

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Holyoke Housing Authority</u> PHA Code: <u>MA005</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>2011</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>921</u> Number of HCV units: <u>1180</u>					
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
PHA 1:						
PHA 2:						
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	<p>Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:</p> <ol style="list-style-type: none"> To ensure the delivery and availability of decent, safe, and sanitary affordable housing as defined in compliance with all applicable federal, state and local statutes and regulations. The Holyoke Housing Authority is committed to ensuring that each employee of the Authority is provided with the necessary training and supervision to accomplish their assigned responsibilities and to promote the mission of the Holyoke Housing Authority. The Holyoke Housing Authority is committed to using established and innovative financial and human resources to ensure that each Holyoke Housing Authority resident and housing community has the opportunity to achieve its maximum potential. The Holyoke Housing Authority is committed to ensuring the valuable recognition of the role and importance of the public housing communities within the city of Holyoke. The authority is committed to promoting the integration of public housing within the larger community. 					

5.2

Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

Goal One: The Holyoke Housing Authority will work to expand the supply of affordable housing and improve its existing housing stock, in these times of budget cuts and limited funding, by seeking innovative financial resources for these endeavors in alternative markets.

Objectives:

- To meet this goal the Authority will leverage private or other public funds to create additional housing opportunities,
- Will educate staff and its Board of Commissioners of alternative finance models that may provide financing for modernization improvements.

Goal Two: To meet the needs of those low-income frail seniors in need of decent, safe, and affordable housing, while at the same time offering them the needed services to improve their quality of life, the Authority will develop an assisted living facility at Falcetti Towers.

Objectives:

- The Authority will work to create the first affordable assisted living facility for low income seniors in our community
- The Authority will work with community-based organizations and service providers to improve and expand services needed for this population so that they may age in place.
- To continue to apply for funding under the Title IIIB Older Americans Act funding from WestMass ElderCare for the Bridging the Gap program.

Goal Three: The Holyoke Housing Authority is committed to expanding the range and quality of housing choices available to participants in its tenant-based assistance program, public housing program and to all low to moderate income Holyoke residents.

Objectives:

- To promote homeownership as a housing option for low/moderate income households. To continue to offer the Section 8 Housing Choice Voucher Homeownership Program to those HCV households who are eligible.
- To educate potential homeowners the Authority proposes to continue to partner with the City of Holyoke to offer First-Time Homebuyer Workshops. The Authority will fund these workshops by applying for funding from the CDBG program.
- To assist buyers with the expenses associated with downpayment and closing costs the Authority proposes to continue to administer the City of Holyoke's Borrower's Assistance Program funded through the HOME program.
- Created a pool of new homes that are affordable for the low/moderate income first-time homebuyer through the HOPE VI program.

Goal Four: Provide a safe and secure environment in the Holyoke Housing Authority's public housing developments.

Objectives:

- To remain an active participant on the City's Weed & Seed and Shannon grant Steering Committee
- The Holyoke Housing Authority will work with the Holyoke Police Department to continue the relationship that currently exists with the assigned Officer Liaison.
- To continue to work with the HPD to have a visible officer presence at all developments, and to offer crime prevention training to all interested residents and staff.
- Implement public housing security improvements by researching the cost and feasibility of remote cameras and other aids that will assist in the surveillance of all Authority properties.

Goal Five: The Holyoke Housing Authority will work to provide all households and individuals residing in public housing with the opportunity to access the services needed to improve their quality of life and to increase their economic situation.

Objectives:

- Increase the number and percentage of employed persons in assisted families by 5% over the year.
- Provide or attract supportive services to improve assistance recipients' employability. Continue to apply for funding through the ROSS program to allow for supportive services.
- Provide or attract supportive services to increase independence for the elderly or families with disabilities. Continue to apply for funding through the ROSS RSDM program to allow for supportive services.

Goal 6: The Holyoke Housing Authority will continue to strive to create new and expanded affordable housing opportunities for low, very low and extremely low income families through housing acquisition, conversion, redevelopment and rehabilitation activities.

- Should Congress or HUD provide relief from the 1999 Faircloth Amendment baseline cap on Federal public housing units the HHA will attempt to acquire, absorb or federalize a portion of its existing state public housing program units, particularly its 217 unit Beaudoin Village state family development and its 12 unit 705 scattered site development to take full advantage of HUD options which may become available through systemic Section 8 Housing Choice Voucher and Low Rent Public Housing program revisions.

