

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: <u>Wilkes-Barre Housing Authority</u> PHA Code: _____ 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>01/2011</u>														
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>888</u> Number of HCV units: <u>674</u>														
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only														
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)														
	Participating PHAs PHA 1: PHA 2: PHA 3:	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	<table border="1"> <thead> <tr> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	No. of Units in Each Program		PH	HCV						
No. of Units in Each Program															
PH	HCV														
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: "It is the mission of the Wilkes-Barre Housing Authority to continue to provide affordable housing to the City's low income families and elderly population, to insure the proper maintenance of such housing, and to work to improve the quality of life of our tenant population by maintaining a close relationship with community agencies that provide services to the low-income community."														
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <ol style="list-style-type: none"> 1. Reduce public housing vacancies; 2. Increase customer satisfaction; 3. Renovate or modernize public housing units; 4. Conduct outreach efforts to potential voucher landlords; 5. Implement public housing security improvements; 6. Increase the number and percentage of employed persons in assisted families; 7. Provide or attract supportive services to increase independence for the elderly or families with disabilities; 8. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability. Progress: <ol style="list-style-type: none"> 1. The Authority aggressively markets vacant units through a variety of outreach programs, including advertising and cooperative agreements with various social service agencies. 2. The Authority converted 55 efficiency units into 35 one bedroom units to increase availability. 3. The Authority attempts to increase resident satisfaction by addressing housing issues of the residents, and by obtaining input from the Resident Advisory Board and several tenant associations. 4. The Authority has aggressively renovated and modernized rental units in all AMPs, and it will continue this program as indicated in the Authority's 5-year Capital Improvement Plan. 5. The Authority contacts potential Section 8 landlords to participate in the voucher program. 6. The Authority has recently completed installing an upgraded security system at all AMPs which includes surveillance cameras at each site. 7. The Authority applies a preference for applicants who are employed and calculates the earned income disallowance for residents whose income is from employment. 8. The Authority was awarded a ROSS Service Coordinator grant in 2009 and will match residents with available social services available in the area and provide transportation services for residents to doctor and other medical visits and weekly trips for grocery shopping and other necessities. 9. The Authority continues to implement energy efficient improvements by replacing antiquated water heaters with new energy efficient tankless heaters. 10. The Authority has also replaced energy inefficient balcony doors in two of its developments with energy efficient doors. 11. The Authority ensures access to assisted housing according to HUD and Fair Housing regulations. 														

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Section 5.2</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Copies of the Plan are available at the office of each AMP and the HA Administrative Office.</p> <p>Elements of the Plan.</p> <p>A. Eligibility, Selection and Admission Policies, including Deconcentration and Waiting List Procedures. Procedures continue as described in the HA Admission and Continued Occupancy Plan and the Section 8 Administrative Plan. There are no site-based waiting lists.</p> <p>B. Financial Resources – See Attachment</p> <p>C. Rent Determination – Please see Public Housing ACOP and Section 8 Administrative Plan.</p> <p>D. Operations and Management – The Authority maintains a preventative maintenance record for all projects. Day-to-day maintenance requested by residents are completed by maintenance staff usually within one day. Emergency work orders are handled by staff immediately upon notification of the emergency situation. The Authority inspects interior and exterior of all buildings at least annually and contracts with pest control providers to inspect and treat apartments in all locations. The Authority manages programs according to HUD rules and regulations and in accordance with its written, HUD-approved policies.</p> <p>E. Grievance Procedures – Please see HA Grievance Policy.</p> <p>F. Designated Housing for Elderly and Disabled Families – None</p> <p>G. Community Service and Self-Sufficiency – Please see HA Community Service Policy and Family Self-Sufficiency Action Plan.</p> <p>H. Safety and Crime Prevention –</p> <ol style="list-style-type: none"> 1. Safety and Crime Prevention issues vary depending on the location of the development and are addressed according to the needs identified. 2. The Authority has implemented a surveillance camera system at all of HA sites to deter crime and criminal activities. In addition, each elevator building is equipped with a comprehensive electronic entry system which is designed to allow only residents and other authorized individuals to enter the buildings. 3. The Authority has a relationship with the local police department and sponsors crime watch groups and activities at the sites and is a participant in the Luzerne County Crime Watch Coalition. <p>I. Pets – Please refer to the HA Pet Policy</p> <p>J. Civil Rights Certification – Attached</p> <p>K. Fiscal Year Audit – There were no findings in the most recently completed Fiscal Year Audit.</p> <p>L. Asset Management – The Authority has been operating for the past several years under a HUD approved Asset Management (Stop Loss) Program.</p> <p>M. Violence Against Women Act – Please refer to the HA VAWA Policy.</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>None</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>2011 Annual Statement and Performance Evaluation Reports Attached</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>Five Year Plan (2011-2014) Attached</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>No</p>

