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 PHA Information

PHA Name: _____Portsmouth Metropolitan Housing Authority_____ PHA Code: ____OH010_____

PHA Type: ☐ Small ☒ High Performing ☐ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): ___07/01/2011_____

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: ____886_____ Number of HCV units: ____616_____

3.0 Submission Type

☐ 5-Year and Annual Plan ☒ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: N/A – not Five-Year Plan

5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. N/A – not Five-Year Plan

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

Section 8 Administrative Plan – see attachment

(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.

The following PHA Plan elements are readily available to the public:

- Eligibility, Selection and Admission Policies including Deconcentration and Wait List Procedures
- Financial Resources
- Rent Determination Policies
- Operation and Management Policies
- Grievance Procedures
- Community Service and Self-Sufficiency Policies
- Safety and Crime Prevention Policies
- Pet Policy
- Civil Rights Certification
- Fiscal Year Audit
- Asset Management Policies
- Violence Against Women Act (VAWA)

Administrative Office
410 Court Street
Portsmouth, Ohio 45662

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. These programs are not applicable to PMHA at this time..

8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit **t**he *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. See attached
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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. See attached
8.3	**Capital Fund Financing Program (CFFP).** ☐ 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. N/A
9.0	**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. See attached

9.1	**Strategy for Addressing Housing Needs**. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.** See attached
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. N/A – not Five-Year Plan (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" N/A – not Five-Year Plan

11.0	**Required Submission for HUD Field Office Review**. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (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. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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 off ice of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1**) development name and number; **2**) designation type; **3**) application status; **4**) date the designation was approved, submitted, or planned for submission, and; **5**) the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: (**1**) Any programs relating to services and amenities provided or offered to assisted families; (**2**) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

(a) **Hope VI or Mixed Finance Modernization or Development.** **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm

(b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent **that approved and/or pending** demolition and/or disposition has changed.

(c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/conversion.cfm

(d) **Homeownership**. A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers**. If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

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

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

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

(b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and

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

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

1. At the end of the program year; until the program is completed or all funds are expended;

2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and

3. Upon completion or termination of the activities funded in a specific capital fund program year.

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

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

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm

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

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

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

(a) Progress in Meeting Mission and Goals. PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan**. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

(b) Significant Amendment and Substantial Deviation/Modification. PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

(c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

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

(a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*

(b) Form HUD-50070, *Certification for a Drug-Free Workplace* **(PHAs receiving CFP grants only)**

(c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* **(PHAs receiving CFP grants only)**

(d) Form SF-LLL, *Disclosure of Lobbying Activities* **(PHAs receiving CFP grants only)**

(e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* **(PHAs receiving CFP grants only)**

(f) Resident Advisory Board (RAB) comments.

(g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.

(h) Form HUD-50075.1**, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.1.

(i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.2.

SECTION 6.0(a) – REVISED PLAN ELEMENTS

Housing Choice Voucher Program

Administrative Plan:

ISSUING AND DENYING HOUSING CHOICE VOUCHERS

Added: for the briefing in Scioto and Lawrence Counties.

Remaining member of a tenant family:

Added: The PHA will allow a temporary adult guardian to reside in the unit until a court appointed guardian is established. In accordance to the screening policy, the new guardian may be added as the new head of household.

Restrictions on leasing to relatives:

Deleted: step-parents, step-sister and step-brother.

Standards used to determine acceptability of unit size:

Added: A family that consists of a pregnant woman only (and no other person) must be treated as a two-person family.

Added: Two elderly or disabled household members may be given separate bedrooms.

RECERTIFICATION AND RENT ADJUSTMENTS

Annual reexamination:

Changed: A second letter will follow with the forms for the family to complete and mail back to the housing authority in the enclosed postage paid envelope.

INSPECTION PROCESS

Changed: When a unit is found to have defective paint and inclement weather exists, owner will be required to scrape and clean up any paint chips around the area. The owner will also be required to sign a letter stating the painting will be done as soon as weather permits or no later than May 1 of current year. If the painting is not completed and passed by the Inspector by this date the May HAP payment will be abated. (Exhibit I) The PHA will notify owners by letter April 1.

Quality control unit inspections:

Added: Quality control inspections will be random samples drawn from recently completed Housing Quality Inspections, performed during the three months preceding the Quality Control Inspection. These samples will represent a cross section of neighborhoods in Scioto and Lawrence Counties.

The original inspection booklet will be maintained in the family's file and a copy in the Quality Control file for the fiscal year. (SEMAP)

OWNERS RESPONSIBILITIES

Added: When owners keep utility bills in his/her name, tenant must be given a copy of the bill in order for the tenant to pay owner or utility company.

EXHIBIT R – VERIFICATION PROCEDURES

Added: Social Security Numbers Verification

Effective January 31, 2010, disclosure of assigned SSN's is required of all members of applicant and participant households except the following:

- Individuals in mixed families who do not contend to have eligible immigration status.
- Existing participants whose SSN's have already been confirmed valid by the EIV System.
- Existing participants as of January 31, 2010 who are 62 or older and have not previously disclosed a valid SSN.

Three forms of documentation of an SSN are acceptable to HUD:

- An original SSN card issued by the Social Security Administration (SSA).
- An original SSA issued document with an individual name and SSN.
- An original document issued by a federal, state or local government agency with an individual's name and SSN.

To add a person to the household who is at least 6 years old, participants must disclose the SSN and provide the required documents for verification before the person can be added.

For children under 6 years who have not been assigned an SSN, the family is to be referred to the SSA to obtain a SSN. This documentation is due within 90 days of adding the child to the household.

