to enable the individual or any other adult family member to work.</p>	<p>5. Allowable Disability Assistance Expenses: Expenses for attendant care or auxiliary apparatus for persons with disabilities, if needed, to enable the individual or adult family member to work.</p>
<p>The annual income for qualified families may not be increased as a result of increases in earned income of a family member who is a person with disabilities beginning on the date of which the increase in earned income begins and continuing for a cumulative 12-month period. After the family receives 12 cumulative months of the full exclusions, annual income will include a phase-in of half the earned income excluded from annual income.</p>	<p>The annual income for qualified disabled families may not be increased as a result of increases in earned income of a family member who is a person with disabilities beginning on the date of which the increase in earned income begins and continuing for a cumulative 12-month period. After the disabled family receives 12 cumulative months of the full exclusions, annual income will include a phase-in of half the earned income excluded from annual income.</p>
<p>A family qualified for the earned income exclusion is a family that is receiving tenant-based rental assistance under the Housing Choice Voucher Program; and</p>	<p>A disabled family qualified for the earned income exclusion is a disabled family that is receiving tenant-based rental assistance under the Housing Choice Voucher Program; and</p>
<p>Amounts to be excluded are any earned income increases of a family member who is a person with disabilities during participation in an economic self-sufficiency or job training program and that occur after participation, unless the training provides assistance, training or mentoring after employment.</p>	<p>Amounts to be excluded are any earned income increases of a family member who is a person with disabilities during participation in an economic self-sufficiency or job training program and no increases that occur after participation, unless the training provides assistance, training or mentoring after employment.</p>
<p>The amount of TANF received in the six-month period includes monthly income such benefits and services as one-time payments, wage subsidies and transportation assistance.</p>	<p>The amount of TANF received in the six-month period includes monthly income and such benefits and services as one-time payments, wage subsidies and transportation assistance.</p>
<p>The amount deducted for childcare and disability assistance expenses necessary to permit employment shall not exceed the amount of employment income that is included in annual income. Therefore, for families entitled to the earned income disallowance, the amount of the full and phase-in exclusions from income shall not be used in deterring the cap for childcare and disability assistance expense deductions.</p>	<p>The amount deducted for child care and disability assistance expenses necessary to permit employment shall not exceed the amount of employment income that is included in annual income. Therefore, for disable families entitled to the earned income disallowance, the amount of the full and phase-in exclusions from income shall not be used in deterring the cap for child care and disability assistance expense deductions.</p>

Name of the family member, with disability , whose earned income increased.	Name of the family member, whose earned income increased.
The family will be required to notify the PHA in writing within 30 days when an adult family member moves out. The notice must contain a certification by the family as to whether the adult is temporarily or permanently absent. The family member will be determined permanently absent if verification is not provided. Once an adult member has been removed from the household permanently, requests to add the member onto the file in the future will be denied. Exceptions may be made based on Reasonable Accommodation requests.	The family will be required to notify the PHA in writing within 30 days when an adult family member moves out. The notice must contain a certification by the family as to whether the adult is temporarily or permanently absent. The family member will be determined permanently absent if verification is not provided.
In addition, the lease may require the family to obtain prior written approval from the owner when there are changes in family composition other than birth, adoption, court awarded custody or live in aide .	In addition, the lease may require the family to obtain prior written approval from the owner when there are changes in family composition other than birth adoption, or court awarded custody.
If a family member leaves the household, the family must report this change to the PHA, in writing, within 30 days of the change and certify as to whether the member is temporarily absent or permanently absent. Proof of new residence will be required in order to remove the member.	If a family member leaves the household, the family must report this change to the PHA, in writing, within 30 days of the change and certify as to whether the member is temporarily absent or permanently absent.
There is no minimum income requirement. Families who report zero income are required to undergo a Special Review every 30 days, which may result in an Interim Reexamination .	There is no minimum income requirement. Families who report zero income are required to undergo an intrem Recertification every [30 days].
Lump Sum Child Support – Annual income is based on amounts that are "anticipated" to be received from a source outside the family during the 12-month period following admission or the annual reexamination effective date.	New statement
New Admission & Annual Reexamination	New
The PHA will determine the likelihood of the participant receiving another lump sum payment of child support within the next twelve months before deciding whether or not this amount should be included in the calculation of annual income. To make this determination, the PHA will obtain information from the tenant and the third party paying the child support or the agency providing the information. If the PHA determines and can appropriately verify that the tenant in all likelihood will not receive a similar payment the following year, then the amount will not be considered when calculating annual income. On the other hand, if the PHA determines that it is likely that the tenant will receive a similar payment and can appropriately verify it, the amount should be included in annual income.	New
Interim Reexamination	New
Due to the PHA's interim change policy, the participant does not need to report the receipt of a lump sum child support payment as an interim change. In the event the tenant does report the additional payment, the PHA will not increase the tenant's income or rent. (reference HUD Q&A)	New
If amortizing the payment over one year will cause the family to pay more than 40 percent of the family's adjusted income (before the lump-sum was added) for Total Tenant Payment, the PHA and family may enter into a Repayment Agreement, with the approval of the Vice President of Assisted Housing , for the balance of the amount over the 40 percent calculation. The beginning date for this Repayment Agreement will start as soon as the one year is over.	If amortizing the payment over one year will cause the family to pay more than 40 percent of the family's adjusted income (before the lump-sum was added) for Total Tenant Payment, the PHA and family may enter into a Repayment Agreement, with the approval of the Director of Section 8 , for the balance of the amount over the 40 percent calculation. The beginning date for this Repayment Agreement will start as soon as the one year is over.
A. MEDICAL EXPENSES (24 CFR 5.609(a)(2), 5.603)/Disability Assistance Expense (24 CFR 5.603 (2)(b), 5.611 (3)(ii))	A. MEDICAL EXPENSES (24 CFR 5.609
If the head, spouse, or co-head are Disabled/Elderly , medical expenses of all members are included.	New

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Chapter 7 Verification Procedures

Suggested New Policy	Current Policy
<p>B. METHODS OF VERIFICATION AND TIME ALLOWED</p> <p>The PHA will verify information through the six levels of verification acceptable to HUD in the following order with level 6 being the highest:</p> <p>Level 6 – Upfront Income Verification (UIV) using HUD’s Enterprise Income Verification (EIV) system (Mandatory, however, system is not available for income verifications of applicants and certain speciality programs that do not report via the 50058)</p> <p>Level 5 – Upfront Income Verification (UIV) – using non HUD systems (optional)</p> <p>Level 4 – Written Third Party Verification – Participant provided documentation generated by a third party source</p> <p>Level 3 – Written Third Party Verification – Standardized form sent by the PHA directly to the third party source by mail, fax, or email.</p> <p>Level 2 – Oral Third Party Verification – Independent verification via telephone or in-person visit. -PHA staff will document the date and time of phone call/visit to third party, name of the person contacted and telephone number along with confirmed information.</p> <p>Level 1 – Tenant Declaration – Participant submits an affidavit or notarized statement of reported income and/or expenses to the PHA.</p> <p>*Asset balances under \$1,000.00 will be conducted through level 4 Written Third Party Verification.</p>	<p>B. METHODS OF VERIFICATION AND TIME ALLOWED</p> <p>The PHA will verify information through the five methods of verification acceptable to HUD in the followin order.</p> <ol style="list-style-type: none"> 1. UIV (UpFront Income Verification) None 2. Third party Written None 3. Third party Oral Self-Declaration by Tenant

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Suggested New Policy	Current Policy
<p>Level 6 UP-FRONT INCOME VERIFICATION (UIV) (PIH Notice 2010-19) (HUD's Enterprise Income Verification (EIV) system On December 29, 2009, HUD issued the final rule titled Refinement of Income and Rent Determination Requirements in Public and Assisted Housing Programs: Implementation of the Enterprise Income Verification (EIV) system-Amendments which require PHA's to use the EIV system in its entirety to verify tenant employment and income information during mandatory reexaminations of family composition and income; and reduce administrative and subsidy payment errors in accordance with 24 CFR 5.236 and administrative guidance issued by HUD.</p> <p>The EIV system is a web based application, which provides PHA's with employment, wage, unemployment compensation, and social security benefit information for participants in the Section 8 programs under the jurisdiction of the Office of Public and Indian Housing. Information in EIV is derived from computer matching programs initiated by HUD with the Social Security Administration, and the US Department of Health and Human Services.</p> <p>Data on EIV is only available on participants that have valid personal identification information reported on form HUD-50058. Programs such as Shelter Plus Care, HOME, and Bridges do not submit a HUD 50058 and are unable to utilize this system. Such programs will begin at verification level 5.</p> <p>Due to Sunshine State Laws, PHA's operating in the state of Florida are not permitted to retain printed copies of the full EIV report, therefore, the only Initial Verification Screen with Income Control Number (ICN) will be printed by the PHA staff. The staff member will document the items to be verified on this printout.</p>	<p>UP-FRONT INCOME VERIFICATION (UIV) (PIH Notice 2004-1)</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>

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Suggested New Policy	Current Policy
<p>The PHA must obtain additional third party verification when a participant disputes EIV employment data. For each new admission, PHA staff will review the EIV within 120 days of the PIC submission date. A copy of the ICN page will be retained in the file. Any income discrepancies will be resolved within 60 days of the EIV-ICN report date.</p> <p>Level 5 – Upfront Income Verification (UIV) non-HUD systems</p> <p>Level 4 Written Third Party Verification An original or authentic document generated by a third party source dated within the 60 day period preceding the PHA request date. Such documentation may be in the possession of the participant (or applicant) . It is HUD’s position that such tenant provided documentation are written third party verification since these documents originated from a third party source. The PHA will reject any tenant provided documents that appear to be altered in any way. The PHA will follow up directly with the source to obtain necessary verification of information. Examples of acceptable tenant provided documentation (generated by a third party source) include, but are not limited to: paystubs, payroll summary report, employer notice/letter of hire/termination, SSA benefit verification letter, bank statements, child support payment stubs/printouts, welfare benefits letters/printouts, and unemployment monetary benefit notices. All such documents, excluding government checks, will be photocopied and retained in the applicant file. In cases where documents are viewed which cannot be photocopied, staff viewing the documents will certify the file of the documents viewed.</p>	<p>None</p> <p>None</p> <p>Upfront Income Verification (UIV) non HUD systems.</p>