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The HCV waiting list currently has 203 families. 186 are extremely low income, 15 are very low income and 2 are low income. 144 are families with children, 0 are elderly and 0 are families with disabilities. Ethnic/racial composition includes 105 white, 84 black and 14 other. Of these 45 are Hispanic and 158 non-Hispanic.</p> <p>The Public Housing waiting list currently has 209 families. 147 are extremely low income, 52 are very low income and 10 are low income. 108 are families with children, 1 are elderly and 5 are families with disabilities. Ethnic/racial composition includes 114 white, 84 black and 11 other. Of these 33 are Hispanic and 176 are non-Hispanic. Of these families, 62 qualify for efficiency units, 38 for one bedroom, 67 for two bedroom, 32 for three bedroom, 5 for four bedroom and 5 for five bedroom units.</p> <p>In addition, the Authority complies with HUD's policy on Violence against women and its own VAWA policy.</p>
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9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The HA has established HCV preferences for working families, those enrolled in educational or training programs and local residents. These preferences are applied in accordance with the Authority's Section 8 Administrative Plan. The Authority actively encourages landlords to participate in the HCV program, and seeks to establish the program outside of the traditional low income/poverty areas. The Authority attempts to increase the landlord base to improve the supply of affordable units of the proper bedroom size for HCV participants. The Authority is considering expanding opportunities of affordable housing in the City by offering, on a limited basis, project based vouchers.</p> <p>The Authority has established preference for Public Housing applicants. These include a local resident preference, veterans' preference and a preference for working families. These are applied according to the Authority's Admission and Continued Occupancy Policy.</p> <p>There appears to be an adequate number of public housing units in the county to provide housing for the families who need affordable housing. To decrease the number of vacancies the Authority has undertaken to convert efficiency apartments to one-bedroom units to accommodate applicants who are not willing to accept a unit without a separate bedroom.</p>
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10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The Authority is on track in attaining the goals and objectives listed in 5.2.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" A substantial deviation from the five-year plan is any circumstance that has not been addressed in the plan and would require significant changes in the business plan of the Authority.</p> <p>A significant amendment or modification to the Annual Plan is any circumstance that has not been addressed elsewhere in the Five-Year Plan and would require the Authority to proceed in a manner that not only is inconsistent with the goals and objectives of the five-year and annual plan, but requires the establishment of other contradictory goals.</p>
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11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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Wilkes-Barre Housing Authority PA047
Statement of Financial Resources FY 2010