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>The Holyoke Housing Authority's PHA Plan is available for public review at the following sites: Holyoke Public Library, HHA administrative offices at 475 Maple street, Managers offices at 5 Hampden Street and 22 North Summer Street. The Plan will be put on the Authority's website once it is completed by the end of the year 2009.</p>																																																																					
6.1	<p>Eligibility, Selection and Admissions Policies, including Deconcentration, and Wait List Procedures</p> <p>Eligibility, selection and admissions policies, including deconcentration, and wait list procedures, are defined in the Holyoke Housing Authority's Admissions and Continued Occupancy Plan (ACOP). The Plan is available to the public during normal business hours: Monday-Friday, 8:30 AM-4:30 PM.</p>																																																																					
6.2	<p>Financial Resources</p> <table border="1" data-bbox="240 634 1414 1549"> <thead> <tr> <th colspan="3" style="text-align: center;">Financial Resources: Planned Sources and Uses</th> </tr> <tr> <th style="text-align: left;">Sources</th> <th style="text-align: center;">Planned \$</th> <th style="text-align: center;">Planned Uses</th> </tr> </thead> <tbody> <tr> <td colspan="3">1. Federal Grants (FY 2010 grants)</td> </tr> <tr> <td>a) Public Housing Operating Fund</td> <td style="text-align: right;">3,905,941</td> <td></td> </tr> <tr> <td>b) Public Housing Capital Fund</td> <td style="text-align: right;">1,207,318</td> <td></td> </tr> <tr> <td>c) HOPE VI Revitalization</td> <td></td> <td></td> </tr> <tr> <td>d) HOPE VI Demolition</td> <td></td> <td></td> </tr> <tr> <td>e) Annual Contributions for Section 8 Tenant-Based Assistance</td> <td style="text-align: right;">7,072,245</td> <td></td> </tr> <tr> <td>f) Public Housing Drug Elimination Program (including any Technical Assistance funds)</td> <td></td> <td></td> </tr> <tr> <td>g) Resident Opportunity and Self-Sufficiency Grants</td> <td style="text-align: right;">240,000</td> <td></td> </tr> <tr> <td>h) Community Development Block Grant</td> <td></td> <td></td> </tr> <tr> <td>i) HOME</td> <td></td> <td></td> </tr> <tr> <td>Other Federal Grants (list below)</td> <td></td> <td></td> </tr> <tr> <td colspan="3">2. Prior Year Federal Grants (unobligated funds only) (list below)</td> </tr> <tr> <td>MA05REF008A007</td> <td style="text-align: right;">100,000</td> <td>PH Operations</td> </tr> <tr> <td colspan="3">3. Public Housing Dwelling Rental Income</td> </tr> <tr> <td></td> <td style="text-align: right;">1,641,071</td> <td>PH Operations</td> </tr> <tr> <td colspan="3">4. Other income (list below)</td> </tr> <tr> <td>Investment</td> <td style="text-align: right;">17,456</td> <td></td> </tr> <tr> <td colspan="3">4. Non-federal sources (list below)</td> </tr> <tr> <td>State/Local</td> <td style="text-align: right;">1,086,286</td> <td>State/Local</td> </tr> <tr> <td colspan="3">Total resources</td> </tr> <tr> <td></td> <td style="text-align: right;">13,966,335</td> <td></td> </tr> </tbody> </table>	Financial Resources: Planned Sources and Uses			Sources	Planned \$	Planned Uses	1. Federal Grants (FY 2010 grants)			a) Public Housing Operating Fund	3,905,941		b) Public Housing Capital Fund	1,207,318		c) HOPE VI Revitalization			d) HOPE VI Demolition			e) Annual Contributions for Section 8 Tenant-Based Assistance	7,072,245		f) Public Housing Drug Elimination Program (including any Technical Assistance funds)			g) Resident Opportunity and Self-Sufficiency Grants	240,000		h) Community Development Block Grant			i) HOME			Other Federal Grants (list below)			2. Prior Year Federal Grants (unobligated funds only) (list below)			MA05REF008A007	100,000	PH Operations	3. Public Housing Dwelling Rental Income				1,641,071	PH Operations	4. Other income (list below)			Investment	17,456		4. Non-federal sources (list below)			State/Local	1,086,286	State/Local	Total resources				13,966,335	
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6.3	<p>Rent Determination</p> <p>Rent determination policy is defined in the Holyoke Housing Authority's Admissions Continued Occupancy Plan (ACOP) and its Section 8 Administrative Plan. The Plans are available to the public during normal business hours: Monday-Friday, 8:30 AM-4:30 PM.</p>																																																																					