Added: **EXHIBIT T – SECTION 8 PROCEDURES FOR RECORD RETENTION**

1. TENANT FILES

   Tenant files/folders will be kept for a period of three (3) fiscal years and three (3) years after leaving the program then be destroyed.

2. POLICE CHECKS/DENIALS

   Police check records for applicants who have been approved are destroyed after being reviewed. Police records for applicants who have been denied are kept one month from the date the applicant could have requested an Informal Review.

3. CHECK CARBONS

   Section 8 check carbons will be kept for two (2) fiscal years and then will be destroyed. Cancelled checks/bank statements are kept in the finance department.

4. APPLICATIONS

   Section 8 applications will be kept for a period of three (3) fiscal years and then destroyed.

5. MISC. 1099 FORMS

   Copies of Misc. 1099 forms will be kept for a period of five (5) calendar years and then destroyed.

6. TENANT DAMAGES/VACANCY LOSS FORMS

   Tenant damages/vacancy loss forms are permanent records.

7. Enterprise Income Verification (EIV) reports may be retained in tenant files for the duration of tenancy and up to three (3) years after program participation ends.

8. The PHA must destroy wage, unemployment, employment and new hire information two (2) years from print date. The PHA may not maintain the information for a longer period of time.

   This requirement does NOT apply to Social Security (SS)/Supplemental Security Income (SSI) benefits.

SECTION 9.0 – HOUSING NEEDS

Housing Needs of Families in the Jurisdiction by Family Type

Scale<1 – 5>

Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size
Extremely Low Income <=30% AMI	7,474					
Very Low Income Income >30% but <=50% AMI	5,386					
Low Income >50% but <80% AMI	3,588					
Elderly Families	11,484					
Families With Disabilities	3,004					
Race/ethnicity White	73,638	N/A	N/A	N/A	N/A	N/A
Race/ethnicity Black	2,502	N/A	N/A	N/A	N/A	N/A
Race/ethnicity Hispanic	594	N/A	N/A	N/A	N/A	N/A
Race/ethnicity Asian	350	N/A	N/A	N/A	N/A	N/A

PUBLIC HOUSING WAITING LIST

There are currently 690 applicants on the Public Housing Waiting List. Of these 690 applicants 210 require 2 bedroom units, 131 require 3 bedroom units, 17 require 4 bedroom units. Of the 690 families on the waiting list, 471 or 69% have listed the head of household as female and 219 or 32% of applicant families have documented male head of households. Of the 690 applicant families on the waiting list, the family status recap states that 189 report that they are elderly and/or disabled families, 343 report that they are non-elderly households, while 154 report they are non-elderly disabled families.

Of those applicants on the public housing waiting list, the Primary Race Recap states that 647 or 93.8% are white, 35 or 5.1% are black and 7 or .11% are Indian. The Ethnicity Recap states that 689 or 99.9% are Non-Hispanic and 1 or .1% are Hispanic Applicants. Based on the family recap, 285 or 42% of the 690 applicants on the waiting list are families with children of this number; 405 are reporting 0 (zero) children, 135 families have 1 (one) child, 78 families have 2 (two) children, 48 families have 3 (three) children, 22 families have 4 (four) children and 2 families report having 5 (five) children. The Annual Income of applicants on our waiting list that are at or below the 30% median Income Guideline totals 545 or 79% of the waiting list, with

the Very Low Income Applicants totaling 145 or 21% of the Public Housing Wait List. The Public Housing Waiting List is currently open.

Scioto County ranks as one of the leaders in the state of Ohio in unemployment, Due to the distressed nature of the economy in Scioto County, many of the residents of our county are forced to live with family members. There are many living in substandard housing or are paying over 50% of their household's current income for rent.

The local homeless shelter stays occupied at full capacity. We work closely with the local homeless shelter. Children's Services Agency and the Department of Jobs and Family Services to assist mutual clientele. We also work closely with the local Social and Health Services, such as Passport, Area Agency on Aging, Shawnee Mental Health, and Home Health Care to assist our elderly and disabled families.

SECTION 8 WAITING LIST

There are currently 392 applicants on our Section 8 Housing Choice Voucher Waiting List, of these 392 applicants 127 require 1 bedroom units, 167 require 2 bedroom units, 85 require 3 bedroom units, 8 require 4 bedroom units, 5 require 5 bedroom units. Of the 392 applicant families on the list, 330 or 84% have listed the head of household as female and 62 or 16% applicant families have documented male head of households. Of the 392 applicant families on the waiting list, the family status recap states that 28 applicant families state they are elderly and/or elderly-disabled families, 244 applicant families state that they are no elderly households, while 120 document that are non-elderly disabled families. Of those applicants on the Section 8 Housing Choice Voucher Waiting List the Primary Race Recap states that 367 applicants or 93.62% are White, 19 applicants or 4.8% are Black, 3 applicants or .76% are Indian, 3 primary races are unknown. The Ethnicity Recap states that 391 or 99.7% are Non-Hispanic and 0% is Hispanic Applicants. Based on the family recap**,** 244 or 62% of the 392 applicants on the waiting list are families with children of this number; 44 families have 1 child, 53 families have 2 (two) children, 29 families have 3 (three) children, 6 families have 4 (four) children and 26 families have 0 children. The Annual Income of applicants on our waiting that are at or below the 30% Median Income Guideline totals 362 applicants or 92% of the waiting list, with the Very Low Income applicants totaling 30 persons or 7.6% of the waiting list and three (3) individuals or less that 0% at the Low Income Guideline. The Section 8 Housing Choice Voucher Waiting List is currently open.