Sources		PHA	Funding %		
Federal Grants					
Operating Subsidy	AMP-000001	681,306.00	0.884		602,274.50
	AMP-000002	1,242,724.00	0.884		1,098,568.02
	AMP-000003	568,641.00	0.884		502,678.64
	AMP-000005	650,869.00	0.884		575,368.20
WBHA Subsidy					2,778,889.36
Capital Fund	ARRA	1,676,861.00			
	CFP-09	1,326,173.00			
	CFP-ARRA2	518600.00			
CFP - unobligated funds (prior years)	CFP-08	377,666.28			
Capital Fund WBHA					3,899,300.28
Annual Contributions					
Rental Assistance 2009		HCV	VASH	Mod-Rehab	
HAP		2,425,894.00	159,660.00	103,380.00	
Admin		305,834.00		9,699.00	
Section 8 Tenant Based					3,004,467.00
PHA Dwelling Income	AMP-000001	500,000.00			
	AMP-000002	865,000.00			
	AMP-000003	525,000.00			
	AMP-000005	395,000.00			
WBHA Rental Income					2,285,000.00
Other Income: PHA	AMP-000001	AMP-000002	AMP-000003	AMP-000005	WBHA
Excess Utilities	3,500.00	8,000.00	3,800.00	3,000.00	
Interest Income	8,000.00	2,000.00	9,000.00	9,000.00	
Other Income	13,000.00	35,000.00	14,000.00	2,000.00	
Other Income	24,500.00	55,000.00	26,800.00	4,000.00	130,300.00
Total WBHA Resources					12,097,956.64

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted, or planned for submission, and; 5) the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: (1) Any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; (3) How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. (Note: applies to only public housing).
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

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

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

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

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

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

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

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

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: Wilkes-Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P0475011 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: 2011 FFY of Grant Approval: 2011
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) Final Performance and Evaluation Report <input type="checkbox"/>	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³			263,231			
3	1408 Management Improvements			5,000			
4	1410 Administration (may not exceed 10% of line 21)			131,615			
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs			80,000			
8	1440 Site Acquisition						
9	1450 Site Improvement			420,000			
10	1460 Dwelling Structures			405,000			
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment			15,000			
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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

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

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

Part I: Summary		FFY of Grant: 2011	
PHA Name: Wilkes-Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P0475011 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2011	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	3,322			
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,323,168			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	91,000			
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	205,000			
Signature of Executive Director		Date	Signature of Public Housing Director		Date

[Signature] 10/18/10

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

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

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

Part II: Supporting Pages

PHA Name: Wilkes-Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P0475011 CFPP (Yes/No): Replacement Housing Factor Grant No:	Federal FFY of Grant: 2011
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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	
PA047-000001	Replace Laundry & Fire Tower Doors	1460	23	50,000				
	Improve Community Room	1460	1	30,000				
	Carpeting	1460	20	30,000				
	Replace Boiler Room Doors	1460	8	35,000				
	Replace Stoves	1460	100	80,000				
PA047-000002	Replace Steps	1450	2 Areas	300,000				
	Boulevard Townhomes							
	Mineral Springs	1450	All Areas	60,000				
	Drainage and Landscaping	1450	40	40,000				
	Replace Light Poles							
PA047-000003	Upgrade Interior Electrical	1460	100	75,000				
	East End Towers	1460	10	15,000				
	Carpeting							
	South View Manor	1450	1	20,000				
	Carpeting	1460	10	15,000				

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

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Name/Number	Development Number and Name	Work Statement for Year 1 FFY 2011	Locality (City/County & State)		Original 5-Year Plan		Revision No:	
			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	809,000	813,000	799,000	820,000		
C.	Management Improvements		5,000	5,000	5,000	5,000		5,000
D.	PHA-Wide Non-dwelling Structures and Equipment							
E.	Administration		131,615	131,615	131,615	131,615		131,615
F.	Other		107,307	103,307	117,307	96,307		96,307
G.	Operations		263,231	263,231	263,231	263,231		263,231
H.	Demolition							
I.	Development							
J.	Capital Fund Financing – Debt Service							
K.	Total CFP Funds		1,316,153	1,316,153	1,316,153	1,316,153		1,316,153
L.	Total Non-CFP Funds							
M.	Grand Total		1,316,153	1,316,153	1,316,153	1,316,153		1,316,153