6.4	<p>Operations and Management</p> <p>Statements of rules, standards and policies, including its pest policy, of the Holyoke Housing Authority governing the management of all housing units owned and managed by the Holyoke Housing Authority are available at its administrative office at 475 Maple Street. An explanation of the Authority’s inspection and emergency inspection policy is described in both the ACOP and Section 8 Administrative Plan. Both Plans are available for review at 475 Maple Street, between the hours of 8:30 AM and 4:30 PM Mondays through Fridays.</p>
6.5	<p>Grievance Procedures</p> <p>Grievance procedures including the informal hearing and review procedures for both tenants and applicants are outlined in chapter 14 of the Holyoke Housing Authority’s Continued Occupancy Plan (ACOP) and its Section 8 Administrative Plan. The Plans are available to the public during normal business hours: Monday-Friday, 8:30 AM-4:30 PM at the Authority’s administrative offices at 475 Maple Street. .</p>
6.6	<p>Designated Housing for Elderly and Disabled Families</p> <p>At this time the Holyoke Housing Authority is in the process of renewing Falcetti Towers Elderly only designated Housing plan. The Authority does monitor its waiting lists and should there be the need to designate another building elderly it will amend the Plan.</p>
6.7	<p>Community Service and Self-Sufficiency</p> <p>Community Service requirements are defined in chapter 8 the Holyoke Housing Authority’s Admissions and Continued Occupancy Plan (ACOP). The Plan is available to the public during normal business hours: Monday-Friday, 8:30 AM-4:30 PM. The Authority notifies offenders of the requirement and will seek eviction through housing court if the tenant is not in compliance.</p> <p>The Holyoke Housing Authority’s Family Self-Sufficiency Program (FSSP) represents a community-based approach to the organization and delivery of locally available social services in order to help eligible families become self-reliant and independent from all forms of public assistance. The program is committed to assisting the low-income residents of Holyoke secure safe, decent, and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives. The Program is designed to identify the needs of participating families and to deliver an individually designed, comprehensive and coordinated set of services to facilitate their efforts in achieving and maintaining economic self-sufficiency.</p> <p>In 2010 the Authority received funding under the 2009 ROSS HCV FSS Coordinators program to fund a HCV Case Manager and under the 2009 ROSS PH FSS Coordinator program to fund a PH FSS Case Manager. The Authority also received \$240,000 in funding under the 2009 ROSS Service Coordinator grant. The Authority is also a 2008 recipient of a ROSS Family and Homeownership grant. There are five specific areas of programming: Adult Computer Classes Money Management Skills Teen Programming- Parent Education, Family Counseling and Early Education and Care Counseling Services First-Time Homebuyer Education and One-On-One Counseling. The Authority plans on submitting applications in FY 2011 to both ROSS PH FSS Case Manager and HCV FSS Case Manager grant opportunities..</p>
6.8	<p>Safety and Crime Prevention</p> <p>The Holyoke Housing Authority through its participation in the City of Holyoke’s Weed and Seed and Shannon grants works hand-in-hand with the Holyoke Police Department to foster a consistent police presence in its family developments. This activity not only fostered relationships between the officers and the residents it also has lead to enhanced communication and a gradual increase in resident oversight of their communities.</p> <p>This partnership has resulted in:</p> <ul style="list-style-type: none"> • The utilization of tenant associations as a means of educating residents about existing Holyoke Police Department anonymous reporting systems such as the Department’s TIPS telephone lien and the “Eye Witness” program. • A Holyoke Police Department officer being assigned to attend monthly Association meetings to better understand and address residents concerns. • The development of an effective mechanism for the exchange of information between the Holyoke Police Department, community residents, and the Holyoke Housing Authority which allows for the actual and perceived anonymity of the residents reporting information on suspected and/or reported tenants involved in illegal drug and/or criminal street gang activities between the community and law enforcement. • Enforcing quality of life ordnances such as noise, disturbances, speeding in addition to dealing with drug and gang related issues • The HPD aiding the tenants association in identifying areas within the housing development where security should be enhanced through development walk-troughs. • Working with community leaders, the Holyoke Housing Authority and the Boys & Girls Club of Greater Holyoke to instruct the residents on personal safety issues and the reporting of illegal activities. • Encouraging the continued use of The Boys & Girls Club of Greater Holyoke site-based unit as a community safe haven – a safe place for children to go during the key afternoon hours when the incidences of illicit activities increase. • The installation of surveillance cameras at Lyman terrace and Toepfert Apartments • The hosting of Neighborhood Crime Watch unit at Rosary Towers • Active enforcement of the Authority’s One Strike Policy

6.9	<p>Pets</p> <p>The Authority's pet policy is defined in chapter 11 of the Authority's Admissions and Continued Occupancy Plan (ACOP). The Plan is available to the public during normal business hours: Monday-Friday, 8:30 AM-4:30 PM.</p>
6.10	<p>Civil Rights Certification</p> <p>It is the policy and obligation of the Holyoke Housing Authority to administer all aspects of its housing programs without regard to race, color, sex, sexual orientation, religion, age, handicap, disability, national origins, familial status or marital status. This statement is documented in both the Authority's Continued Occupancy Plan (ACOP) and its Section 8 Administrative Plan. The Authority is in compliance with the Civil Rights and Affirmatively Furthering Fair Housing (AFFH) Certification.</p>
6.11	<p>Fiscal year Audit</p> <p>The FY 2009 audit has been completed and all final documents will be to the Authority by October 31, 2010. The report and all supporting documents may be reviewed at the Authority's administrative offices at 475 Maple Street during normal business hours: Monday-Friday, 8:30 AM - 4:30 PM.</p>
6.12	<p>Asset Management</p> <p>Statements of the Holyoke Housing Authority's asset management practices are available to the public at the Authority's administrative offices at 475 Maple Street during normal business hours: Monday-Friday, 8:30 AM -4:30 PM.</p>
6.13	<p>Violence Against Women Act (VAWA)</p> <p>The Holyoke Housing Authority's Violence Against Women Act (VAWA) Policy for both tenants and applicants are outlined in the Holyoke Housing Authority's Continued Occupancy Plan (ACOP) and its Section 8 Administrative Plan. The Plans are available to the public during normal business hours: Monday-Friday, 8:30 AM-4:30 PM at the Authority's administrative offices at 475 Maple Street. Furthermore the Authority under its Federal Housing and HCV program gives Domestic Violence Victims the same preference as is given to Holyoke working residents. The Authority works closely with the Holyoke Police Department's Domestic Violence unit. Referrals are made from the HPD to the Authority for families needing assistance. The HPD assists the Authority in issues pertaining to domestic violence occurring in public housing units. Assistance includes providing copies of police incident reports so that the Authority can document the abuse and remove the offender from the unit.</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p>
7.0 (a)	<p>Hope VI or Mixed Finance Modernization or development</p> <p>The Holyoke Housing Authority will apply for Hope VI grant funding in November 2010. This grant if funded will be used to revitalize Lyman terrace- MA001- AMP 1.</p> <ol style="list-style-type: none"> 1) The development affected will be Lyman Terrace- AMP1, a 167 unit family development. 2) The application will be submitted to HUD no later than November 27, 2010. The Authority anticipates notification in early 2011. Should the grant application be successful work will begin in the fall of 2011
7.0 (b)	<p>Demolition and/or Disposition</p> <ol style="list-style-type: none"> 1) Development Name- Lyman Terrace, 167 unit family development, MA001-AMP 1. The total development is to be demolished under the Hope VI application. 2) The projected start date of the activity is 10/30/2012
7.0 (c)	<p>Conversion of Public Housing</p> <p>The Holyoke Housing Authority does not plan in FY 2011 to convert any public housing developments to tenant –based assistance under the HCV program.</p>
7.0 (d)	<p>Homeownership</p> <p>During FY 2003, to continue to meet, and with the objective to exceed, this goal the Authority developed its <i>Housing Choice Voucher Homeownership Program</i>. This program allows qualified voucher holders the opportunity to purchase a home of their own. To educate potential homeowners the Authority partners with the City of Holyoke to offer <i>First-Time Homebuyer Workshops</i>. The Authority received CDBG funding to provide this service in FY 2010 and has applied for FY 2011 funding. To assist these buyers with the expenses associated with downpayment and closing costs the Authority administers the City of Holyoke's <i>Borrower's Assistance Program</i> funded through the HOME program. The Authority will apply for HOME funding in FY 2011 to continue this program. If the Authority's 2010 HOPE VI application is approved the Authority will develop homeownership units that will be offered for sale to income eligible first time homebuyers.</p>
7.0 (e)	<p>Project-based Vouchers</p> <p>If the Holyoke Housing Authority's 2010 HOPE VI application is successful it will use the project-based voucher program during FY 2011. The number of units to be converted will be dependant on financing of the project and will be fully explained in the submitted HOPE VI application.</p>