SECTION 9.1 – STRATEGY FOR ADDRESSING HOUSING NEEDS

PUBLIC HOUSING PROGRAM

To address the housing needs of the residents of our county, Portsmouth Metropolitan Housing Authority has handicap accessible units in all it's Developments to assist American's with Disabilities. We maintain a strong wait list. We take applications each business day and do not close any of the wait lists. We also purge the list regularly so that the remaining applicants are current in their need and interest for housing with PMHA. We try to minimize the unit turnaround days in order to provide housing as quickly as possible for the eligible families on our wait list, thus keeping the occupancy rates high for our 886 units.

Our goal is to continue to do everything possible to minimize the number of vacant days for any empty unit while still providing decent, safe and affordable housing to the residents in our jurisdiction. This also includes the continued efforts of our housing authority to work with the various social service agencies in our area. We are also working with our current residents so that we are able to minimize the number of evictions and thus maintain housing for those families in need.

HOUSING CHOICE VOUCHER PROGRAM

The housing authority will maximize the number of affordable units by contacting realtors, current and new landlords to obtain information regarding available units or units that soon will be available.

Some landlords advertise their units in the local newspaper and the housing authority is listed on the internet.

The waiting list is updated annually to ensure the pool of applicants represent interested families.

PORTSMOUTH METROPOLITAN HOUSING AUTHORITY

MINUTES FROM RESIDENT ADVISORY BOARD MEETING

Monday, January 10, 2011 – 2:00 p.m.
Hudson House Community Room

The Resident Advisory Board of the Portsmouth Metropolitan Housing Authority met on Monday, January 10, 2011 to assist in the development of the PHA Annual Plan for FY 2011.

There were eighteen (18) people in attendance: seven (7) residents from public housing representing four (4) amps; six (6) Section 8 residents and five (5) PMHA staff members.

The Executive Director, Peggy Rice opened the meeting by explaining the role of the Resident Advisory Board. The Executive Director also explained the difference between the Five-Year Plan and Annual Plan advising this year's plan was just an Annual Plan and added since PMHA is a High Performer under the Public Housing Assessment Program we are not required to complete a full Plan.

The Executive Director explained the Capital Fund Program and monies to the residents present at the meeting and went over some of the major planned improvements at each development.

The Executive Director opened the floor to questions and comments from the residents asking for their ideas on improvements they would like to their individual sites and units.

The residents had several comments and complaints; however, all were routine maintenance or management issues. Each item was noted and would be forwarded to the proper department/person to get addressed.

Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development

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

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:** 2009
	Capital Fund Program Grant No: 501	**FFY of Grant Approval:**
Portsmouth MHA	Replacement Housing Factor Grant No:	
	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 [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 21) [3]	138,352.00	275,917.43	275,917.43	0.00
3	1408 Management Improvements	138,352.00	786.57	786.57	786.57
4	1410 Administration (may not exceed 10% of line 21)	138,352.00	138,352.00	138,352.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	67,043.00	45,724.83	29,793.14	19,144.81
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	155,000.00	213,512.78	213,512.78	196,238.71
10	1460 Dwelling Structures	400,000.00	596,779.22	513,069.69	432,116.60
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	240,000.00	112,452.17	112,452.17	112,452.17
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	1,000.00	0.00	0.00	0.00
17	1499 Development Activities [4]	0.00	0.00	0.00	0.00

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

form **HUD-50075.1** (4/2008)

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

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

Part I: Summary

PHA Name:	Grant Type and Number	FFY of Grant: 2009
Portsmouth MHA	Capital Fund Program Grant No: 501 Replacement Housing Factor Grant No: Date of CFFP:	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:** 4/30/2010 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	105,426.00	0.00	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,383,525.00	1,383,525.00	1,283,883.78	760,738.86
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	138,352.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	0.00	77,554.22	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director Peggy S. Rice **Date** 6-8-11 **Signature of Public Housing Director** **Date**

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

Part II: Supporting Pages

PHA Name: Portsmouth MHA	**Grant Type and Number** Capital Fund Program Grant No: 501 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	AMP Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
PMHA Wide	Operations	1406	Lot	138,352.00	0.00	0.00	0.00	Complete
	Security at Development & Resident Sceening	1408	Lot	136,352.00	0.00	0.00	0.00	Complete
	Director of Modernization Training	1408	Lot	2,000.00	786.57	786.57	786.57	Complete
	Admin Fees/Asset Mgmt.	1410	Lot	138,352.00	138,352.00	138,352.00	0.00	
	Fees & Costs	1430	Lot	67,043.00	4,000.00	4,000.00	4,000.00	Env. Review
	Relocation Costs	1495	Lot	1,000.00	0.00	0.00	0.00	
	Contingency	1502	Lot	105,426.00	0.00	0.00	0.00	
OH010000001	AMP-1 Operations	1406	Lot	0.00	25,917.43	25,917.43	0.00	
Wayne Hills 10-1	AMP-1 Fees and costs	1430	Lot	0.00	18,000.00	18,000.00	11,313.95	
	Replace Shrubs & Landscaping	1450	Lot	25,000.00	6,283.61	6,283.61	6,283.61	Complete
	Retaining Wall at 1804 Building	1450	Lot	60,000.00	0.00	0.00	0.00	Stimulus
	Sidewalk 1918 Building	1450	Lot	10,000.00	0.00	0.00	0.00	Stimulus
	Replace Sidewalks	1450	Lot	45,000.00	8,384.00	8,384.00	8,384.00	Complete
	Sheds & fences (fungible 2012) add. change ord	1450	243	0.00	17,260.60	17,260.60	17,260.60	Complete
	Brick cottages & replace windows (2010) add. change order	1460	1	0.00	6,434.85	6,434.85	6,434.85	Complete
	Replace roofs (fungible 2007) add. change ord	1460	24	0.00	27,863.90	27,863.90	27,863.90	Complete
	Radiator upgrade 1st & 2nd Floor (fungible 2010)	1460	Lot	100,000.00	0.00	0.00	0.00	Moved 2011
	5-Year Paint Upgrade	1460	Lot	20,000.00	0.00	0.00	0.00	Complete
	Tuck point brick & found. Cracks (2012) add change ord.	1460	1	0.00	2,556.15	2,556.15	2,556.15	Complete
	Security Bars at Maintenance Shop	1470	Lot	10,000.00	0.00	0.00	0.00	Stimulus
	AMP-1 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-1 Contingency	1502	Lot	0.00	0.00	0.00	0.00	
OH010000002	AMP-2 Operations	1406	Lot	0.00	20,000.00	20,000.00	0.00	