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

Work Statement for Year 1 FFY _2010_	Work Statement for Year 2012			Work Statement for Year 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 Annual Statement	PA047-000001 Lincoln Plaza			PA047-000001 Lincoln Plaza		
	Replace Roof Fans/Housings	1	115,000	Modernize Kitchens	200	80,000
	Replace Air Conditioners	2	25,000	Concrete Work	Various	15,000
	Carpeting	20	30,000	Upgrade Security	10 Floors	40,000
	Fencing	1	25,000	Carpeting	15	25,000
	PA047-000002			PA047-000002		
	Boulevard Townhomes			Boulevard Townhomes		
	Landscaping	Midland Court	43,000	Replace Furnaces	50	235,000
	Replace Gate	Midland Court	55,000	Replace Fencing	200 L.F	30,000
	Replace Refrigerators	100	80,000	Refurbish Ext. Buildings	10	233,000
	Mineral Springs			Mineral Springs		
	Replace Refrigerators	90	110,000	Replace Stoves	90	54,000
	Replace Sidewalks		90,000			
	PA047-000003			PA047-000003		
	East End Towers			East End Towers		
	Carpeting	10	15,000	Carpeting	10	15,000
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

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

Work Statement for Year 1 FFY _____	Work Statement for Year 2012 FFY FFY 2012			Work Statement for Year: 2013 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 Annual Statement	South View Manor Plumbing Improvements	70	35,000	South View Manor Carpeting	10	15,000
	Carpeting	10	15,000			
	PA047-000005			PA047-000005		
	Valley View Terrace Carpeting	20	30,000	Valley View Terrace Carpeting	15	25,000
	Replace Electrical Boxes	20	83,000	Replace Fire Tower Doors	22	46,000
	Install Guide Rail Upper Lot and Fence along frontage	1	58,000			
	HA-Wide Upgrade Electronic Equipment	13	20,000	HA-Wide Upgrade Electronic Equipment	3	12,000
	Operation		263,231	Operation		263,231
	Staff Development		5,000	Staff Development		5,000
	General Administration		131,615	General Administration		131,615
	Contingency		7,307	Contingency		11,307
	A & E Expense		80,000	A & E Expense		80,000
	Subtotal of Estimated Cost		1,316,153	Subtotal of Estimated Cost		

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

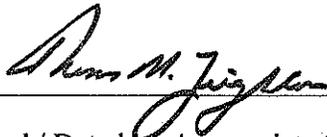
Work Statement for Year 1 FFY	Work Statement for Year 2014		Work Statement for Year 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	South View Manor Upgrade Security	40,000	South View Manor Carpeting	15,000
	Carpeting	15,000	Rehab Balconies	90,000
	PA047-000005		Upgrade Elevators	220,000
	Valley View Terrace		PA047-000005	
	Carpeting	30,000	Valley View Terrace	
	Replace Showers	48,000	Carpeting	15,000
	Replace Vanities	8,000	Landscaping	40,000
	Upgrade Interior Doors	55,000	Upgrade Security	30,000
	HA-Wide Management Improvements		HA-Wide Management Improvements	
	Upgrade Electronic Equipment	20,000	Upgrade Electronic Equipment	10,000
	Operation	263,231	Operation	263,231
	Staff Development	5,000	Staff Development	5,000
	General Administration	131,615	General Administration	131,615
	Contingency	17,307	Contingency	6,307
	A & E Expenses	80,000	A & E Expenses	80,000
	Subtotal of Estimated Cost	\$ 1,316,153	Subtotal of Estimated Cost	\$ 1,316,153

**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, Thomas Leighton the Mayor certify that the Five Year and
Annual PHA Plan of the Wilkes-Barre Housing Authority is consistent with the Consolidated Plan of
City of Wilkes-Barre prepared pursuant to 24 CFR Part 91.



