



5.2	<p><b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p><b>Hud Strategic Goal: Increase the availability of decent, safe and affordable housing.</b>  PHA Goal: Expand the supply of assisted housing  Objective: Reduce Public Housing Vacancies</p> <p>PHA Goal: Improve the quality of assisted housing  Objectives: Improve public housing management (PHAS score)  Improve voucher management (SEMAP score)  Improve customer satisfaction  Renovate or modernize public housing units</p> <p>PHA Goal: Increase assisted housing choices  Objectives: Provide voucher mobility counseling  Conduct outreach efforts to potential voucher landlords  Convert public housing to vouchers (448 units)</p> <p><b>HUD Strategic Goal: Improve community quality of life and economic vitality</b>  PHA Goal: Provide an improved living environment  Objectives: Implement measures to de-concentrate poverty by bringing higher income public housing households into lower income developments  Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments  Implement public housing security improvements</p> <p><b>HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals</b>  PHA Goal: Promote self-sufficiency and asset development of assisted households  Objectives: Increase the number and percentage of employed persons in assisted families  Provide or attract supportive services to improve assistance recipients' employability  Provide or attract supportive services to increase independence for elderly or families with disabilities</p> <p><b>HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans</b>  PHA Goal: Ensure equal opportunity and affirmatively further fair housing  Objectives: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability  Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability</p>
6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  Plan is available for public inspection at the main Administrative Office of the Waukegan Housing Authority.</p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p>The Waukegan Housing Authority plans to submit a proposal to Demolish Amp #1, Barwell Manor Homes, Amp #2, Ravine Terrace Homes, Amp #3, Harry Poe Manor, and Amp #6 Armory Terrace Homes. A timetable will be provided as required by HUD guidance.</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>2012 Annual Plan; 2011 Annual Plan; 2010 Performance and Evaluation Report; 2009 Performance and Evaluation Report; 2009 CFP Stimulus Grant Performance and Evaluation Report; 2009 CFP Security Grant Performance and Evaluation Report.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>2012-2016 Five-Year Action Plan</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A</p>

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. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

**9.0 Statement of Housing Needs**

[24 CFR Part 903.79 (a)]

**A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income <= 30% of AMI	7470	5	5	5	3	3	2
Income >30% but <=50% of AMI	7050	5	5	5	3	3	2
Income >50% but <80% of AMI	5065	4	4	3	3	3	2
Elderly	1665	5	4	3	3	3	4
Families with Disabilities	2780	5	5	4	5	3	4
Race/ethnicity Black	4730	5	5	5	3	3	2
Race/ethnicity Hispanic	5230	5	5	5	3	3	2
Race/ethnicity White	8860	5	5	5	3	3	2

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset 2005-2007.
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

**B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists**

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	908		57
Extremely low income <=30% AMI	892	98	
Very low income (>30% but <=50% AMI)	16	2	
Low income (>50% but <80% AMI)	0	0	
Families with children	578	64	

Housing Needs of Families on the Waiting List			
Elderly families	25	3	
Families with Disabilities	20	2	
Race/ethnicity Black	675	74	
Race/ethnicity Hispanic	159	18	
Race/ethnicity White	88	10	
Race/ethnicity Asian	4	0	
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	252	28	24
2 BR	396	44	16
3 BR	198	22	14
4 BR	55	6	3
5 BR	7	1	0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	277		117
Extremely low income <=30% AMI	276	100	
Very low income (>30% but <=50% AMI)	1	0	
Low income (>50% but <80% AMI)	0	0	
Families with children	170	61	
Elderly families	10	4	
Families with Disabilities	29	10	
Race/ethnicity White	7	3	
Race/ethnicity Black	264	91	
Race/ethnicity Asian	0	0	
Race/ethnicity Hispanic	15	5	
Characteristics by Bedroom Size (Public Housing Only)			
1 BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

**Housing Needs of Families on the Waiting List**

Is the waiting list closed (select one)?  No  Yes

If yes:

**HOW LONG HAS IT BEEN CLOSED (# OF MONTHS) 28**

Does the PHA expect to reopen the list in the PHA Plan year?  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?

No  Yes

**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.**

**C. Strategy for Addressing 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**, and the Agency's reasons for choosing this strategy.

**(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**  
Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**  
Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**  
Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships

9.1

- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community

	<input type="checkbox"/> Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA <input checked="" type="checkbox"/> Influence of the housing market on PHA programs <input type="checkbox"/> Community priorities regarding housing assistance <input checked="" type="checkbox"/> Results of consultation with local or state government <input checked="" type="checkbox"/> Results of consultation with residents and the Resident Advisory Board <input type="checkbox"/> Results of consultation with advocacy groups <input type="checkbox"/> Other: (list below)
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan.</p> <p>The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of Capital funds and the proper application of our public housing policies.</p> <p>We as an Authority are continuing to address public housing vacancies very aggressively. We are looking to be near 100% lease up by the end of October 2011.</p> <p>Capital funds have been utilized to provide modernization of our property and our FY 2012 application will continue that effort.</p> <p>PHA will continue to implement local preferences to improve the living environment in addition to our modernization efforts.</p> <p>The implementation of a family pet policy has provided the opportunity for residents to enjoy pets within a regulated environment. In addition, PHA re-implemented a Community Service program beginning February 21, 2003, which has been discussed with residents and each adult member of every household.</p> <p>We are confident that the PHA will be able to continue to meet and accommodate all our goals and objectives for FY 2012.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>A. Substantial Deviation from the 5-year Plan:</b></p> <p>The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is as follows:</p> <ul style="list-style-type: none"> <li>• changes to rent or admissions policies or organization of the waiting list;</li> <li>• additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and</li> <li>• any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul> <p><b>B. Significant Amendment or Modification to the Annual Plan:</b></p> <p>The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is as follows:</p> <ul style="list-style-type: none"> <li>• changes to rent or admissions policies or organization of the waiting list;</li> <li>• additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and</li> <li>• any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul>

<b>11.0</b>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
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**11.0 (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.