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

Part II: Supporting Pages

PHA Name: Portsmouth MHA	**Grant Type and Number** Capital Fund Program Grant No: 501 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	AMP Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
Farley Square 10-2	AMP-2 Fees & Costs	1430	Lot	0.00	0.00	0.00	0.00	
	Sheds & fences (2011 & 2012) add. change ord	1460	6	0.00	3,164.00	3,164.00	3,164.00	Complete
	Bath & Bedroom Doors	1460	Lot	110,000.00	0.00	0.00	0.00	Moved 2011
	Relocation of Gas Range Shutoff	1460	Lot	15,000.00	0.00	0.00	0.00	
	Replace roofs & gutters (fungible 2013) change order	1460	1	0.00	25,535.57	25,535.57	25,535.57	Complete
	Addition to Maintenance Shop	1470	Lot	150,000.00	0.00	0.00	0.00	Moved 2011
	AMP-2 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-2 Contingency	1502	Lot	0.00	0.00	0.00	0.00	
OH010000003	AMP-3 Operations	1406	Lot	0.00	0.00	0.00	0.00	
Alexandria House 10-3	AMP-3 Fees and costs	1430	Lot	0.00	13,833.00	0.00	0.00	
	Security cameras (fungible 2008)	1460	Lot	0.00	15,000.00	0.00	0.00	From 2007
	AMP-3 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-3 Contingency	1502	Lot	0.00	0.00	0.00	0.00	
OH010000004	AMP-4 Operations	1406	Lot	0.00	0.00	0.00	0.00	
Hudson House 10-4	AMP-4 Fees and costs	1430	Lot	0.00	0.00	0.00	0.00	
	Security cameras (fungible 2008)	1460	Lot	0.00	12,650.00	0.00	0.00	From 2007
	Replace heating & cooling (fungilbe 2013)	1460	101 apts	0.00	198,847.00	198,847.00	177,198.30	
	AMP-4 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-4 Contingency	1502	Lot	0.00	0.00	0.00	0.00	

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[2] To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

PHA Name: Portsmouth MHA	**Grant Type and Number** Capital Fund Program Grant No: 501 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	AMP Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
OH010000005	AMP-5 Operations	1406	Lot	0.00	15,000.00	15,000.00	0.00	
Cliffside House 10-5	AMP-5 Fees and costs	1430	Lot	0.00	0.00	0.00	0.00	
	Replace Showers	1460	Lot	30,000.00	15,000.00	0.00	0.00	
	Security cameras (fungible 2008)	1460	Lot	0.00	15,000.00	0.00	0.00	From 2007
	AMP-5 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-5 Contingency	1502	Lot	0.00	0.00	0.00	0.00	
OH010000006	AMP-6 Operations	1406	Lot	0.00	15,000.00	15,000.00	0.00	
Miller Manor 10-6	AMP-6 Fees and costs	1430	Lot	0.00	2,000.00	2,000.00	1,037.72	
	Fencing	1450	Lot	20,000.00	0.00	0.00	0.00	Moved 2011
	Picnic Shelters	1450	Lot	5,000.00	0.00	0.00	0.00	Moved 2011
	Property Line Fencing	1450	Lot	25,000.00	0.00	0.00	0.00	Moved 2011
	Upgrade Sidewalks	1450	Lot	25,000.00	0.00	0.00	0.00	Moved 2011
	Drainage Tile/Retaining Wall #1142	1450	Lot	25,000.00	0.00	0.00	0.00	Moved 2011
	Security cameras (bal from 2008)	1460	Lot	0.00	89.22	89.22	89.22	Complete
	New Maintenance Building	1470	Lot	45,000.00	0.00	0.00	0.00	Moved 2011
	Emergency generator comm. Bldg. (2008)	1470	Lot	0.00	57,402.17	57,402.17	57,402.17	Complete
	AMP-6 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-6 Contingency	1502	Lot	0.00	0.00	0.00	0.00	

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[2] To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