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Suggested New Policy	Current Policy
<p>Level 2 Oral Third Party Verification Independent verification of information by contacting the individual income/expense source(s) via telephone or in person visit. The PHA staff will document in the tenant file, the date and time of the contact, the name of the person contacted, and telephone number, along with the confirmed information. This verification method will be used in the event that the independent source does not respond to the PHA's faxed, mailed, or e-mailed request for information within ten (10) days</p>	<p>When unable to obtain third party written verification, the Occupancy Specialist will document the file noting with whom they spoke, the date of the conversation, and the facts provided. The PHA will compare the information to any documents provided by the family.</p> <p>In the event that third-party written or oral verification is unavailable, or the information has not been verified by the third party, the PHA will note the file accordingly and utilize documents provided by the family as the primary source if the documents provide complete information.</p> <p>Review of Documents All such documents, excluding government checks, will be photocopied and retained in the applicant file. In cases where documents are viewed which cannot be photocopied, staff viewing the documents will certify the file of the documents viewed.</p> <p>The PHA will accept the following documents from the family provided that the document is such that tampering would be easily noted:</p> <ul style="list-style-type: none"> * Printed wage stubs * Computer print-outs from the employer * Signed letters (provided that the information is confirmed by phone) * Other documents noted in this Chapter as acceptable verification <p>The PHA will accept FAXED or emailed documents. If third-party verification is received after documents have been accepted as provisional verification, and there is a discrepancy, the PHA will utilize the third-party verification.</p>

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Suggested New Policy	Current Policy
<p>Level 1 – Tenant Declaration The participant submits and affidavit of reported income and/or expense to the PHA. This verification method will be used as a last resort when the PHA has not been successful in obtaining information via all other verification techniques. The PHA will document in the tenant file why third party verification was not available.</p>	<p>Self-Declaration/Certification When a vefication cannot be made by third-party verification or review of documents, family will be required to submit an affidavit or notarized statement. (This will be done as a last resort.)</p> <p>UP-FRONT INCOME VERIFICATION (UIV) (PIH Notice 2004-1)</p> <p>Up-front income verification (UIV) refers to the PHA's use of the verification tools available from independent sources that maintain computerized information about earnings and benefits. UIV will be used to the extent that these systems are available to the PHA.</p> <p>The PHA must restrict access to and safeguard UIV data in accordance with HUD guidance on security procedures, as issued and made available by HUD.</p> <p>There may be legitimate differences between the information provided by the family and UIV-generated information. No adverse action can be taken against a family until the PHA has independently verified the UIV information and the family has been granted an opportunity to contest any adverse findings through the informal review/hearing process of the PHA.</p> <p>Definition of Substantial Difference UIV information is used differently depending upon whether there is a substantial difference between information provided by the family and the UIV information. In "HUD Guidelines for Projecting Annual Income When UIV Data is Available" [HUD website, April 2004], HUD recommends using \$200 per month as the threshold for a substantial difference. The PHA will therefore use \$200 per month as the threshold for a substantial difference.</p> <p>When No Substantial Difference Exists</p>

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Suggested New Policy	Current Policy
	If UIV information does not differ substantially from family information, the UIV documentation may serve as third-party written verification. When a Substantial Difference Exists
<p>D. VERIFICATION OF INCOME Acceptable methods of verification include: 1. EIV-ICN report plus two (2) consecutive pay stubs dated within 60 days of the PHA request date. For new income sources or when two pay stubs are not available, the PHA will project income based on information from the traditional third party verification form or the best available option.</p> <p>2. Employment verification form completed by the employer.</p> <p>Benefit Income 1. EIV-ICN form – Amounts viewed for payments received from the Social Security Administration will be documented on this form. 2. Award of benefit notification letters prepared and signed by the providing agency. 3. Computer report electronically obtained or in hard copy. 4. Benefit verification form completed by agency providing the benefits.</p> <p>4. Welfare Payments, Temporary Aid to Needy Families (TANF) or General Assistance 4. If family receives Food Stamps ONLY, Oral Third Party Verification will be utilized via Department of Children and Families automated line or contact person will be acceptable.</p>	<p>D. VERIFICATION OF INCOME Employment verification form completed by the employer</p> <p>12 consecutive check stubs (3 months) or earning statements which indicate the employee's gross pay, frequency of pay and year to date earnings.</p> <p>Benefit Income 1. Benefit verification form completed by agency providing the benefits. 2. Award of benefit notification letters prepared and signed by the providing agency. 3. Computer report electronically obtained or in hard copy.</p> <p>4. Welfare Payments or General Assistance</p> <p>None</p>

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Suggested New Policy	Current Policy
<p>Alimony or Child Support Payments</p> <p>Payment history printout from the alimony/child support collection agency or court responsible for collecting and disbursing payments. Benefit verification form completed by agency providing the benefits.</p> <p>Net Income from a Business</p> <p>If the participant/applicant has recently started the business and did not keep records, the participant/applicant will be provided with standardized business forms to complete and attach any receipts. The time period covered will be three months. The participant/applicant will be advised to keep proper business records to provide at the next reexamination.</p> <p>If the participant/applicant has recently started the business and does have records, he/she will be required to provide copies of ledgers, receipts for at least three months in order to project annual income for the coming 12 months.</p> <p>Verification of full time Student status includes: Colleges and Universities in the state of Florida consider 12 credit hours for undergraduate studies and 9 credit hours for graduate studies as full time. For schools outside the state of Florida, the portion of the online catalog that defines full time student will be printed as confirmation.</p> <p>I. VERIFICATION NON-FINANCIAL FACTORS</p> <p>Verification of Permanent Absence of Adult Member</p> <p>1. Husband or wife institutes divorce action and provide court documents. 2. Husband or wife institutes legal separation and provide legal documents.</p>	<p>A self-certification affidavit from family indicating amount(s) received. None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>1. Husband or wife institutes divorce action. 2. Husband or wife institutes legal separation.</p>

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Suggested New Policy	Current Policy
<p>SOCIAL SECURITY NUMBERS</p> <p>A. Those individuals who do not contend to have eligible immigration status (individuals who may be unlawfully present in the United States). These individuals, in most instances, would not be eligible for an SSN.</p> <p>1. A family that consists of a single household member (including a pregnant individual) who does not have eligible immigration status is NOT eligible for housing assistance and cannot be housed.</p> <p>2. A family that consists of two or more household members and at least one household member has eligible immigration status, is classified as a mixed family and is eligible for prorated assistance in accordance with 24 CFR 5.520. The PHA may not deny assistance to mixed families due to non disclosure of an SSN by an individual who does not contend to have eligible immigration status.</p> <p>B. Existing program participants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined the SSN to be valid. PHAs may confirm HUD's validation of the participant's SSN by viewing the household's Summary Report or the Identity Verification Report in the EIV system.</p> <p>C. Existing program participants as of January 31, 2010, who are 62 years of age or older, and had not previously disclosed a valid SSN. This exemption continues even if the individual moves to a new assisted unit.</p> <p>Citizens and lawfully present noncitizens who state they have not been assigned an SSN by the SSA, should make such declaration in writing and under penalties of perjury to the PHA. The PHA will retain the declaration in the file.</p>	<p>SOCIAL SECURITY NUMBERS</p>

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Chapter 7 Verification Procedures

Suggested New Policy	Current Policy
<p>The PHA will use the Alternate ID generator provided the Public and Indian Housing to generate a unique identifier for those individuals who do not have or unable to disclose a SSN.</p> <p>Once an individual discloses a SSN, the PHA will delete the Alternate ID, enter the SSN on line 3n of the HUD 50058 within 30 days of receipt of the SSN.</p> <p>Addition of a New Household Member</p> <p>When a participant requests to add a member who is under the age of six and does not have a SSN, the participant must disclose the assigned SSN and provide the PHA with documentation within 90 calendar days of the child being added to the household. The PHA will generate an Alternate ID for use until the SSN is disclosed.</p> <p>Should the family be unable to disclose the SSN within the 90 calendar days due to delayed processing by SSA, natural disaster, fire, or death in family, the PHA will grant an additional 90-day period to comply with SSN requirements.</p> <p>During the 90 day period (and the extension, if applicable), the child is to be included as part of the Assisted household and entitled to all benefits of being a household member during the allotted time.</p> <p>Upon expiration of the provided time periods, if the family has not complied with the SSN disclosure, the PHA MUST terminate the family's tenancy or assistance, or both for the entire family.</p>	

Housing Choice Voucher Administrative Plan Revisions 2011

Chapter 7 Verification Procedures

Suggested New Policy	Current Policy
<p>Medical Need for Larger Voucher size</p> <p>A standardized Reasonable Accommodation form will be completed by both the participant and a knowledgeable professional that will describe the requested accommodation and explanation on how the accommodation will remove or reduce the barrier to housing. Medical need may include the need for a live in caregiver/aid or excessive medical equipment.</p>	<p>Medical Need for Larger Unit</p> <p>A written certification that a larger unit is necessary must be obtained from a reliable knowledgeable professional</p>