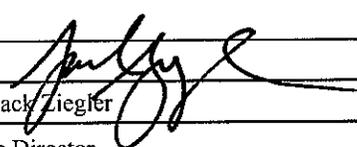
Signed / Dated by Appropriate State or Local Official

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input 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	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: WILKES-BARRE HOUSING AUTHORITY 50 LINCOLN PLAZA WILKES-BARRE, PA 18702 Congressional District, if known: 11th	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: HUD	7. Federal Program Name/Description: Public Housing Capital Grant Program CFDA Number, if applicable: 14.872	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: Jack Ziegler Title: Executive Director Telephone No.: 570/825-6657 Date: 10/18/10	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**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 2011 _____, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Willkes - Barve Housing Authority

PA047

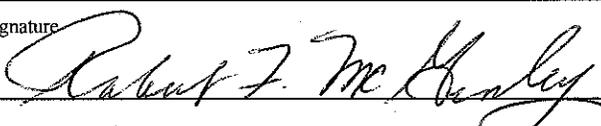
PHA Name

PHA Number/HA Code

X 5-Year PHA Plan for Fiscal Years 20¹¹ - 20¹⁵

X Annual PHA Plan for Fiscal Years 20¹¹ - 20¹¹

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
Robert F. McGinley	Chairperson
Signature	Date
	October 18, 2010

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

Wilkes-Barre Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Capital Fund

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.

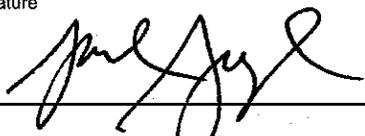
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this 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 Jack Ziegler	Title Executive Director
Signature 	Date (mm/dd/yyyy) 10/18/10

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.

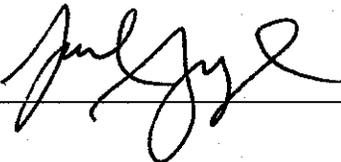
Wilkes-Barre Housing Authority

PA047

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	Jack Ziegler	Title	Executive Director
Signature		Date	10/18/10

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Wilkes-Barre Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Jack Ziegler

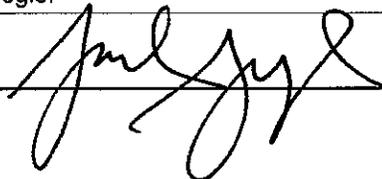
Title

Executive Director

Signature

Date

X



10/18/10

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

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

Part I: Summary		Grant Type and Number	
PHA Name: Wilkes-Barre Housing Authority		Capital Fund Program Grant No: PA26P04750110 Replacement Housing Factor Grant No: Date of CRFP:	
		FFY of Grant: 2010 FFY of Grant Approval: 2010	

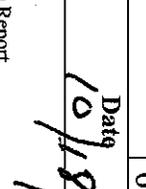
Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CRP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		263230		
3	1408 Management Improvements		2500		
4	1410 Administration (may not exceed 10% of line 21)		131615		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		80000		
8	1440 Site Acquisition				
9	1450 Site Improvement		50000		
10	1460 Dwelling Structures		775000		
11	1465.1 Dwelling Equipment—Nonependable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		10000		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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Part I: Summary		FFY of Grant: 2010	
PHA Name: Wilkes-Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P04750110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2010	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	3808			
20	Amount of Annual Grant: (sum of lines 2 - 19)	1316153			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	91000			
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	609000			
Signature of Executive Director		Date		Signature of Public Housing Director	
		10/18/10			

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

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Part II: Supporting Pages

PHA Name: Wilkes-Barre Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P04750110 CFPP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised ¹	Total Actual Cost Funds Obligated ²	Funds Expended ²	Status of Work
PA047-000001	Carpeting	1460	18	25000				
Lincoln Plaza	Install Automatic Entry Doors	1460	2 Entries	26000				
PA047-000002								
Boulevard Townhomes	Install Automatic Entry Doors	1460	1	13000				
Mineral Springs	Install Automatic Entry Doors	1460	1	13000				
	Replace doors, windows and siding	1460	90 Units	609000				
PA047-000003	Install Automatic Entry Doors	1460	1	13000				
East End Towers	Carpeting	1460	10	12500				