The PHA did not receive any comments on the PHA Plan from the Resident Advisory Board/s.

**11.0 (g) Challenged Elements**

There were no elements within the PHA annual and 5yr. Plan that were challenged by residents, staff, Board of Commissioners or the General Public.

**CARBON MONOXIDE DETECTORS STATEMENT**

The Waukegan Housing Authority has installed carbon monoxide detectors in all of its public housing units as prescribed by State and Local codes.

See attached Violence Against Women Act (VAWA) Policy

Capital Fund Program—Five-Year Action Plan

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

PHA Name/Number Waukegan Housing Authority 11,026		Locality (City/County & State) Waukegan/Lake County/Illinois		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements	Annual Statement	370,932	420,932	385,000	313,095
C.	Subtotal		10,000	10,000	20,932	10,000
D.	Management Improvements		50,000		25,000	25,000
E.	PHA-Wide Non-dwelling Structures and Equipment					
F.	Administration		64,419	64,419	64,419	64,419
F.	Other		30,000	30,000	30,000	30,000
G.	Operations		118,838	118,838	118,838	115,361
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		644,189	644,189	644,189	557,875
L.	Total Non-CFP Funds					
M.	Grand Total		644,189	644,189	644,189	557,875

Part I: Summary

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number Waukegan Housing Authority IL026		Locality (City/county & State) Waukegan/Lake County/Illinois			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
	IL026000001, Barwell Manor Homes	Annual Statement	205,000	80,000	150,000	123,095
	IL026000002, Ravine Terrace Homes	Annual Statement	45,932	110,000	50,000	15,000
	IL026000003, Harry Poe Manor Homes	Annual Statement	35,000	180,932	50,000	20,000
	IL026000006, Armory Terrace Homes	Annual Statement	80,000	45,000	130,000	130,000
	IL026000006, Scattered Sites	Annual Statement	5,000	5,000	5,000	25,000
		Annual Statement				
		Annual Statement				
		Annual Statement				
		Annual Statement				
		Annual Statement				
		Annual Statement				
		Annual Statement				
		Annual Statement				



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2013			Work Statement for Year 3 FFY 2014		
	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	<b>IL026000001, Barwell Manor Homes</b>			<b>IL026000001, Barwell Manor Homes</b>		
Annual	A. Site Improvements	100%	20,000	A. Replace Doors, Locks and Screens	20	30,000
Statement	B. Patch/Repair Driveways	100%	40,000	B. Patch & Paint Interior	20	25,000
	C. Repair Sidewalks	100%	20,000	C. Repair Vacant Units	10	25,000
	D. Replace Doors, Locks and Screens	50	75,000	<b>Subtotal</b>		<b>80,000</b>
	E. Patch & Paint Interior	20	25,000	<b>IL026000002, Ravine Terrace Homes</b>		
	F. Repair Vacant Units	10	25,000	A. Upgrade Generator	1	25,000
	<b>Subtotal</b>		<b>205,000</b>	B. Upgrade Lobby and Manager's Office	100%	50,000
				C. Repair Vacant Units	5	15,000
	<b>IL026000002, Ravine Terrace Homes</b>			D. Upgrade Units	24	20,000
	A. Site Improvements	100%	10,932	<b>Subtotal</b>		<b>\$110,000</b>
	B. Repair Vacant Units	5	15,000			
	C. Upgrade Units	20	20,000	<b>IL026000003, Harry Poe Manor Homes</b>		
	<b>Subtotal</b>		<b>45,932</b>	A. Upgrade Generator	1	25,000
				B. Upgrade Lobby	100%	50,000
	<b>IL026000003, Harry Poe Manor Homes</b>			C. Repair Vacant Units	15	20,000
	A. Site Improvements	100%	15,000	D. Upgrade Units	70	85,932
	B. Repair Vacant Units	15	20,000	<b>Subtotal</b>		<b>180,932</b>
	<b>Subtotal</b>		<b>35,000</b>			

Capital Fund Program—Five-Year Action Plan

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

	<b>IL026000006, Armory Terrace Homes</b>			<b>IL026000006, Armory Terrace Homes</b>		
	A. Site Improvements	100%	20,000	A. Repair Build up Roof	5	25,000
	B. Repair Build up Roof	5	25,000	B. Renovate Units	2	15,000
	C. Repair Sidewalks	100%	15,000	C. Patch & Paint Interior	5	5,000
	D. Renovate Units	2	15,000	<b>Subtotal</b>		<b>45,000</b>
	E. Patch & Paint Interior	5	5,000			
	<b>Subtotal</b>		<b>80,000</b>	<b>IL026000006, Scattered Sites</b>		
				A. Renovate Units	2	5,000
	<b>IL026000006, Scattered Sites</b>			<b>Subtotal</b>		<b>5,000</b>
	A. Renovate Units	2	5,000			
	<b>Subtotal</b>		<b>5,000</b>			
	<b>Subtotal of Estimated Cost</b>		<b>\$ 370,932</b>	<b>Subtotal of Estimated Cost</b>		<b>\$ 420,932</b>

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2015			Work Statement for Year 5 FFY 2016		
	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	<b>IL026000001, Barwell Manor Homes</b>			<b>IL026000001, Barwell Manor Homes</b>		
Annual Statement	A. Site Improvements	100%	50,000	A. Renovate bathrooms	30	75,000
				B. Patch & paint Interior	20	23,095
				C. Repair Vacant Units	10	25,000
	B. Replace Doors, Locks and Screens	50	50,000	<b>Subtotal</b>		<b>123,095</b>
	C. Patch & Paint Interior	20	25,000			
	D. Repair Vacant Units	10	25,000	<b>IL026000002, Ravine Terrace Homes</b>		
	<b>Subtotal</b>		<b>150,000</b>	A. Repair Vacant Units	5	15,000
				<b>Subtotal</b>		<b>15,000</b>
	<b>IL026000002, Ravine Terrace Homes</b>					
	A. Site Improvements	100%	5,000			
	B. Repair Vacant Units	8	25,000	<b>IL026000003, Harry Poe Manor Homes</b>		
	C. Upgrade Units	15	20,000	A. Repair Vacant Units	15	20,000
	<b>Subtotal</b>		<b>50,000</b>	<b>Subtotal</b>		<b>20,000</b>
	<b>IL026000003, Harry Poe Manor Homes</b>			<b>IL026000006, Armory Terrace Homes</b>		
	A. Site Improvements	100%	15,000	A. Resurface Parking lot	100%	95,000
	B. Repair Vacant Units	15	35,000	B. Renovate Units	4	30,000
	<b>Subtotal</b>		<b>50,000</b>	C. Patch & paint Interior	5	5,000
				<b>Subtotal</b>		<b>130,000</b>