Housing Choice Voucher Administrative Plan Revisions 2011

Chapter 8 VOUCHER ISSUANCE AND BRIEFINGS

Suggested New Policy		Current Policy
<p>B. BRIEFING TYPES AND REQUIRED ATTENDANCE Translation will be provided by Spanish or Creole speaking staff as needed. Providing ample time (at least 48 hours) notice is provided, a sign language interpreter will be provided for the hearing impaired.</p>		None
<p>E. TERM OF VOUCHER Although the PHA allows a maximum of 120 days on the voucher (60 days plus 2 thirty day extensions), a person with disabilities may request additional time beyond the 120 days. Such approval must be obtained from the Vice President or Assistant Vice President of Assisted Housing.</p>		None
<p>G. REMAINING MEMBER OF FAMILY RETENTION OF VOUCHER 3. The adult added by social services and/or the Juvenile court must be otherwise eligible for the program.</p>		None

Housing Choice Voucher Administrative Plan Revisions 2011

Chapter 10 HOUSING QUALITY STANDARDS AND INSPECTIONS

Suggested New Policy	Current Policy
<p>B. ACCEPTABILITY, CRITERIA AND EXCEPTIONS TO HQS</p> <p>WALLS: In areas where plaster or drywall is sagging, severely cracked or otherwise damaged, it must be repaired or replaced. <i>Drywall / plaster repairs are to be sanded and painted.</i></p> <p>CEILING: In areas where drywall or plaster is sagging, severely cracked or otherwise damaged, it MUST be repaired or replaced. <i>Drywall/plaster repairs are to be sanded and painted.</i> <i>All window glass must not have any chips or cracks.</i></p> <p>POOLS: All units with pools MUST be clean, sanitary and secured by either a screen enclosure or a fence. The minimum fence height must be four (4) feet. A gate latch must be equipped with a self-closing, self-latching mechanism to ensure safety. <i>Private pools must have a child safety fence minimum height 4 ft (48 inches)</i></p>	<p>B. ACCEPTABILITY, CRITERIA AND EXCEPTIONS TO HQS</p> <p>WALLS: In areas where plaster or drywall is sagging, severely cracked or otherwise damaged, it must be repaired or replaced.</p> <p>None</p> <p>None</p> <p>None</p> <p>All units with pools MUST be clean, sanitary and secured by either a screen enclosure or a fence. The minimum fence height must be four (4) feet. A gate latch must be equipped with a self-closing, self-latching mechanism to ensure safety.</p>
<p>C. INSPECTIONS</p> <p>Termination of Assistance due to failure to allow inspection:</p> <p><i>If the family misses 2 inspections</i></p>	<p>C. INSPECTIONS</p> <p>Termination of Assistance due to failure to allow inspection:</p> <p><i>If the family misses 1 inspection</i></p>
<p>EMERGENCY REPAIR ITEMS</p> <p><i>If the emergency repair item(s) are not corrected in the time period required by the PHA, and the owner is responsible, the housing assistance payment will be paid only through the date given to cure the problem. The HAP contract will be terminated effective end of month.</i></p> <p>MOLD</p> <p><i>When evidence of mold is present the owner must remove and treat ALL affected areas within 24 hours.</i></p>	<p>D. EMERGENCY REPAIR ITEMS</p> <p><i>If the <u>emergency repair</u> item(s) are not corrected in the time period required by the PHA, and the owner is responsible, the housing assistance payment will be paid only through the date given to cure the problem. The HAP contract will be terminated effective on that date.</i></p> <p>None</p>

Housing Choice Voucher Administrative Plan Revisions 2011

Chapter 10 HOUSING QUALITY STANDARDS AND INSPECTIONS

Suggested New Policy

Current Policy

PROBLEM DRYWALL

When evidence of problem (Chinese) drywall is present (blackening of copper supply lines, blackening of AC copper coils, blackening of refrigerator coils, blackening of electrical outlet wires and foul odors), Owners must have their units tested and provide the PHA with a copy of the testing report confirming the unit is problem drywall free within 30 days. Replace all effected drywall, replace all fire safety alarm devices, including receptacles, switches and circuit breakers and replace all gas service piping and fire suppression sprinkler systems. All testing and remediation work should be conducted

The PHA will inspect the unit, determine whether the unit satisfies the HQS and notify the family and the owner of the determination within 15 days, after the family and the owner have submitted a request for approval of tenancy. The unit must be vacant and utilities on to conduct Inspection.

None

The PHA will inspect the unit, determine whether the unit satisfies the HQS and notify the family and the owner of the determination within 15 days, after the family and the owner have submitted a request for approval of tenancy.

Housing Choice Voucher Administrative Plan Revisions 2011

Chapter 11 Owner Rents, Rent Reasonableness, and Payment Standards

Suggested New Policy	Current Policy
<p>B. PAYMENTS TO OWNERS</p> <p>Changes are made automatically to the HAP Register for the following month. Direct Deposit payments are dispursed by the PHA to the owner each month. If the owner does not have direct deposit, checks are disbursed by the PHA to the owner each month. Checks may be picked up by owner at the PHA.</p>	<p>B. PAYMENTS TO OWNERS</p> <p>Changes are made automatically to the HAP Register for the following month. Checks are disbursed by the PHA to the owner each month. Checks may be picked up by owner at the PHA.</p>

Housing Choice Voucher Administrative Plan Revisions 2011

Chapter 19 Complaints and Grievances

Suggested New Policy	Current Policy
<p>H. DECISION OF THE HEARING OFFICER In rendering a decision, the hearing officer will consider the following matters; PHA Notice to the Family; the hearing officer will determine if the reasons for the PHA's decision are factually stated in the Notice. Discovery: The hearing officer will determine if the PHA and the family were given the opportunity to examine any relevant documents in accordance with PHA policy. PHA Evidence to Support the PHA Decision; the evidence consists of the facts presented. Evidence is not conclusive. The hearing officer will evaluate the facts to determine if they support the PHA's conclusion. Validity of Grounds for Termination of Assistance: the hearing officer will determine if the termination of assistance is for one of the grounds specified in the HUD regulations and PHA policies. If the grounds for termination are not specified in the regulations or in compliance with PHA policies, then the decision of the PHA will be overturned.</p>	<p>H. DECISION OF THE HEARING OFFICER none</p>
<p>J. MITIGATING CIRCUMSTANCES FOR APPLICANTS/PARTICIPANTS WITH DISABILITIES When applicants are denied placement on the waiting list, or the PHA is terminating assistance. The disability of a family member and the effects of the denial or termination on other family members may be considered as a mitigating circumstance during the informal review process. Examples of mitigating circumstances are: a) A household member with a cognitive disorder may not have understood the requirement to report increases in income. b) A disabled household member may not understand the need to make regular repayments on a promissory note. c) Minor criminal records for public drunkenness may be due to medication: prior incarcerations for being disorderly may be emotional disorder.</p>	<p>J. MITIGATING CIRCUMSTANCES FOR APPLICANTS/PARTICIPANTS WITH DISABILITIES When applicants are denied placement on the waiting list, or the PHA is terminating assistance, the family will be inform that presence of a disability may be considered as a mitigating circumstance during the informal review process.</p>

Housing Choice Voucher Administrative Plan Revisions 2011

Chapter 32 Special Project Base Vouchers

Suggested New Policy		Current Policy
Special Procedures for the Project Based Assistance (PBA) Programs.		none - this will be a new chapter

Housing Choice Voucher Administrative Plan Revisions 2011

Chapter 33 Home/Tenant Based Rental Assistance

Suggested New Policy		Current Policy
Home Program Tenant Based Rental Assistance		none - this will be a new chapter

Admissions and Continued Occupancy Policy

Summary of Changes

The Admissions and Continued Occupancy Policy (ACOP) for public housing has been reviewed. The document has been reformatted as a result there have been chapter changes, additionally, new or revised policy changes have been incorporated as recommended and/or as directed by HUD regulation. Reformatting BCHA's ACOP to incorporate current HUD recommendations and policy will make future updates easier and will ensure that HUD regulations are incorporated into BCHA's ACOP timely and accurately. The spreadsheet below shows the recommended policy changes, and current policy.

Recommended Change	Current Policy
Chapter 12 Transfer Policy	
The PHA will bear the reasonable costs of temporarily accommodating the tenant and of long term transfers, if any, due to emergency conditions.	none
If the transfer is necessary because of maintenance conditions, and an appropriate unit is not immediately available, the PHA will provide temporary accommodations to the tenant by arranging for temporary lodging at a hotel or similar location. If the conditions that required the transfer cannot be repaired, or the condition cannot be repaired in a reasonable amount of time, the PHA will transfer the resident to the first available and appropriate unit after the temporary relocation. Emergency transfers are mandatory for the tenant.	none
The PHA will relocate a family when the unit or site in which the family lives is undergoing major rehabilitation that requires the unit to be vacant, or the unit is being disposed of or demolished. The PHA's relocation plan may or may not require transferring affected families to other available public housing units. If the relocation plan calls for transferring public housing families to other public housing units, affected families will be placed on the transfer list. In cases of revitalization or rehabilitation, the family may be offered a temporary relocation if allowed under Relocation Act provisions, and may be allowed to return to their unit, depending on contractual and legal obligations, once revitalization or rehabilitation is complete.	none
The PHA will bear the reasonable costs of transfers that the PHA requires, except that residents will be required to bear the cost of occupancy standards transfers. The reasonable costs of transfers include the cost of packing, moving, and unloading.	none
The types of requests for transfers that the PHA will consider are limited to requests for transfers to alleviate a serious or life threatening medical condition, transfers due to a threat of physical harm or criminal activity, reasonable accommodation, transfers to a different unit size as long as the family qualifies for the unit according to the PHA's occupancy standards, and transfers to a location closer to employment. No other transfer requests will be considered by the PHA. The PHA will consider the following as high priority transfer requests: When a transfer is needed to alleviate verified medical problems of a serious or life-threatening nature When there has been a verified threat of physical harm or criminal activity. Such circumstances may, at the PHA's discretion, include an assessment by law enforcement indicating that a family member is the actual or potential victim of a criminal attack, retaliation for testimony, a hate crime, or domestic violence, dating violence, sexual assault, or stalking.	none

