

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Livonia Housing Commission</u> PHA Code: <u>MI055</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>1-1-2011</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>151</u> Number of HCV units: <u>909</u>																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 5%;">PHI</th> <th style="width: 5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PHI	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PHI	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. LHC Administrative office, 19300 Purlingbrook, Livonia, MI 48152																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable. N/A</i>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See Attached																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <i>See Attached.</i>																										
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input checked="" 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. Fannie Mae Loan Closed August 24, 2007. Construction complete.																										
<b>9.0</b>	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.																										

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

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

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

Part I: Summary

PHA Name: Livonia Housing Commission  
 Grant Type and Number: Capital Fund Program Grant No: M128P05550106  
 Replacement Housing Factor Grant No:  
 Date of CFP:

FFY of Grant 2006  
 FFY of Grant Approval:

Type of Grant:  Original Annual Statement  Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: 09/30/2010

Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
			Revised <sup>2</sup>			Expended	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0	0	0	0	0	0
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	0	58,183.56	58,183.56	58,183.56	58,183.56	58,183.56
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	50,361.00	0	0	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	15,000.00	15,665.00	15,665.00	15,665.00	15,665.00	15,665.00
12	1470 Non-dwelling Structures	15,000.00	0	0	0	0	0
13	1475 Non-dwelling Equipment	40,000.00	47,123.32	47,123.32	47,123.32	47,123.32	47,123.32
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

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

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

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

**Part I: Summary**

PHA Name: Livonia Housing Commission	Grant Type and Number Capital Fund Program Grant No: MD28P055500106 Replacement Housing Factor Grant No: Date of CERP:	FFY of Grant: 2006 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
18a	<input type="checkbox"/> Reserve for Disasters/Emergencies	1501 Collateralization or Debt Service paid by the PHA				
18a	<input checked="" type="checkbox"/> Final Performance and Evaluation Report	9000 Collateralization or Debt Service paid Via System of Direct Payment	53,300.00	52,689.12	52,689.12	52,689.12
19		1502 Contingency (may not exceed 8% of line 20)				
20		Amount of Annual Grant: (sum of lines 2 - 19)	173,661.00	173,661.00	173,661.00	173,661.00
21		Amount of line 20 Related to LBP Activities				
22		Amount of line 20 Related to Section 504 Activities				
23		Amount of line 20 Related to Security - Soft Costs				
24		Amount of line 20 Related to Security - Hard Costs				
25		Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director: *[Signature]* Date: 10-13-10 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

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





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

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

Part I: Summary

PHA Name: Livonia Housing Commission	Grant Type and Number Capital Fund Program Grant No: MD28P055501072007 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant 2007 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
				Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs			20,000.00	37,086.00	37,086.00	37,086.00
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures			96,046.88	78,960.88	78,960.88	78,960.88
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

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

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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

<b>Part I: Summary</b>		FFY of Grant: 2007	
PHA Name: Livonia Housing Commission	Grant Type and Number Capital Fund Program Grant No: M128P05550107 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
18a	<input type="checkbox"/> Reserve for Disasters/Emergencies	1501 Collateralization or Debt Service paid by the PHA				
18ba	<input checked="" type="checkbox"/> Final Performance and Evaluation Report	9000 Collateralization or Debt Service paid Via System of Direct Payment	52,689.12	52,689.12	52,689.12	52,689.12
19		1502 Contingency (may not exceed 8% of line 20)				
20		Amount of Annual Grant: (sum of lines 2 - 19)	168,736.00	168,736.00	168,736.00	168,736.00
21		Amount of line 20 Related to LBP Activities				
22		Amount of line 20 Related to Section 504 Activities				
23		Amount of line 20 Related to Security - Soft Costs				
24		Amount of line 20 Related to Security - Hard Costs				
25		Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director: *[Signature]* Date: 10-13-10

Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

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





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

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

Part I: Summary

PHA Name: Livonia Housing Commission	Grant Type and Number Capital Fund Program Grant No: MD28P05550108 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: 2008 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup> Expended
			Original	Revised <sup>2</sup>	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		25,405.88	63,274.88	62,774.88
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		75,000.00	41,530.00	41,530.00
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Non-dwelling Structures		25,000.00	20,601.00	21,101.00
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		FFY of Grant: 2008	
PHA Name: Livonia Housing Commission	Grant Type and Number Capital Fund Program Grant No: M128P05550108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Description	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	52,689.12	52,689.12	52,689.12	43,907.60
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	178,095.00	178,095.00	178,095.00	169,313.48
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				

Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Final Performance and Evaluation Report	Signature of Executive Director <i>Jean M. [Signature]</i>	Date 10-13-10	Signature of Public Housing Director	Date
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<sup>1</sup> To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.