	<b>IL026000006, Armory Terrace Homes</b>			<b>IL026000006 Scattered Site Homes</b>		
	A. Site Improvements	100%	20,000	A. Renovate Units	5	25,000
	B. Repair Build up Roof	5	25,000			
	C. Renovate Units	10	80,000			
	D. Patch & Paint Interior	5	5,000			
	<b>Subtotal</b>		<b>130,000</b>	<b>Sub Total</b>		<b>25,000</b>
	<b>IL026000006, Scattered Sites</b>					
	A. Renovate Units	2	5,000			
	<b>Subtotal</b>		<b>5,000</b>			
	<b>Subtotal of Estimated Cost</b>		<b>\$385,000</b>	<b>Subtotal of Estimated Cost</b>		<b>\$ 313,095</b>

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2012	Work Statement for Year 1 FFY 2012 ( See Annual Statement )		Work Statement for Year: 2 FFY 2013	
	Development Number/Name	General Description of Major Work Categories	Estimated Cost	
See Annual Statement		<b>HA Wide Operations</b>		
		Operating Costs	118,838	
		<b>Subtotal</b>	<b>118,838</b>	
		<b>HA Wide Management Improvements</b>		
		<b>Subtotal</b>	<b>10,000</b>	
		<b>HA Wide Administrative Costs</b>		
		Partial salary of staff involved in CFP	64,419	
		Audit Costs	10,000	
		<b>Subtotal</b>	<b>74,419</b>	
		<b>HA Wide Fees and Costs</b>		
		A/E Services	20,000	
		<b>Subtotal</b>	<b>20,000</b>	
			<b>Subtotal of Estimated Cost</b>	<b>\$ 223,257</b>

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2011	Work Statement for Year 3 FFY 2014		Work Statement for Year 4 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 Annual Statement	<b>HA Wide Operations</b>		<b>HA Wide Operations</b>	
	Operating Costs	118,838	Operating Costs	118,838
	<b>Subtotal</b>	<b>118,838</b>	<b>Subtotal</b>	<b>118,838</b>
	<b>HA Wide Management Improvements</b>		<b>HA Wide Management Improvements</b>	
	<b>Subtotal</b>	<b>10,000</b>	<b>Subtotal</b>	<b>10,000</b>
	<b>HA Wide Administrative Costs</b>		<b>HA Wide Administrative Costs</b>	
	Partial salary of staff involved in CFP	64,419	Partial salary of staff involved in CFP	64,419
	Audit Costs	10,000	Audit Costs	10,000
	<b>Subtotal</b>	<b>74,419</b>	<b>Subtotal</b>	<b>74,419</b>
	<b>HA Wide Fees and Costs</b>		<b>HA Wide Fees and Costs</b>	
	A/E Services	20,000	A/E Services	20,000
	<b>Subtotal</b>	<b>20,000</b>	<b>Subtotal</b>	<b>20,000</b>
	<b>HA Wide Equipment Purchase Costs</b>			
	Replace 2 company vehicles	50,000		
	<b>Subtotal</b>	<b>50,000</b>		
<b>Subtotal of Estimated Cost</b>	<b>\$ 273,257</b>	<b>Subtotal of Estimated Cost</b>	<b>\$ 223,257</b>	

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>			
Work Statement for Year 1 FFY 2011	Work Statement for Year: 5 FFY 2016		
	Development Number/Name General Description of Major Work Categories	Estimated Cost	
See	<b>HA Wide Operations</b>		
Annual	Operating Costs	115,361	
Statement	<b>Subtotal</b>	<b>115,361</b>	
	<b>HA Wide Management Improvements</b>		
	<b>Subtotal</b>	<b>10,000</b>	
	<b>HA Wide Administrative Costs</b>		
	Partial salary of staff involved in CFP	64,419	
	Audit Costs	10,000	
	<b>Subtotal</b>	<b>74,419</b>	
	<b>HA Wide Fees and Costs</b>		
	A/E Services	20,000	
	<b>Subtotal</b>	<b>20,000</b>	
	<b>HA Wide Equipment purchase Cost</b>		
	Replacement of 1 Maintenance Truck	25,000	
	<b>Sub total</b>	<b>25,000</b>	
	<b>Subtotal of Estimated Cost</b>	<b>\$ 244,780</b>	

Attachment: A

**Violence Against Women Act (VAWA) Policy**

Title VI of the VAWA adds a new housing provision that establishes several categories of protected individuals. Under the law victims of domestic violence, dating violence, sexual assault, and stalking are granted protections and cannot be denied or terminated from housing or housing assistance because of activity that is directly related to domestic violence. 2005 VAWA Pub. L. 109-162; Stat. 2960 signed into law on January 5, 2006 and codified at 42 U.S.C. §1437d(l) and 1435f(d), (0) & 1 and (u)

**1.0 Purpose**

The purpose of this Policy is to reduce domestic violence, dating violence, and stalking and to prevent homelessness by:

- (a) protecting the safety of victims;
- (b) creating long-term housing solutions for victims;
- (c) building collaborations among victim service providers; and
- (d) assisting WHA to respond appropriately to the violence while maintaining a safe environment for WHA, employees, tenants, applicants, Section 8 participants, program participants and others.

The policy will assist the Waukegan Housing Authority (WHA) in providing rights under the Violence Against Women Act to its applicants, public housing residents, Section 8 participants and other program participants.