<p>Examples of good cause for refusal of a unit offer include, but are not limited to, the following: Inaccessibility to source of employment, education, or job training, children's day care, or an educational program for children with disabilities, so that accepting the unit offer would require the adult household member to quit a job, drop out of an educational institution or job training program, or take a child out of day care or an educational program for children with disabilities. The family demonstrates to the PHA's satisfaction that accepting the offer will place a family member's life, health or safety in jeopardy. The family should offer specific and compelling documentation such as restraining orders, other court orders, or risk assessments related to witness protection from a law enforcement agency. Reasons offered must be specific to the family. Refusals due to location alone do not qualify for this good cause exemption. A health professional verifies temporary hospitalization or recovery from illness of the principal household member, other household members or live-in aide necessary to the care of the principal household member. The unit is inappropriate for the applicant's disabilities, or the family does not need the accessible features. The PHA will require documentation of good cause for unit refusals.</p>	<p>none</p>
<p>If subject to deconcentration requirements, the PHA will consider its deconcentration goals when transfer units are offered. When feasible, families above the Established Income Range will be offered a unit in a development that is below the Established Income Range, and vice versa, to achieve the PHA's deconcentration goals. A deconcentration offer will be considered a "bonus" offer; that is, if a resident refuses a deconcentration offer, the resident will receive one additional transfer offer.</p>	<p>none</p>
<p>Chapter 14 Grievances and Appeals</p>	
<p>PHA will schedule and send written notice of the informal hearing w/in 10 business days of the family's request.</p>	<p>BCHA will schedule and send written notice of the informal hearing w/in 5 business days of the family's request.</p>
<p>The family will be allowed to copy any documents related to the hearing at a cost of \$.10 per page. The family must request discovery of BCHA documents no later than 12:00 PM on the business day prior to the day of the hearing.</p>	<p>none</p>
<p>PHA will not provide a transcript of an audio taped informal hearing.</p>	<p>none</p>
<p>The PHA will not waive the escrow requirement for grievances involving rent amounts except where required to do so by regulation.</p>	<p>Escrow deposit requirements... may be waived by BCHA in extenuating circumstances.</p>
<p>If the tenant does not appear at the scheduled time of the hearing, the hearing officer will wait up to 30 minutes. If the tenant appears within 30 minutes of the scheduled time, the hearing will be held. If the tenant does not arrive within 30 minutes of the scheduled time, they will be considered to have failed to appear. If the tenant fails to appear and was unable to reschedule the hearing in advance, the tenant must contact the PHA within 24 hours of the scheduled hearing date, excluding weekends and holidays. The hearing officer will reschedule the hearing only if the tenant can show good cause for the failure to appear, or it is needed as a reasonable accommodation for a person with disabilities. "Good cause" is defined as an unavoidable conflict which seriously affects the health, safety, or welfare of the family.</p>	<p>none</p>
<p>The hearing officer may ask the family for additional information and/or might adjourn the hearing in order to reconvene at a later date, before reaching a decision. If the family misses an appointment or deadline ordered by the hearing officer, the action of the PHA will take effect and another hearing will not be granted.</p>	<p>none</p>

<p>When the PHA considers the decision of the hearing officer to be invalid... it will present the matter to the VP Asset Management or designee within 10 business days of the date of the hearing officer's decision. The VP Asset Management or designee has 10 business days to consider the decision. If the VP Asset Management or designee decides to reverse the hearing officer's decision, PHA must notify the complainant within 10 business days of this decision.</p>	
<p>Chapter 16 Program Policy</p>	
<p>If a family is paying less than 40 percent of its monthly adjusted income (MAI) in rent, the minimum monthly payment amount will be the greater of the following two amounts: The difference between 40 percent of the family's MAI and the total family share at the time the agreement is executed, or \$25 If a family can provide evidence satisfactory to the PHA that a monthly payment amount of \$25 would impose a hardship, the PHA may, in its sole discretion, require a lower monthly payment amount. If the family's income increases or decreases during the term of a repayment agreement, either the PHA or the family may request that the monthly payment amount be adjusted accordingly.</p>	<p>none</p>

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 4/30/2012

Part I: Summary		FFY of Grant: 2011 FFY of Grant Approval: 2011			
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P07950111 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:		<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 ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements		\$32,000		
4	1410 Administration (may not exceed 10% of line 21)		\$68,300		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		\$12,500		
8	1440 Site Acquisition				
9	1450 Site Improvement		\$90,000		
10	1460 Dwelling Structures		\$470,211		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		\$10,000		
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.

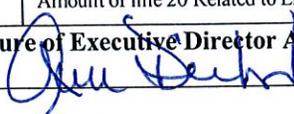
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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 4/30/2012

Part I: Summary		FFY of Grant:2011		FFY of Grant Approval: 2011	
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P07950111 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"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	\$683,011			
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 Ann Deibert, CEO 		Date 07-19-2011		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.

Part II: Supporting Pages								
PHA Name: Broward County Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P07950111 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
#074	Resident Services Programs	1408		\$5,300		0	0	
Highland	Training/Software	1408		2,500		0	0	
	Administration-CFP Fees	1410		16,250		0	0	
	A&E-Advertising	1430		2,500		0	0	
	Replace flooring	1460		66,711		0	0	
	Upgrade-Kitchen cabinets/baths	1460		45,500		0	0	
	Subtotals			138,761		0	0	
AMP	Resident Services Programs	1408		5,300		0	0	
#076	Training/Software	1408		2,500		0	0	
Griffin	Administration -CFP Fees	1410		17,200		0	0	
	A&E-Advertising	1430		2,500		0	0	
	Unit Upgrade Kitchens/Baths/Flooring Continued from prior grant.	1460		130,150		0	0	
	Replace Atrium Benches/Gazebo	1450		25,000		0	0	
	HVAC Replacement (Community Room)	1475		10,000				
	Subtotal			192,650				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2011				
PHA Name: Broward County Housing Authority		Capital Fund Program Grant No: FL14P07950111 CFFP (Yes/ 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 ¹	Funds Obligated ²	Funds Expended ²	
AMP	Training/Software	1408		2,500		0	0	
#077	Resident Services Programs	1408		5,700				
Everglades	Administrative-CFP Fees	1410		17,550				
Auburn/Roosevelt	A&E Fees	1430		2,500		0	0	
	Replace Flooring with ceramic tiles	1460		63,000				
	Lighted Monument Entry Sign (R)	1450		15,000				
	Subtotal			106,250				
AMP	Training/Software	1408		2,500		0	0	
#019	Resident Services Programs	1408		5,700				
Meyers/	Administration-CFP Fees	1410		17,300				
Park Ridge	A&E Fees	1430		5,000		0	0	
	Concrete Slabs /patios	1450		42,000				
	Upgrade Playground/Landscaping	1450		8,000				
	Unit Upgrades (Kitchen cabinets and flooring) Continued from prior grant	1460		134,850		0	0	
	Replace Breaker Panels	1460	4	32,000				
	Subtotals			247,350				
	Grand Total			683,011				

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

² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary						
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R07950111 Date of CFFP:			FFY of Grant: 2011 FFY of Grant Approval: 2011	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 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	\$539,727				

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
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Part I: Summary					
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R07950111 Date of CFFP:		FFY of Grant:2011 FFY of Grant Approval: 2011	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	\$539,727			
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 <u>Ann Delbert, CEO</u> Date 07-13-2011				Signature of Public Housing Director _____ Date _____	

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 Expires 4/30/2011

Part I: Summary				FFY of Grant: 2010 FFY of Grant Approval:	
PHIA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P07950110 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$50,000			
3	1408 Management Improvements	\$60,000			
4	1410 Administration (may not exceed 10% of line 21)	\$79,750			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$287,827			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	\$300,000			
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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Part I: Summary					
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P07950110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011 <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)	\$797,577			
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 Ann Delbert, CEO Date 07-13-2011 				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.

Part II: Supporting Pages								
PHA Name: Broward County Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P07950110 CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP	Operations	1406		25,000		0	0	
#074	Resident Services Programs	1408		12,500		0	0	
Highland	Training/Software	1408		2,500		0	0	
	Administration-CFP Fees	1410		19,000		0	0	
	A&E-Advertising	1430		2,500		0	0	
	Replace flooring	1460		10,000		0	0	
	Upgrade units-includes bathrooms and kitchens, new cabinets, vanities, flooring, tub surrounds, and lighting.	1460		50,000		0	0	
	Subtotals			121,500		0	0	
	Operations	1406		25,000		0	0	
AMP	Resident Services Programs	1408		12,500		0	0	
#076	Training/Software	1408		2,500		0	0	
Griffin	Administration -CFP Fees	1410		20,200		0	0	
	A&E-Advertising	1430		2,500		0	0	
	Upgrade Kitchens/Baths including new cabinets, vanities, flooring, tub surrounds, and lighting.	1460		50,000		0	0	
	Exterior Painting	1460		50,000				
	Flooring/benches for landings	1470		40,000				
	Elevators/Flooring in Lobby	1470		25,000				
	Replace Atrium Benches/Gazebo	1470		35,000		0	0	
	Subtotal			262,700				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14PO7950110 CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP	Training/Software	1408		2,500		0	0	
#077	Resident Services Programs	1408		12,500				
Everglades	Administrative-CFP Fees	1410		20,550				
	A&E Fees	1430		15,000		0	0	
	Community/Office Building-adding mgmt office, maint office, resident relations office, comp learning center, playground, and community garden.	1470		200,000		0	0	
	Subtotal			250,550				
AMP	Training/Software	1408		2,500		0	0	
#019	Resident Services Programs	1408		12,500				
Meyers/ Park Ridge	Administration-CFP Fees	1410		20,000				
	Continue Unit Conversions from 3 BR to 2BR on unit turns including new kitchen cabinets.	1460		50,000		0	0	
	Continue Upgrade Kitchens includes new cabinets, flooring, lighting and appliances.	1460		50,000		0	0	
	Continue Floor replacement	1460		27,827		0	0	
	Subtotals			165,100		0	0	
	Grand Total			\$797,577		0	0	