PHA Name: Portsmouth MHA	**Grant Type and Number** Capital Fund Program Grant No: 501 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	AMP Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
OH010000007	AMP-7 Operations	1406	Lot	0.00	50,000.00	50,000.00	0.00	
Lett Terrace 10-7	AMP-7 Fees and costs	1430	Lot	0.00	0.00	0.00	0.00	
	Picnic Shelters	1450	Lot	5,000.00	0.00	0.00	0.00	Moved 2011
	Upgrade Sidewalks	1450	Lot	25,000.00	0.00	0.00	0.00	Moved 2011
	Security cameras (bal from 2008)	1460	Lot	0.00	4,815.00	4,815.00	4,815.00	Complete
	New Maintenance Building	1470	Lot	45,000.00	0.00	0.00	0.00	Moved 2011
	Emergency generator comm. Bldg. (2008)	1470	Lot	0.00	55,050.00	55,050.00	55,050.00	Complete
	AMP-7 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-7 Contingency	1502	Lot	0.00	0.00	0.00	0.00	
OH010000008	AMP-8 Operations	1406	Lot	0.00	150,000.00	150,000.00	0.00	
Scattered Sites 10-8	AMP-8 Fees and costs	1430	Lot	0.00	7,891.83	5,793.14	2,793.14	
	Repl. Outdoor lighting (fungible 2010)	1450	95	0.00	13,526.07	13,526.07	8,500.00	
	Repl. Patio fences (fungible 2010)	1450	95	0.00	122,426.50	122,426.50	114,135.50	
	Replace sidewalks (fungible 2010)	1450	95	0.00	45,632.00	45,632.00	41,675.00	
	Repl. doors (fungible 2008)	1460	95	0.00	205,250.00	205,250.00	176,466.51	
	Repl. Trim & handrails (fungible 2010)	1460	95	0.00	32,960.00	32,960.00	2,439.10	
	Replace furnaces & A/C (from 2006)	1460	10	0.00	31,613.53	5,554.00	5,554.00	From 2007
	AMP-8 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-8 Contingency	1502	Lot	0.00	0.00	0.00	0.00	

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **Portsmouth MHA**

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 [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PMHA Wide	9/14/2011	12/31/2010	9/14/2013		
OH010000001	9/14/2011	12/31/2010	9/14/2013		
OH010000002	9/14/2011	12/31/2010	9/14/2013		
OH010000003	9/14/2011		9/14/2013		
OH010000004	9/14/2011		9/14/2013		
OH010000005	9/14/2011		9/14/2013		
OH010000006	9/14/2011	12/31/2010	9/14/2013		
OH010000007	9/14/2011	12/31/2010	9/14/2013		
OH010000008	9/14/2011		9/14/2013		

[1] 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

Part I:

PHA Name:	**Grant Type and Number**	**FFY of Grant:** 2010
	Capital Fund Program Grant No: 501	**FFY of Grant Approval:**
Portsmouth MHA	Replacement Housing Factor Grant No:	
	Date of CFFP:	

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☑ **Revised Annual Statement (revision no: 1)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	**Summary by**	**Total Estimated Cost**		**Total Actual Cost [1]**	
		Original	**Revised[2]**	**Obligated**	**Expended**
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 21) [3]	276,243.00	276,243.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	138,121.00	138,121.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	120,000.00	40,000.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	144,355.00	90,355.00	0.00	0.00
10	1460 Dwelling Structures	571,500.00	791,500.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	25,000.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	1,000.00	0.00	0.00	0.00
17	1499 Development Activities [4]	0.00	0.00	0.00	0.00

[1] To be completed for the Performance and Evaluation Report.

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

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

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

Part I:

PHA Name:	**Grant Type and Number**	**FFY of Grant:** 2010
	Capital Fund Program Grant No: 501	**FFY of Grant Approval:**
Portsmouth MHA	Replacement Housing Factor Grant No:	
	Date of CFFP:	

Type of Grant

- ☐ **Original Annual Statement**
- ☐ **Reserve for Disasters/Emergencies**
- ☑ **Revised Annual Statement (revision no: 1)**
- ☐ **Performance and Evaluation Report for Period Ending:**
- ☐ **Final Performance and Evaluation Report**

Line	**Summary by**	**Total Estimated Cost**		**Total Actual Cost** [1]	
		Original	**Revised** [2]	**Obligated**	**Expended**
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	105,000.00	45,000.00	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,381,219.00	1,381,219.00	0.00	0.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	198,621.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	10,000.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director Peggy S. Rice **Date** 6-8-11 | **Signature of Public Housing Director** **Date**

[1] To be completed for the Performance and Evaluation Report.

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

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

[4] RHF funds shall be included here.

Part II: Supporting Pages

PHA Name: **Portsmouth MHA**	**Grant Type and Number** Capital Fund Program Grant No: 501 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 [1]	Funds Obligated[2]	Funds Expended[2]	
PMHA Wide	Administration	1410	Lot	138,121.00	138,121.00	0.00	0.00	
OH010000001	Operations	1406	Lot	70,000.00	70,000.00	0.00	0.00	
Wayne Hills	A&E Fees	1430	Lot	8,000.00	0.00	0.00	0.00	
	Convert 4 apts to fully HC Accessible (fungible 2008)	1460	4	110,000.00	0.00	0.00	0.00	From 2008
	Bath & bedroom doors	1460	10	0.00	0.00	0.00	0.00	Fungible 2011
	Radiator upgrade 1st & 2nd floors	1460	10	0.00	0.00	0.00	0.00	Fungible 2011
	Upgrade sanitary lines & kitchens	1460	10	0.00	0.00	0.00	0.00	Fungible 2012
	Relocation Costs	1495	Lot	1,000.00	0.00	0.00	0.00	
	Contingency	1502	Lot	10,000.00	0.00	0.00	0.00	
OH010000002	Operations	1406	Lot	60,000.00	60,000.00	0.00	0.00	
Farley Square	A&E Fees	1430	Lot	17,000.00	0.00	0.00	0.00	
	Replace sanitary lines (fungible 2007)	1460	Lot	275,000.00	0.00	0.00	0.00	From 2008
	Replace kitchens (fungible 2009)	1460	24 apts	146,500.00	0.00	0.00	0.00	From 2009
	Emergency Generator Com. Bldg	1470	Lot	25,000.00	0.00	0.00	0.00	From 2008
	Contingency	1502	Lot	25,000.00	0.00	0.00	0.00	
OH010000003	Operations	1406	Lot	9,000.00	9,000.00	0.00	0.00	
Alexandria House	A&E Fees	1430	Lot	80,000.00	25,000.00	0.00	0.00	