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 Expires 4/30/2011

Part I: Summary

PHA Name: Livonia Housing Commission	Grant Type and Number Capital Fund Program Grant No.: MD28P05550109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
				Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement			25,000.00	0	0	0
10	1460 Dwelling Structures			50,000.00	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable			0	32,310.88	0	0
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment			52,310.88	92,522.00	0	0
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
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U.S. Department of Housing and Urban Development  
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 Expires 4/30/2011

<b>Part I: Summary</b>		<b>FFY of Grant: 2009</b>	
<b>PHA Name:</b> Livonia Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: MID8P05550109 Replacement Housing Factor Grant No: Date of CFPP:	<b>FFY of Grant Approval:</b>	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
18a	<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	1501 Collateralization or Debt Service paid by the PHA	52,689.12	52,689.12	0	0
18ba	<input type="checkbox"/> Final Performance and Evaluation Report	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)	180,000.00	177,522.00	0	0
21		Amount of line 20 Related to LBP Activities				
22		Amount of line 20 Related to Section 504 Activities				
23		Amount of line 20 Related to Security - Soft Costs				
24		Amount of line 20 Related to Security - Hard Costs				
25		Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> <i>Jeanne M. [Signature]</i>			<b>Date</b> 10-13-10	<b>Signature of Public Housing Director</b>		<b>Date</b>

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

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

Part II: Supporting Pages

PHA Name: Livonia Housing Commission		Grant Type and Number Capital Fund Program Grant No: M28P05550109 CFPP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised <sup>1</sup>	Total Actual Cost Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	Status of Work
MI 55-1 & 2	Replace fencing around property	1450	Jump sum	25,000.00	0	0	0	completed thru ARRA
MI 55-1 & 2	Cycle paint apartments in 55-1, paint hallways and stairwell in 55-2	1460	Jump sum	50,000.00	0	0	0	completed thru CFPP
MI 55-1 & 2	Security camera upgrade/replacement	1475	Jump sum	20,000.00	20,000.00	0	0	planning
MI 55-1 & 2	Hallway lighting	1475	Jump sum	32,310.88	32,310.88	0	0	planning
PHA Wide	Debt Service Capital Fund Financing Program	9000	Jump sum	52,689.12	52,689.12	0	0	final per loan closing
MI 55-1 & 2	Community Room and Lobby Furniture	1475	Jump sum	0	25,000.00	0	0	planning
MI 55-1 & 2	Emergency Generator Upgrade	1475	2	0	47,522.00	0	0	planning and addition to 2010 CF
	Total			180,000.00	177,522.00	0	0	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.



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

Part I: Summary

PHA Name: Livonia Housing Commission	Grant Type and Number Capital Fund Program Grant No: MD28S0550109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>	
			Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)		0	20,573.00	20,573.00	20,573.00
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement		45,433.00	54,860.00	54,860.00	54,860.00
10	1460 Dwelling Structures		150,000.00	150,000.00	150,000.00	150,000.00
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment		30,000.00	0	0	0
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2009	
PHA Name: Livonia Housing Commission	Grant Type and Number Capital Fund Program Grant No: MD28S05550109 Replacement Housing Factor Grant No: Date of CEFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	225,433.00	225,433.00	225,433.00	225,433.00
21	Amount of line 20 Related to IBP 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				

Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: 9/30/2010       Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Type of Grant	Signature of Executive Director	Date	Signature of Public Housing Director	Date
	<i>Jean M. [Signature]</i>	10-13-10		

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





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

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

Part I: Summary

PHA Name: Livonia Housing Commission	Grant Type and Number Capital Fund Program Grant No: MD28P0550110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>		Expended	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs		5,000.00	10,000.00	0	0	
8	1440 Site Acquisition						
9	1450 Site Improvement		77,310.88	113,168.88	0	0	
10	1460 Dwelling Structures		40,000.00	0			
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: Livonia Housing Commission	Grant Type and Number: Capital Fund Program Grant No: MD28P05550110 Replacement Housing Factor Grant No: Date of CEFFP:	FFY of Grant Approval:	

Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending: 9/30/2010  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: 1 )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	52,689.12	52,689.12	0	0	
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)	175,000.00	175,858.00	0	0	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

Signature of Executive Director: *[Signature]* Date: 10-13-10  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