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² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary					
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL07900001909E Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>03-31-2011</u> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	62,500.00	62,500.00		
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)	20,000.00	25,000.00	25,000.00	6,235.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00	54,645.00	54,645.00	50,230.85
8	1440 Site Acquisition				
9	1450 Site Improvement	35,000.00	6,112.00	6,112.00	6,112.00
10	1460 Dwelling Structures	150,000.00	150,660.00	150,660.00	8,877.60
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	25,000.00	13,583.00	13,583.00	
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	250,000.00	250,000.00	250,000.00	71,455.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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
 Expires 4/30/2011

Part I: Summary					
PHA Name:		Grant Type and Number Capital Fund Program Grant No: FL07900001909E Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
Signature of Executive Director <i>Alan Decker</i>		Date <i>7/13/2011</i>		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL07900001909E CFFP (Yes/ No): 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 ¹	Funds Obligated ²	Funds Expended ²	
AMP019	Administration - CFP Fees - Park Ridge/Meyers	1410		20,000.00	25,000.00	25,000.00	6,235.00	Ongoing
Park Ridge	A&E/Advertising - Park Ridge/Meyers	1430		20,000.00	54,645.00	54,645.00	50,230.85	In progress
Meyers	Handicapped Parking & Access to the Management Bldg	1450		35,000.00	6,112.00	6,112.00	6,112.00	In progress
	Modify dwelling unit kitchen & baths for compliance with 504 & UFAS	1460	6 units	150,000.00	150,660.00	160,660.00	8,877.60	In progress
	Modify mgmt ofc entry & 2 public rest rooms for compliance w/ 504&UFAS	1470	1 Bldg	25,000.00	13,583.00	13,583.00	0.00	Permit pending
	Subtotal			250,000.00	250,000.00	250,000.00	71,455.00	
	GRAND TOTAL			250,000.00	250,000.00	250,000.00	71,455.00	

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² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary				FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Broward County Housing Authority 4780 N State Road 7 Lauderdale Lakes, FL 33319		Grant Type and Number Capital Fund Program Grant No: FL07900007709E Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:#1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	21,500	21,500	21,500	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,900	25,900	25,900	
8	1440 Site Acquisition				
9	1450 Site Improvement	7,945	7,945	7,945	
10	1460 Dwelling Structures	144,597	144,597	144,597	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	15,058	15,058	15,058	
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.

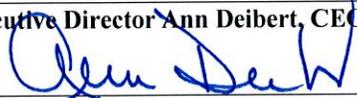
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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					
PHA Name: Broward County Housing Authority 4780 N State Rd 7 Lauderdale Lakes, FL 33319		Grant Type and Number Capital Fund Program Grant No: FL07900007709E Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011 <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)	215,000	215,000	215,000	46,099
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 Ann Deibert, CEO Date 07/13/2011 			Signature of Public Housing Director		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
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Part I: Summary					
PHIA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P07950109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	50,000	50,000	50,000	50,000
3	1408 Management Improvements	74,636	70,331	61,042	52,076
4	1410 Administration (may not exceed 10% of line 21)	80,400	80,400	80,400	52,483
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000	42,962	40,701	20,100
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	584,000	560,343	379,521	368,897
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				

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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 4/30/2011

Part I: Summary						
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P07950109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011				<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)	804,036	804,036	611,664	543,556	
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 Ann Deibert 07-13-2011 		Date	Signature of Public Housing Director		Date	

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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.

Part II: Supporting Pages								
PHA Name: Broward County Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P07950109 CFFP (Yes/ No): 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 ¹	Funds Obligated ²	Funds Expended ²	
AMP	Operations	1406		25,000	25,000	25,000	25,000	Completed
#074	Resident Services Programs	1408		15,000	10,171	10,171	10,171	Completed
Highland	Training/Software/Other	1408		5,000	2,500	2,500	2,500	completed
	Administration-CFP Fees	1410		20,100	20,100	20,100	13,121	In Progress
	A&E-Advertising	1430		5,000	3,095	3,095	3,095	Completed
	Replace Bathtubs as Needed	1460		25,000	0	0	0	
	Floor/Unit Shut Offs	1460		25,000	0	0	0	
	Upgrade Bathrooms flooring/tubs/vanities	1460	10	25,000	24,510	24,510	24,510	Completed
	Install louvers/grills for all units	1460	100	107,000	0	0	0	To 501-08
	Access Control System	1460	1	0	6,302	6,302	6,302	Completed
	Replace Flooring as needed	1460		0	34,909	34,909	34,909	Completed
	Install Water Saver Toilets/Faucets	1460	100	0	40,108	40,108	40,108	Completed
	Lobby Modifications (Lighting/Atrium)	1460		0	19,042	19,042	19,042	Completed
	Laundry Lighting/Countertop/Storage	1460	3	0	4,172	4,172	0	In Progress
	Subtotals			252,100	189,303	189,303	178,758	
AMP	Operations	1406		25,000	25,000	25,000	25,000	Completed
#076	Resident Services Programs	1408		15,000	12,206	12,206	12,206	Completed
Griffin	Training/Software/Other	1408		5,000	1,894	1,002	1,002	Ongoing
	Administration -CFP Fees	1410		18,385	20,100	20,100	13,121	Ongoing
	A&E-Advertising	1430		5,000	19,887	18,151	17,005	In Progress
	Refurbish HC Kitchens	1460	10	70,000	115,948	115,948	115,948	Complete
	Subtotals			140,100	195,035	192,237	184,281	

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

² To be completed for the Performance and Evaluation Report.

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

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

Part II: Supporting Pages								
PHA Name: Broward County Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P07950109 CFFP (Yes/ No): 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 ¹	Funds Obligated ²	Funds Expended ²	
AMP	Training/Software/Other	1408		5,000	2,500	2,500	0	Ongoing
	Resident Services Programs	1408		0	19,481	14,286	14,282	In Progress
	Administrative-CFP Fees	1410		20,100	20,100	20,100	13,121	Ongoing
#077	A&E Fees	1430		5,000	19,455	19,455	0	In Progress
Everglades	Replace Floor w/ceramic tile (R)	1460	8	45,000	47,473	47,473	47,473	Completed
	Community Building	1460		50,000	0	0	0	Moved work item
	Gutters/Downspouts/Ext Paint			0	34,225	11,940	11,940	Quotes Pending
	Subtotal			125,100	143,759	116,392	87,460	
AMP	Upgrade Computer Learning Center(M)	1408		25,000	19,685	15,396	8,930	In Progress
#019	Training/Software/Other	1408		4,636	2,500	2,500	2,341	Ongoing
Meyers/	Administration-CFP Fees	1410		20,100	20,100	20,100	13,120	Ongoing
Park Ridge	Refurbish HC Bathrooms	1460	6	25,000				Moved to ARRA Grant
	Park Ridge Bathroom	1460		0	4,032	4,032	4,032	Completed
	Replace Kitchen Cabinets	1460	25	87,000	112,000	7,528	5,025	IFB in progress
	Replace Tile Floors w/ceramic tile	1460	25	75,000	46,622	27,008	27,008	In Progress
	Install Stair Treads/Railings	1460		50,000	17,400	3,950	0	Quotes Pending
	Exterior Paint-Meyers	1460		0	25,000			Quotes Pending
	Meyers/PR Roof Repair/Replacement	1460		0	32,600	32,600	32,600	Complete
	Subtotals			286,736	275,939	113,114	93,057	
	Grand Total			804,036	804,036	611,664	543,556	

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

² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary					FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14SO7950109 Replacement Housing Factor Grant No: Date of CFFP:				
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	110,433	110,433	110,433	106,253	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	177,282	119,054	119,054	119,054	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	1,380,857	1,439,085	1,439,085	1,243,574	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures	0	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					

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 RIIF 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: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14S07950109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011				<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)	1,668,572	1,668,572	1,668,572	1,469,931	
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: Ann Deibert, CEO Date 07/13/11				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.