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

Part II: Supporting Pages

PHA Name: **Portsmouth MHA**	**Grant Type and Number** Capital Fund Program Grant No: 501 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 [1]	Funds Obligated[2]	Funds Expended[2]	
	Total building repairs (fungible 2014)	1460	Lot	0.00	751,500.00	0.00	0.00	
	Security gates (fungible 2009)	1460	Lot	10,000.00	10,000.00	0.00	0.00	From 2009
	Contingency	1502	Lot	50,000.00	25,000.00	0.00	0.00	
OH010000004	Operations	1406	Lot	4,000.00	4,000.00	0.00	0.00	
Hudson House	Contingency	1502	Lot	5,000.00	5,000.00	0.00	0.00	
OH010000005	Operations	1406	Lot	5,000.00	5,000.00	0.00	0.00	
Cliffside House	Replace Intercom System	1460	Lot	10,000.00	10,000.00	0.00	0.00	From 2009
	Contingency	1502	Lot	0.00	0.00	0.00	0.00	
OH010000006	Operations	1406	Lot	26,000.00	26,000.00	0.00	0.00	
Miller Manor	A&E Fees	1430	Lot	5,000.00	5,000.00	0.00	0.00	
	Playground (fungible 2009)	1450	Lot	72,177.00	45,177.00	0.00	0.00	From 2009
	Contingency	1502	Lot	5,000.00	5,000.00	0.00	0.00	
OH010000007	Operations	1406	Lot	28,000.00	28,000.00	0.00	0.00	
Lett Terrace	A&E Fees	1430	Lot	5,000.00	5,000.00	0.00	0.00	
	Playground (fungible 2009)	1450	Lot	72,178.00	45,178.00	0.00	0.00	From 2009
	Contingency	1502	Lot	5,000.00	5,000.00	0.00	0.00	
OH010000008	Operations	1406	Lot	74,243.00	74,243.00	0.00	0.00	
Scattered Sites	A&E Fees	1430	Lot	5,000.00	5,000.00	0.00	0.00	
	Upgrade ADA 15th & Kinney	1460	Lot	20,000.00	20,000.00	0.00	0.00	From 2007
	Contingency	1502	Lot	5,000.00	5,000.00	0.00	0.00	

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	**Federal FFY of Grant:**
Portsmouth MHA	Capital Fund Program Grant No: 501 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Portsmouth MHA

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 [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PMHA Wide	7/14/2012		7/14/2014		
OH010000001	7/14/2012		7/14/2014		
OH010000002	7/14/2012		7/14/2014		
OH010000003	7/14/2012		7/14/2014		
OH010000004	7/14/2012		7/14/2014		
OH010000005	7/14/2012		7/14/2014		
OH010000006	7/14/2012		7/14/2014		
OH010000007	7/14/2012		7/14/2014		
OH010000008	7/14/2012		7/14/2014		

[1] 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

Part I:

PHA Name:	**Grant Type and Number**	**FFY of Grant:** 2011
	Capital Fund Program Grant No: 501	**FFY of Grant Approval:**
Portsmouth MHA	Replacement Housing Factor Grant No:	
	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:** ☐ **Final Performance and Evaluation Report**

Line	**Summary by**	**Total Estimated Cost**		**Total Actual Cost [1]**	
		Original	**Revised[2]**	**Obligated**	**Expended**
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 21) [3]	276,705.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	138,352.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	39,000.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	76,000.00	0.00	0.00	0.00
10	1460 Dwelling Structures	740,968.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	10,000.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	30,000.00	0.00	0.00	0.00
17	1499 Development Activities [4]	0.00	0.00	0.00	0.00

[1] To be completed for the Performance and Evaluation Report.

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

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

1,383,525

[4] RHF funds shall be included here.

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

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

Part I:

PHA Name:	**Grant Type and Number**	**FFY of Grant:** 2011
	Capital Fund Program Grant No: 501	**FFY of Grant Approval:**
Portsmouth MHA	Replacement Housing Factor Grant No:	
	Date of CFFP:	

Type of Grant

- [x] **Original Annual Statement**
- [ ] **Reserve for Disasters/Emergencies**
- [ ] **Revised Annual Statement (revision no:)**
- [ ] **Performance and Evaluation Report for Period Ending:**
- [ ] **Final Performance and Evaluation Report**

Line	Summary by	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	72,500.00	0.00	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,383,525.00	0.00	0.00	0.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	198,621.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	10,000.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Peggy S. Rice	6-8-11		

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

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

[4] RHF funds shall be included here.

