

**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**

1.0	<b>PHA Information</b> PHA Name: <u>Housing Authority of The City of Elizabeth</u> PHA Code: <u>NJ003</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2011</u>				
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>1322</u> Number of HCV units: <u>1103</u>				
3.0	<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				
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH      HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	<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:  n/a				
5.2	<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.  n/a				
6.0	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  a.) 205 First Street Senior Housing Development and Senior Designation Plan See attachments No. 1 & No. 2  (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.  b.) HACE Main Office 688 Maple Ave. Eliz. NJ. 07202; Farley Towers 33 Cherry St. Eliz. NJ. 07208; Ford-Leonard Towers 69 Division St. Elizabeth NJ 07206; O'Donnell-Dempsey Towers 632 Salem Ave. Elizabeth, NJ 07208				
7.0	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.				
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
8.1	<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.				
8.2	<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.				
8.3	<b>Capital Fund Financing Program (CFFP).</b> <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.				

9.0	<p><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.</p> <p>n/a</p>
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> <p>n/a</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(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.</p> <p>n/a</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>n/a</p>
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>

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/plv/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](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/cfip.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.*

## Attachment No. 1--- 205 1<sup>st</sup> Street Senior Housing Development – Senior Housing Designation Plan

DEVELOPMENT NAME:	205 1 <sup>ST</sup> STREET SENIOR HOUSING
DEVELOPMENT #:	NJ003000009
DESIGNATION TYPE:	SENIOR ONLY
APPLICATION STATUS:	APPROVED
DATE DESIGNATION WAS APPROVED:	SEPTEMBER 2010
# OF UNITS AFFECTED (ONLY PHA):	12

### Project Description:

205 First Street Senior Housing Development is the first LEED GOLD Certified residential property for seniors in the state of New Jersey that will contain 31 units of affordable housing, 12 units will be operated as (PHA) Public Housing and subject to an Annual Contributions Contract(ACC) and the remainder will be tax credit rental units (LIHTC) designated as affordable to residents earning a maximum of 60% are median income(AMI), 4300 square feet of ground floor commercial space, and a 22 space parking lot area. Building on what has been achieved through the success of the HOPE VI Program; the Housing Authority has begun what will be the first of several mixed-finance LIHTC projects in the city of Elizabeth, with this development. The building is designed to accommodate seniors age 55 and older and will be fully accessible for these individuals with physical disabilities.

## Attachment No. 2

### 205 1<sup>st</sup> Street Senior Housing Development Senior Designation Plan Designation Introduction

In accordance with Section 7 of the U. S. Housing Act of 1937 (42 U.S.C. 1437e), as amended; and in compliance with 24 CFR 945.203©, The Housing Authority of the City of Elizabeth (HACE) is submitting this application requesting the designation of the to-be built development, 205 First Street Senior Housing, in Elizabeth New Jersey.

**Definition of a Person with a Disability Under Federal Civil Rights Laws (24 CFR Parts 8,3,25,104, and 100.201):**

A person with a disability, as defined under federal civil rights laws, is any person who: (1) has a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or (2) Has a record of such impairment, or (3) Is regarded as having such impairment.

The 1974 Housing and Community Development Act (HCDA) codified the definition of an elderly family to include disabled heads-of-households. This legislation allowed non-elderly disabled families to reside in buildings which were once exclusively for the elderly. For many years, this change in regulations has negatively impacted HACE as well as many other Public Housing Agencies across the country. The mixing of elderly and non-elderly disabled and has resulted in social discontent and friction among the groups as a result of the conflicting lifestyles and values.

In response to these issues, HACE has developed a Designated Housing Plan for the to-be built development of 205 First Street Senior Housing. This proposed plan will show that designation is necessary in order to:

- Preserve housing stock available to low-income elderly families;**
- Facilitate the provision of a continuum of housing and related services to low-income elderly families;**
- Provide much needed, dedicated housing for low-income elderly families; and**
- Continue to provide needed affordable housing for low-income, near-elderly and disabled families.**

**Through this Designated Housing Plan, HACE will address the specific and growing needs of the elderly in housing. The elderly and near-elderly only units will help consolidate a population with increasing social service needs, and therefore, allow for greater ease in service delivery, as well as, allowing management to more effectively manage the safety and security of its residents.**

**With the increasing number of elderly in this county, it is essential to provide elderly/near-elderly only housing that is organized and managed according to the special needs of this population. HACE wishes to remain consistent with the growing changes in society and develop a consolidated plan to prepare for housing its elderly/near elderly in the future.**

**According the Housing Research Foundation (HRF), the number of senior citizens in public housing is rising and is expected to increase at a greater rate over the next decade. Information provided by HRF also indicates that the seniors living in public housing are older than the national average.**

**It is hoped that this Designated Housing Plan will produce positive results ranging from improved housing opportunities for the elderly/near-elderly, a consolidated service delivery system, improved property management, increased compliance among HACE residents.**



## **A. Overview of the Housing Authority of the City of Elizabeth**

### **Background of Housing Authority of the City of Elizabeth**

Since its formation in 1938 the Housing Authority of the City of Elizabeth has worked diligently to meet the housing needs and improve the quality of life for all the residents it serves. We are an urban housing authority that has successfully demonstrated its capacity to deliver a broad range of services ranging from social, economic, educational, and redevelopment. Our ability to do this is only further enhanced by partnerships we have established with city, county and state agencies.

The Housing Authority of the City of Elizabeth is responsible for 1299 units of public housing. Of these 1018 are owned and managed by the agency and 281 are mixed-finance units that are subsidized by the Authority but are managed by private entities. In addition to its public housing, the agency administers 1103 Section 8 Rental Assistance Vouchers. The Voucher program consists of grant monies received from the federal government for Mainstream, Family Unification and Shelter- Plus-Care Awards and the traditional tenant-based Section 8 assistance program.

**The Housing Authority consists of five traditional public housing sites:**

**Mravlag Manor: 423 apartments, 3 story brick- garden style walk-up apartments, family**

**Farley Towers: 249 apartments, 9-story hi-rise apartment, senior/disabled housing**

**Kennedy Arms: 125 apartments, 8-story hi-rise apartment, senior/disabled housing**

**Ford-Leonard Towers: 121 apartments, 11-story hi-rise apartment, senior/disabled housing**

**O'Donnell-Dempsey: 100 apartments, 8-story hi-rise apartment, senior/disabled housing**

**Under the HOPE VI Program, the Authority demolished 655 units of dilapidated and outdated public housing stock and replaced it with brand new townhouse style units. There are 4 new sites:**

**Portside Commons 79 townhouses, family site**

**Westport Homes 57 townhouses, family site**

**Marina Village 20 townhouses, family site**

**Portside Commons II 79 townhouses, family site**

**Heritage Village 46 apartments, 4-story mid-rise building, senior- 62 yr and older.**

**These HOPE VI sites are subsidized by the Housing Authority but are managed by privately owned companies.**

**The Board of Commissioners is comprised of seven members who are confirmed by the Mayor's office. Currently there are three residents serving as Commissioners. Additionally, the remaining members are business people from various walks of life that are committed to serving the residents of the city of Elizabeth, in particular the residents the Authority serves.**

**The Housing Authority of the City of Elizabeth is fully staffed by qualified professionals, both skilled and un-skilled. The Authority abides by the terms set forth by New Jersey Department of Personnel and Civil Service. Both the administrative employees and the maintenance staff are represented by active unions.**

## **B. Justification for Designation**

**The Housing Authority of the City of Elizabeth (HACE) is requesting the Senior-Designation for Elderly and near-elderly individuals and families for the to- be built Low-Income development at 205 First Street Elizabeth, New Jersey 07206.**

### **Elderly Housing Demands and Market Growth Patterns**

**National Trend- Americans Living Longer.**

**In 2007, the Center for Disease Control reported that the life expectancy in the United States reached a high of 77.9 years of age.**

**According to the most recent Census Report prepared for the National Institute on Aging, Americans are living longer and experiencing a lower rate of disabilities.**

**The United States population age 65 and older is expected to double in size within the next 25 years.**

**By 2030, almost 1 out of every five Americans will be 65 years or older...age group of 85 and older is now the fastest growing segment of the U.S. population.**

**The first "Baby Boomers" will turn 65 in 2011 and are projected to represent 20% of the U.S. population by 2030. This projected population growth, coupled with rising housing costs has increased the demand for affordable senior housing. Elizabeth, New Jersey is one of many cities that recognize this situation.**

### **Demand For Elderly/Near Elderly Housing in Elizabeth, New Jersey**

**The 2000 U.S. Census recorded that 17.7 % of the City of Elizabeth residents were age 55 and older.**

In Elizabeth, Renter occupied housing units for seniors were at 10.9% for ages 55 to 64 and 13.1% for ages 65 years and over.

### **HACE Demand**

HACE will open a site-based waiting list geared to the specific age-eligible range of 55 years and older. These elderly housing demands and market growth patterns are also supported by the number of Senior Citizens waiting for Public Housing or a Section 8 Voucher.

### **Waiting List Analysis and Future Occupancy Potential of HACE**

Analysis of HACE's current public housing waiting list indicates that 48% of the applicants are elderly and near-elderly age 55 and over.

HACE currently has 1200 applicants on our public housing list.

HACE currently has 3000 applicants on our Housing Choice Voucher (HCV) Waiting List.

The Housing Authority maintains a centralized waiting list for its public housing and section 8 programs; periodically opening the public housing waiting list as needed and only purging the Section 8 list when funding has been identified to initialize any lease-ups.

There are no preferences or priorities for the waiting list as is defined in HACE's Admissions and Occupancy Plan (ACOP).

HACE's ACOP permits the opening of the waiting list to target specific populations/bedroom sizes. (I.e. Two (2) Bedroom family for 2-4 people with an income max. of \$64,000; One Bedroom Senior/Disabled income max. \$51,200.

The HCV waiting List has 960 applicants age 55 and older waiting to be housed.

**The HCV waiting list is currently closed and has been closed since 2001.**

**The Public Housing Waiting list has 344 applicants age 55 and older.**

### **Consistency with Jurisdiction of the City of Elizabeth's Affordable Housing Strategies**

**HACE's strategy for providing affordable housing is outlined in the City of Elizabeth's Consolidated Community Development Plan for 2005-2009.**

**The City of Elizabeth's 2009-2010 Annual Action Plan presents programs, activities, and resources that address the needs and objectives identified in the 5-year Plan.**

**HACE and the City of Elizabeth, Department of Planning and Development worked together and provided information on the public housing needs and priorities contained in the Consolidated Plan**

**HACE's proposed Designated Housing Plan is:**

**Critical to ensure that the future needs of the elderly and near-elderly age 55 and over are met;**

**Necessary to assist in achieving the housing goals of the jurisdiction under the City of Elizabeth's Consolidated Community Development Plan for 2005-2009.**

**Two of the Specific Objectives identified in the City of Elizabeth's Consolidated Plan were to (a.) Create maintain, and promote safe, decent and affordable rental housing opportunities and (b.) Increase Housing Resources to those in most need.**

**The measurable outcome for this goal is to add the 31 units to the senior rental units for the elderly and near elderly only age 55 and older.**

**HACE's Designated Housing Plan will help the City meet the goals by increasing rental housing available to low-income senior citizens age 55 and older, one of the fastest growing populations in the area.**

**B. Other Major Factors Supporting the Proposed Designation**

**1. In addition to the increasing need for decent, affordable housing for the elderly and near elderly, the building proposed for the designation was selected based on issues relevant to the design, composition and access.**

**a. The resident population of this development, namely 205 1st Street will consist of elderly and near-elderly age 55 and older.**

**b. The targeted building including all facilities, common, and recreational areas are being designed specifically geared towards the seniors and the services they in particular need.**

**2. The lifestyle conflict in mixed-population public housing is a widely recognized issue.**

**a. A three-year case study conducted in Decatur, Illinois by Leonard F. Haumann, a Case Study of Mixing Frail Elderly and Younger Persons, revealed that after young persons were admitted into housing slated for the elderly, the quality of life diminished and management became difficult.**

**b. The results of the case study concluded that careful tenant screening and sensitive management were vital for any chance of successful age integration in subsidized housing.**