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² To be completed for the Performance and Evaluation Report

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Part II: Supporting Pages

PHA Name: Wilkes-Barre Housing Authority

Grant Type and Number
 Capital Fund Program Grant No: PA26P04750110
 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	
South View Manor	Install Automatic Entry Doors	1460	1	13000				
	Carpeting	1460	10	12500				
PA047-000005	Install Automatic Entry Doors	1460	1	13000				
Valley View Terrace	Carpeting	1460	18	25000				
	Entry and Courtyard Improvements	1450	2 Areas	50000				
HA-Wide Activities	Upgrade Electronic Equipment	1475.1	10	10000				
Management	Operations	1406		263230				
Improvements	Staff Development - CFP related training	1408		2500				
	General Administrative - Grant	1410		131615				
	Administration, Prorated salaries, Reporting, Preparation of Budgets							
	Contingency	1502		3808				
	A & E Services	1430		80000				
	TOTAL			1316153				

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

² To be completed for the Performance and Evaluation Report.

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Part I: Summary		Grant Type and Number Capital Fund Program Grant No: PA26P04750109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Summary by Development Account	Revised Annual Statement (revision no:002) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Obligated	Total Actual Cost ¹
			Original	Revised ²		
1		Total non-CFF Funds				
2		1406 Operations (may not exceed 20% of line 21) ³	265234	265234	265234	265234
3		1408 Management Improvements	2500	2500	0	0
4		1410 Administration (may not exceed 10% of line 21)	132617	132617	132617	33157
5		1411 Audit				
6		1415 Liquidated Damages				
7		1430 Fees and Costs			29895	29895
8		1440 Site Acquisition	80000	80000		
9		1450 Site Improvement	441689	441689	0	0
10		1460 Dwelling Structures	340045	340045	182130	114281
11		1465.1 Dwelling Equipment—Nonependable	54088	54088	0	0
12		1470 Non-dwelling Structures				
13		1475 Non-dwelling Equipment	10000	10000	0	0
14		1485 Demolition				
15		1492 Moving to Work Demonstration				
16		1495.1 Relocation Costs				
17		1499 Development Activities ⁴				

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

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Part I: Summary		FFY of Grant: 2009	
PHA Name: Wilkes-Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No.: PA26P04750109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2009	

Line	Type of Grant	Original Annual Statement	Total Estimated Cost		Total Actual Cost ¹	Expended
			Original	Revised ²		
		<input type="checkbox"/> Reserve for Disasters/Emergencies				
		<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10				
		<input type="checkbox"/> Revised Annual Statement (revision no: 002)				
		<input type="checkbox"/> Final Performance and Evaluation Report				
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)	1326173	1326173	609876	442567	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities	290000	136000	0	0	
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	120000	55045	55045	41284	
Signature of Executive Director		Date: 12/18/10		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.

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Part II: Supporting Pages			Grant Type and Number		Federal FFY of Grant: 2009			
PHA Name: Wilkes-Barre Housing Authority			Capital Fund Program Grant No: PA26P04750109					
			CFPP (Yes/No):					
			Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PA047-000001	Carpeting	1460	18	30000	30000	26280	26280	87%
Lincoln Plaza	Repave North Parking Lot	1450	1	14810	14810		0	
	Rehab Bathrooms "B" Bldg	1460	24	134000	98000			
	Rehab Bathrooms "A" Bldg	1460	16	21000	38000		0	
	Rehab Exterior Jackson St.	1450	1	0	0			
	Refrigerators	1465	200	54088	54088	54088	0	From 2011 of 2010 PHA Plan
PA047-000002	Improve Community Room	1450	1	0	0			
Boulevard Townhomes	Pave Parking Areas	1450	1 Street	44414	44414		0	
Mineral Springs	Replace Smoke Detectors	1460	92	10000	10000		0	
	Pave Road	1450	2	140862	130862		0	
PA047-000003	Pave Upper Lot	1450	1	25110	25110		0	
East End Towers	Carpeting	1460	10	20000	20000	18247	18247	91%
	Upgrade Security	1460	7 Areas	55045	55045	55045	41284	75%

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² To be completed for the Performance and Evaluation Report.