Part II: Supporting Pages

PHA Name: **Portsmouth MHA**	**Grant Type and Number** Capital Fund Program Grant No: 501 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
PMHA Wide	Administration	1410	Lot	138,352.00	0.00	0.00	0.00	
	PHA Fees and costs	1430	1	4,000.00	0.00	0.00	0.00	Environ. Review
OH010000001	AMP-1 Operations	1406	Lot	70,000.00	0.00	0.00	0.00	
Wayne Hills	AMP-1 Fees and costs	1430	Lot	8,000.00	0.00	0.00	0.00	
	Bath & bedroom doors (fungible 2008)	1460	10	80,000.00	0.00	0.00	0.00	
	Radiator upgrade 1st & 2nd floors	1460	10	66,968.00	0.00	0.00	0.00	
	Upgrade sanitary lines & Kitchens	1460	10	200,000.00				
	AMP-1 Relocation costs	1495	Lot	12,000.00	0.00	0.00	0.00	
	AMP-1 Contingency	1502	Lot	15,500.00	0.00	0.00	0.00	
OH010000002	AMP-2 Operations	1406	Lot	60,000.00	0.00	0.00	0.00	
Farley Square	AMP-2 Fees & Costs	1430	Lot	12,000.00	0.00	0.00	0.00	
	Bath & bedroom doors	1460	5	80,000.00	0.00	0.00	0.00	
	Replace sanitary lines	1460	5	84,000.00				
	Replace kitchens	1460	5	50,000.00				
	Addition to maintenance shop	1470	1	0.00	0.00	0.00	0.00	
	AMP-2 Relocation costs	1495	Lot	12,000.00	0.00	0.00	0.00	
	AMP-2 Contingency	1502	Lot	9,000.00	0.00	0.00	0.00	
OH010000003	AMP-3 Operations	1406	Lot	9,000.00	0.00	0.00	0.00	
Alexandria House	AMP-3 Fees and costs	1430	Lot	0.00	0.00	0.00	0.00	
	Total building repairs (fungible 2014)	1460	Lot	0.00	0.00	0.00	0.00	
	AMP-3 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-3 Contingency	1502	Lot	15,000.00	0.00	0.00	0.00	

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[2] To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

PHA Name: **Portsmouth MHA**	**Grant Type and Number** Capital Fund Program Grant No: 501 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
OH010000004	AMP-4 Operations	1406	Lot	4,000.00	0.00	0.00	0.00	
Hudson House	AMP-4 Fees and costs	1430	Lot	0.00	0.00	0.00	0.00	
	AMP-4 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-4 Contingency	1502	Lot	0.00	0.00	0.00	0.00	
OH010000005	AMP-5 Operations	1406	Lot	5,000.00	0.00	0.00	0.00	
Cliffside House	AMP-5 Fees and costs	1430	Lot	0.00	0.00	0.00	0.00	
	AMP-5 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-5 Contingency	1502	Lot	0.00	0.00	0.00	0.00	
OH010000006	AMP-6 Operations	1406	Lot	26,000.00	0.00	0.00	0.00	
Miller Manor	AMP-6 Fees and costs	1430	Lot	5,000.00	0.00	0.00	0.00	
	Fencing	1450	1200	25,000.00	0.00	0.00	0.00	
	Upgrade sidewalks	1450	1500	10,000.00	0.00	0.00	0.00	
	Drainage tile/retaining wall	1450	190	19,000.00	0.00	0.00	0.00	
	Overlooked fence for generator/2009	1450	100	6,000.00	0.00	0.00	0.00	
	New maintenance building	1470	1	0.00	0.00	0.00	0.00	
	New Picnic shelter	1470	1	5,000.00	0.00	0.00	0.00	
	AMP-6 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-6 Contingency	1502	Lot	10,000.00	0.00	0.00	0.00	
OH010000007	AMP-7 Operations	1406	Lot	28,000.00	0.00	0.00	0.00	
Lett Terrace	AMP-7 Fees and costs	1430	Lot	5,000.00	0.00	0.00	0.00	
	Upgrade sidewalks	1450	1500	10,000.00	0.00	0.00	0.00	

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

Part II: Supporting Pages

PHA Name: **Portsmouth MHA**	**Grant Type and Number** Capital Fund Program Grant No: 501 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
	Overlooked fence for generator/2009	1450	100	6,000.00	0.00	0.00	0.00	
	New maintenance building	1470	1	0.00	0.00	0.00	0.00	
	Picnic shelter	1470	1	5,000.00	0.00	0.00	0.00	
	AMP-7 Relocation costs	1495	Lot	0.00	0.00	0.00	0.00	
	AMP-7 Contingency	1502	Lot	7,000.00	0.00	0.00	0.00	
OH010000008	AMP-8 Operations	1406	Lot	74,705.00	0.00	0.00	0.00	
Scattered Sites	AMP-8 Fees and costs	1430	Lot	5,000.00	0.00	0.00	0.00	
	Replace Kitchens	1460	20	115,000.00	0.00	0.00	0.00	
	Upgrade baths	1460	20	65,000.00	0.00	0.00	0.00	
	AMP-8 Relocation costs	1495	Lot	6,000.00	0.00	0.00	0.00	
	AMP-8 Contingency	1502	Lot	16,000.00	0.00	0.00	0.00	

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Portsmouth MHA					**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 [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PMHA Wide					
OH010000001					
OH010000002					
OH010000003					
OH010000004					
OH010000005					
OH010000006					
OH010000007					
OH010000008					

[1] 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

PHA Name/Number Portsmouth MHA OH010			Locality (City/County & State) Portsmouth/Scioto/Ohio		☐ **Original 5-Year Plan**	☑ **Revision No: 1**
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	894,433.00	843,085.00	867,433.00	794,068.00
C.	Management Improvements		0.00	0.00	0.00	0.00
D.	PHA-Wide Non-dwelling Structures and Equipment		0.00	0.00	0.00	14,000.00
E.	Administration		138,352.00	138,352.00	138,352.00	138,352.00
F.	Other		74,035.00	125,383.00	101,035.00	160,400.00
G.	Operations		276,705.00	276,705.00	276,705.00	276,705.00
H.	Demolition		0.00	0.00	0.00	
I.	Development		0.00	0.00	0.00	
J.	Capital Fund Financing – Debt Service		0.00	0.00	0.00	0.00
K.	Total CFP Funds		1,383,525.00	1,383,525.00	1,383,525.00	1,383,525.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		1,383,525.00	1,383,525.00	1,383,525.00	1,383,525.00