This Policy is incorporated into WHA's "Admission and Continued Occupancy Policy" and "Section 8 Administration Plan" and applies to all WHA housing programs.

**2.0 Definitions**

The definitions in this Section apply only to this Policy.

- 2.1 **Confidentiality:** Means that WHA will not enter information provided to WHA by a victim alleging domestic violence into a shared database or provide this information to any related entity except as stated in 3.4
- 2.2 **Dating Violence:** Violence committed by a person (a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; (iii) the frequency of interaction between the persons involved in the relationship. 42 U.S.C. §1437d (u)(3)(A), § 13925.

- 2.3 **Domestic Violence:** Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, committed by a person with whom the victim shares a child in common, committed by a person who is cohabitating with or has cohabitated with the victim as a spouse, committed by a person similarly situated to a spouse of the victim under the domestic or family violence laws of Illinois, or committed by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of Illinois. 42 U.S.C. §1437d(u)(3)(B), § 13925.
- 2.4 **Immediate Family Member:** A spouse, parent, brother or sister, or child of a victim or an individual to whom the victim stands *in loco parentis*; or any other person living in the household of the victim and related to the victim by blood or marriage. 42 U.S.C. § 1437d(u)(3)(D), § 13925.
- 2.5 **Perpetrator:** A person who commits an act of domestic violence, dating domestic violence or stalking against a victim.
- 2.6 **Stalking:** (a) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate the victim; (b) to place under surveillance with the intent to kill, injure, harass or intimidate the victim; (c) in the course of, or as a result of such following, pursuit, surveillance, or repeatedly committed acts, to place the victim in reasonable fear of the death of, or serious bodily injury to the victim; or (d) to cause substantial emotional harm to the victim, a member of the immediate family of the victim or the spouse or intimate partner of the victim. 42 U.S.C. §1437d(u)(3)(C), § 13925.
- 2.7 **Bona Fide Claim:** A *bonafide* claim of domestic violence, dating violence or stalking must include incidents that meet the terms and conditions in the above definitions.
- 2.8 **Victim:** Is a person who is the victim of domestic violence, dating violence, or stalking under this Policy and who has timely and completely completed the certification under 3.2 and 3.3 or as requested by WHA.
- 3.0 **Certification and Confidentiality**
- 3.1 **Failure to Provide Certification Under 3.2 and 3.3**

The person claiming protection under VAWA shall provide complete and accurate certifications to WHA, owner or manager within 14 business days after the party requests in writing that the person completes the certifications. If the person does not provide a complete and accurate certification within the 14 business days, WHA, owner or manager may take action to deny or terminate participation or tenancy. 42 U.S.C. §14371 (5) & (6); 42 U.S.C. § 1437F(c)(9); 42 U.S.C. §1437f(d)(l)(B)(ii)&(iii); 42 U.S.C. §1437f(o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20) or for other good cause.

### 3.2 HUD Approved Certification

For each incident that a person is claiming as abuse, the person shall certify to WHA, owner or manager their victim status by completing a HUD approved certification form. The person shall certify the date, time and description of the incidents, that the incidents are *bonafide* incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator including but not limited to the name and, if known, all alias names, date of birth, address, contact information such as postal, e-mail or internet address, telephone or facsimile number or other identification.

### 3.3 Confirmation of Certification

A person who is claiming victim status shall provide to WHA, an owner or manager: (a) documentation signed by the victim and an employee, agent or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. §1746) the professional's belief that the incident(s) in question are *bonafide* incidents of abuse; or (b) a federal, state, tribal, territorial, local police or court record.

### 3.4 Confidentiality

WHA, the owner and managers shall keep all information provided to WHA under this Section confidential. WHA, owner and manager shall not enter the information into a shared database or provide to any related entity except to the extent that:

- (a) the victim request or consents to the disclosure in writing;
- (b) the disclosure is required for:
  - (i) eviction from public housing under 42 U.S.C. §1437 l(5)&(6)(See Section 4 in this Policy)
  - (ii) termination of Section 8 assistance under 42 U.S.C. §1437f(c)(9); 42 U.S.C. §1437f(d)(l)(B)(ii)&(iii); 42 U.S.C. §1437f (o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20)(See Section 4 in this Policy); or (c) the disclosure is required by applicable law.

### 4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy

- 4.1 WHA shall not deny participation or admission to a program on the basis of a person's abuse status, if the person otherwise qualifies for admission of assistance.
- 4.2 An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be a serious or repeated violation of the lease by the victim and shall not be good cause for denying to a victim admission to a program, terminating Section 8 assistance or occupancy rights, or evicting a tenant.

- 4.3 Criminal activity directly related to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim of that domestic violence, dating violence or stalking.
- 4.4 Notwithstanding Sections 4.1, 4.2, and 4.2, WHA, an owner or manager may bifurcate a lease to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing, terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. 42 U.S.C. §1437d(l)(6)(B)
- 4.5 Nothing in Sections 4.1, 4.2, and 4.3 shall limit the authority of WHA, an owner or manager, when notified, to honor court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- 4.6 Nothing in Sections 4.1, 4.2, and 4.3 limits WHA, an owner or manager's authority to evict or terminate assistance to any tenant for any violation of lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However WHA, owner or manager may not hold a victim to a more demanding standard.
- 4.7 Nothing in Sections 4.1, 4.2, and 4.3 limits WHA, an owner or manager's authority to evict or terminate assistance, or deny admission to a program if the WHA, owner or manager can show an actual and imminent threat to other tenants, neighbors, guests, their employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.
- 4.8 Nothing in Sections 4.1, 4.2, or 4.3 limits WHA, an owner or manager's authority to deny admission, terminate assistance or evict a person who engages in criminal acts including but not limited to acts of physical violence or stalking against family members or others.
- 4.9 A Section 8 recipient who moves out of an assisted dwelling unit to protect their health or safety and who: (a) is a victim under this Policy; (b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and (c) has complied with all other obligations of the Section 8 program may receive a voucher and move to another Section 8 jurisdiction.