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PHA Name: Wilkes-Barre Housing Authority

Grant Type and Number
 Capital Fund Program Grant No: PA26P04750109
 CFFP (Yes/No):
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Landscape Courtyard	1450	1	81000	87000		0	
	South View Manor							
	Carpeting	1460	10	20000	20000	18250	18250	91%
	Primary Electrical Upgrade	1460	1	20000	20000		0	
	Landscape Courtyard	1450	1	135493	138000		0	
PA047-000005	Carpeting	1460	18	30000	30000	10220	10220	34%
Valley View Terrace	Improve Community Room	1450	1 Areas	0	20493	0		
HA-Wide Activities	Upgrade Electronic Equipment	1475.1	10	10000	10000		0	
Management	Operations	1406		265234	265234	265234	265234	100%
Improvements	Staff Development	1408		2500	2500		0	
	General Administrative	1410		132617	132617	132617	33157	25%
	Contingency	1502		0	0	0	0	
	A & E Services	1430		80000	80000	29895	29895	37%
	TOTAL			1326173	1326173	609876	442567	33%

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² To be completed for the Performance and Evaluation Report.

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Part I: Summary		FFY of Grant: 2009	
PHA Name: Wilkes-Barre Housing Authority PA 047	Grant Type and Number Capital Fund Program Grant No: PA26S04750109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:002) <input checked="" type="checkbox"/> Revised Annual Statement and Evaluation Report <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	138,369	138,369	138,369	84,965
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	99,980	99,980	99,980	54,442
8	1440 Site Acquisition				
9	1450 Site Improvement	244,540	218,620	218,620	209,813
10	1460 Dwelling Structures	1,139,050	1,164,970	1,164,970	557,062
11	1465.1 Dwelling Equipment—Nonependable	54,922	54,922	54,922	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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Part I: Summary		FFY of Grant: 2009	
PHA Name: Wilkes-Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26S04750109 Replacement Housing Factor Grant No: Date of CRFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,676,861	1,676,861	1,676,861	906,282
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	529,822	480,056	480,056	0
Signature of Executive Director		Date	Signature of Public Housing Director	Date	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Part I: Summary					
PHA Name: Wilkes Barre Housing Authority 50 Lincoln Plaza Wilkes-Barre PA, 18702		Grant Type and Number Capital Fund Program Grant No: PA04700000309E Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:6/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
			Total Estimated Cost	Revised ²	Obligated	Expended
1	Total non-CFP Funds		30000		30000	0
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)		28600		28600	906
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		35000		35000	16047
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		455000		455000	0
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Part I: Summary		FFY of Grant: 2009	
PHA Name: Wilkes-Barre Housing Authority 50 Lincoln Plaza Wilkes-Barre PA, 18702		FFY of Grant Approval: Capital Fund Program Grant No.: PA04700000309E Replacement Housing Factor Grant No.: Date of CFFP:	

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

Performance and Evaluation Report for Period Ending: 06/30/2010

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	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)	548600			548600	16953	
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	485000			485000	0	
Signature of Executive Director		Date	Signature of Public Housing Director		Date		

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

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Part I: Summary		PHA Name: Wilkes-Barre Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P04750108 Replacement Housing Factor Grant No: Date of CFPP:		FFY of Grant: 2008 FFY of Grant Approval: 2008	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:3) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFP Funds				Expended
2	1406 Operations (may not exceed 20% of line 21) ³		264948	264948	264948
3	1408 Management Improvements		0	0	0
4	1410 Administration (may not exceed 10% of line 21)		132474	132401	132401
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		65000	65000	57622
8	1440 Site Acquisition				
9	1450 Site Improvement		262096	262096	262096
10	1460 Dwelling Structures		578599	585944	408999
11	1465.1 Dwelling Equipment—Nonexpendable		11000	14353	8320
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		10000	0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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Part I: Summary		FFY of Grant: 2008	
PHA Name: Wilkes-Barre Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P04750108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2008	