**3. despite HACE's careful attempts at applicant screening, more intensive management and diligent lease enforcement, the management problems posed by age-mixing and the resultant social problems have not been successfully resolved in our current portfolio of senior/disabled units.**

## **B. PROJECT DESCRIPTION**

**205 First Street Senior Housing will contain 31 units of affordable housing, 12 units will be operated as Public Housing units (PHA) subject to an Annual Contributions Contract (ACC) and the remainder will be tax credit rental units (LIHTC) designated as affordable to tenants earning a maximum of 60% area median income (AMI), 4,300 square feet of ground floor commercial space, and a 22 space parking area. Building on what has been achieved through the success of the HOPE VI program; the Housing Authority has begun what will be the first of several mixed-finance LIHTC Projects in the city of Elizabeth, with the 205 First Street Development. The building is designed to accommodate seniors age 55 and over and will be fully accessible for these individuals with physical disabilities.**

**The following are design features to accommodate the special environment of the occupants:**

**Elevator**

**Intercom System**

**Keyless entry system**

**Automated door entry system**

**Wheelchair accessible units**

**Lighted parking lot**

**Wheelchair accessible parking lot**

**Strobe lights for hearing impaired**

**Braille elevator signage**

**Nurse call cords**

**Additionally the project will be designed to achieve at least a LEED for Homes Silver Certification under the U.S. Green Building Council's Leadership in Energy and Environmental Design (LEED for Homes) green building rating system. As a result specific environmental and sustainability goals will be achieved.**

**Environmental Goals:**

**Reduction in energy usage.**

**Reduction in water consumption.**

**Monitoring building energy usage and reduced energy consumption by at least 15% to establish a minimum Home Energy Rating System (HERS) SCORE OF 85.**

**Provide enhanced controllability of HVAC and lighting systems.**

**Sustainability Goals:**

**Promote a healthy living environment for residents and surrounding community.**

**Promote smart growth strategies like alternatives to auto transit (eg. Bicycle storage) and ¼ mile access to public transportation.**

**Encourage proper operation and maintenance of green features, waste recycling, and energy conservation through green building awareness/education programs and tenant orientations established by LEED for Homes, Green Communities and Green Future Programs.**

**Re-use of rainwater and reduction of storm-water run-off.**

**Reduce urban heat island effect.**

**Utilize recycled materials where possible.**

**Incorporate construction waste management to reduce material waste during construction/demolition.**

**Reduce ozone depletion.**

**Use native and/or adaptive vegetation.**

**Provide building orientation for solar design.**

**Use low emitting materials for paints, coatings, carpets, adhesive and sealants.**

**Enhance distribution of air ventilation and temperature.**

**Services to be provided:**

**HACE has available a myriad of in-house and community-based supportive services, elderly-specific programs, social events, medical services, and transportation services to address the specialized needs of both the current and future elderly and frail-elderly residents. The services include but are not limited to:**

**Social Events.**

**Physical Fitness Activities.**

**Independent Living Assistance.**

**Medical Screening.**

**Library and Computer Access.**

**Homes Delivered Meals.**

**Nursing Services.**

**Recreational Programs.**

**Life-Skills Counseling.**

**Medical Transportation Assistance.**

**Mental Health Counseling Services.**

**HACE's Asset Management staff and social service coordinators are currently responsible for managing all supportive and social service activities.**

**ALTERNATIVE RESOURCE**

**Current Development Profile:**

**Within HACE's current portfolio of senior citizen/disabled housing units are the following developments:**

<b>Farley Towers</b>	<b>249 units</b>	<b>10 accessible</b>
<b>Kennedy Arms</b>	<b>125 units</b>	<b>7 accessible</b>
<b>Ford-Leonard Towers</b>	<b>121 units</b>	<b>10 accessible</b>
<b>O'Donnell-Dempsey Towers</b>	<b>100 units</b>	<b>7 accessible</b>

**These developments accommodate all elderly and non-elderly disabled individuals.**

**In addition to these public housing sites, HACE administers 196 Section 8 Rental Assistance Vouchers through several Shelter-Plus Care Program awards,**

accommodating non-elderly disabled people. The main purpose of this program is to provide permanent housing in connection with supportive services to homeless people with disabilities and their families. The primary target populations are homeless people who have serious mental illness, chronic problems with alcohol, drugs or both, and or acquired immunodeficiency syndrome or related diseases.

HACE has established cooperative agreements with many social service providers county-wide. The success of HACE's Shelter-Plus Care Programs is in part due to the support provided by these partnering agencies, including Bridgeway House, Community Access Unlimited, and the Union County office for the Handicapped, and the Union County Department of Human Services.

Services such as case-management, transportation, child-care, vocational training, and educational services are provided to all participants in need. The framework for accessing services is already in place with the programs the Housing Authority already has in its portfolio.

As was part of HACE's Hope VI redevelopment program, a total of 58 units were built for non-elderly disabled. These unit types range in size from one-bedroom to four-bedroom units. Additionally, in recent years, over 50 units for non-elderly disabled have been built in the near vicinity, namely Elizabethport and downtown Elizabeth, by other developers.

## **Impact of Designation on Time Spent on Waiting List**

**The Authority does not anticipate any notable impact on the average length of time that elderly or non-elderly disabled applicants spend on the waiting list. Over the last two years, HACE has housed from its conventional public housing waiting list 84 elderly and non-elderly disabled applicants. The average time spent on the waiting list was 344 days for both non-elderly and elderly applicants. Sufficient comparable housing resources are available for both applicant groups to ensure that time spent on the waiting list will not increase, but may even decrease.**

**Based on the most recent waiting list data for Public Housing and the Housing Choice Voucher Program, HACE has 2889 families waiting for placement. The annual turn-over rate for elderly residents at HACE is less than 1 percent. The low turnover rate combined with the large number of elderly applicants and near elderly will ensure that elderly only units will be fully occupied.**

## **ADMISSIONS AND CONTINUED OCCUPANCY POLICIES AND PROCEDURES**

The designation of 205 1st Street Development to an elderly/near elderly only occupancy will not require major changes to HACE's Admissions and Occupancy Policy (ACOP) or the Authority's waiting list procedures. HACE's Admissions and Continued Occupancy policy already contains provisions that address designated housing as a result of the elderly-designation of Heritage Village, another Senior development built in conjunction with HACE's HOPE VI revitalization plan for the Elizabethport neighborhood. The ACOP will be revised to include 205 1st Street once construction has been completed and occupancy has begun.

The designated Managing Agent, namely Community Investment Strategies has provided the attached management plan and resident selection plans outlining the occupancy policies approved by the Housing Authority.

### **205 FIRST STREET**

#### **MANAGEMENT PLAN**

**Project Information: 31 Senior Affordable Apartments,**

**Elizabeth, Union County, NJ**

**Owner: 205 First Street Urban Renewal Limited Partnership**

**Housing Authority of the City of Elizabeth**

**Date: March 22, 2010**

### **1. RESPONSIBILITY OF OWNER AND DELEGATION OF AUTHORITY TO**

## **MANAGING AGENT**

### **A. SUPERVISION**

The managing agent's Director of Property Management ("DPM") will be responsible for the day-to-day operations of the project and directly accountable to the owner. On site staff will be responsible to the CM, who, in turn, is responsible to the DPM.

### **B. OWNER CONSULTATION**

The managing agent must consult the owner for any expenditure over \$7,500 except for regular mortgage and escrow payments or a situation that calls for an immediate answer or a decision that has to be made in an emergency. The owner must approve the annual budget that will be prepared by the managing agent. There will be a \$400 petty cash fund that will be administered by the CM.

### **C. DECISIONS WITHOUT OWNER CONSULTATION**

All decisions involving tenant selection and application, required reports by HUD and NJHMF A, all management -related matters including general maintenance, administrative, personnel administration, community relations and employee terminations will be made by the managing agent.

### **D. OWNER CONTACT**

**William Dailey will be the primary owner contact for the managing agent. He is the authorized agent of the owner, responsible for making any decision and taking any action requiring owner approval.**

#### **E. RESPONSIBILITIES**

**1. Owner's responsibilities. The primary responsibility of the owner is to assure that the property is operated in a fashion consistent with good professional management practices and in a manner conducive to the preservation and enhancement of a desirable living environment. The owner assumes the responsibility and has an obligation to:**

- a. Provide decent, safe and sanitary housing.**
- b. Provide housing to meet the needs of the population to be served.**
- c. Appoint liaison with authority.**
- d. Review monthly progress reports, budgets and statements.**
- e. Accept financial responsibility for the project.**
- f. Appoint a managing agent to perform the day-to-day management operations of the project.**

**In partial discharge of its responsibilities, the owner will enter into a Management Agreement with CIS Management Inc ("CIS") for the day-to-day operation of the project. CIS will have full authority to oversee both physical maintenance and financial administration of the project and advise the owner on a frequent, regular basis through**

written reports, financial statements, and oral communications as to the status of the property and its tenants. If, as a result of monitoring the operations of the project, the owner determines that performance should be improved, he will communicate the need for such change, render assistance in the formulation of solutions to observed problems, and follow closely the progress of the managing agent in producing the desired results. As full and complete compensation for the specified services, the Owner shall pay CIS in accordance with the Self Management Agreement between Owner and the New Jersey Housing and Mortgage Finance Agency.

2. Managing Agent's responsibilities. CIS will be the agent of the owner, responsible to the owner for all its actions in the operation of the project. As managing agent, they will have general supervisory responsibilities over basic principles and policies and the execution of the duties and services as outlined in the Management Plan. CIS will have full authority for both physical maintenance and financial administration of the project within policy guidelines established as a result of consultation with the owner. The broader duties of the managing agent are as follows:

- a. To develop a specific Management Plan that is consistent with policy guidelines.
- b. To appoint a qualified DPM and appoint a Community Manager

("CM") for the daily, routine administration of the property. These personnel will be responsible to the managing agent and will be

c. To continually monitor the day-to-day operations to insure that the operational policies are fulfilled, keeping in direct contact with the DPM when specific problems arise.

And, within the bounds of agreed-upon policy, CIS will have complete authority and responsibility as follows:

d. Leasing of units. Agent will maintain all Tenant files with Tenant leases therein, at the Rental Office, on site.

e. Determining eligibility, income certification, and recertification and tenant selection.

f. Operating the property for the good of the tenants and owners within financial guidelines.

g. Maintaining accurate records of the day-to-day operations of the property, including collecting and accounting for rental revenues.

h. Conforming to all federal and local agency regulations.

1. Filing all reports required by federal and local agencies to the owner. These are to be completed on time and in prescribed form.

J. Maintaining the property and reporting deficiencies to the owner.

k. Providing assistance in the field of tenant counseling, guidance, and social services.

1. Working with the tenants to set up a tenant association and

**establishing and implementing rules governing tenant behavior and conditions of occupancy.**

**m. Budget preparation and analysis.**

**n. Analysis of project operations.**

**o. Hiring, training, supervising and terminating personnel.**

**p. Executing and monitoring service contracts.**

**q. Development of tenant services programs.**

**r. Site inspection and reports.**

**s. Program direction.**

**t. Liaison with attorneys, government agencies, owner, accountants.**

**u. Determination of security needs.**

**v. General overall supervision of management at all levels.**

## **II. PERSONNEL POLICY AND STAFFING ARRANGEMENTS**

### **A. HIRING**

**All hiring will be in conformance with federal, state and local laws pertaining to equal opportunity. Hiring will be done on the basis of capabilities and potential; never on race, sex, religion, familial status, disability, or national origin. Decisions regarding personnel policy and condition of employment will be made by the DPM, who will hire the CM and all other personnel associated with the project. The policy guidelines within which this hiring will take place provide that employees must be**

persons with a high degree of integrity, be skillful in listening to and communicating with others, be motivated by a desire to render service to others, be capable of exercising individual initiative, and be experienced in their respective areas of responsibility. The experience requirement may be waived if all other qualifications are present and the personnel demonstrate a capacity to learn quickly. Salary, wages, and benefits are negotiated and contingent on experience and background. Each employee of CIS will receive an instruction list pertaining to the provisions of the federal, state and local Civil Rights laws. Discussions and question-and-answer sessions will be arranged to further clarify any doubt or ambiguities. In addition, an Equal Opportunity logo will be displayed in obvious public places. Because the participation of tenants in the management functions of the project has proven successful in many projects, tenants will be hired and trained to work at all levels of management and maintenance whenever feasible.