## **5.0 Actions Against a Perpetrator**

The WHA may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take action to control or prevent the domestic violence, dating violence, or stalking. The action may include but is not limited to: (a) obtaining and enforcing a restraining or no contact order or order for protection against the perpetrator; (b) obtaining and enforcing a trespass against the perpetrator; (c) enforcing WHA or law enforcement's trespass of the perpetrator; (d) preventing the delivery of the perpetrator's mail to the victim's unit; (e) providing identifying information listed in 3.2; and (f) other reasonable measures.

## **6.0 WHA Right to Terminate Housing and Housing Assistance Under this Policy**

6.1 Nothing in this Policy will restrict the WHA, owner or manager's right to terminate tenancy for lease violations by a resident who claims VAWA as a defense if it is determined by the WHA, owner or manager that such a claim is false.

6.2 Nothing in this Policy will restrict the WHA right to terminate tenancy if the victim tenant (a) allows a perpetrator to violate a court order relating to the act or acts of violence; or (b) if the victim tenant allows a perpetrator who has been barred from WHA property to come onto WHA property including but not limited to the victim's unit or any other area under their control; or (c) if the victim tenant fails to cooperate with an established safety strategy as designed by a local victim support service provider (see 7.2).

6.3 Nothing in this Policy will restrict the WHA right to terminate housing and housing assistance if the victim tenant who claims as a defense to an eviction or termination action relating to domestic violence has engaged in fraud and abuse against a federal housing program; especially where such fraud and abuse can be shown to have existed before the claim of domestic violence was made. Such fraud and abuse includes but is not limited to unreported income and ongoing boarders and lodgers violations, or damage to property.

## **7.0 Statements of Responsibility of Tenant Victim, the WHA to the Victim, and to the Larger Community.**

7.1 A tenant victim has no less duty and responsibility under the lease to meet and comply with the terms of the lease than any other tenant not making such a claim. Ultimately all tenants must be able to take personal responsibility for themselves and exercise control over their households in order to continue their housing and housing assistance. The WHA will continue to issue lease violation notices to all residents who violate the lease including those who claim a defense of domestic violence.

7.2 WHA recognizes the pathologic dynamic and cycle of domestic violence and a victim of domestic violence will be referred to local victim support service providers to help victims break the cycle of domestic violence through counseling, referral and development of a safety strategy.

7.3 A tenant victim must take personal responsibility for exercising control over their household by accepting assistance and complying with the safety strategy or plan to best of victim's ability and reason under the circumstances. Failure to do this may be seen as other good cause.

7.4 All damages including lock changes will be the responsibility of the tenant victim. This is in keeping with other agency policies governing tenant caused damages.

**8.0 Notice to Applicants, Participants, Tenants and Section 8 Managers and Owners.**

WHA shall provide notice to applicants, participants, tenants, managers and owners of their rights and obligations under Section 3.4 Confidentiality and Section 4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy.

8.1 If the WHA, owner or manager knows that an applicant to or participant in a WHA housing program is the victim of dating violence, domestic violence or stalking, the WHA, owner or manager shall inform that person of this Policy and the person's rights under it.

**9.0 Reporting Requirements**

WHA shall include in its 5-year plan a statement of goals, objectives, policies or programs that will serve the needs of victims. WHA shall also include a description of activities, services or programs provided or offered either directly or in partnership with other service providers to victims, to help victims obtain or maintain housing or to prevent the abuse or to enhance the safety of victims.

**10.0 Conflict and Scope**

This Policy does not enlarge WHA's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law, regulation or ordinance shall control. If this Policy conflicts with another WHA policy such as its Statement of Policies or Section 8 Administration Plan, this Policy will control.

**11.0 Amendment**

The Executive Director may amend this policy when it is reasonably necessary to effectuate the Policy's intent, purpose or interpretation. The proposed amendment along with the rationale for the amendment shall be submitted to the Executive Director for consideration. Where reasonably necessary, the Executive Director may approve the amendment. The amendment shall be effective and incorporated on the date that the Executive Director signs the amendment.

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 8/31/2011

<b>Part I: Summary</b>					
PIHA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P026501-12 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2012 FFY of Grant Approval: 2012
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:     ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	60,820			
3	1408 Management Improvements	39,180			
4	1410 Administration (may not exceed 10% of line 21)	49,580			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,200			
8	1440 Site Acquisition				
9	1450 Site Improvement	75,000			
10	1460 Dwelling Structures	238,095			
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Non-dwelling Structures	30,000			
13	1475 Non-dwelling Equipment	45,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

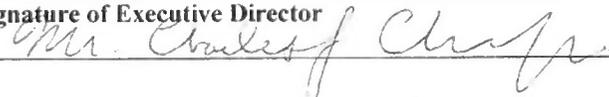
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 08/31/2011

<b>Part I: Summary</b>	
PHA Name: <b>Waukegan Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: IL06P026501-12 Replacement Housing Factor Grant No: Date of CFPP:
FFY of Grant:2012 FFY of Grant Approval: 2012	

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 Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	557,875			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director 	Date 8/29/2011	Signature of Public Housing Director	Date
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<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Waukegan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P026501-12 CFPP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2012</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>HA Wide</b>								
	Operations	1406	100%	60,820				
	Management Improvement	1408	100%	39,180				
	Administration	1410	100%	49,580				
	Fees and Cost	1430	100%	20,200				
	Renovate Admin Office	1470	100%	30,000				
	Purchase of a housing vehicle	1475	100%	45,000				
<b>IL026000001</b>								
<b>Barwell Manor Homes</b>	Replace doors, locks and Screen doors	1460	50	73,095				
	Patch and paint interiors	1460	20	25,000				
	Repair Vacant Units	1460	10	25,000				
<b>IL026000002</b>								
<b>Ravine Terrace Homes</b>	Repair Vacant Units	1460	5	15,000				
<b>IL026000003 Harry Poe Manor Homes</b>	Repair Vacant Units	1460	15	20,000				