Part II: Supporting Pages								
PHA Name: Broward County Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14S07950109 CFFP (Yes/ No): 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 ¹	Funds Obligated ²	Funds Expended ²	
AMP #019	Administration-CFP Fees	1410		55,216	55,216	55,216	53,701	Ongoing
Meyers	A&E-Advertising-Fees and Costs	1430		52,425	52,425	52,425	52,425	Complete
Park Ridge	Install Impact Resident Windows and replace entry doors-M	1460	50 units	273,812	273,812	273,812	246,431	In Progress
	Install Impact Resident Windows and replace entry doors-PR	1460	37 units	349,653	349,653	349,653	220,163	In Progress
	Install Impact Resistant Windows and replace entry doors-Mgmt-M	1470	1 bldg.	0	0	0	0	
	Install Impact Resistant Windows and replace entry doors-Mgmt-PR	1470	1 bldg.	0	0	0	0	
	Subtotal			731,106	731,106	731,106	583,746	
AMP #077	Administration-CFP Fees	1410		55,217	55,217	55,217	52,552	Ongoing
Everglades	A&E-Advertising-Fees and Costs	1430		52,424	52,424	52,424	52,424	Complete
Auburn, Roosevelt	Install Impact Resident Windows and replace entry doors-E	1460	53 units	297,156	297,156	297,156	297,156	Complete
	Install Impact Resistant Windows - A	1460	24 units	149,560	149,560	149,560	149,560	Complete
	Install Impact Resistant Windows - R	1460	9 Units	94,350	94,350	94,350	94,350	Complete
	Replace Roofs -A	1460	12 Bldgs	93,423	93,423	93,423	93,423	Complete
	Subtotal			742,130	742,130	742,130	739,991	

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Broward County Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14S07950109 CFFP (Yes/ No): 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 ¹	Funds Obligated ²	Funds Expended ²	
AMP #074	Window Replace-Special Engineer	1430		7,933	7,933	7,933	7,933	Completed
Highland Gardens	Window Replacement CO#3	1460		26,302	26,302	26,302	26,302	Completed
	Exterior/Interior Painting	1460		110,228	110,228	110,228	52,000	In Progress
	Hurricane Screens	1460		22,974	22,974	22,974	22,974	Completed
	Upgrade Nurse Call Stations	1460		4,770	4,770	4,770	4,770	Completed
	Subtotal			172,206	172,206	172,206	123,065	
AMP #076	GG Roof Repl A & E	1430		6,273	6,273	6,273	6,273	Completed
Griffin Gardens	Window Replacement CO #1	1460		16,857	16,857	16,857	16,587	Completed
	Subtotal			23,130	23,130	23,130	23,130	
	Grand Total			1,668,572	1,668,572	1,668,572	1,469,931	

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

² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary	
PHA Name: Broward County Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL14P07950108 Replacement Housing Factor Grant No: Date of CFFP:
	FFY of Grant: 2008 FFY of Grant Approval: 2008

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report 03-31-2011

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	8,409.00	9,343.00	9,343.00	9,343.00
4	1410 Administration (may not exceed 10% of line 21)	73,538.00	73,538.00	73,538.00	73,538.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	77,071.00	83,584.00	83,584.00	83,584.00
8	1440 Site Acquisition				
9	1450 Site Improvement	19,118.00	14,409.00	14,409.00	14,409.00
10	1460 Dwelling Structures	557,242.00	554,505.00	554,505.00	554,505.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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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 4/30/2011

Part I: Summary						
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P07950108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report 03-31-2011						
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)	735,378.00	735,378.00	735,378.00	735,378.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director Ann Deibert, CEO Date 07-13-2011			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.

Part II: Supporting Pages								
PHA Name: Broward County Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P07950108 CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 074	Lobby Entry Upgrade	1460		45,731.00	51,005.00	0.00	0.00	Completed
Highland	Training/Software	1408		2,505.00	3,437.00	2,505.00	2,505.00	Completed
	Administration	1410		18,385.00	18,385.00	18,385.00	18,385.00	Completed
	A&E/Advertising	1430		7,211.00	7,211.00	7,211.00	7,211.00	Completed
	AC Upgrade	1460		3,953.00	3,953.00	3,953.00	3,953.00	Completed
	Emergency Generator Upgrade	1460		2,338.00	2,338.00	2,338.00	2,338.00	Completed
	Enhance AC Upgrade	1460		30,000.00	28,744.00	28,744.00	28,744.00	Completed
	Accessible Entry	1460		5,300.00	5,998.00	5,998.00	5,998.00	Completed
	Install Louvers/Grills/Windows/Doors	1460		0	105,253.00	105,253.00	105,253.00	Completed
	Subtotal			115,423.00	226,323.00	226,323.00	226,323.00	Completed
AMP 076	AC Upgrade	1460		83,746.00	53,723.00	53,723.00	53,723.00	Completed
Griffin	Upgrade Elevator Sensors	1460		4,210.00	4,210.00	4,210.00	4,210.00	Completed
	Upgrade Fire Suppression System	1460		5,033.00	5,033.00	5,033.00	5,033.00	Completed
	Training/Software	1408		2,972.00	2,972.00	2,972.00	2,972.00	Completed
	Administration	1410		18,385.00	18,385.00	18,385.00	18,385.00	Completed
	A&E/Advertising	1430		12,965.00	12,965.00	12,965.00	12,965.00	Completed
	Upgrade Kitchens/Baths	1460		125,898.00	58,824.00	58,824.00	58,824.00	Completed
	Hurricane Protection Screens	1460		54,802.00	54,802.00	54,802.00	54,802.00	Completed
	Subtotal			308,011.00	216,700.00	216,700.00	216,700.00	
AMP 077	Gutters/Downspouts EV	1460		0	0	0.00	0.00	Moved Item
Everglades	Exterior Seal/Paint EV	1460		28,000.00	28,000.00	28,000.00	28,000.00	Completed
Auburn	Perimeter Wall/Sewer/Storm Drain	1450		19,118.00	14,409.00	14,409.00	14,409.00	Completed
Roosevelt	Stucco Gable Ends/Soffits	1460		76,260.00	76,260.00	76,260.00	76,260.00	Completed
	Exterior Paint-Roosevelt	1460		10,000.00	9,000.00	9,000.00	9,000.00	Completed
	Auburn Roofs	1460		0.00	61,577.00	61,577.00	61,577.00	Completed

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² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Broward County Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P07950108 CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Training/Software	1408		999.00	999.00	999.00	999.00	Completed
AMP 077	Administration	1410		18,384.00	18,384.00	18,384.00	18,384.00	Completed
Continued	A&E/Advertising	1430		22,678.00	21,141.00	21,141.00	21,140.00	Completed
	Subtotal			237,016.00	229,770.00	229,770.00	229,770.00	
	Replace Flooring	1460		0.00	8,142.00	8,142.00	8,142.00	Completed
AMP 019	Conversion 3BR to 2BR	1460		20,395.00	0.00	0.00	0.00	Moved Item
Meyers	Training/Software	1408		1,933.00	1,933.00	1,933.00	1,933.00	Completed
Park Ridge	Administration	1410		18,384.00	18,384.00	18,384.00	18,384.00	Completed
	A&E Advertising	1430		34,217.00	34,217.00	34,127.00	34,127.00	Completed
	Subtotal			74,929.00	62,586.00	62,586.00	62,586.00	
	Grand Total			735,378.00	735,378.00	735,378.00	735,378.00	

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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 4/30/2011

Part I: Summary				FFY of Grant: 2010	
PIHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R07950110 Date of CFFP:		FFY of Grant Approval: 2010	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 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	\$539,727			

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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⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R07950110 Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 1)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011				<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)	\$539,727				
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 Ann Deibert, CEO Date 07-13-2011				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.
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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 4/30/2011

Part I: Summary				FFY of Grant: 2009	
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R7950109 Date of CFFP:		FFY of Grant Approval: 2009	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 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	210,507			

¹ To be completed for the Performance and Evaluation Report.

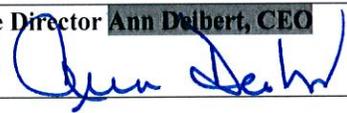
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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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 4/30/2011

Part I: Summary						
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R07950109 Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011 <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)	210,507				
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 Ann Duibert, CEO Date 07-13-2011 				Signature of Public Housing Director _____ Date _____		

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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
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 Expires 4/30/2011

Part I: Summary					
PIIA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R07950309 Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:0) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 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	343,839.00			

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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
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 Expires 4/30/2011

Part I: Summary						
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R07950309 Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011 <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)	343,839.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director Ann Deibert, CEO 13-2011 		Date 07-		Signature of Public Housing Director		Date

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary					
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FLO7800007809R Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>03-31-2011</u> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	108,540.00	108,540.00		
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)	35,000.00	40,200.00	40,200.00	21,122.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	65,000.00	63,888.00	63,888.00	53,435.84
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	302,000.00	298,112.00	298,112.00	168,656.45
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	402,000.00	402,000.00	402,000.00	243,214.29
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				

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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
Expires 4/30/2011

Part I: Summary				
PHA Name:		Grant Type and Number Capital Fund Program Grant No: FL07900007609R Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director <i>[Signature]</i>		Date <i>7/13/2011</i>	Signature of Public Housing Director Date	

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

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

Part II: Supporting Pages								
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL07900007809R CFFP (Yes/ No): 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 ¹	Funds Obligated ²	Funds Expended ²	
AMP076	Administration - CFP Fees - Griffin	1410		35,000.00	40,200.00	40,200.00	21,122.00	
Griffin Gardens	A & E /Advertising - Griffin	1430		65,000.00	63,688.00	63,688.00	53,435.84	
	Modify bathrooms dual flush toilets, water saver shower heads, faucets	1460	100units	82,000.00	67,713.00	67,713.00	67,713.00	Complete
	Modify kitchens water saver faucets	1460	100units	10,000.00	0.00	0.00	0.00	
	Upgrade solar panels/water heating system to latest technology	1460	30panels	130,018.00	130,018.00	130,018.00	662.00	In progress
	Replace Carpets/Ceramic Tile	1460		100,381.00	100,381.00	100,381.00	100,381.00	Complete
	Subtotal			402,000.00	402,000.00	402,000.00	243,214.00	
	GRAND TOTAL			402,000.00	402,000.00	402,000.00	243,214.00	

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

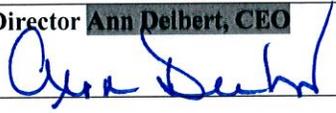
² To be completed for the Performance and Evaluation Report.

Part I: Summary					
PIHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R07950108 Date of CFFP:		FFY of Grant: 2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 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	582,815			

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

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

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

Part I: Summary						
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R07950108 Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011 <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)	582,815				
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 Ann Deibert, CEO Date 07-13-2011 				Signature of Public Housing Director _____ Date _____		

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

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

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

Part I: Summary				FFY of Grant: 2007	
PHA Name: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R07950107 Date of CFFP:		FFY of Grant Approval: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 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	313,670			

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 RHH² 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: Broward County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL29R07950107 Date of CFFP:		FFY of Grant:2007 FFY of Grant Approval: 2007	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-2011			<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)	313,670			
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 Ann Deibert, CEO Date 07-13-2011			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.