**B. STAFFING:** The following staffing requirements are anticipated:

1. Community Manager
2. Clerical Support
3. Superintendent
4. Maintenance Technician

In addition to these personnel, CIS will provide central office employees to render additional services, which can best be provided on a centralized? basis. These centralized services would include, but are not limited to,

assistance in lease preparation, provision of tenant services, and procurement of supplies and equipment.

- **Community Manager**

**Supervision and Direction:** The CM will receive general supervision and direction from the DPM. The CM may be vested with the authority to make discretionary decisions in the event circumstances occur that are not covered by written instructions or known policies and procedures. Communication between the CM and the owner will be through the DPM. The CM will comply with established policies and procedures and not take action contrary to such guidelines without the DPM's approval. The HUD Handbook 4350.3 will be used as a reference for regulatory requirements where applicable.

**Duties and Responsibilities:**

**General:** The CM is responsible for assuring that the tenants receive prompt, efficient, courteous, and quality service. In order to execute this responsibility, the CM should supervise the general administration and physical operation of the property. The CM should provide direction to and assurance that the rental program is properly executed; assure the provision and maintenance of efficient mechanical operations, adequate buildings and equipment; and be

responsible for the employment of good tenant relations.

**Specific:** The CM should perform the following duties:

- a. Regularly inspect the building and grounds, noting physical appearance of property, deferred maintenance, and other related data.
- b. Prepare weekly reports based upon daily inspections, outlining property conditions, including cleanliness of buildings and grounds, and a summary of maintenance operations.
- c. Inform the DPM of observed deferred maintenance and property deficiencies in writing, noting specific locations, conditions, and recommendations for corrective measures.
- d. Provide direction and guidance to the maintenance staff person, assigning work priorities and explaining duties and responsibilities.
- e. Periodically review employee performance, schedule training programs as needed and conduct monthly employer/employee evaluations.
- f. Establish a rental office procedure with the approval of the DPM.
- g. Interview all potential tenants and help select those that

qualify.

**h. Confer with the DPM on all evictions, lease violations, and special arrangements.**

**1. Be responsible for all job assignments, explain employee duties and responsibilities, and inform operation staff of policies and procedures.**

**• Superintendent/Maintenance Supervisor**

**Supervision and Direction: The Superintendant ("Super") and Maintenance Tech ("MT") will receive general supervision and direction from the CM. The Super and MT shall comply with established policies and operational procedures.**

**Duties and Responsibilities:**

**General: The Super and MT are responsible for operating and maintaining the electrical and mechanical equipment used to provide services for the property, and assume the provision and maintenance of efficient building heat and air-conditioning functions including maintenance, repairs, and other related services.**

**Specific:**

**a. Maintain heaters, air conditioners, and other equipment in the buildings, to assure continuous services, and that the equipment is operating safely and efficiently; determined by inspection that at all control equipment is**

operating properly; check such items as circuit breakers, switches, relays and starters, connections and filters for mechanical and electrical faults, signs of wear, dirt, or overloading, and other indications of trouble; and perform such preventive maintenance as lubricating motor bearings and pumps, and replacing brushes and filters.

b. Perform all necessary maintenance and repairs on the apartments.

c. Directly supervise maintenance. Regularly inspect buildings, grounds and other public areas to assure that employees are performing their assigned duties in maintaining adequate building cleanliness, upkeep of all public areas and grounds, and consult with the housing manager regarding employee failures or deficiencies.

d. With the authority from the CM the maintenance supervisor may provide direction and guidance to the custodial force; assign work priorities, determine extent of repairs and the necessary corrective measures.

e. Periodically inspect building and grounds to determine necessary preventive maintenance needed and consult

with the CM regarding such conditions. Inspect each apartment at least once annually and consult with CM for areas of tenant noncompliance, where applicable.

f. Maintain files containing written records of maintenance services, equipment readings, operating manuals, inventory, and a library consisting of pertinent data relating to equipment and building fixtures.

g. Perform other related duties as assigned.

- **Maintenance Technician/Grounds Person**

**Supervision and Direction:** The MT will be responsible to perform duties and responsibilities as outlined below. The MT will be under the direct supervision of the Super. They will comply with established policies and procedures that may be imposed from time to time. The Super will provide supervision and direction.

**Duties and Responsibilities:** Responsible to perform the duties required to keep the grounds in an attractive, well-maintained condition and to provide adequate and efficient housekeeping functions, which assure cleanliness of all building halls, basements, stairways, trash rooms, and other public areas. The area of responsibility and performance include the following duties:

a. Complete work orders as directed by the Super and/or CM.

- b. All public areaways, stairways, halls, laundry rooms, building entrances and trash rooms must be swept daily.**
- c. The washers and dryers in laundry rooms are to be dusted and wet-rag cleaned once a week.**
- d. All light fixtures, including high hanging globes and wall-mounted globes are to be dusted regularly and cleaned of insects, etc.**
- e. Mailbox fronts and public walls or halls must be cleaned regularly as required and the trash room walls, including trash door areas will be scrubbed.**

### **C. ORGANIZATIONAL STRUCTURE**

**The flow of authority starts with the managing agent who appoints the DPM to be in charge of this property. The DPM in turn hires the CM and with the CM hires the Super and MT.**

### **D. EMPLOYEE GRIEVANCE PROCEDURES**

**Employees who are hired by or are under the direct supervision of the CM and feel they are not being treated fairly or cannot communicate with the CM may go directly to the DPM or the President of CIS to express their views or discuss any problems.**

## **E. EMPLOYEE TERMINATION PROCEDURE**

If an employee has to be terminated, he/she will be paid in full at the end of that current pay period and will be compensated for any vacation time, or other accumulated benefits that may be due.

## **III. PLANS AND PROCEDURES FOR ACHIEVING AND MAINTAINING FULL OCCUPANCY**

### **A. MARKETING**

1. The project will be advertised by signs at the site, newspaper insertions in local and regional papers, and other appropriate advertising media approximately three months prior to anticipated occupancy.

2. The on-site rental office will be available for examination by prospective tenants from 9:00 a.m. to 5:00 p.m. Monday through Friday. These hours will be posted on the office door and will be made known to prospective tenants via a recorded telephone message.

### **B. EQUAL OPPORTUNITIES**

Affirmative marketing practices will be utilized. CIS will make every effort to achieve success in integrating the project and will work the EOE divisions of federal, state and local fair housing agencies in development of

affirmative marketing programs as indicated on HUD Form 935.2.

### **C. SELECTION OF LOW INCOME FAMILIES**

Tenant selection is one of the most important factors of the management function. By using the Affirmative Fair Housing Market Plan, we will reach more than the required low-income families. The CM will not take the screening of prospective tenants lightly. The CM subject to review by the DPM, who must understand people and the housing program under which the project is financed or insured, will handle tenant selection. The CM will be sensitive to the needs of the families involved yet cognizant of all eligibility requirements. If an applicant is ineligible and/or unacceptable, he will be advised as to the reasons for ineligibility and/or unacceptability and the reasons shall be stated on the application and kept on file. All ineligible or unacceptable applicants' files will be subject to review if the prospective tenant raises a question.

### **D. INSPECTION**

The CM and the prospective tenant will inspect the specific unit that the tenant is to occupy prior to accepting a security deposit, signing a lease, or anything else, which might obligate a potential tenant to a given unit before actual move-in. The tenant and the CM will sign an apartment condition check list which will state in detail any defects of the unit.

## **E. TENANT ORIENTATION**

Many problems face new tenants as they adjust to their new environment, and special attention must be given to familiarize them with the care and maintenance of their units, organization techniques in moving a household, and the aspects of running a household. Management will provide resource persons and agencies to fulfill these needs. An orientation package containing information on appliance care, office hours, proper payment of rent, rules and regulations, recreational facilities, tenant responsibilities, and management responsibilities will be given and explained to new tenants. In addition, new tenants will be taken on a tour of the project and its recreational and social facilities.

## **F. TENANT SELECTION**

The CM has the prime responsibility for determining eligibility, certifying and rectifying incomes, and selecting residents. The DPM has the responsibility of insuring that the CM is trained and follows the Tenant Selection Criteria. The Owner HUD, and NJHMF A guidelines will be followed for eligibility requirements.

### **1. Family Composition**

HUD occupancy guidelines will be adhered to in an effort to avoid

**overcrowding. Proper utilization of space will be considered.**

## **2. Family Stability**

- a. Ability to assure responsibility for adhering to lease terms.**
- b. Ability to adjust to reasonable standards of living.**
- c. Ability to pay rent and a favorable rent payment history.**
- d. Favorable credit history. Owner will take into account extenuating circumstances, such as job lay-off, when reviewing credit history.**

## **3. Misrepresentation**

**Applicants who willfully supply false information as to present landlord, employer, or any other item, which impedes or alters the screening process, will be rejected.**

**Eligible applicants will be selected in chronological order.**

## **IV. TENANT CERTIFICATION AND RECERTIFICATION**

- A. All inquiries, certifications, and verifications, whether the person actually leases or not, will be kept on file in the project office.**
- B. The DPM will train the CM and other responsible persons for the function of determining tenant eligibility, certifying and recertifying income.**
- C. They will be familiar with all government requirements, and copies of all guidelines and procedures will be organized, easily accessible and retained on the property. The information will be revised as regulations and**

guidelines are changed.

D. In addition, the responsible party will be familiar with HUD and NJHMF A requirements regarding family size and composition as it relates to unit size.

E. Recertification of Tenant's income shall be performed annually on the same date for all tenants to be effective on the 1<sup>st</sup> of the month in which the first tenant leases became effective. Advance notice and other HUD and NJHMF A requirements will be adhered to.

#### **V. PLANS FOR CARRYING OUT AN EFFECTIVE MAINTENANCE AND REPAIR PROGRAM**

A. A preventive maintenance program will be established to prevent serious mechanical failures and physical deterioration of the buildings. After the contractors' warranty on equipment expires, service contracts will insure that equipment such as elevators, smoke and fire detection equipment, heating equipment are serviced regularly. In addition, we will have arrangements with a service person familiar with the make of appliances in the apartments ready to service and have a supply of required parts on hand. Management will make sure that the subcontractors leave all manuals, warranty, parts books, and instructions with staff for reference. Some of the daily routine maintenance will include policing the grounds for debris, emptying trash receptacles in public areas and checking all thermostat settings in public areas. Some routine functions to be performed weekly are: clean lint traps in

laundry equipment, clean laundry rooms mop or vacuum halls and common areas. Routine functions to be performed as required are: snow removal, grass cutting, requested apartment repairs, appliance inspections.

B. The apartment will be inspected by the CM prior to a tenant move-out, and if there are damages, then these should be discussed with the tenant. Only if there is a major problem should the DPM be contacted. If the damage is greater than normal part of the security deposit is to be used for the repair work. The CM must secure the forwarding address whenever a tenant vacates. The CM should inspect each apartment at least twice annually. The CM will inspect each unit prior to re-renting and ensure that it is in satisfactory condition including all equipment and appliances. All deficiencies should be corrected prior to re-occupancy.

C. Schedule for painting: Each apartment will be painted before a new tenant moves in except in instances where the apartment was occupied a very short time, or if there is no need for repainting. If there is no change in the tenancy in an apartment, it will be repainted every three to four years, depending on the condition. Public areas and hallways will be re-painted every two to three years, or as needed. The outside of the building will be of such material as to require very little painting and can be done every three to five years.