8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
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>See attached ma005a02 and ma005a03</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>See attached ma005a01</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>

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

HHA Federal Public Housing Wait List	# of families	% of total families	
Waiting list total	2,380		
Extremely low income <=30% AMI	2,207	92.73%	
Very low income (>30% but <=50% AMI)	162	6.81%	
Low income (>50% but <80% AMI)	11	0.46%	
Families with children	1,294	54.37%	
Elderly families	113	4.75%	
Families with Disabilities	543	22.82%	
Race/ethnicity White non-Hispanic	156	9.08%	
Race/ethnicity Black non-Hispanic	52	2.18%	
Race/ethnicity Hispanic	2,152	90.42%	
Race/ethnicity Asian	2	0.08%	
Race/ethnicity Pacific Islander	5	0.21%	
Race/ethnicity American Indian	0	0%	
Race/ethnicity other	13	.55%	
Bedroom Size			
1BR	1,057	44.41%	
2 BR	834	35.04%	
3 BR	419	17.61%	
4 BR	65	2.739%	
5 BR	4	0.17%	
5+ BR	1	0.00%	

9.0

HCV Wait List- MassNAHRO Centralized Wait List	# of families	% of total families	
Waiting list total	44798		
Extremely low income <=30% AMI	40665	91%	
Very low income (>30% but <=50% AMI)	3760	8%	
Low income (>50% but <80% AMI)	220	1%	
Families with children	28323	63%	
Elderly families	2512	6%	
Families with Disabilities	14392	32%	
Race/ethnicity White	20590	46%	
Race/ethnicity Black	8573	19%	
Race/ethnicity Asian	1393	3%	
Race/ethnicity Pacific Islander	99	0%	
Race/ethnicity American Indian	786	2%	
Race/ethnicity Hispanic	14054	31%	

- Due to the age of its housing stock and the reduction in funding and resources to make needed improvements the Authority has applied on November 22, 2010 for a HOPE VI grant to modernize Lyman Terrace- MA005-01. Should this application not be successful the Authority may consider applying for HOPE VI funding again in 2011 or to apply for a Choice Neighborhood grant.
- The Resident Services Department will continue to counsel all interested residents with the goal of helping them reach economic sufficiency so that the ultimate goal of homeownership and economic self sufficiency is achieved.
- Comprehensive Grant funding for FY 2011 will continue to be targeted toward elderly developments. It is our hope that this will make them more competitive with some of the local non-subsidized elderly high-rises. The Authority will continue its progressive marketing campaign to attract Holyoke elders to our elderly developments.
- The Authority is entering its eleventh year of offering Section 8 households the services of a Section 8 Family Self-Sufficiency Services Coordinator. This position has allowed us to expand our counseling efforts to all Section 8 recipients. We have also expanded the Resident Services Department to offer FSS counseling to all subsidized households by hiring a Public Housing Family Self-Sufficiency Services Coordinator.
- Both the waiting list and consolidated plan demonstrates that the Hispanic population shows the greatest need for affordable housing. Our front line staff, who is primarily Hispanic, will continue to work closely with this population on economic self sufficiency in addition to housing issues.

In the City's 2010 First Program Year Action Plan under Barriers to Affordable Housing it is stated:

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While there exists a theoretical need for additional affordable housing based on Holyoke's large low income population, the current market realities indicate there is virtually no unmet demand for units at street rents in these areas. The Holyoke Landlord's Association has indicated that a double digit vacancy rate exists. The City acknowledges that a significant number of its rental households have incomes at or below 50% of median and just simply cannot afford even below market rents, although such apartments are available. No amount of additional construction or reconstruction can affect the income of potential tenants. Without some sort of rental assistance, certain families cannot afford even the lowest rents required to keep buildings viable. These are the families that require subsidies, and would require them no matter where they lived.

To address this barrier the Authority will work with families to assist them to become economically self sufficient so that they will be able to afford to rent non-assisted units or move to homeownership thus freeing up the units that they reside in for other families in need. The Authority will accomplish this goal by maintaining an active Resident Services Department and staffing this department through the PH ROSS FSS and HCV programs.