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Waukegan Housing Authority				Federal FFY of Grant: 2012	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide					
<b>IL026000001 Barwell Manor Homes</b>	12/31/2014		12/31/2016		
<b>IL026000002 Ravine Terrace Homes</b>	12/31/2014		12/31/2016		
<b>IL026000003 Harry Poe Manor Homes</b>	12/31/2014		12/31/2016		
<b>IL026000006 Armory Terrace Homes</b>	12/31/2014		12/31/2016		
<b>IL026000006 Scattered Site Homes</b>	12/31/2014		12/31/2016		

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



Capital Fund Program  
(CFP) Amendment  
To The Consolidated Annual Contributions  
Contract (form HUD-53012)

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

Whereas, (Public Housing Authority) Housing Authority of the City of Waukegan (HUD26-1) (herein called the "PHA")  
and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions  
Contract(s) ACC(s) Number(s) C-1043 dated 12/5/1995

Whereas, HUD has agreed to provide CFP assistance, upon execution of this Amendment, to the PHA in the amount to be specified below for the  
purpose of assisting the PHA in carrying out capital and management activities at existing public housing developments in order to ensure that such  
developments continue to be available to serve low-income families. HUD reserves the right to provide additional CFP assistance in this FY to the  
PHA. HUD will provide a revised ACC Amendment authorizing such additional amounts.

\$ 557,875.00 for Fiscal Year 2011 to be referred to under Capital Fund Grant Number IL06P02650111

PHA Tax Identification Number (TIN): On File      DUNS Number: On File

Whereas, HUD and the PHA are entering into the CFP Amendment Number \_\_\_\_\_

Now Therefore, the ACC(s) is (are) amended as follows:

1. The ACC(s) is (are) amended to provide CFP assistance in the amount  
specified above for capital and management activities of PHA developments.  
This amendment is a part of the ACC(s).

2. The capital and management activities shall be carried out in accordance  
with all HUD regulations and other requirements applicable to the Capital Fund  
Program.

3. (Check one)

a. For Non-qualified PHAs:

\_\_\_\_\_ (i) In accordance with the HUD regulations, the Annual  
PHA Plan has been adopted by the PHA and approved by HUD, and may  
be amended from time to time. The capital and management activities  
shall be carried out as described in the CFP Annual Statement/Performance  
and Evaluation Report (HUD-50075.1).

OR

XXX (ii) If the Annual PHA Plan has not been adopted by the PHA and  
approved by HUD, the PHA may use its CFP assistance under this contract for  
work items contained in its CFP Five-Year Action Plan (HUD-50075.2), before  
the Annual PHA Plan is approved.

b. For Qualified PHAs:

\_\_\_\_\_ (i) The CFP Annual Statement/Performance and Evaluation Report  
(HUD-50075.1) has been adopted by the PHA and verified by HUD. The  
capital and management activities shall be carried out as described therein.  
OR

\_\_\_\_\_ (ii) If the CFP Annual Statement/Performance and Evaluation Report  
has not been adopted by the PHA and/or verified by HUD, the PHA may use  
its CFP assistance under this contract for work items contained in its approved  
CFP 5-Year Action Plan (HUD-50075.2), before the CFP Annual  
Statement/Performance and Evaluation Report is adopted by the PHA and  
verified by HUD.

For cases where HUD has approved a Capital Fund Financing  
Amendment to the ACC (CFP Amendment attached), HUD will deduct the  
payment for amortization scheduled payments from the grant immediately on  
the effective date of this CFP Amendment. The payment of CFP funds due  
per the amortization scheduled will be made directly to a designated trustee  
(Trustee Agreement attached) within 3 days of the due date.

The parties have executed this Agreement, and it will be effective on 3/3/2011. This is the date on which CFP assistance  
becomes available to the PHA for obligation.

Regardless of the selection above, the 24 month time period in which the PHA  
must obligate this CFP assistance pursuant to section 9(j)(1) of the United  
States Housing Act of 1937, as amended, (the "Act") and 48 month time period  
in which the PHA must expend this CFP assistance pursuant to section 9(j)(5)  
of the Act starts with the effective date of this CFP amendment (the date on  
which CFP assistance becomes available to the PHA for obligation). Any  
additional CFP assistance this FY will start with the same effective date.

4. Subject to the provisions of the ACC(s) and paragraph 3, and to assist in the  
capital and management activities, HUD agrees to disburse to the PHA or the  
designated trustee from time to time as needed up to the amount of the  
funding assistance specified herein.

5. The PHA shall continue to operate each development as low-income  
housing in compliance with the ACC(s), as amended, the Act and all HUD  
regulations for a period of twenty years after the last disbursement of CFP  
assistance for modernization activities for any public housing or portion thereof  
and for a period of forty years after the last distribution of CFP assistance for  
development activities for any public housing and for a period of ten years  
following the last payment of assistance from the Operating Fund to the PHA.  
However, the provisions of Section 7 of the ACC shall remain in effect for so  
long as HUD determines there is any outstanding indebtedness of the PHA to  
HUD which arose in connection with any development(s) under the ACC(s)  
and which is not eligible for forgiveness, and provided further that, no  
disposition of any development covered by this amendment shall occur unless  
approved by HUD.

6. The PHA will accept all CFP assistance provided for this FY. If the PHA  
does not comply with any of its obligations under this Amendment and does  
not have its Annual PHA Plan approved within the period specified by HUD,  
HUD shall impose such penalties or take such remedial action as provided by  
law. HUD may direct the PHA to terminate all work described in the Capital  
Fund Annual Statement of the Annual PHA Plan. In such case, the PHA shall  
only incur additional costs with HUD approval.

7. Implementation or use of funding assistance provided under this  
Amendment is subject to the attached corrective action order(s).