D. Trash removal: Trash will be removed weekly or as needed by a commercial contractor.

**E. Service contracts and other contracts on a competitive basis will be used to handle major repairs.**

**F. Lawn mowing and snow removal will be done in conjunction with other work. A snowplow will be contracted to take care of the parking lots. The Super and part-time MT. will do all smaller grounds work and maintenance work.**

**G. Main entry hall to be cleaned weekly and the other common areas monthly, or more often, as needed.**

**H. On move-in, tenant will be instructed to call the office when repair service is required.**

## **VI. RENT COLLECTION POLICIES**

**A. Rents will be sent to the Managing Agent's office (CIS) on or before the first of every month. Any tenants who are delinquent as of the close of business on the fifth day will be notified immediately by way of a notice placed in their mailbox or under the door that their rent is overdue. If the tenant does not pay the full amount of rent due by the end of the 5th day of the month, we may collect a fee of \$25 on the 6th day of the month. Thereafter, we may collect \$5 for each additional day the rent remains unpaid during the month it is due. We shall not terminate the tenant's lease for failure to pay late charges, but may terminate the tenant's lease for non-payment of rent, in accordance with HUD requirements and local law. We may collect a fee of**

**\$50.00 each time a check is not honored for payment (bounces). The charges discussed in this paragraph are in addition to the regular monthly rent payable by the tenant.**

**Prepayments will be accepted and encouraged wherever possible. Special arrangements may be made for tenants whose regular pay schedule does not correspond to the normal collection, or if some unusual family situation occurs. If rents are not paid by the end of the month, the account may be turned over to attorneys for legal proceedings, in accordance with the Lease and with the HUD Handbook 4350.3.**

**B. Tenants may pay rent to the CIS office. Tenants will be required to pay by check or money order.**

**C. Eviction policies: Eviction policies would be discussed on a personal basis and, if necessary, with a member of the family. When necessary, we would contact agencies to see if an agency could talk to the tenant to find more suitable housing. The DPM would then discuss this with the owner or his representative from the Owner to see if they desired any further talk with the tenant before legal action. Evictions will be in accordance with applicable laws and regulations.**

**D. Rent payments: The CM will collect all rents and give rent receipt to the tenant. The CM will have a copy of the rent roll for each tenant in the Rental Office.**

**E. Accounting Records**

**1. The managing agent will keep all the permanent accounting records including the individual asset records in the office. As previously mentioned, these records will conform to HUD requirements and will be audited each year by an independent certified accounting firm selected by the owner.**

**2. Security Deposits: Security Deposits will be collected pursuant to New Jersey State Security Deposit Law, and placed in an interest bearing account for each tenant.**

**3. Monthly accounting reports: Fiscal records will be maintained in accordance with regulatory requirements. The CM will send to the owner each month an income and expense statement, and the statements and forms required by HUD will be sent to the appropriate department by the end of the month for the preceding month.**

## **VII. THE RENTAL OFFICE**

**The Rental Office will be on-site and open weekdays from 9:00 a.m. to 5:00 p.m. Monday through Friday. Tenant files for each individual tenant will be located in the Rental Office. Copies of initial first year files will also be maintained off site**

## **VIII. PLANS FOR TENANT MANAGEMENT RELATIONS**

**A. A good Tenant/Management relationship is beneficial to both parties. A**

more pleasant environment benefits the tenants; management is benefited by a greater sense of achievement, reduced administrative work and lessened turnover.

The CM will convey Project Rules and Policies clearly and simply, giving explanations when needed or requested. All tenants will be treated with fairness, tact, understanding and respect. Hopefully such treatment will open all lines of Tenant-Management communications. Tenants will be encouraged to discuss any grievances with the CM with the assurance that such grievances will be relayed to the Owner through the Managing Agent.

B. Management is committed to a holistic approach to housing, as such residents are expected to become involved in their communities and to share their talents and resources with their neighbors, in this way we can achieve and maintain a strong and stable community. A log will be maintained in the Management Office.

All tenant complaints will be addressed in writing to the CM or the resident relations department and appropriate action will be taken as the individual case warrants. If necessary, the DPM and/or Owner will be consulted.

It will be made clear to every resident that the CM is available, by appointment, to discuss any problem, hear any complaint and assist the resident in resolving it.

C. The Superintendent will receive all tenant service requests. After he has finished the work, he will record what has been done and the cost involved

on the service request and on the appropriate history card. One copy will be returned to the office to make sure the requests have been appropriately handled and then filed in the tenant's folder. The second copy will be filed in a folder for the type of work performed.

D. The CM will orient the tenants to the apartments prior to move-in and review the tenant orientation package with them.

E. If leases are required in a foreign language, provisions will be made to have a lease drawn in whatever foreign language is necessary. It is required that every tenant must sign a lease.

**OWNER: 205 First Street Urban Renewal Limited Partnership**

**BY: Housing Authority of the City of Elizabeth**

**BY:**

**AGENT: CIS Management Inc.**

**BY:**

**William Dailey, President**

## **MARKETING**

### **205 FIRST STREET SENIOR HOUSING**

#### **RESIDENT SELECTION PLAN**

**Marketing will be done through newspaper advertising and through phone and letter contact with community agencies servicing public needs, per the Affirmative Fair**

**Housing marketing Plan.**

**Applications will be accepted in the rental office during posted office hours and through the mail. Only complete applications will be accepted. An application is considered complete only when enough information is supplied to determine household**

**eligibility. Assistance in filling out any applications will be provided if requested. The**

**policy of the property is to assist any and all applicants whenever possible, including**

**accommodations requests by persons with disabilities or handicaps. Any applicant whose**

**application is not complete will be contacted within ten days of receipt, in writing or by**

**phone, with a list of items necessary to complete the applications in writing.**

**Applications will be available to any interested party. A waiting list will be kept on site and prospective applicants will be contacted as units become available.**

**Applicants will be allowed to choose an appropriately sized unit as long as a security deposit is paid. However, if applicant later decides not to accept that apartment**

**or, due to change in family size or income is no longer eligible for that size apartment,**

**applicant will lose eligibility for that apartment and will be placed at the end of the**

**waiting list for another appropriately sized apartment.**

## **RESIDENT SELECTION PLAN**

**The purpose of the Resident Selection Plan is to, as much as possible, ensure that**

**potential residents will comply with the Lease and be a part of the development of a healthy residential community.**

**No applicant will be discriminated against due to race, color, creed, age, familiar status, handicap, religion or sex.**

**Applicants who need the features of an apartment designed for the mobility impaired will be given priority for such apartments. If no applicants are available for available for such apartments, a household not needing the features can be moved into the specifically designed apartment. However, the household must sign an addendum to the lease agreeing to move to another unit when an eligible household applies and needs the features of the specially designed unit. Applicants must be 18 years of age or older, with the legal authority to sign a lease.**

**Applicants applying for PHA units will be given a Tenant Brochure, EIV & You, during formal application processing.**

**Application eligibility is to be determined by age, income, household size, student**

**status and references.**

**Applicants must meet occupancy guidelines. Units will be assigned according to household size and not household composition. Following are occupancy and age**

**guidelines. Management can waive Resident Occupancy Guidelines for extenuating circumstances in the household or in order to fill units in a soft market:**

#### **Resident Occupancy Guidelines**

##### **Minimum**

**1 bedroom 1 person**

##### **Maximum**

**1 bedroom 2 people**

#### **Resident Age Guidelines**

**At least one resident of each unit will be 55 years of age or older.**

**Applicants must meet the income requirements, (for tax credit units only).**

**Income must equal 2.5 times the monthly rent or applicant must have assets equal to six months rent that can be liquidated, or applicant has the ability to pay a double security deposit. These requirements will not apply to applicants who are Section 8 Voucher or Certificate holders.**

## **APPLICANT SCREENING**

**The primary purpose of applicant screening is to avoid admitting anyone whose previous behavior demonstrates an inability to comply with the conditions of the Lease.**

**Five important general considerations will be prevalent as the community manager**

**proceeds with the resident selection process:**

- 1. Court checks**
- 2. Criminal checks**
- 3. Background checks**
- 4. Credit checks**
- 5. Home Visit Required**

## **CATEGORIES OF DISAPPROVAL**

**If any member of the household who is expected to reside in the apartment is determined to fall within one of the following categories, the household may be disapproved for admission. However, before such determination is made, consideration shall be given to favorable changes in the household's pattern of**

behavior, a lapse of years since occurrence of an offense and other extenuating circumstances.

**History of Criminal Activity** - Includes cases in which a member of the household who is expected to reside in the apartment was or is engaged in any criminal activity which

involves crimes of physical violence to persons or property or the nature of which would be detrimental to safety or welfare of other residents or their peaceful enjoyment of the premises.

**Violent Behavior** - Includes evidence of acts of violence or any other conduct, which would constitute a danger or disruption to the peaceful occupancy of neighbors.

**Confirmed Drug Addiction or Abuse** - Includes evidence of confirmed drug abuse or addiction, such as a record of conviction for possession, trafficking or use of any narcotic or controlled or illegal substances. Such evidence could include written reports from a probation officer or social agency that the individual is addicted to or is misusing drugs.

In cases where the individual is undergoing follow up treatment by a professional agency after discharge from an institution they shall not be considered ineligible if such agency confirms in writing that they are rehabilitated.

**Rape, Prostitution or Sexual Deviation** - Includes convictions for the offenses of rape, prostitution, indecent exposure, sodomy, carnal abuse, impairing the morals of a minor or similar crimes indicating sexual deviation in accordance with Megan's Law.

**Grossly Unsanitary or Hazardous Housekeeping** - Includes generally creating any health or safety hazard through acts of neglect and/or causing or permitting any damage to or misuse of premises and equipment, if the household is responsible for such hazard, damage or misuse; causing or permitting infestation, foul odors or other problems injurious to other person's health,

welfare or enjoyment of the premises; depositing garbage improperly; failing to use in a reasonable and proper manner all utilities, facilities, services, appliances and equipment within the dwelling unit or failure to maintain them in good and clean condition; or any other conduct or neglect which could result in health or safety problems or in damage to the premises. In cases where a qualified agency is working with the household to improve housekeeping and the agency reports that the household shows potential for improvement, decisions as to eligibility shall be reached after referral to and recommendations by such agency. This category does not include households whose housekeeping is found to be superficially unclean or

to lack orderliness, where such conditions do not create a health or safety problem, do not result in damage to or deterioration of the premises and do not adversely affect the peaceful occupancy of the neighbors.

**Records of Disturbance of Neighbors, Destruction of Property or Other Disruptive or Dangerous Behavior - Includes behavior or conduct which adversely affects the safety or welfare of other persons by physical violence, gross negligence or irresponsibility; which damages the equipment or premises in which the household resides; or which is disturbing or dangerous to neighbors or disrupts sound household and community life.**

**Non-compliance with Rental Agreement - Includes evidence of any failure to comply**

**with the terms of rental agreements on present or prior residences, such as providing shelter to unauthorized persons, keeping pets, painting or decorating without the permission of owner or other acts in violation of rules and regulations.**

**Applicants with a Debit Balance - Applicants who owe their current or previous landlord**

**a balance from present or prior occupancy will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for nonpayment of rent during the present or prior**

occupancy have been sufficiently changed to enable the household to pay when due rent and other expenses relating to occupancy of the apartment. The spouse will not be required to pay the balance before admission if his/her spouse was the former lessee, provided there is legal documentation evidencing a divorce or separation. In any event, the former lessee with unpaid balance will not be added to the lease until the amount is paid in full.

**Tenancy or Credit Records** - A consistent, severe, or recent history of deficiencies in overall credit or in rent payment which indicates that the household will be unable or will otherwise fail to pay when due rent for the apartment and/or other expenses relating to occupancy of the apartment; or the absence of any history of timely payment of rent and other obligations, unless household can show good cause for such absence. In no case shall a household be admitted with outstanding utility bills due that prevent the household from having the power in the apartment turned on in its name. In cases where the individual is participating in a certified agency confirms in writing that the applicant is in better financial standing and that agency will serve as a reference.

**State and Federal Laws** - Failure to meet the eligibility requirements imposed by applicable State and Federal Laws and any regulations or requirements promulgated there under. Eligibility under Section 42 of the Internal Revenue Code is required for all residents.

**Misrepresentation** - Applicants who willfully supply false information as to present or past landlord or employer or any other item which impedes or alters the screening process will be rejected. Applicants who willfully supply false information as to the number of intended occupants will be rejected.