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.**

In its Consolidated Plan the City of Holyoke states five (5) Housing Priorities:

1. Increase availability of housing stock for purchase and occupancy by low and moderate income persons in Holyoke. *The Holyoke Housing Authority has added to the pool of affordable housing stock for purchase with the construction and sale of 60 homeownership units constructed under its HOPE VI program. Since these homes have deed riders which maintain the units affordability for 20 years these homes will remain affordable should they return to the housing market.*
2. Preserve and improve the existing owner-occupied housing stock in Holyoke by moderate rehabilitation through home improvement programs. *While the Authority does not offer rehabilitation improvement programs through its HQS inspections of Section 8 subsidized units the Authority assists the City in assuring that subsidized housing stock meet minimum standards. The Leased Housing Department will work with owners who have units out of compliance and provide information to funding sources for rehabilitation.*
3. Facilitate homeownership for low and moderate income persons in Holyoke by providing assistance with downpayment and closing costs. *The Holyoke Housing Authority, committed to expanding the range and quality of housing choices available to participants in its tenant-based assistance program, public housing program and to all low to moderate income Holyoke residents, has assisted the City in reaching this priority by partnering to offer CDBG funded First-Time Homebuyer Education series. To assist these buyers with the expenses associated with downpayment and closing costs the Authority administers the City's HOME funded Borrower's Assistance Program. In addition to offering education opportunities the Authority is able to assist Housing Choice Voucher holders with the purchase of a home through its Section 8 Homeownership program. To further assist these buyers the Authority has created the HOPE VI Buyers Program. This program will allow bridge financing for income eligible first-time homebuyers.*
4. Increase availability of elderly assisted living units in Holyoke for low and moderate income persons. *The Authority will work with the Holyoke Geriatric Association to develop an assisted living facility in the City.*
5. Preserve and improve the rental housing stock by small scale rehabilitation or new construction of rental properties. *Through its 1996 HOPE VI grant the Authority added 100 units of quality affordable housing to the City's affordable housing inventory. In order to continue being a provider of quality housing options for low and moderate families the Authority will apply for a HOPE VI grant to rehabilitate its oldest Family Housing Development, Lyman Terrace.*

The City has also set as an Anti-Poverty Strategy the need for groundwork to be provided to assist families so that they can lift themselves out of poverty. The Authority's Family Self-Sufficiency program has assisted families, both public housing and HCV participants, in improving their quality of life and to increase their economic situations.

9.1

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><u>During FY 2009 the Authority made the following progress on its stated goals:</u> Goal 1.- The Authority applied for a Hope VI grant to revitalize Lyman terrace. Learning from its past two non-funded applications the Authority firmed up its application and formed new partnerships with community members and residents to develop a successful application. Goal 2. The Authority applied for and received funding under the Title III Older Americans Act to continue its Bridging the Gaps program. The Authority completed its FY 2005 ROSS Elderly/Disabled persons grant. Goal 3. The Authority continued to offer FTHB education classes in English and Spanish. It also continued its HCV Homeownership program and its BAP program. Goal 4. The Authority continues to be a strong member of the Weed and Seed and Shannon grant steering Committees. Cameras were installed in a drug/gang problem area at Lyman terrace. Goal 5. The Authority continued programming under its FY 2007 ROSS Family/Homeownership grant. It also received funding under the FY 2008 ROSS HCV FSS program. Goal 6. The Authority worked to federalize two of its State funded family developments- Beaudoin Village and 705 scattered sites.</p> <p><u>During FY 2010 the Authority made the following progress on its stated goals</u> <u>Goal 1-</u> The Authority developed two single family homes on the former Minnie Dwight site. These homes were constructed with sale proceeds from its 1996 HOPE VI grant. The Authority applied for 2010 funding under the HOPE VI grant program to revitalize its Lyman Terrace family development and the surrounding neighborhood. <u>Goal 2-</u> The Authority was granted Title III Older American's Act funding for its Bridging the Gaps Program. This grant, now in its eleventh year allows the Authority to hire an Elder Case Manager to provide transportation and translation services to our elderly residents. The Authority submitted a Designated Housing Plan to keep Falcetti Towers an elderly only development. <u>Goal 3-</u> The Authority continues to work with the Springfield Neighborhood Housing Services, Hampden Savings Bank and Sovereign Bank for mortgage financing under the HCV Homeownership program. One HCV Homeownership loan closed in 2010. The Authority received \$2,000 in CDBG funding for its FTHB education workshop series. Thus far in 2010 the Authority has held three workshop series which were attended by 62 households. Another one will be held before the end of the year. \$49,999 in downpayment and closing cost assistance was loaned to FTHBs through the Authority's Borrower's Assistance Program thus far this year. One public tenant purchased a home during the year. <u>Goal 4-</u> The Authority continues to have a strong presence on the City's Weed and Seed and the Shannon grant Steering Committees. The Authority continues to work with the HPD to help weed out drugs and violent crimes in its developments. In 2010 this relationship has resulted in six evictions for drug related crimes. Surveillance cameras were installed in all buildings hallways at Toepfert Apartments <u>Goal 5-</u> The Authority entered its third year of programming under its FY 2007 ROSS Family/Homeownership grant. It also received funding under the FY 2009 ROSS PH FSS program and HCV FSS program. The Authority also received \$240,000 in funding under the ROSS Service Coordinator program. <u>Goal 6-</u> The Authority received approval for the federalization of its MPH 200-1, Beaudoin Village family development.</p>
	<p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The Holyoke Housing Authority defines a Substantial Deviation from or Significant Amendment or Modification to the HHA's Five year and Annual PHA Plan as discretionary changes in HHA plans or policies that fundamentally change the HHA's mission, goals, objectives, or programs, and which require formal approval of the Board of Commissioners. Any changes in the HHA's plans or policies that are adopted pursuant to changes in HUD appropriations or revisions to HUD's regulatory or program requirements will not be considered significant amendments by the HHA.</p>