Capital Fund Program—Five-Year Action Plan

Part I: Summary

PHA Name/Number Broward County HA FL079		Locality (Lauderdale Lakes/Broward/Florida)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> 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	\$580,000	\$580,000	\$580,000	\$580,000
C.	Management Improvements		\$60,000	\$60,000	\$60,000	\$60,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		\$60,000	\$60,000	\$60,000	\$60,000
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$700,000	\$700,000	\$700,000	\$700,000
L.	Total Non-CFP Funds					
M.	Grand Total		\$700,000	\$700,000	\$700,000	\$700,000

Part I: Summary (Continuation)						
PHA Name/Number Broward County HA FL079			Locality (Lauderdale Lakes/Broward/Florida)		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> 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
	AMP #19 Meyers/Park Ridge	Annual Statement	\$140,000	\$210,000	\$325,000	\$150,000
	AMP #74 Highland Gardens		\$110,000	\$175,000	\$75,000	\$110,000
	AMP #076 Griffin Gardens		\$105,000	\$75,000	\$75,000	\$225,000
	AMP #077 Auburn Everglades Roosevelt		\$225,000	\$130,000	\$105,000	\$95,000
			\$580,000	\$580,000	\$580,000	\$580,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012			Work Statement for Year: 3 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	AMP #019/ME & PR	Unit Conversions/ upgrades	100,000	AMP #019/ME & PR	Unit Conversions/ upgrades	75,000
		Exhaust fans	10,000		Exterior Paint PR	50,000
		Landscaping/Irrig.	30,000		Comm. RM addition	75,000
					Exhaust fans	10,000
		Subtotal	140,000		Subtotal	210,000
See	AMP #074 -Highland			AMP #074 -Highland		
		Unit Upgrade contd.	100,000		ADA Improvements	75,000
Annual		Exhaust fans	10,000		Unit Upgrade contd	100,000
		Subtotal	110,000		Subtotal	175,000
	AMP #076 Griffin			AMP #076 Griffin		
		Unit Upgrade contd.	105,000		Unit Upgrade contd	75,000
		Subtotal	105,000		Subtotal	75,000
	AMP # 077 Eve/Aub/Roos			AMP # 077 Eve/Aub/Roos		
		Landscaping/Irrigate.	30,000			
		Playground (EG)	40,000		Curbs/Pavers Parking	100,000
		Upgrade Bath/floors	75,000		Upgrade ext. lighting	30,000
		Security Cameras EV	40,000			
		Upgrade Eve Fence	40,000			
		Subtotal	225,000		Subtotal	130,000
	Subtotal of Estimated Cost		\$580,000			\$580,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014			Work Statement for Year: 5 FFY 2015		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual	AMP #019/ME & PR			AMP #019/ME & PR		
		Unit Conversions/ Upgrade contd.	100,000		Unit Conversions/ Upgrade contd.	115,000
		Park Ridge Roof replacement	125,000		Upgrade Security Camera/ME	40,000
		Trash compactor	100,000		Landscaping	5,000
		Subtotal	\$325,000		Subtotal	\$160,000
	AMP #074 Highland			AMP #074 Highland		
		Unit Upgrade contd.	75,000		Unit Upgrade contd.	100,000
					Exhaust Fans	10,000
		Subtotal	75,000		Subtotal	\$110,000
	AMP #076 Griffin			AMP #076 Griffin		
		Unit Upgrade contd.	\$110,000		Unit Upgrade contd.	\$100,000
					Sidewalk accessibility	40,000
					Gazebos/benches/ landscaping	\$85,000
		Subtotal	\$75,000		Subtotal	\$225,000
	AMP # 077 Eve/Aub/Roos	Upgrade Bathrooms/floor.	\$70,000	AMP # 077 Eve/Aub/Roos	Upgrade Bathrooms/floor	95,000
		Subtotal	70,000		Subtotal	\$95,000
	Subtotal of Estimated Cost		\$580,000	Subtotal of Estimated Cost		\$580,000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2011	Work Statement for Year: <u>2</u> FFY <u>2012</u>		Work Statement for Year: <u>3</u> FFY <u>2013</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement	AMP # 019-Park Ridge Meyers		AMP # 019-Park Ridge Meyers	
	Staff Training	2,500	Staff Training	2,500
	Resident Capacity Building Programs	5,200	Resident Capacity Building/Educational Programs	4,700
	Self Sufficiency Program	7,500	Self Sufficiency Program	8,000
	Subtotal	15,200	Subtotal	15,200
	AMP # 074 –Highland		AMP # 074 –Highland	
	Staff Training	2,500	Staff Training	2,500
	Resident Capacity Building Programs	5,300	Resident Capacity Building Programs	4,800
	Elderly Sustainability Program	7,000	Elderly Sustainability Program	7,500
	Subtotal	14,800	Subtotal	14,800
	AMP # 076-Griffin		AMP # 076-Griffin	
	Staff Training	2,500	Staff Training	2,500
	Resident Capacity Building Programs	5,300	Resident Capacity Building/Educational Programs	4,800
	Elderly Sustainability Program	7,000	Elderly Sustainability Program	7,500
	Subtotal	14,800	Subtotal	14,800
	AMP # 077-Everglades /Auburn/Roosevelt		AMP # 077-Everglades /Auburn/Roosevelt	
	Staff Training	2,500	Staff Training	2,500
	Resident Capacity Building Programs	5,200	Resident Capacity Building Programs	4,700
	Self Sufficiency Program	7,500	Self Sufficiency Program	8,000
	Subtotal	15,200	Subtotal	15,200
	Subtotal of Estimated Cost	\$60,000	Subtotal of Estimated Cost	\$60,000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year: <u>4</u> FFY <u>2014</u>		Work Statement for Year: <u>5</u> FFY <u>2015</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement	AMP # 019-Park Ridge Meyers		AMP # 019-Park Ridge Meyers	
	Staff Training	2,500	Staff Training	2,500
	Resident Capacity Building/Educational Programs	4,700	Resident Capacity Building/Educational Programs	4,200
	Self Sufficiency Program	8,000	Self Sufficiency Program	8,500
	Subtotal	15,200	Subtotal	15,200
	AMP # 074 -Highland		AMP # 074 -Highland	
	Staff Training	2,500	Staff Training	2,500
	Resident Capacity Building Programs	4,800	Resident Capacity Building Programs	4,300
	Elderly Sustainability Program	7,500	Elderly Sustainability Program	8,000
	Subtotal	14,800	Subtotal	14,800
	AMP # 076-Griffin		AMP # 076-Griffin	
	Staff Training	2,500	Staff Training	2,500
	Resident Capacity Building/Educational Programs	4,800	Resident Capacity Building/Educational Programs	4,300
	Elderly Sustainability Program	7,500	Elderly Sustainability Program	8,000
	Subtotal	14,800	Subtotal	14,800
	AMP # 077-Everglades /Auburn/Roosevelt		AMP # 077-Everglades /Auburn/Roosevelt	
	Staff Training	2,500	Staff Training	2,500
	Resident Capacity Building Programs	4,700	Resident Capacity Building Programs	4,200
	Self Sufficiency Program	8,000	Self Sufficiency Program	8,500
	Subtotal	15,200	Subtotal	15,200
	Subtotal of Estimated Cost	\$60,000	Subtotal of Estimated Cost	\$60,000

**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, Bertha Henry the County Administrator certify that the Five Year and
Annual PHA Plan of the Broward County Housing Authority is consistent with the Consolidated Plan of
Broward County prepared pursuant to 24 CFR Part 91.


Signed / Dated by Appropriate State or Local Official

6/20/11



**PHA Certifications of Compliance
with PHA Plans and Related
R e g u l a t i o n s**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 06/30/2011

**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 X Annual PHA Plan for the PHA fiscal year beginning 10/01/2011, 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.

Broward County Housing Authority

FL079

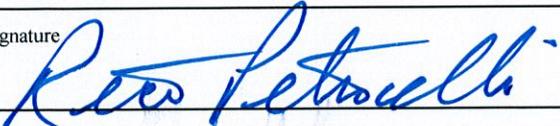
PHA Name

PHA Number/HA Code

____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

X Annual PHA Plan for Fiscal Years 20¹¹ - 20¹²

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
Rico Petrocelli	Chairman, BCHA Board of Commissioners
Signature 	Date June 15, 2011

RESOLUTION NO. 2011-36

A Resolution of the Broward County Housing Authority Approving the PHA Annual Plan Beginning October 1, 2011

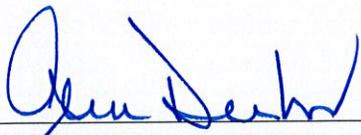
WHEREAS, the Quality Housing and Work Responsibility Act of 1998 (QHWRA) requires public housing authorities to submit a Five Year Plan and Annual Plan to the U.S. Department of Housing and Urban Development ("HUD"); and

WHEREAS, the Act mandates housing authorities to develop a Plan that is revised every five years and updated every year, and establish a Resident Advisory Board to advise the Housing Authority in the development of the plan to reflect new goals, strategies and polices in accordance with HUD; and

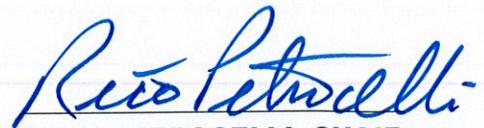
WHEREAS, the Annual Plan was the subject of a public hearing before the Broward County Housing Authority ("BCHA") Board of Commissioners on May 18, 2011 and was developed in consultation with our Resident Advisory Board and the Community Development Divisions of Broward County, City of Hollywood, the Town of Davie, Deerfield Beach and Fort Lauderdale as explained in Memorandum 2011-10 (COO).