## **DISAPPROVAL OF APPLICATION**

In the event an application is disapproved, the applicant shall be notified in

**writing. Such notices shall clearly state the reasons why the application was disapproved.**

**Applicants will be provided upon request, and within a reasonable time after the**

**determination is made, with an opportunity to request an informal hearing on such determination.**

### **REJECTING APPLICANTS**

**There are three possible outcomes for every application that is filed:**

- The household is accepted for residency**
- The household is placed on the waiting list**
- The household is rejected**

**Households may be rejected for two reasons:**

- They are ineligible because the household annual gross income as defined in the HUD 4350.3 handbook exceeds 24 CFR 5.607 and/or the applicable Section 42 of the Internal Revenue Code limitations in effect at the time of application.**

- The household is entirely made up of full time students and no exceptions as defined in Section 42 of the Internal Revenue Code apply.**

- The household is unwilling or unable to sign at least a six-month initial lease.**

- For non-PHA units only, if the household's monthly financial resources are not at least 2.5 times the monthly rent. This requirement can be waived if the household is a Section 8 Certificate or Voucher holder. For Certificate Holders, the HUD determined rent limit MUST cover the rent at the property.

Any reason for rejecting an application will be documented if they do not meet the Resident Selection Criteria. Applicant will be provided upon request and within a reasonable time after the determination is made, with an opportunity to request an informal hearing on such determination. Some examples of reasons for rejecting an application are:

- A history of unjustified and chronic nonpayment of rent and financial obligations.
- A history of violence and harassment of neighbors.
- A history of violations in the terms of previous rental agreements such as the destruction of a unit or failure to maintain a unit in a sanitary way

Arbitrary rejection is prohibited. No application will be rejected based on:

- Race, color, religion, sex, age, marital status, familial status, national origin, handicap or disability.
- Receiving income from Public Assistance
- Households with children of undetermined parentage
- Single parent households
- Households not related by blood, marriage or operation of law

## **OCCUPANCY**

- **Security deposits requirements are equal to one month's rent. For PHA units, a minimum security deposit of \$1 00 is required in the event the PHA resident's rent is less than the amount that would generate a \$100 deposit. The minimum security deposit is established to provide the owner with a minimum amount of funds in the event of damage to the unit.**
- **An annual recertification is done for each resident. Income, assets, student status, and household size will be verified the same as the move-in certification.**
- **Residents residing in PHA units will be given a Tenant Brochure, EIV & You, at every Annual Recertification.**
- **Any changes in household size, composition or income must be reported.**
- **Lease and house rules will be adhered to. Documentation of noncompliance and neighbor complaints will be kept in resident files.**

**II The unit transfer policy requires that management approve all unit transfers requests on an individual basis. All transfers are treated as new move-ins and households must re-qualify and recertify under the Section 42 of the Internal Revenue Code regulations. The only exception to this is transfers within the same building done for health, medical or emergency reasons. Rent must be current. Upon inspection apartment must be found in good condition, i.e., no health or safety issues and all appliances clean**

**and in good working order. Medical reasons must be accompanied by a letter from doctor indicating medical need.**

## **FAIR HOUSING AND ANTI-DISCRIMINATION POLICY**

**The proposed designation of 205 1st street Development to elderly/near-elderly only occupancy is in full compliance with the terms and conditions of the Fair Housing Act. In addition, HACE has determined, based upon the most recent census demographics that designating the building as an elderly/ nearly-elderly building will in no way increase minority concentrations.**

**It is the policy of HACE to comply with all laws relating to Civil Rights:**

**Including Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968 (as amended by the Community Development Act of 1974 and the Fair housing Amendments Act of 1988); Executive Order 11063; Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975; Title II of the Americans with Disabilities Act (to the extent that it applies, otherwise section 504 and the Fair Housing Amendments govern), any applicable State laws or local ordinances and any legislation protecting the individual rights of tenants, applicants, or staff that may subsequently be enacted.**

**HACE shall not discriminate because of race, color, sex, religion, familial status, disability, national origin in the leasing, rental, or other disposition of housing or related facilities, including land, that is part of any project or other projects under the Housing Authority's jurisdiction covered by a contract for annual contributions under the United States Housing Act of 1937, as amended, or in the use of occupancy thereof.**

## **Identification of Groups and Persons Consulted and comments submitted**

**HACE consulted with the following groups in preparing this plan; Resident Advisory Board, City of Elizabeth, Office on Aging, Union County Office of the Disabled, Community Access Unlimited and Bridgeway House. Information was provided explaining HACE's Designated Housing Plan; it's intent, impact, and possible outcomes.**

**Those consulted with for the plan recognize the issues and difficulty of housing elderly and non-elderly families in one facility. Many residents that reside in public housing do so due to familial and financial constraints. Low-income seniors in particular, have specific needs that differ from non-elderly. Residents living in the mixed population buildings and staff managing these units have found the mixing of the populations "challenging" at best.**

**Prior to submission to HUD, a draft Designated Housing Plan was made available to residents of HACE and the general public for a 30-day review and comment period.**

**The Public notice Read as follows:**

### **NOTICE OF PUBLIC HEARING**

**205 1ST STREET LLC (Owner) and the Housing Authority of the City of Elizabeth (HACE) announce the commencement of the 30-day comment period for the designation of the "205 1st. Street Development" as housing for Elderly and Near-Elderly individuals and families. Construction of this 31 unit building is expected to begin July 2010. A draft Allocation Plan has been prepared describing the reasons for the proposed designation as Elderly Families pursuant to 24 CFR Part 945.**

**The Owner and HACE are also announcing that a public hearing ( the Hearing) to discuss the draft Allocation Plan will be held at Mravlag Manor Community Room 688 Maple Ave. Elizabeth, New Jersey 07202 at 10am. on May 26th, 2010. Copies of the draft Allocation Plan will be available for review at the above address beginning on May 17th, 2010.**

**Parties interested in providing comments at the Hearing or interested in testifying should submit written comments to the Owner, 205 1st Street Urban Renewal c/o HACE 688 Maple Avenue Elizabeth, N.J. 07202 by no later than**

**12:00 Noon, June 2nd, 2010. Comments may also be sent via facsimile to 908-965-0026.**

**In general, The Designation Plan will assist HACE and the owner, 205 First Street Urban Renewal LP in providing a better living environment for not only the senior residents, but the senior handicapped/disabled residents as well.**

## Attachment No. 3

### 7.0 HOPE VI, Mixed Finance Modernization Development....

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

7a.) The Status of the HOPE VI revitalization grant is as follows: The Elizabethport neighborhood has been revitalized with over \$180 million dollars of public and private investment. A total of 655 units were demolished and 557 units newly built are 100 percent occupied. A community center was built for the neighborhood residents for social and educational gatherings while a Community Resource Center provides a locale for computer lab training and office space for case management for the self-sufficiency case workers. All self-sufficiency goals identified in the CSS plan have been successfully completed as well. HACE maintains and supports the Neighborhood Arts and After-School Program serving a total of 80 youth daily. HACE has initiated and processed all the necessary close-out procedures in early 2009 and received final approvals November 2009 from HUD.

7a.)HACE is currently engaged in several mixed-finance activities:

(1) 205 First Street Senior Housing Development, a 31 unit building with 12 ACC units. Financing for this development has been secured through use of Replacement Housing Factor Funds and NJHMFA Agency allocation of Low –Income Housing Tax-Credits. This development will accommodate elderly and near elderly individuals/families age 55 and older. Construction has been underway throughout 2010 with occupancy slated for mid May 2011.

(2) HACE and Community Investment Strategies, a developer, have repositioned with HUD approval, the Water's Edge Development from a homeownership project to a rental project as a result of the recent economic conditions. An April 2009 funding cycle for tax credits was awarded to developer. Construction was completed fall 2010 and 100% occupancy was achieved by February 2011.

(3) HACE in conjunction with Community Investment Strategies will be allocating a percentage of its second increment of Replacement Housing Factor Funds toward the new construction of a severely distressed section 8 project-based housing community (Oakwood Plaza)located in the Westminster section of Elizabeth. These monies along with NJHMFA tax credits will be used to develop new affordable units inclusive of PHA eligible units that HACE will administer. A Choice Neighborhoods initiative Implementation grant was submitted earlier in 2010 but was not selected for this project. Other alternatives are currently being reviewed for this property transformation.

7e.) Project-Based Vouchers:

(1)HACE has implemented its project-based voucher program partnering with Bridgeway House to provide assistance to mental health consumers ( under New Jersey division of Mental Health Services Home to recovery Initiatives) a total of 15 vouchers have been set-aside whereby Bridgeway will provide 24 hour/7day week care for individuals who meet the general criteria established. In 2011, HACE will grant an additional 8 vouchers to this program upon the State approval of a new award with notifications to be sent out early fall 2011.

(2)The Renaissance Development Project – HACE will partner with Brand New Day and set aside between 10-15 vouchers for YOUTH AGING OUT OF FOSTER CARE; application will be sent to New Jersey HMFA Special Needs population allocation (Tax Credit Project). Brand new Day will renovate a building located @170-176 First Street Elizabeth 07206 which is a 4-story mixed-use structure with an elevator. The building will be outfitted with all new systems, security cameras, full bathrooms, kitchens, and large closet spaces.

(3)HACE will provide 15 Project based vouchers to 205 1<sup>st</sup> Street Senior Housing Development which is a brand new mixed-finance tax-credit property providing affordable housing to seniors age 55 and older. The property has achieved a LEED Gold Certified rating.

Attachment No. 4

#### 11f.) RESIDENT ADVISORY BOARD MEETING NOTES

Residents meet quarterly with Housing Authority staff to discuss pertinent issues. On March 4, 2011, in culmination of the past year's meetings the main areas of concern were highlighted by the following Resident Advisory Board members:

Wynona Ancrum

Elizabeth Pollard

Marie Hearn

Clara Lockett

Cecelia Frazier

Audrey Washington

Rosa Hollinshed

Lori Concepcion, HACE Rep.

Catherine Hart, Deputy Director

Specific goals were discussed throughout the year's meetings as well as how we can achieve them. More services and programs for the senior citizens i.e. exercise classes, arts and crafts, computer literacy, and assisted living programs. HACE has already contacted an agency who through a contractual agreement will be able to provide many of these services inclusive in an assisted living program on a 24/7 day week program inclusive of health-related programs.

HACE has also hired a Part-time Activities coordinator to work with the seniors and plan monthly educational and social functions.

Security issues were as always of primary concern. A more visible police presence was requested at all sites to deter crime, specifically drug activity. In light of these discussions, new security systems have been installed at all four senior

projects. Additionally security cameras/surveillance equipment has been installed at the family project -12 cameras linked directly to police headquarters allowing for direct access to the site. Police patrols have not been reduced but will continue to be maintained as again the visibility issue is vital to securing the sites. Police responsiveness has also been touched upon; when residents call there has been apparent lag-time noted by the tenants. Senior staff members will discuss with Police Director and Elizabeth Police Dispatch department to alleviate this problem.

**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:*

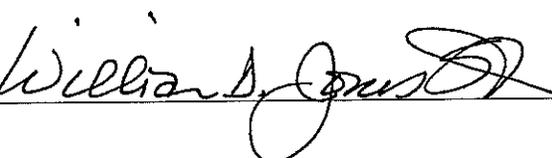
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

Housing Authority of the City of Elizabeth

NJ003

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	William D. Jones	Title	Executive Director
Signature		Date	03/16/2011

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning 7/1/2011, 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.

Housing Authority of the City of Elizabeth

NJ003

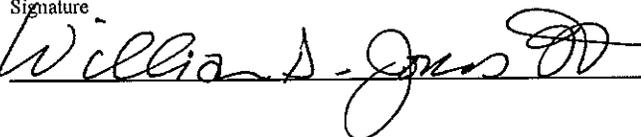
PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20\_\_ - 20\_\_

Annual PHA Plan for Fiscal Years 20<sup>11</sup> - 20<sup>12</sup>

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

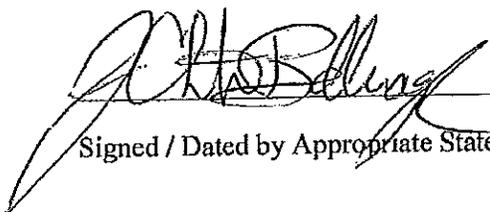
Name of Authorized Official	Title
William D. Jones	Executive Director
Signature	Date
	3/16/2011

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

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

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

I, J. Christian Bollwage the Mayor of the City of Elizabeth certify that the Five Year and  
Annual PHA Plan of the Housing Authority of the City of Elizabeth is consistent with the Consolidated Plan of  
City of Elizabeth prepared pursuant to 24 CFR Part 91.