<p>11.0</p>	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>Please see attached MA005a04</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
<p>11.0 (f) (g)</p>	<p>(f) The Resident Advisory Board of the Holyoke Housing Authority Veronica Diaz- Beaudoin Village Sonia Gonzalez- Lyman Terrace Maria Rodriguez- Falcetti Towers Leonides Ramos- Rosary Towers Maria Cruz- Siebel Apts Linda Cubi- John J. Zielinski Apartments Petronila Lopez- Coughlin Apartments</p> <p>The Plan is discussed monthly at RAB meetings. No comments or changes were made to the Plan by the RAB.</p> <p>(g) Public hearing was held on November 9, 2010 at 5:00 PM- No members of the public attended the hearing.</p>

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.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Name/Number Holyoke Housing Authority MA 005		Locality (City/County & State) Holyoke, MA			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014	
A. MA05-01 Lyman Terrace MA 05 02 Rosary Towers	Annual Statement	535,098.50	625,098.50	625,098.50	625,098.50	
B. Physical Improvements Subtotal		40,000.00				
C. Management Improvements						
D. PHA-Wide Non-dwelling Structures and Equipment						
E. Administration		103,585.50	103,585.50	103,585.50	103,585.50	
F. Other		150,000.00	100,000.00	100,000.00	100,000.00	
G. Operations		207,171.00	207,171.00	207,171.00	207,171.00	
H. Demolition						
I. Development						
J. Capital Fund Financing – Debt Service						
K. Total CFP Funds		1,035,855.00	1,035,855.00	1,035,855.00	1,035,855.00	
L. Total Non-CFP Funds						
M. Grand Total						

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		Grant Type and Number Capital Fund Program Grant No: MA06P005501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority		Reserve for Disasters/Emergencies <input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		Revised Annual Statement (revision no:) <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹	Expended
	Original				
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	95,513	95,513	95,513	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	34,871	34,871	34,871	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	873,455	873,455	873,455	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary		FFY of Grant: 2007 FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06P005501-07 Replacement Housing Factor Grant No: Date of CFFP:		
<input 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 checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
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)	1,003,839	1,003,839
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 Rosalie M. Deane		Signature of Public Housing Director	
December 3, 2010		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 CFFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part II: Supporting Pages		Federal FFY of Grant: 2007						
PHA Name: Holyoke Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P005501-07 CFFP (Yes/ No): No Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HHA-Wide	Administrative Salaries&Benefits	1410		57,408	57,408			
	Modernization Coordinator	1410		28,600	28,600			
	Modernization Accounting	1410		9,505	9,505			
	Assistant Executive Director							
HHA-Wide	A&E Fees & Costs, Advertising	1430		34,871	34,871			
Lyman Terrace	Replace Windows	1460						
Falcetti Tower	Front Entrance Security	1460						
Beaudry	Complete Interior modernization	1460	35	873,455	873,455			
HHA Wide	Unit Turnaround	1460						
HHA Wide	Operations	1406						

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: 2008 FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P005501-08 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
	Original	Obligated	
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	199,082	199,082
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)	99,541	99,541
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	207,500	207,500
8	1440 Site Acquisition		
9	1450 Site Improvement	40,000	
10	1460 Dwelling Structures	489,287	489,287
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

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

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

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

Part I: Summary		FFY of Grant: 2008	
PHA Name: Holyoke Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: MA06P005501-08 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 type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Total Estimated Cost	
Line		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	995,410	995,410
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 Rosalee M. Deane December 3, 2010		Signature of Public Housing Director	
Date		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 RHIF funds shall be included here.

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Part II: Supporting Pages		Federal FFY of Grant: 2008					
PHA Name: Holyoke Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P005501-08 CFFP (Yes/No): No Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
HHA Wide	Operations	1406		199,082	199,082	199,082	199,082
HHA Wide	Administrative Salaries & Benefits Facilities Manager	1410		57,408	57,408	57,408	57,408
	Modernization Accounting	1410		28,600	28,600	28,600	28,600
	Assistant Executive Director	1410		13,533	13,533	13,533	13,533
HHA Wide	A&E Fees and Costs, Advertising	1430		137,500	207,500	207,500	207,500
Lyman terrace	Bathroom upgrades	1460					
Lyman terrace	Site Improvements	1450					
Falcetti	Parking Lot upgrades	1450	1	40,000	0		
Beaudry Apts	Comprehensive modernization	1460	34	200,000	238,679.96	238,679.96	238,679.96
Coughlin/Zeilinski/Beaudry	Elevator repair/upgrades	1460	3	80,000	80,000	80,000	80,000

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.

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Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PHA Name: Holyoke Housing Authority		Capital Fund Program Grant No: MA06P005501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant		Revised Annual Statement (revision no:)			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010					
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended
		Original	Revised ²		
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	207,171	207,171	207,171	207,171
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	103,586	103,586	103,586	103,586
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	108,000	108,000	108,000	108,000
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000	10,000	10,000	
10	1460 Dwelling Structures	607,098	607,098	607,098	542,051.66
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06P005501-09 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010	<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
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)	1,035,855	1,035,855
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 Rosalie M. Deane December 3, 2010		Signature of Public Housing Director	
Date		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.

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Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Holyoke Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P005501-09 CFPP (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	
HHA-Wide	Administrative Salaries&Benefits							
	Modernization Accounting	1410		28,600	28,600	28,600	28,600	
	Assistant Executive Director	1410		28,468	28,468	28,468	28,468	
	Facilities Manager	1410		46,518	46,518	46,518	46,518	
HHA-Wide	A&E Fees & Costs, Advertising	1430		108,000	108,000	108,000	108,000	
Falcetti/Rosary	Parking Lot Improvements	1450	2	10,000	10,000	10,000		
Coughlin/Zielinski/Beaudry	Elevator Repairs/Upgrades	1460	3	100,000	0			
Coughlin/Zielinski	Wasteline Upgrades	1460	2	31,098	31,098	31,098	31,098	
Falcetti	Flooring Upgrades	1460	1	50,000	35,529	35,529	35,529	
Toepfert	Hallway Upgrades	1460	12	200,000	540,471	540,471	475,424.66	
Rosary	Roof Repairs	1460	1	120,000	0			

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.