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





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

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

Part I: Summary

PHA Name: Iyovnia Housing Commission	Grant Type and Number Capital Fund Program Grant No: MD28P05550111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
				Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures			52,310.88			
11	1465.1 Dwelling Equipment—Nonexpendable			40,000.00			
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment			30,000.00			
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2011	
PHA Name: Livonia Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI28P05550111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
18a	Summary by Development Account					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		52,689.12			
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)		175,000.00			
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date	Signature of Public Housing Director		Date
<i>[Signature]</i>			10-13-10			

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





**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFRRHF) Part I: Summary**

PHA Name: **MI055 Livonia Housing Commission**  
 Grant Type and Number: **Capital Fund Program Grant No: Replacement Housing Factor**  
 Federal FY of Grant: **Cap Fund Borrowing**

Original Annual Statement     Reserve for Disasters / Emergencies     Revised Annual Statement  
 Performance and Evaluation Report for Period Ending     Final Performance and Evaluation Report

**Performance and Evaluation Report for Period Ending: September 30, 2010 Final Performance Report:**  
 Revision Number: \_\_\_\_\_

Line No.	Summary by Development Account	Total Estimated Cost	Original	Revised	Obligated	Total Actual Cost	Expended
1	Total non-CFP Funds						
2	1406 Operations						
3	1408 Management Improvements						
4	1410 Administration						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	13,793		13,793	13,793	13,793	13,793
8	1440 Site Acquisition						
9	1450 Site Improvement	30,000		25,349,909	25,349,909	25,900	25,900
10	1460 Dwelling Structures	447,000		437,713,009	437,713,009	457,854,300	457,854,300
11	1465.1 Dwelling Equipment—Nonependable						
12	1470 Nondwelling Structures						
13	1475 Nondwelling Equipment	114,000		92,356,909	92,356,909	92,356,900	92,356,900
14	1485 Demolition						
15	1490 Replacement Reserve						
16	1492 Moving to Work Demonstration						
17	1495.1 Relocation Costs						
18	1499 Development Activities	34,948		39,255,611	39,255,611	39,255,611	39,255,611
19	1501 Collateralization or Debt Service	20,694			0.00		
20	1502 Contingency	660,435		660,435,000	660,435,000	638,246,907	638,246,907
21	Amount of Proposed Project (sum of lines 2 - 20)						
22	Amount of line 21 Related to LBP Activities						
23	Amount of line 21 Related to Section 504 compliance						
24	Amount of line 21 Related to Security - Soft Costs						
25	Amount of line 21 Related to Security - Hard Costs						
26	Amount of line 21 Related to Energy Conservation Measures						

This project is subject to the approval of the Capital Funds Financing.







**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: MI055 Livonia Housing Commission		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: Capital Fund Borrowing		Status of Work
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Funds Obligated	Funds Expanded	
	Renovation and upgrades to roofs, insulation, vinyl siding (9 homes); chain link fences drives/sidewalk concrete, sheds/garages	1450 30,000 1460 30,000	9 roofs/gutters	60,000	55,340	55,000	One minor concrete item
	Renovation and upgrade of mechanical systems (furnaces), electrical service panels/systems	1460	15	41,000	45,000	45,000	completed
	<b>Subtotal #55-4</b>			<b>201,000</b>	<b>177,204</b>	<b>176,864</b>	
	<b>Subtotal</b>			<b>591,000</b>	<b>610,770</b>	<b>598,990.46</b>	
	<b>Collateralization or Debt Service</b>						
PHA Wide	Reserve Deposit	1501		26,344	26,344.57	26,344.57	completed
PHA Wide	Capitalized Interest	1501		8,604	8,911.04	8,911.04	completed
	<b>Subtotal 1501</b>			<b>34,948</b>	<b>35,255.61</b>	<b>35,255.61</b>	
	<b>Contingency</b>	1502		20,694	0.00	0	revised and moved to 1460
	<b>GRAND TOTAL</b>			<b>660,435</b>	<b>660,435</b>	<b>634,246.07</b>	

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/20011

**Part I: Summary**

PHA Name/Number MI 055 Livonia Housing Commission		Locality (City/County & State) Livonia, Michigan			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal	Approved/Submitted	110,000.00	110,000.00	122,310.88	122,310.88
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		12,310.88	12,310.00		
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service		52,689.12	52,689.12	52,689.12	52,689.12
K.	Total CFP Funds		175,000.00	175,000.000	175,000.00	175,000.00
L.	Total Non-CFP Funds					
M.	Grand Total		175,000.00	175,000.00	175,000.00	175,000.00