 3-16-11  
Signed / Dated by Appropriate State or Local Official

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Elizabeth

Program/Activity Receiving Federal Grant Funding

2011 ANNUAL 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.)

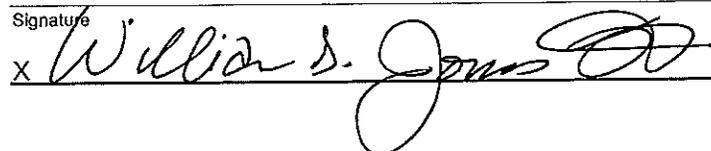
Check here  if there are workplaces on file that are not identified on the attached sheets.

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  
William D. Jones

Title  
Executive Director

Signature  
x 

Date  
3-16-11

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of Elizabeth

Program/Activity Receiving Federal Grant Funding  
2011 Annual 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)

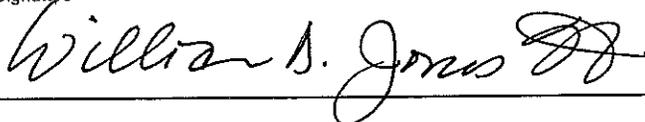
Name of Authorized Official

William D. Jones

Title

Executive Director

Signature



Date (mm/dd/yyyy)

3/16/2011

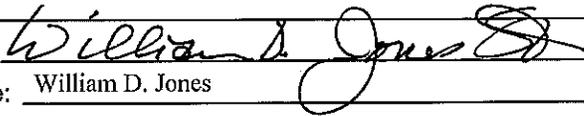
## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: <sup>4c</sup>	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> U.S. Dept. of HUD	<b>7. Federal Program Name/Description:</b> Capital Fund CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b> N/A	<b>9. Award Amount, if known:</b> \$ N/A	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i> N/A	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> N/A	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>William D. Jones</u> Title: <u>Executive Director</u> Telephone No.: <u>908-965-2400</u> Date: <u>3-16-11</u>	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

Part I: Summary						
PHA Name: Housing Authority City of Elizabeth		Grant Type and Number Capital Fund Program Grant No: NJ39P00350110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2011 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <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>	\$ 200,000.00				
3	1408 Management Improvements	\$ 506,178.40				
4	1410 Administration (may not exceed 10% of line 21)	\$ 253,089.20				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$ 174,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	\$ 161,169.00				
10	1460 Dwelling Structures	\$1,020,000.00				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures	\$ 60,000.00				
13	1475 Non-dwelling Equipment	\$ 156,455.40				
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.

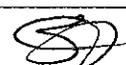
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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>						
<b>PHA Name:</b> Housing Authority City of Elizabeth		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P00350110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2011</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>			<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
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)	\$2,530,892.00				
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					
<b>Signature of Executive Director</b> 		<b>Date</b> 4-14-11		<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 CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority City of Elizabeth			<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P00350110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Management Improvements		1408						
	Resident Training			\$ 90,000				
	Family Site Security			\$ 90,000				
	Senior Site Security			\$124,178.40				
	Resident Social Program			\$ 68,000				
	Computerization			\$ 26,000				
	Common Area clean-up Program			\$ 20,000				
	Staff Training			\$ 28,000				
	Apprenticeship Program			\$ 60,000				
	Total			\$506,178.40				

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority City of Elizabeth			<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P00350110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP #1 NJ 3-1 Mrvalg Manor	fees/costs	1430		\$ 130,000				
	New Kitchens phase III	1460	150	\$1,020,000				
	Replace Play Equipment	1450		\$ 60,000				
AMP #2 NJ 3-4 Farley Towers	Upgrade Community Room Kitchen	1470		\$ 60,000				
	Electrical Upgrades Main Breaker	1475		\$56,455.40				
	Repave Parking Areas	1450		\$ 101,169				
	Fees/Costs	1430		\$ 44,000				
AMP #2 NJ 3-5 Kennedy Arms								
AMP #3 NJ 3-6 Ford Leonard Towers	Repair Main Sewer Lines & Water lines	1475		\$ 100,000				
AMP #4 NJ 3-8 O'Donnell Dempsey								

<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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority City of Elizabeth				Federal FFY of Grant: 2011	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP #1 NJ 3-1 Mravalg Manor					
fees/costs	2-01-12				
New Kitchens Phase III	1-01-13				
Replace Play Equipment	1-01-12				
AMP #2 NJ 3-4 Farley Towers					
Upgrade Community Rm. Kitchen.	3-01-12				
Electrical Upgrades, Main Breaker	4-01-12				
fees/costs	1-01-12				
AMP #2 NJ 3-5 Kennedy Arms					
AMP #3 NJ 3-6 Ford Leonard Towers					
Repair Main Sewer lines & Water Lines	4-1-12				



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

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

<b>Part I: Summary</b>						
PHA Name/Number <b>Housing Authority City of Elizabeth</b>		Locality (City/County & State) <b>Elizabeth, Union County, NJ</b>			Original 5-Year Plan <input checked="" type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY_2011__	Work Statement for Year 2 FFY _____2012_____	Work Statement for Year 3 FFY _____2013_____	Work Statement for Year 4 FFY_____2014_____	Work Statement for Year 5 FFY _____2015_____
B.	Physical Improvements Subtotal	Annual Statement	\$ 973,448.00	\$1,253,169.00	\$ 399,270.00	\$ 0
C.	Management Improvements		\$ 379,633.80	\$ 379,633.80	\$ 379,633.80	\$ 379,633.80
D.	PHA-Wide Non-dwelling Structures and Equipment		\$ 594,721.00	\$ 220,000.00	\$1,208,899.00	\$1,598,169.00
E.	Administration		\$ 253,089.20	\$ 253,089.20	\$ 253,089.20	\$ 253,089.20
F.	Other		\$ 130,000.00	\$ 225,000.00	\$ 90,000.00	\$ 100,000.00
G.	Operations		\$ 200,000.00	\$ 200,000.00	\$ 200,000.00	\$ 200,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$2,530,892.00	\$2,530,892.00	\$2,530,892.00	\$2,530,892.00
L.	Total Non-CFP Funds					
M.	Grand Total		\$2,530,892.00	\$2,530,892.00	\$2,530,892.00	\$2,530,892.00



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011__	Work Statement for Year ____2012____ FFY 2			Work Statement for Year: _2013____ FFY 3		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Sec Annual Statement	<b>AMP #1 Mravlag Manor</b>			<b>AMP #1 Mravlag Manor</b>		
	Fees & Costs		\$ 60,000.00	Fees & Costs		\$ 70,000.00
	Community Room Upgrades		\$160,000.00	New Heat and Hot Water System, Phase II		\$ 600,000.00
	Replace Basement Entrance Doors		\$ 126,544.60			
	<b>AMP #2 Farley Towers</b>			<b>AMP #2 Farley Towers</b>		
	Upgrade Kitchens Phase I	174	\$ 973,448.00	Upgrade Kitchens Phase II	74	\$ 427,000.00
	Fees & Costs		\$ 15,000.00	Fees & Costs		\$ 95,000.00
	<b>AMP #2 Kennedy Arms</b>			<b>AMP #2 Kennedy Arms</b>		
	Upgrade sprinkler heads		\$ 35,000.00			
				Elec. Upgrades/Main Breaker		\$ 60,000.00
				Repave Parking Area		\$ 50,000.00
	<b>AMP #3 Ford Leonard Towers</b>			<b>AMP #3 Ford Leonard Towers</b>		
	Masonry Repair Phase I		\$ 123,176.40	Masonry Repairs Phase II		\$ 100,000.00
	Fees & Costs		\$ 30,000.00	Fees & Costs		\$ 20,000.00
	<b>AMP #4 O'Donnell Dempsey</b>			<b>AMP #4 O'Donnell Dempsey</b>		
	Masonry Repairs Phase I		\$ 150,000.00	Replace Master Antenna		\$ 10,000.00
	Fees & costs		\$ 25,000.00	Upgrd. Bathrooms Phase I	37	\$ 226,169.00
				Fees & Costs		\$ 40,000.00
	Subtotal of Estimated Cost		\$ 1,698,169.00	Subtotal of Estimated Cost		\$ 1,698,169.00

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year <u>2014</u> FFY <u>4</u>			Work Statement for Year: <u>2015</u> FFY <u>5</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<b>AMP #1 Mravlag Manor</b>			<b>AMP #1 Mravlag Manor</b>		
	Fees & Costs		\$ 30,000.00	Replace Hallway Windows		\$ 200,000.00
	Replace Apartment Windows		\$ 908,899.00	Replace Intercom System/ Upgrade front entrances/doors		\$ 400,000.00
	Masonry Restoration		\$ 300,000.00	Separate entrances/1 <sup>st</sup> . flr. Apts.		\$ 200,000.00
				Fees & costs		\$ 50,000.00
	<b>AMP #2 Farley Towers</b>			<b>AMP #2 Farley Towers</b>		
				Replace Apt. windows		\$ 350,000.00
				Fees & costs		\$ 50,000.00
	<b>AMP #2 Kennedy Arms</b>			<b>AMP #2 Kennedy Arms</b>		
				Replace Apt. Windows		\$ 200,000.00
	<b>AMP #3 Ford Leonard</b>			<b>AMP #3 Ford Leonard</b>		
				Replace apt. windows		\$ 248,169.00
	<b>AMP #4 O'Donnell Dempsey</b>			<b>AMP #4 O'Donnell Dempsey</b>		
Upgrade Bathrooms Phase II	63	\$ 399,270.00				
Fees & costs		\$ 60,000.00				
	Subtotal of Estimated Cost	\$ 1,698,169.00		Subtotal of Estimated Cost	\$ 1,698,169.00	

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2011	Work Statement for Year _____ 2012 _____ FFY 2		Work Statement for Year: _____ 2013 _____ FFY 3	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	<b>AMP #1 Mravlag Manor</b>		<b>AMP #1 Mravlag Manor</b>	
	Resident Training	\$ 85,000.00	Resident Training	\$ 85,000.00
	Apprenticeship Program	\$ 50,000.00	Apprenticeship Program	\$ 50,000.00
	Family Site Security	\$ 75,633.80	Family Site Security	\$ 75,633.80
	Resident Social Program	\$ 5,000.00	Resident Social Program	\$ 5,000.00
	Computerization	\$ 8,000.00	Computerization	\$ 8,000.00
	Common Area Clean-up Program	\$ 15,000.00	Common Area Clean-up Program	\$ 15,000.00
	Staff Training	\$ 5,000.00	Staff Training	\$ 5,000.00
	<b>AMP #2 Farley Towers/Kennedy Arms</b>		<b>AMP #2 Farley Towers/Kennedy Arms</b>	
	Senior Site Security	\$ 48,000.00	Senior Site Security	\$ 48,000.00
	Resident Social Program	\$ 5,000.00	Resident Social Program	\$ 5,000.00
	Computerization	\$ 5,000.00	Computerization	\$ 5,000.00
	Staff Training	\$ 4,000.00	Staff Training	\$ 4,000.00
	<b>AMP #3 Ford Leonard</b>		<b>AMP #3 Ford Leonard</b>	
	Senior Site Security	\$ 23,000.00	Senior Site Security	\$ 23,000.00
	Resident Social Program	\$ 5,000.00	Resident Social Program	\$ 5,000.00
	Computerization	\$ 5,000.00	Computerization	\$ 5,000.00
	Staff Training	\$ 4,000.00	Staff Training	\$ 4,000.00
	<b>AMP #4 O'Donnell Dempsey</b>		<b>AMP #4 O'Donnell Dempsey</b>	
	Senior Site Security	\$ 23,000.00	Senior Site Security	\$ 23,000.00
	Resident Social Program	\$ 5,000.00	Resident Social Program	\$ 5,000.00
	Computerization	\$ 5,000.00	Computerization	\$ 5,000.00
	Staff Training	\$ 4,000.00	Staff Training	\$ 4,000.00
		Subtotal of Estimated Cost	<b>\$ 379,633.80</b>	Subtotal of Estimated Cost