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Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority		Capital Fund Program Grant No: MA06S005501-09 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	Original	Revised ¹	Total Actual Cost ¹ Expended
Line	Summary by Development Account	Total Estimated Cost	Obligated
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:3) <input type="checkbox"/> Final Performance and Evaluation Report			
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)	\$146,059	\$146,059
5	1411 Audit		\$80,305.50
6	1415 Liquidated Damages		
7	1430 Fees and Costs	\$108,000	\$108,000
8	1440 Site Acquisition		
9	1450 Site Improvement	\$349,000	\$460,930
10	1460 Dwelling Structures	\$857,537	\$745,607
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	\$434,000	

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.

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Part I: Summary		FFY of Grant: 2009		FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority		Grant Type and Number Capital Fund Program Grant No. MA06S005501-09		Replacement Housing Factor Grant No.:	
Date of CFFP:		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: 3)	
Type of Grant		Original Annual Statement		Final Performance and Evaluation Report	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		Summary by Development Account		Total Actual Cost ¹	
Line		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)	1,460,596	1,460,596	\$1,460,596	1,000,660.44
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 Rosalie M. Deane		Date		Signature of Public Housing Director	
December 3, 2010					

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.

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Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Holyoke Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06S005501-09 CFFP (Yes/No): No Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HHA-Wide	Administrative Salaries & Benefits							
	Modernization Accounting	1410		28,600	28,600	28,600	10,100	
	Assistant Executive Director	1410		70,941	70,941	70,941	39,105.50	
	Facilities Manager	1410		46,518	46,518	46,518	31,100	
HHA-Wide	A&E Fees & Costs, Advertising	1430		108,000	108,000	108,000	108,000	
Falcetti/Rosary/Beaudoin Village	Site Improvements	1450	3	20,000	460,930	460,930	243,673.60	
Coughlin/Zielinski/Beaudry	Elevator Repairs/Upgrades	1460	3	100,000	628,578	628,578	536,152.34	
Coughlin/Zielinski	Wasteline Upgrades	1460	2	50,000				
Falcetti	Flooring Upgrades	1460	1	50,000	32,529	32,529	32,529	
Toepfert	Hallway Upgrades	1460	12	760,537	0	0	0	
Rosary/Beaudoin	Roof Repairs	1460	2	120,000	84,500	84,500	84,500	

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

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Part I: Summary		Grant Type and Number		FFY of Grant: 2010	
PHA Name: Holyoke Housing Authority		Capital Fund Program Grant No: MA06P005501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010	<input type="checkbox"/> Reserve for Disasters/Emergencies) Revised Annual Statement (revision no:)	
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹ Expended
		Original			
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	207,208		207,208	
3	1408 Management Improvements	50,000		48,000	
4	1410 Administration (may not exceed 10% of line 21)	103,604		103,604	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	108,000		50,000	23,981.72
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000			
10	1460 Dwelling Structures	557,232			
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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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.

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Part I: Summary		FFY of Grant: 2010	
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06P005501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	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)	1,036,044	408,812
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 Rosalfe M. Deane		Signature of Public Housing Director	Date
December 3, 2010			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010		
PHA Name: Holyoke Housing Authority		Capital Fund Program Grant No: MA06P005501-10				
Development Number Name/PHA-Wide Activities		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		Status of Work
				Original	Revised ¹	
				Funds Obligated ²	Funds Expended ²	
HHA-Wide	Administrative Salaries&Benefits					
	Modernization Accounting	1410		28,618	28,618	
	Assistant Executive Director	1410		28,648	28,648	
	Facilities Manager	1410		46,338	46,338	
HHA Wide	Operations	1406		207,208	207,208	
HHA Wide	Management Improvements Wireless Network	1408		50,000	48,000	
HHA Wide	A&E Fees and Costs, Advertising	1430		108,000	50,000	
Falcetti/Rosary	Parking Lot Upgrades	1450	2	5,000		
HHA Wide	Site Improvements	1450		5,000		<input type="checkbox"/>
Coughlin/Zielinski/Beaudry	Elevator Upgrades	1460	3			
Coughlin/Zielinski	Wasteline Upgrades	1460	2	5,000		

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² To be completed for the Performance and Evaluation Report.

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Part I: Summary		FFY of Grant: 2011 FFY of Grant Approval:		
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06P005501-11 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant	<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:			
Line	Summary by Development Account	Total Estimated Cost Revised ¹	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFF Funds			
2	1406 Operations (may not exceed 20% of line 21) ³	207,208		
3	1408 Management Improvements	40,000		
4	1410 Administration (may not exceed 10% of line 21)	103,604		
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	108,000		
8	1440 Site Acquisition			
9	1450 Site Improvement	15,000		
10	1460 Dwelling Structures	562,043		
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities ⁴			

¹ To be completed for the Performance and Evaluation Report

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

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

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Part I: Summary		FFY of Grant: 2011	
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06P005501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies		<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
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)	1,035,855	
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 Rosalie M. Deane		Signature of Public Housing Director	Date
December 3, 2010			

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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.