(mark one) :     Yes     No

8. The PHA acknowledges its responsibility for adherence to this Amendment.

U.S. Department of Housing and Urban Development  
By \_\_\_\_\_ Date: \_\_\_\_\_  
Title \_\_\_\_\_

PHA Executive Director  
By Charles J. Chambers Jr. Date: 7/22/2011  
Charles J. Chambers Jr.  
Title \_\_\_\_\_  
Executive Director

**Part E: Summary**

PIA Name: Vaukegan Housing  
 Grant Type and Number: Capital Fund Program Grant No: H06P02650111  
 Replacement Housing Factor Grant No:  
 Date of CTF:  
 PIA of Grant: 2011  
 PIV of Grant Approval: 2011

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

Line	Summary by Development Account	Original	Revised	Total Estimated Cost	Original	Revised	Total Actual Cost <sup>1</sup>
1	Total non-CTF Funds				Expended	Expended	
2	1406 Operations (may not exceed 20% of line 21) <sup>2</sup>						
3	1408 Management Improvements	39,180	39,180				
4	1410 Administration (may not exceed 10% of line 21)	64,400	64,400				
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	20,200	20,200				
8	1440 Site Acquisition						
9	1450 Site Improvement	369,409	369,409				
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment--Nonexpendable						
12	1470 Non-dwelling Structures	71,000	71,000				
13	1475 Non-dwelling Equipment	80,000	80,000				
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>3</sup>						

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

**Part I: Summary**

PIA Name: **Waukegan Housing Authority**

Grant Type and Number: **Capital Fund Program Grant No: H06P02650111**

Replacement Housing Factor Grant No: **Rate of CFIF:**

FY of Grant: **2011**

FY of Grant Approval: **2011**

Type of Grant

Original Annual Statement

Reserve for Disasters/Emergencies

Revised Annual Statement (revision no: 1 )

Performance and Evaluation Report for Period Ending:

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

Line	Summary by Development Account	Total Estimated Cost	Revised?	Obligated	Total Actual Cost	Expended
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18a	1501 Collateralization or Debt Service paid by the PIA					
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)	644,189		557,875		
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

Signature of Executive Director: *Cheryl Carr*

Date: *7/22/2011*

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

Date: \_\_\_\_\_

To be completed for the Performance and Evaluation Report.

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

PIAs with under 250 units in management may use 100% of CFP Grants for operations.

CFIF funds shall be included here.









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

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

<b>Part I: Summary</b>	
PHIA Name: Waukegan Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL026P026501-10 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval: 2010	

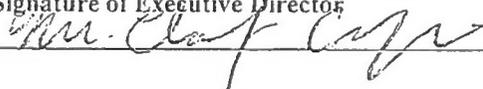
Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 6/30/2011       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	117,970	125,308		
3	1408 Management Improvements	95,000	95,000		
4	1410 Administration (may not exceed 10% of line 21)	64,419	65,234	65,234	65,234
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000	20,000	2,232.50	2,232.50
8	1440 Site Acquisition				
9	1450 Site Improvement	152,000	152,000		
10	1460 Dwelling Structures	174,800	174,800		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	20,000	20,000		
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<b>Part I: Summary</b>				FFY of Grant:2010	
PHA Name: Waukegan Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL026P026501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2010			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	644,189	652,342	67,466.50	67,466.50
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director: 		Date: 7/27/2011		Signature of Public Housing Director _____	
				Date _____	

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

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

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

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

Part II: Supporting Pages								
PHA Name: Waukegan Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL026P026501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide								
	Operations	1406	100%	117,970	125,308			
	Management Improvement	1408	100%	95,000	95,000			
	Administration	1410	100%	64,419	65,234	65,234	65,234	Completed
	Fees & Costs	1430	100%	20,000	20,000	2,232.50	2,232.50	On-Going
	Renovate Admin Office	1470	100%	20,000	20,000			
IL026000001								
Barwell Manor Homes	Renovate Laundry Room	1450	100%	20,000	20,000			
	Remove Laundry Lines	1450	100%	15,000	15,000			
	Repair Gutters and Downspouts	1450	100%	5,000	5,000			
	Patch and Paint Exteriors	1460	20	25,000	25,000			
	Repair Vacant Units	1460	10	25,000	25,000			
IL026000002								
Ravine Terrace Homes	Insulate Air Conditioner Sleeves	1460	98	19,800	19,800			
	Replace Entry Doors and Locks	1460	98	50,000	50,000			
	Repair Vacant Units	1460	5	15,000	15,000			
IL026000003								
Harry Poe Manor	Site Improvements	1450	100%	10,000	10,000			
	Replace Park Benches	1450	100%	5,000	5,000			

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Waukegan Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL026P026501-10 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
IL026000003	Insulate Air Conditioner Sleeves	1460	155	31,000	31,000			
Harry Poe Manor	Upgrade Boiler Controls	1460	1	5,000	5,000			
continued	Replace Exit Signs	1450	100%	31,000	31,000			
	Repair Vacant Units	1460	15	20,000	20,000			
IL026000006								
Armory Terrace	Renovate Laundry Room	1450	100%	20,000	20,000			
	Remove Laundry Lines	1450	100%	10,000	10,000			
	Renovate Units	1460	2	15,000	15,000			
IL026000006								
Scattered Sites	Renovate units	1460	2	5,000	5,000			
	Total			644,189	652,3420			

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Waukegan Housing Authority				Federal FFY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	06/30/2012		06/30/2014		
IL026000001 Barwell Manor Homes	06/30/2012		06/30/2014		
IL026000002 Ravine Terrace Homes	06/30/2012		06/30/2014		
IL026000003 Harry Poe Manor Homes	06/30/2012		06/30/2014		
IL026000006 Armory Terrace Homes	06/30/2012		06/30/2014		
IL026000006 Scattered Sites	06/30/2012		06/30/2014		

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



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

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

<b>Part I: Summary</b>				FFY of Grant: 2009	
PIIA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL026P026501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:4 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	130,678	130,678	130,678	130,678
3	1408 Management Improvements	5,802	5,802	5,802	
4	1410 Administration (may not exceed 10% of line 21)	65,339	65,339	65,339	65,339
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	10,000	10,000	10,000
8	1440 Site Acquisition				
9	1450 Site Improvement	130,070	130,070	130,070	81,104.78
10	1460 Dwelling Structures	254,500	254,500	254,500	210,667.50
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	57,000	57,000	57,000	39,261
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