Line	Type of Grant	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost ¹	
			Original	Revised ²		Expended	
18a	Original Annual Statement	1501 Collateralization or Debt Service paid by the PHA					
18ba	Reserve for Disasters/Emergencies	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	Revised Annual Statement (revision no: 3)	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0	0
20	Final Performance and Evaluation Report	Amount of Annual Grant: (sum of lines 2 - 19)	1324742	1324742	1318709	1134386	
21		Amount of line 20 Related to LBP Activities					
22		Amount of line 20 Related to Section 504 Activities	250000	107500	98687	61121	
23		Amount of line 20 Related to Security - Soft Costs	56000	56000	56000	56000	
24		Amount of line 20 Related to Security - Hard Costs	65000	298449	298449	298449	
25		Amount of line 20 Related to Energy Conservation Measures	25000	35743	35743	0	
Signature of Executive Director		Date		Signature of Public Housing Director		Date	
		10/18/10					

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

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2008				
PHA Name: Wilkes-Barre Housing Authority		Capital Fund Program Grant No: PA26P04750108						
		CFFP (Yes/No):						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PA047-000001	Carpeting	1460	15	30276	30882	30882	30882	100%
	Replace Ground Fault Receptacles	1460	200	14744	14744	14744	14744	100%
	Rehab Exterior Jackson Street	1460	1	19200	23545	23545	0	0
	Replace Overhead Doors	1460	4	0	0	0	0	To Stimulus
PA047-000002	Reconstruct Sidewalks and Steps	1450	2 Areas	223734	223734	223734	223734	100%
	Upgrade Security System	1460	All Areas	69475	69475	69475	69475	100%
	Replace Refrigerators	1465.1	25	11000	14353	8320	8320	75%
Mineral Springs	Upgrade Security System	1460	All Areas	156950	156950	156950	156950	100%
PA047-000003	Carpeting	1460	10	15139	13625	13625	13625	100%
	East End Towers							

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

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Part II: Supporting Pages		PHA Name: Wilkes-Barre Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26PP04750108 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 Original	Revised ¹	Total Actual Cost Funds Obligated ²	Funds Expended ²	Status of Work
South View Manor	Carpeting	1460	10	15139	13625	13625	13625	100%
	Replace Patio Doors	1460	90	151025	153400	153400	0	0
PA047-000005	Carpeting	1460	18	30276	32698	32698	32698	100%
Valley View Terrace	Pave Access Road	1450	1	38362	38362	38362	38362	100%
	Upgrade Security System	1460	All Areas	77000	77000	77000	77000	100%
HA-Wide Activities	Upgrade Electronic Equipment	1475.1	10	10000	0	0	0	0
Management	Operations	1406		264948	264948	264948	264948	100%
Improvements	Staff Development - CFP related training	1408		0	0	0	0	
	General Administrative - Grant	1410		132474	132401	132401	132401	100%
	Administration, Prorated salaries, Reporting, Preparation of Budgets etc.							
	Contingency	1502		0	0	0	0	
	A & E Services	1430		65000	65000	65000	57622	88%
	TOTAL			1324742	1324742	1318709	1134386	

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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program
 PHA Name: Wilkes-Barre Housing Authority

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 ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PA047-000001	9/14/2010		9/14/2012		
PA047-000002	9/14/2010		9/14/2012		
PA047-000003	9/14/2010		9/14/2012		
PA047-000005	9/14/2010		9/14/2012		
HA-Wide Activities	9/14/2010		9/14/2012		

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.