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Part II: Supporting Pages		Federal FFY of Grant: 2011						
PHA Name: Holyoke Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P005501-11 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	
HHA-Wide	Administrative Salaries&Benefits							
	Modernization Accounting	1410		28,618				
	Assistant Executive Director	1410		28,648				
	Facilities Manager	1410		46,338				
HHA Wide	Operations	1406		207,208				
HHA Wide	Computer Upgrades	1408		40,000				
HHA Wide	A&E Fees and Costs, Advertising	1430		108,000				
Topfert Apartments	Sidewalk Repairs	1450	1	15,000				
HHA Wide	Site Improvements	1450						
Beaudry Apartment	Community Room Upgrades	1460	1	50,000				

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.

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Part I: Summary		FFY of Grant: 2010 FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06R005502-10 Date of CFFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/1/23/2010	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ²	
		Obligated	
		Total Actual Cost ¹ Expended	
1	Total non-CFF 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	171,274	

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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.

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Part I: Summary		FFY of Grant: 2010	
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06R005502-10 Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Total Actual Cost ¹	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	171,274	
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 Rosalie M. Deane		Signature of Public Housing Director	
December 3, 2010		Date	

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Holyoke Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06R005502-09 Date of CFFP:			
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010	Revised Annual Statement (revision no:)	
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ¹ Obligated Expended
1	Total non-CFFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³		
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
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	139,441	

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

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06R005502-09 Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant		Reserve for Disasters/Emergencies	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input type="checkbox"/> Reserve for Disasters/Emergencies	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	139,441	
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 Rosalie M. Deane		Signature of Public Housing Director	
December 3, 2010		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 FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06R005504-09 Date of CFPP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)	
Summary by Development Account		<input type="checkbox"/> Final Performance and Evaluation Report	
Line		Total Estimated Cost	Total Actual Cost ¹
		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	11,615	

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

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

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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06R005504-09 Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies <input 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
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	11,615	
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 Rosafie M. Deane		Signature of Public Housing Director	
December 3, 2010		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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number	FFY of Grant: 2008
PHA Name: Holyoke Housing Authority		Capital Fund Program Grant No: MA06R005502-08	FFY of Grant Approval:
		Replacement Housing Factor Grant No: MA06R005502-08	
		Date of CFFP:	
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: 12/31/2010	<input type="checkbox"/> Performance and Evaluation Report	<input type="checkbox"/> Final Performance and Evaluation Report
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated
		Revised ²	Expended
1	Total non-CFF 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	50,000	50,000
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	158,480	108,480
		108,480	106,244.54

¹ To be completed for the Performance and Evaluation Report

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

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2008	
PHA Name: Holyoke Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06R005502-08 Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<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
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)	158,480	158,480
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 Rosalie M. Deane December 3/2010		Signature of Public Housing Director	
Date		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.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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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 FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06R005502-07 Date of CFFP:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	Total Actual Cost ¹
Line	Summary by Development Account	Total Estimated Cost Revised ²	Obligated Expended
1	Total non-CFF 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	256,291	256,291

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 CFF 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 FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06R005502-07 Date of CFFP:		
<input 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 checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
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)	256,291	256,291
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 Rosalie M. Deane December 3, 2010		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 CFFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2006 FFY of Grant Approval:	
PHA Name: Holyoke Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06R005502-06 Date of CFFP:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
	Original	Obligated	
1	Total non-CFFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³		
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
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	195,584	195,584

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2006	
PHA Name: Holyoke Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06R005502-06 Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated
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)	195,584	195,584
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 Rosalie M. Deane December 3, 2010		Date	Signature of Public Housing Director
			Date

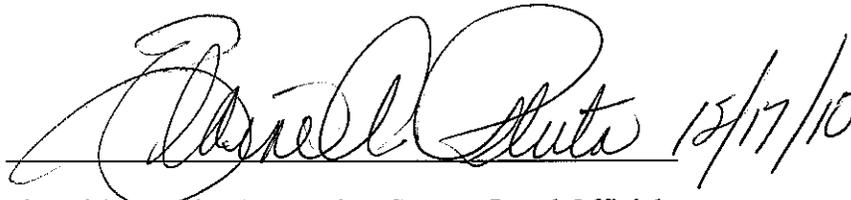
¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

**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, Elaine A. Pluta the Mayor, City of Holyoke, MA certify that the Five Year and
Annual PHA Plan of the Holyoke Housing Authority is consistent with the Consolidated Plan of
Holyoke, Chicopee, Westfield Consortium prepared pursuant to 24 CFR Part 91.

 12/17/10

Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Holyoke Housing Authority

Program/Activity Receiving Federal Grant Funding

FY 2011 PHA Plan

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 Rosalie M. Deane	Title Executive Director
Signature X <i>Rosalie M. Deane</i>	Date 11/9/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Holyoke Housing Authority

Program/Activity Receiving Federal Grant Funding

FY 2011 PHA Plan

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 Rosalie M. Deane	Title Executive Director
Signature 	Date (mm/dd/yyyy) 11/9/2010

**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 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/TMS 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.

Holyoke Housing Authority

 PHA Name

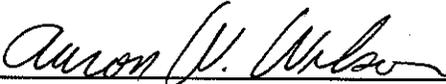
MA005

 PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 10 - 20 15

Annual PHA Plan for Fiscal Years 20 11 - 20 _____

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 Aaron W. Wilson	Title Chairman, Board of Commisioners
Signature 	Date November 9, 2010

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

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

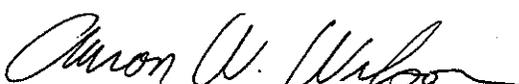
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

Holyoke Housing Authority

MA005

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)			
Name of Authorized Official	Aaron W. Wilson	Title	Chairman
Signature		Date	11/09/2010