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

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

<b>Part I: Summary</b>					
PIIA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL26P026501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	653,389	653,389	653,389	537,050.28
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>M. Charles Chapp</i>		Date 7/28/11		Signature of Public Housing Director Date	

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

Part II: Supporting Pages								
PHA Name: Waukegan Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL26P026501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide								
	Operations	1406	100%	130,678	130,678	130,678	130,678	Completed
	Management Improvement	1408	100%	5,802	5,802	5,802	0	
	Administration	1410	100%	65,339	65,339	65,339	65,339	Completed
	Fees & costs	1430	100%	10,000	10,000	10,000	10,000	Completed
	Relacement vehicle and equipment	1475	100%	32,000	28,583	28,583	20,996	On Going
IL026-000001 Barwell Manor	Site Improvements	1450	100%	55,000	63,609	63,609	32,558.53	On Going
	Patch & Paint exteriors & Vacant unit repair	1460	20	80,000	74,198	74,198	68,035	On Going
	REplace DHW heaters	1460	18	0				completed
IL026-000006 Armory	Site Improvemts	1450	100%	36,500	52,646	52,646	47,846.25	On Going
	Vacant unit repair	1460	2	38,500	38,650	38,650	32,419.64	On Going
Scattered Sites	ARRA carryover doors	1460	100%	16,000	13,743	13,743	13,742.50	Completed
	Replave DWH heaters	1460	7	0				Completed
	Non-dwelling equipment	1475	4	25,000	28,417	28,417	18,265	On Going
	Unit repair	1460	2	10,000	10,000	10,000		

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Waukegan Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL26P026501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
IL026-000002								
Ravine Terrace	Site Improvements	1450	100%	74,070	7,258	7,258	700	On Going
	Vacant Unit Repairs	1460		0	34,219	34,219	34,219.21	Completed
IL026-000003								
Poe Manor	Site Improvements	1450	60%	74,500	6,557	6,557		
	Vacant Unit , Elevator and Fire Panel Repairs	1460		0	83,690	83,690	62,251.15	On Going
	Total			653,389	653,389	653,389	537,050.28	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Waukegan Housing Authority				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	6/30/11		6/30/13		
IL026-000001 Barwell Manor	6/30/11		6/30/13		
IL026-000002 Ravine Terrace	6/30/11		6/30/13		
IL026-000003 Poe Manor	6/30/11		6/30/13		
IL026-000006	6/30/11		6/30/13		

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



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

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

Part I: Summary					
PIIA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: ILo6S02650109 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 3/18/2009 FFY of Grant Approval: 3/18/2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:3 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	\$20,000	\$0		
9	1450 Site Improvement	\$215,003	\$398,438	\$398,438	\$ 398,438
10	1460 Dwelling Structures	\$580,413	\$416,978	\$416,978	\$ 404,316.99
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PIIA				
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)	\$815,416	\$815,416	\$815,416	\$ 802,754.99
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				

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

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

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

<b>Part I: Summary</b>					
PIHA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06S02650109 Date of CFFP: _____		Replacement Housing Factor Grant No: FFY of Grant: 3/18/2009 FFY of Grant Approval: 3/18/2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:3 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director <i>Mr. Charles C. [Signature]</i>		Date 07/27/2011		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number		CFPP (Yes/No):		Federal FFY of Grant:		
		Capital Fund Program Grant 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	A/E Services	1430	100%	\$20,000	\$0			Cancelled
	Bathroom Refinishing	1460	160	\$0	\$77,820	\$77,820	\$65,158.99	On going
IL26-1 Barwell	Replace Mansard Siding	1450	100%	\$50,000	\$97,498	\$97,498	\$97,498	Completed
	Renovate Units	1460	31	\$222,016	\$187,261	\$187,261	\$187,261	Completed
IL26-2A Army	Replace Exterior Doors	1450	100%	\$90,000	\$115,733	\$115,733	\$115,733	Completed
	Exterior Paint	1450	100%	\$35,000	\$0			Cancelled
	Install New Mailboxes	1450	100%	\$20,000	\$0			Cancelled
	Renovate Units	1460	1	\$0	\$6,500	\$6,500	\$6,500	Completed

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06S02650109 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 3/18/2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
IL26-2B Ravine	Modernize Elevator Cabs	1450	2	\$50,000	\$92,603	\$92,603	\$92,603	Completed
	Renovate Bathrooms	1460	25	\$75,000	\$0			Combined
IL26-3 Poe	Modernize Elevator Cabs	1450	2	\$50,000	\$92,604	\$92,604	\$92,604	Completed
	Renovate Bathrooms	1460	25	\$75,000	\$0			Combined
IL26-6 Scattered Sites	Site Improvements	1450	25	\$10,000	\$0			Combined
	Unit Repairs & site Improvements	1460	19	\$69,400	\$120,097	\$120,097	\$120,097	Completed
	Bathroom Renovations	1460	10	\$25,000	\$0			Combined
	Renovate Unit	1460	4	\$0	\$25,300	\$25,300	\$25,300	
	Total			\$815,416	\$815,416	\$815,416	\$ 802,754.99	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



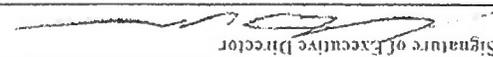


Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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					
PHIA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL026E02650109 Replacement Housing Factor Grant No Date of CFFP: 09/25/2010		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$20,000			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$230,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHIA				
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)	\$250,000			
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				

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

Part I: Summary	
PIA Name: Waukegan Housing Authority	Grant Type and Number Capital Fund Program Grant No. IL026E02650109 Replacement Housing Factor Grant No.: Date of CFFP: 09/25/2010
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Summary by Development Account	Total Estimated Cost Total Actual Cost <sup>1</sup>
Signature of Executive Director  Date 10/18/2010	Signature of Public Housing Director Date
Line <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement and Evaluation Report <input type="checkbox"/> Final Performance and Evaluation Report <input type="checkbox"/> Revised Annual Statement (revision no: )	Original Revised <sup>2</sup> Obligated Expended
FFY of Grant 2009	FFY of Grant Approval 2009

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