NOW THEREFORE BE IT RESOLVED, that the Board of Commissioners of the Broward County Housing Authority ("BCHA") hereby approves the Annual Plan and authorizes the Chief Executive Officer to submit the Annual Plan to the U.S. Department of Housing and Urban Development ("HUD").

PASSED, ADOPTED AND APPROVED THIS 15th DAY OF JUNE 2011.



ANN DEIBERT, BOARD SECRETARY/CEO



RICO PETROCELLI, CHAIR

(SEAL)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Broward County Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund 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 Federal agency 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

Ann Deibert

Title

Chief Executive Officer

Signature

Date

X

6/17/2011

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Broward County Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

Ann Deibert

Title

Chief Executive Officer

Signature



Date (mm/dd/yyyy)

06/17/2011

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <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	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 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: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
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: <u><i>Ann Deibert</i></u> Print Name: <u>Ann Deibert</u> Title: <u>CEO</u> Telephone No.: <u>954-739-1114</u> Date: <u>06/17/2011</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Comments of Resident Advisory Board and Residents

Agency Response to Comments Received

The "Quality Housing Work Responsibility Act of 1998" (QHWRA) contains a provision whereby PHA's must submit an Agency Plan. The Agency Plan final rule was published by the Department of Housing and Urban Development on October 21, 1999, and became effective on November 22, 1999.

The Agency Plan has two parts, a Five-Year Plan and an Annual Plan. The Agency Plan submission process is a continuing planning process, requiring the Housing Authority to submit an Annual plan each year. Residents, program participants, and the public have an opportunity for input before each submission to HUD.

Comments On The Draft Agency Plan

During the 45-day Agency Plan comment period oral comments on the Draft Agency Plan were received. The comments were recorded via pen and paper notes during the Resident Advisory Board meeting. The Public Hearing was taped. Oral comments on the Draft Agency Plan were received during the Resident Advisory Board Meeting on March 19, 2011. No comments were received during the Board of Commissioners Public Hearing on May 18, 2011.

The discussion in this document is grouped by issues and acknowledges related comments received from all sources, the Housing Authority's response and the Chief Executive Officer's recommendations, where appropriate, on making changes in the final Agency Plan.

Requirements for Resident Participation in the Agency Plan Process

The Code of Federal Regulations (CFR) provisions are as follows:

- Section 903.13 (a) states: "...The role of the Resident Advisory Board...is to participate in the PHA planning process and to assist and make recommendations regarding the PHA Plans."
- Section 903.13(c) states: "...The PHA must consider the recommendations of the Resident Advisory Board or Boards in the preparing the final Agency Plan. In submitting the final plan to HUD for approval, the PHA must include a copy of the recommendations made by the Board or Boards and a description of the manner in which the PHA addressed these recommendations."

- Section 903.17 set forth the public notification requirements: The Board of Commissioners “must conduct a public hearing to discuss the PHA Plan...and invite public comment on the plan(s). The hearing must be conducted at a location that is convenient to the residents served by the PHA”.
- The regulations also state: Not later than 45 days before the public hearing is to take place, the PHA must:
 1. Make the proposed plan(s) and all information relevant to the public hearing to be conducted available for inspection by the public at the principal office of the PHA during normal business hours; and
 2. Publish a notice informing the public that the information is available for review and inspection, and that a public hearing will take place on the plan, and the date, time, and location of the hearing.

The Housing Authority Agency Plan Public Process

The Housing Authority has made the Agency Plan submission/approval process a public process. The events, communications and activities relevant to the Housing Authority's Agency Plan public process include:

- Made copies of the Draft Agency Plan available at Public Housing Developments.
- Published Notices concerning the Draft Agency Plan and the Public Hearing in three newspapers: The Sun - Sentinel, Westside Gazette, and el - Sentinel.
- Sent Draft Agency Plans to members of the Resident Advisory Board
- Sent Draft Agency Plans to Broward County, City of Ft. Lauderdale, City of Deerfield Beach, and the Town of Davie.
- Assembled documentation relevant to the Agency Plan and made it available for public inspection at the BCHA Administrative offices beginning April 1, 2011.
- The Housing Authority Board of Commissioners conducted a Public Hearing regarding the Draft Agency Plan on May 18, 2011.
- The Housing Authority considered all comments in drafting the Final Agency Plan.

BROWARD COUNTY HOUSING AUTHORITY

2011 AGENCY PLAN – RESIDENT ADVISORY BOARD COMMENTS

HOUSING CHOICE VOUCHER PROGRAM

Resident Advisory Board Comments

Can I move to Ft. Lauderdale if I have a voucher?

BCHA Comments

Yes

Resident Advisory Board Comments

During discussion of changes to the Administrative Plan for Assisted Housing Programs a member of the RAB asked if public housing is only for elderly and disabled persons/families.

BCHA Comments

Public housing provides housing for families with children as well for the elderly and disabled. Staff presented a brief explanation of the differences between public housing and the housing choice voucher program.

Resident Advisory Board Comments

What is the criteria for a live-in attendant?

BCHA Comments

The criteria is generally the same as for program participants or residents of public housing. Criminal records are taken into consideration.

Resident Advisory Board Comments

Can someone lose their housing if the live-in attendant has a criminal background?

BCHA Comments

Yes, it is possible to lose housing depending on circumstances.

Resident Advisory Board Comments

How far back does BCHA check criminal history?

BCHA Comments

Generally speaking, five years are considered depending on the nature of the crime.

PUBLIC HOUSING

Resident Advisory Board Comments

Will there be a new community building at Everglades and who will be allowed to utilize the building?

BCHA Comments

Yes, plans are in motion to construct a brand new community/office building on the Everglades site. This space will be used by residents of Everglades Apartments, Auburn Gardens and Roosevelt Glen. It will not be open to the general public. We will also have a playground, gazebo and urban garden where the basketball courts were located.

Resident Advisory Board Comments

A resident recommended that activities included at the Community Center include karate, dance, and educational programs.

BCHA Comments

We plan to include a number of activities for youth as well as for adults and hope to work with the schools to ensure that educational programs enhances students progress.

Resident Advisory Board Comments

Highland Garden resident acknowledged and thanked staff for building improvements at the property; however, she is experiencing some pest control problems.

BCHA Comments

Please notify the property manager to schedule additional pest control treatment.

Resident Advisory Board Comments

A resident of Park Ridge advises of a problem with ants.

BCHA Comments

Please notify the property manager to schedule additional pest control treatment.

Resident Advisory Board Comments

Park Ridge resident suggested widening front and back porches and also asked if they could install tents and suggested solar water heating.

BCHA Comments

Staff is working on a plan to expand both the front and back porches. Tents should not be installed. We are studying the idea of solar water heating in the new construction apartments at Park Ridge. We will include a study to see if solar water heating is feasible for the existing apartments.

Resident Advisory Board Comments

A resident at Auburn asked if door levers on the exterior doors could be replaced as they are designed for handicapped units and doesn't think its secure.

BCHA Comments

BCHA installed the levers on the exterior to make it easier for residents to open. The locking apparatus is secured by a dead bolt. A door knob is also secured with a dead bolt.

Resident Advisory Board Comments

Can the office at Park Ridge have computers for residents?

BCHA Comments

There is minimal space available, however, we do plan to provide a computer(s) accessible to the residents in the community.

Resident Advisory Board Comments

A public housing resident asked if they can move to a public housing property in Fort Lauderdale.

BCHA Comments

If owned/operated by Ft. Lauderdale Housing Authority, you would have to be on their wait list for public housing.

General Comments/Recommendations/Questions

Resident Advisory Board Comments

How long can a person receive assistance under the temporary assistance program – CAP?

BCHA Comments

Assistance under CAP is 12 to 24 months on a case by case basis.

Resident Advisory Board Comments

A public housing resident recommended that families should be encouraged to attend meetings to provide feedback. For example, changes BCHA may not have considered to parts, materials, etc.

BCHA Comments

BCHA has resident relations staff who do have monthly meetings and encourage residents to attend all meetings regarding the properties where they reside.

8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>Attachment – f1079c02 – CFP Annual Statement f1079d02 – CFP Replacement Housing Factor Annual Statement</p> <p>CFP Annual Performance and Evaluation Reports: Attachment - f1079e02 – FL14P07950110 f1079f02 – FL07900001909E f1079g02 – FL07900007709E f1079h02 – FL14P07950109 f1079i02 – FL14S07950109 f1079j02 – FL14P07950108</p> <p>CFP Replacement Housing Factor Performance and Evaluation Reports: Attachment - f1079k02 – FL14R07950110 f1079l02 – FL14R07950109 f1079m02 – FL14R7950309 f1079n02 – FL07900007609R f1079o02 – FL14R07950108 f1079p02 – FL14R07950107</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>Attachment – f1079q02 – CFP Five-Year Plan</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<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.</p> <p>BCHA is a High Performer and is required to complete only for Annual Plan submittal with the 5-Year Plan.</p>
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> <p>BCHA is a High Performer and is required to complete only for Annual Plan submittal with the 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>BCHA is a High Performer and is required to complete only for Annual Plan submittal with the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>BCHA is a High Performer and is required to complete only for Annual Plan submittal with the 5-Year Plan.</p>

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> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> <p>Attachment – fl079r02 – Required Submission Forms</p>
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.

- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.
2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest

infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: **(i)** A description of the need for measures to ensure the safety of public housing residents; **(ii)** A description of any crime prevention activities conducted or to be conducted by the PHA; and **(iii)** A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.
9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any

activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.**
 - 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and
 - 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that **approved and/or pending** demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>
- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;

- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**
- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.