Part I: Summary

PHA Name/Number Portsmouth MHA OH010	Locality (City/County & State) Portsmouth/Scioto/Ohio	☐ **Original 5-Year Plan**	☑ **Revision No: 1**

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
		Annual Statement				
	Wayne Hills		339,433.00	0.00	330,000.00	490,068.00
	Farley Square		528,000.00	330,000.00	120,000.00	360,000.00
	Alexandria House		0.00	0.00	0.00	56,000.00
	Hudson House		0.00	0.00	0.00	19,400.00
	Cliffside House		0.00	0.00	0.00	15,000.00
	Miller Manor		0.00	320,000.00	0.00	141,000.00
	Lett Terrace		0.00	0.00	193,433.00	83,000.00
	Scattered Sites		27,000.00	193,085.00	224,000.00	74,705.00
	PMHA Wide		489,092.00	540,440.00	516,092.00	144,352.00
	TOTAL		1,383,525.00	1,383,525.00	1,383,525.00	1,383,525.00

Part II: Supporting Pages - Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012			Work Statement for Year 3 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	**OH010000001 Wayne Hills**			**OH010000001 Wayne Hills**		
Annual	Sanitary lines & kitchens	21 apts.	339,433.00	Utility vehicle	1	-
Statement						
	OH010000002 Farley Square			**OH010000002 Farley Square**		
	Sanitary lines & plaster	35 apts.	528,000.00	Utility vehicle	1	-
				Roofs, gutters, downspouts & vents	15	330,000.00
	OH010000008 Scattered Sites					
	Stoves/refrigerators (renov.)	Lot	27,000.00	**OH010000006 Miller Manor**		
				Utility vehicle	1	-
				Roofs, downspouts & gutters	Lot	320,000.00
				OH010000007 Lett Terrace		
				Utility vehicle	1	-
				OH010000008 Scattered Sites		
				Roofs, downspouts & gutters	Lot	193,085.00
	Subtotal of Estimated Cost		$ 894,433.00	Subtotal of Estimated Cost		$ 843,085.00

Part II: Supporting Pages - Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2014			Work Statement for Year 5 FFY 2015		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	**OH010000001 Wayne Hills**			**OH010000001 Wayne Hills**		
Annual	Bath and bedroom doors	10	160,000.00	Replace pipe chase for boiler piping	4	117,068.00
Statement	Radiator upgrade 1st & 2nd floor	10	70,000.00	Upgrade lighting for security cameras	Lot	30,000.00
	Upgrade sanitary lines in apartments	10	100,000.00	Upgrade bathrooms (fixtures)	25	60,000.00
				Upgrade flooring and baseboards	25	40,000.00
	OH010000002 Farley Square			Replace plaster with sheetrock	25	80,000.00
	Upgrade sanitary lines in apartments	10	60,000.00	**OH010000002 Farley Square**		
	Replace kitchens	10	60,000.00	Replace pipe chase for boiler piping	8	225,000.00
				Upgrade lighting for security cameras	Lot	30,000.00
	OH010000003 Alexandria House			Upgrade lighting in boiler rooms	4	15,000.00
	Total building repairs	1	-	**OH010000003 Alexandria House**		
				Upgrade trash chutes	1	12,000.00
	OH010000007 Lett Terrace			Replace sanitary lines in basement	300	20,000.00
	Roofs & gutters	Lot	193,433.00	Upgrade PTAC in office & lobby	2	12,000.00
				OH010000004 Hudson House		
	OH010000008 Scattered Sites			Upgrade trash chutes	1	10,000.00
	Bathrooms (10-8)	21	109,000.00	**OH010000005 Cliffside House**		
	Bathrooms (10-9)	24	115,000.00	Upgrade trash chutes	1	10,000.00
				OH010000006 Miller Manor		
				Upgrade lighting for security cameras	Lot	20,000.00
				Upgrade heat & air	5	12,000.00
				Upgrade lightning protection for main office building	1	15,000.00
				Upgrade parking & recreation	5	50,000.00
				OH010000007 Lett Terrace		
				Upgrade lighting for security cameras	Lot	20,000.00
				Upgrade heat & air	5	12,000.00
				Upgrade lightning protection for main office building	1	15,000.00
	Subtotal of Estimated Cost		$ 867,433.00	Subtotal of Estimated Cost		$ 805,068.00

Part III: Supporting Pages - Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2012		Work Statement for Year 3 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Operating budget	260,482.00	Operating budget	276,705.00
Annual	Management improvements	-	Management improvements	-
Statement	Administration	138,352.00	Administration	138,352.00
	A&E fees	40,000.00	A&E fees	50,000.00
	Relocation cost	1,000.00	Relocation cost	1,000.00
	Contingency		Contingency	23,035.00
	Non-dwelling equipment		Non-dwelling equipment	
	Subtotal of Estimated Cost	$ 439,834.00	Subtotal of Estimated Cost	$ 489,092.00

Part III: Supporting Pages - Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2014		Work Statement for Year 5 FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Operating budget	276,705.00	Operating budget	276,705.00
Annual	Management improvements	-	Management improvements	-
Statement	Administration	138,352.00	Administration	138,352.00
	A&E fees	50,000.00	A&E fees	58,000.00
	Relocation cost	1,000.00	Relocation cost	30,000.00
	Contingency	-	Contingency	60,400.00
	Dwelling equipment	74,383.00	Dwelling equipment	13,000.00
			Non-dwelling equipment	14,000.00
	Subtotal of Estimated Cost	$ 540,440.00	Subtotal of Estimated Cost	$ 590,457.00