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2011	Work Statement for Year _____ 2014 _____ FFY 4		Work Statement for Year: _____ 2015 _____ FFY 5	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	<b>AMP #1 Mravlag Manor</b>		<b>AMP #1 Mravlag Manor</b>	
	Resident Training	\$ 85,000.00	Resident Training	\$ 85,000.00
	Apprenticeship Program	\$ 50,000.00	Apprenticeship Program	\$ 50,000.00
	Family Site Security	\$ 75,633.80	Family Site Security	\$ 75,633.80
	Resident Social Program	\$ 5,000.00	Resident Social Program	\$ 5,000.00
	Computerization	\$ 8,000.00	Computerization	\$ 8,000.00
	Common Area Clean-up Program	\$ 15,000.00	Common Area Clean-up Program	\$ 15,000.00
	Staff Training	\$ 5,000.00	Staff Training	\$ 5,000.00
	<b>AMP #2 Farley Towers/Kennedy Arms</b>		<b>AMP #2 Farley Towers/Kennedy Arms</b>	
	Senior Site Security	\$ 48,000.00	Senior Site Security	\$ 48,000.00
	Resident Social Program	\$ 5,000.00	Resident Social Program	\$ 5,000.00
	Computerization	\$ 5,000.00	Computerization	\$ 5,000.00
	Staff Training	\$ 4,000.00	Staff Training	\$ 4,000.00
	<b>AMP # 3 Ford Leonard</b>		<b>AMP # 3 Ford Leonard</b>	
	Senior Site Security	\$ 23,000.00	Senior Site Security	\$ 23,000.00
	Resident Social Program	\$ 5,000.00	Resident Social Program	\$ 5,000.00
	Computerization	\$ 5,000.00	Computerization	\$ 5,000.00
	Staff Training	\$ 4,000.00	Staff Training	\$ 4,000.00
	<b>AMP # 4 O'Donnell Dempsey</b>		<b>AMP # 4 O'Donnell Dempsey</b>	
	Senior Site Security	\$ 23,000.00	Senior Site Security	\$ 23,000.00
	Resident Social Program	\$ 5,000.00	Resident Social Program	\$ 5,000.00
	Computerization	\$ 5,000.00	Computerization	\$ 5,000.00
	Staff Training	\$ 4,000.00	Staff Training	\$ 4,000.00
		Subtotal of Estimated Cost	<b>\$ 379,633.80</b>	Subtotal of Estimated Cost



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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P00350108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	2,446,532.00	2,446,532.00	2,446,532.00	1,236,405.84	
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	146,979.80	146,979.80	146,979.80	0.00	
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>William D. Jones</i>		<b>Date</b> 4-14-11		<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 CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH			Grant Type and Number Capital Fund Program Grant No: NJ39P00350108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP#1	CONSULTANT	1430		30,000.00	30,000.00	30,000.00	30,000.00	OBLIGATED
AMP#1	REPLACE BOILERS	1460		0.00	0.00	0.00	0.00	
AMP#1	REPLACE BASEMENT DOORS	1460		94,420.50	25,000.00	25,000.00	0.00	OBLIGATED
AMP#1	PAINT APTS. & COMMON AREAS	1470		20,000.00	20,000.00	20,000.00	20,000.00	OBLIGATED
AMP#1	REPLACE APPLIANCES	1465.1		7,000.00	7,000.00	7,000.00	7,000.00	OBLIGATED
AMP#1	SECURITY SYSTEM	1470		148,236.75	62,181.45	62,181.45	37,181.45	OBLIGATED
AMP#1	REPL. CONCRETE/LANDSCAPING	1470		6,000.00	6,000.00	6,000.00	6,000.00	OBLIGATED
AMP#1	REPAVE PARKING AREA	1470		80,000.00	80,000.00	80,000.00	0.00	OBLIGATED
AMP#1	UPGRADE FIRE ALARMS	1460		650,000.00	297,300.18	297,300.18	291,050.18	OBLIGATED
AMP#1	MAINTENANCE EQUIPMENT	1475		8,000.00	8,000.00	8,000.00	8,000.00	OBLIGATED
AMP#2	PAINT APTS. & COMMON AREAS	1470		10,000.00	10,000.00	10,000.00	10,000.00	OBLIGATED
AMP#2	REPLACE APPLIANCES	1465.1		7,000.00	7,000.00	7,000.00	7,000.00	OBLIGATED
AMP#2	MAINTENANCE EQUIPMENT	1475		4,000.00	4,000.00	4,000.00	4,000.00	OBLIGATED
AMP#2	REPLACE APPLIANCES	1465.1		5,000.00	5,000.00	5,000.00	5,000.00	OBLIGATED
AMP#2	REPAVE PARKING AREA	1470		30,000.00	99,420.50	99,420.50	1,550.00	OBLIGATED
AMP#2	REPT. BRICKS/WATERPROOF BLDG	1470		200,000.00	200,000.00	200,000.00	0.00	OBLIGATED
AMP#2	MAINTENANCE EQUIPMENT	1475		6,000.00	6,000.00	6,000.00	6,000.00	OBLIGATED
AMP#2	UPGRADE ELEVATORS	1460		0.00	137,640.55	137,640.55	0.00	OBLIGATED

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH			Grant Type and Number Capital Fund Program Grant No: NJ39P00350108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP#3	REPLACE HEATING SYSTEM	1460		386,000.00	284,270.00	284,270.00	284,270.00	OBLIGATED
AMP#3	UPGRADE BOILERS	1460		0.00	0.00	0.00	0.00	OBLIGATED
AMP#3	REPLACE CONCRETE	1470		4,000.00	4,000.00	4,000.00	3,376.00	OBLIGATED
AMP#3	GROUND IMPROVEMENTS	1470		120,741.75	206,797.05	206,797.05	0.00	OBLIGATED
AMP#3	MAINTENANCE EQUIPMENT	1475		4,000.00	4,000.00	4,000.00	4,000.00	OBLIGATED
AMP#4	UPGRADE BOILERS	1460		6,500.00	323,289.27	323,289.27	262,294.01	OBLIGATED
AMP#4	PAINT APTS. & COMMON AREAS	1470		8,000.00	8,000.00	8,000.00	8,000.00	OBLIGATED
PHA-WIDE	RESIDENT TRAINING	1408		100,000.00	50,000.00	50,000.00	0.00	OBLIGATED
PHA-WIDE	FAMILY SITE SECURITY	1408		50,807.20	50,807.20	50,807.20	0.00	OBLIGATED
PHA-WIDE	SENIOR SITE SECURITY	1408		96,172.60	96,172.60	96,172.60	0.00	OBLIGATED
PHA-WIDE	APPRENTICESHIP PROGRAM	1408		60,000.00	60,000.00	60,000.00	0.00	OBLIGATED
PHA-WIDE	RESIDENT SOCIAL PROGRAMS	1408		15,000.00	65,000.00	65,000.00	45,208.42	OBLIGATED
PHA-WIDE	STAFF TRAINING	1408		20,000.00	0.00	0.00	0.00	OBLIGATED
PHA-WIDE	COMPUTER UPGRADE	1408		15,000.00	15,000.00	15,000.00	15,000.00	OBLIGATED
PHA-WIDE	COMMON AREA CLEANUP	1408		10,000.00	0.00	0.00	0.00	OBLIGATED
PHA-WIDE	HEALTH & SAFETY COMPLIANCE	1408		0.00	30,000.00	30,000.00	16,246.60	OBLIGATED
PHA-WIDE	ADMNISTRATION	1410		244,653.20	244,653.20	244,653.20	165,232.18	OBLIGATED

<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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH					Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP#1	09/30/2010	09/30/2010	09/30/2012	09/30/2012	
AMP#2	09/30/2010	09/30/2010	09/30/2012	09/30/2012	
AMP#3	09/30/2010	09/30/2010	09/30/2012	09/30/2012	
AMP#4	09/30/2010	09/30/2010	09/30/2012	09/30/2012	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



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

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH	<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P00350108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>

Type of Grant  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2010     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	366,979.80	366,979.80	366,979.80	76,455.02
4	1410 Administration (may not exceed 10% of line 21)	244,653.20	244,653.20	244,653.20	165,232.18
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000.00	30,000.00	30,000.00	30,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,136,920.50	1,067,500.00	1,067,500.00	837,614.19
11	1465.1 Dwelling Equipment—Nonexpendable	19,000.00	19,000.00	19,000.00	19,000.00
12	1470 Non-dwelling Structures	626,978.50	696,399.00	699,399.00	86,107.45
13	1475 Non-dwelling Equipment	22,000.00	22,000.00	22,000.00	22,000.00
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>		
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH	<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P00350109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>

**Type of Grant**  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2010     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	160,000.00	160,000.00	160,000.00	160,000.00
3	1408 Management Improvements	513,813.00	513,813.00	513,813.00	20,923.20
4	1410 Administration (may not exceed 10% of line 21)	256,906.00	256,906.00	256,906.00	256,906.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000.00	30,000.00	30,000.00	7,940.61
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,334,448.00	1,299,932.00	60,100.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	35,000.00	28,810.00	28,810.00	5,096.00
13	1475 Non-dwelling Equipment	188,900.00	279,606.00	279,606.00	164,157.88
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.

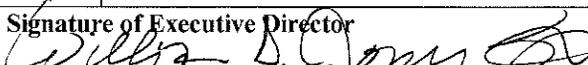
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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>						
PHA Name: <b>HOUSING AUTHORITY OF THE CITY OF ELIZABETH</b>		Grant Type and Number Capital Fund Program Grant No: NJ39P00350109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	50,000.00	0.00	0.00	0.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	2,569,067.00	2,569,067.00	1,329,235.00	615,023.69	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date 4-14-11		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.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH			Grant Type and Number Capital Fund Program Grant No: NJ39P00350109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP#1	FEES & COSTS	1430		30,000.00	30,000.00	30,000.00	7,940.61	OBLIGATED
AMP#1	UPGRADE KITCHENS	1460		1,334,448.00	1,239,832.00	0.00	0.00	
AMP#1	UPGRADE COMPUTERS	1475		125,000.00	125,000.00	125,000.00	125,000.00	OBLIGATED
AMP#1	UPGRADE OFFICE EQUIPMENT	1475		63,900.00	154,606.00	154,606.00	39,157.88	OBLIGATED
AMP#2	UPGRADE ELEC/MAST ANTENNA	1470		35,000.00	5,096.00	5,096.00	5,096.00	OBLIGATED
AMP#2	UPGRADE ELECTRIC	1470		0.00	23,714.00	23,714.00	0.00	OBLIGATED
								OBLIGATED
AMP#3	UPGRADE KITCHENS	1460		0.00	60,100.00	60,100.00	0.00	OBLIGATED
PHA-WIDE	OPERATIONS	1406		160,000.00	160,000.00	160,000.00	160,000.00	OBLIGATED
PHA-WIDE	RESIDENT TRAINING	1408		130,000.00	100,000.00	100,000.00	0.00	OBLIGATED
PHA-WIDE	FAMILY SITE SECURITY	1408		70,000.00	70,000.00	70,000.00	0.00	OBLIGATED
PHA-WIDE	SENIOR SITE SECURITY	1408		126,679.00	126,679.00	126,679.00	0.00	OBLIGATED
PHA-WIDE	APPRENTICESHIP PROGRAM	1408		90,000.00	90,000.00	90,000.00	0.00	OBLIGATED
PHA-WIDE	RESIDENT SOCIAL PROGRAMS	1408		33,134.00	33,134.00	33,134.00	12,962.00	OBLIGATED
PHA-WIDE	STAFF TRAINING	1408		19,000.00	19,000.00	19,000.00	0.00	OBLIGATED
PHA-WIDE	COMPUTER UPGRADE	1408		30,000.00	30,000.00	30,000.00	6,696.20	OBLIGATED
PHA-WIDE	COMMON AREA CLEANUP	1408		15,000.00	15,000.00	15,000.00	1,265.00	OBLIGATED
PHA-WIDE	HEALTH & SAFETY COMPLIANCE	1408		0.00	30,000.00	30,000.00	0.00	OBLIGATED
PHA-WIDE	ADMINISTRATION	1410		256,906.00	256,906.00	256,906.00	256,906.00	OBLIGATED

<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.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP#1	09/30/2011	09/30/2011	09/30/2013	09/30/2013	
AMP#2	09/30/2011	09/30/2011	09/30/2013	09/30/2013	
AMP#3	09/30/2011	09/30/2011	09/30/2013	09/30/2013	
AMP#4	09/30/2011	09/30/2011	09/30/2013	09/30/2013	
PHA-Wide					

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



Part I: Summary					
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P00350110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <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		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>	240,000.00	240,000.00	240,000.00	9,314.08
3	1408 Management Improvements	506,178.40	506,178.40	506,178.40	0.00
4	1410 Administration (may not exceed 10% of line 21)	253,089.20	253,089.20	253,089.20	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	98,000.00	98,000.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	25,000.00	25,000.00	0.00	0.00
10	1460 Dwelling Structures	472,624.40	512,624.40		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	441,000.00	441,000.00	0.00	0.00
13	1475 Non-dwelling Equipment	455,000.00	455,000.00	0.00	0.00
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>					
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P00350110 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>	
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"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	40,000.00	0.00	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	2,530,892.00	2,530,892.00	999,267.60	9,314.08
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>William D. Jones</i>		<b>Date</b> 4-14-11		<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 CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH			Grant Type and Number Capital Fund Program Grant No: NJ39P00350110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
NJ3-1	Fees & Costs	1430		50,000.00	50,000.00			
NJ3-1	Landscaping	1450		25,000.00	25,000.00			
NJ3-1	Upgrade Kitchens	1460		472,624.40	512,624.40			
NJ3-4	Fees & Costs	1430		18,000.00	18,000.00			
NJ3-4	Upgrade Lobby & Hallways	1470		120,000.00	120,000.00			
NJ3-4	Upgrade Emergency Generator	1475		125,000.00	125,000.00			
NJ3-5	Fees & Costs	1430		10,000.00	10,000.00			
NJ3-5	Upgrade Lobby & Hallways	1470		121,000.00	121,000.00			
NJ3-5	Upgrade Emergency Generator	1475		110,000.00	110,000.00			
NJ3-6	Fees & Costs	1430		10,000.00	10,000.00			
NJ3-6	Upgrade Lobby & Hallways	1470		100,000.00	100,000.00			
NJ3-6	Upgrade Emergency Generator	1475		110,000.00	110,000.00			
NJ3-8	Fees & Costs	1430		10,000.00	10,000.00			
NJ3-8	Upgrade Lobby & Hallways	1470		100,000.00	100,000.00			
NJ3-8	Upgrade Emergency Generator	1475		110,000.00	110,000.00			

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH			Grant Type and Number Capital Fund Program Grant No: NJ39P00350110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Operations	1406		240,000.00	240,000.00	240,000.00	9,314.08	OBLIGATED
PHA-Wide	Resident Training	1408		90,000.00	90,000.00	90,000.00	0.00	OBLIGATED
PHA-Wide	Family Site Security	1408		90,000.00	90,000.00	90,000.00	0.00	OBLIGATED
PHA-Wide	Senior Site Security	1408		124,178.40	124,178.40	124,178.40	0.00	OBLIGATED
PHA-Wide	Apprenticeship Program	1408		60,000.00	60,000.00	60,000.00	0.00	OBLIGATED
PHA-Wide	Resident Social Program	1408		68,000.00	68,000.00	68,000.00	0.00	OBLIGATED
PHA-Wide	Staff Training	1408		28,000.00	28,000.00	28,000.00	0.00	OBLIGATED
PHA-Wide	Computer Upgrade	1408		26,000.00	26,000.00	26,000.00	0.00	OBLIGATED
PHA-Wide	Common Area Clean-up	1408		20,000.00	20,000.00	20,000.00	0.00	OBLIGATED
PHA-Wide	Administration	1410		253,089.20	253,089.20	253,089.20	0.00	OBLIGATED

<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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH					Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NJ3-1	09/30/2012	09/30/2012	09/30/2014	09/30/2014	
NJ3-4	09/30/2012	09/30/2012	09/30/2014	09/30/2014	
NJ3-5	09/30/2012	09/30/2012	09/30/2014	09/30/2014	
NJ3-6	09/30/2012	09/30/2012	09/30/2014	09/30/2014	
NJ3-8	09/30/2012	09/30/2012	09/30/2014	09/30/2014	
PHA-Wide	09/30/2012	09/30/2012	09/30/2014	09/30/2014	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P00350110 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>	
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"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	2,530,892.00	2,530,892.00	999,267.60	9,314.08
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>		<b>Date</b>		<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 CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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 Capital Fund Financing Program

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

<b>Part I: Summary</b>					FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: INCLUDES \$950 RECORDED INCORRECTLY(MOVED FROM LINE ITEM E.g)		Grant Type and Number Capital Fund Program Grant No: NJ39S003501-09 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"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		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	325,500.00	325,500.00	325,500.00	325,500.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	75,000.00	75,000.00	75,000.00	75,000.00	
10	1460 Dwelling Structures	1,610,100.00	1,610,100.00	1,610,100.00	881,581.95	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures	2,322,684.00	2,322,684.00	2,322,684.00	2,322,684.00	
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.

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 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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 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>						
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P00350109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	4,333,284.00	4,333,284.00	4,333,284.00	3,604,765.95	
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> 		<b>Date</b> 4-14-11		<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 CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH			Grant Type and Number Capital Fund Program Grant No: NJ39S003501-09 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		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP#1	FEES & COSTS	1430		100,000.00	100,000.00	100,000.00	100,000.00	OBLIGATED
AMP#1	REMOVE COMPACTORS	1470		130,000.00	130,000.00	130,000.00	130,000.00	OBLIGATED
AMP#1	REPLACE BOILERS	1470		1,482,984.00	1,502,804.00	1,502,804.00	1,502,804.00	OBLIGATED
AMP#1	BASEMENT/HALLWAY LIGHTS	1470		69,700.00	69,700.00	69,700.00	69,700.00	OBLIGATED
AMP#2	FEES & COSTS	1430		39,000.00	39,000.00	39,000.00	39,000.00	OBLIGATED
AMP#2	REPT BRICK/WATERPROOF BLDG	1460		261,000.00	261,000.00	261,000.00	132,977.25	OBLIGATED
AMP#2	REPLACE MASTER ANTENNA	1470		20,000.00	13,400.00	13,400.00	13,400.00	OBLIGATED
AMP#3	FEES & COSTS	1430		115,000.00	115,000.00	115,000.00	115,000.00	OBLIGATED
AMP#3	REPLACE KITCHENS	1460		740,000.00	740,000.00	740,000.00	639,167.40	OBLIGATED
AMP#3	REPLACE HEAT SYSTEM	1470		600,000.00	600,000.00	600,000.00	600,000.00	OBLIGATED
AMP#3	REPLACE MASTER ANTENNA	1470		20,000.00	6,780.00	6,780.00	6,780.00	OBLIGATED
AMP#4	FEES & COSTS	1430		71,500.00	71,500.00	71,500.00	71,500.00	OBLIGATED
AMP#4	REPL FENCING/EXPAND PARKING	1450		75,000.00	75,000.00	75,000.00	75,000.00	OBLIGATED
AMP#4	REPLACE KITCHENS	1460		609,100.00	609,100.00	609,100.00	109,437.30	OBLIGATED

<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.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP#1	03/31/2010	09/31/2010	03/31/2012	09/30/2012	
AMP#2	03/31/2010	03/31/2010	03/31/2012	03/31/2012	
AMP#3	03/31/2010	03/31/2010	03/31/2012	03/31/2012	
AMP#4	03/31/2010	03/31/2010	03/31/2012	03/31/2012	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



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 Capital Fund Financing Program

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 Expires 4/30/2011

<b>Part I: Summary</b>	
PHA Name: <b>HOUSING AUTHORITY OF THE CITY OF ELIZABETH</b>	Grant Type and Number Capital Fund Program Grant No: NJ00300000109R Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2010     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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	90,000.00	90,000.00	90,000.00	64,632.75
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	1,798,000.00	1,798,000.00	1,798,000.00	471,066.00
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.

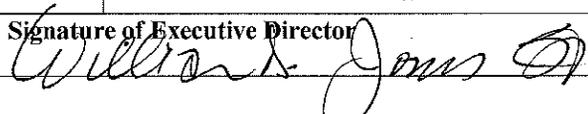
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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  
 Capital Fund Financing Program

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ00300000109R Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,888,000.00	1,888,000.00	1,888,000.00	535,698.75	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date 4/14/11	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.









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<b>Part I: Summary</b>	
PHA Name: <b>HOUSING AUTHORITY OF THE                  CITY OF ELIZABETH</b>	Grant Type and Number Capital Fund Program Grant No: NJ00300000709G Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2010     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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	500,000.00	500,000.00	500,000.00	500,000.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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<b>Part I: Summary</b>						
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ00300000709G Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	500,000.00	500,000.00	500,000.00	500,000.00	
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					
<b>Signature of Executive Director</b> 		<b>Date</b> 4-14-11		<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 CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.









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Part I: Summary						
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R0035010-04 Date of CFFP:			<b>FFY of Grant: 2004</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
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					
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>	953,628.00	953,628.00	953,628.00	953,628.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

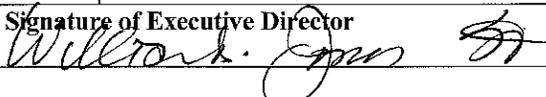
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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  
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<b>Part I: Summary</b>						
PHA Name: HOUSING AUTHORITY OF THE CITY OF ELIZABETH		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R0035010-04 Date of CFFP:			FFY of Grant:2004 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	953,628.00	953,628.00	953,628.00	953,628.00	
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 4-14-11		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.









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

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

<b>Part I: Summary</b>				FFY of Grant: 2005 FFY of Grant Approval:	
PHA Name: <b>HOUSING AUTHORITY OF THE CITY OF ELIZABETH</b>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R0035010-05 Date of CFPP:			
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"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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				
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>	1,049,566.00	1,049,566.00	1,049,566.00	1,049,566.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.

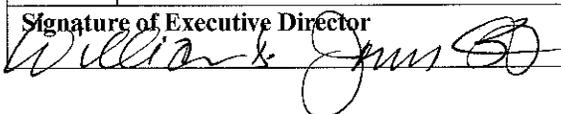
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R0035010-05 Date of CFFP:	<b>FFY of Grant:2005</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b>					
<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"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,049,566.00	1,049,566.00	1,049,566.00	1,049,566.00
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				
<b>Signature of Executive Director</b> 		<b>Date</b> 4-14-11	<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 CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.









Part I: Summary						
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R0035010-06 Date of CFFP:			<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
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	136,014.00	136,014.00	136,014.00	136,014.00	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	796,806.00	796,806.00	796,806.00	796,806.00	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <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>					
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R0035010-06 Date of CFFP:		<b>FFY of Grant:2006</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	932,820.00	932,820.00	932,820.00	932,820.00
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				
<b>Signature of Executive Director</b> <i>William D. Jones</i>		<b>Date</b> 4-14-11		<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 CFP Grants for operations.

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Annual Statement/Performance and Evaluation Report  
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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>	
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R0035010-07 Date of CFFP:
<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>	

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 12/31/2010     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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	914,057.00	914,057.00	914,057.00	623,329.47
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.

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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>						
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R0035010-07 Date of CFFP:			<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<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"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	914,057.00	914,057.00	914,057.00	623,329.47	
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>William S. Jones</i>		<b>Date</b> 4-14-11		<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 CFP Grants for operations.

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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

<b>Part I: Summary</b>		<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>
<b>PHA Name:</b> <b>HOUSING AUTHORITY OF THE CITY OF ELIZABETH</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R0035010-08 Date of CFFP:	

Type of Grant  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2010     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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	976,817.00	976,817.00	976,817.00	477,815.27
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.

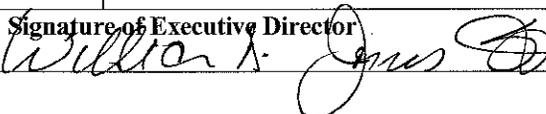
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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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<b>Part I: Summary</b>					
<b>PHA Name:</b> HOUSING AUTHORITY OF THE CITY OF ELIZABETH		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: NJ39R0035010-08 Date of CFFP:		<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <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"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	976,817.00	976,817.00	976,817.00	477,815.27
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 4-14-11		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.  
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