

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
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1.0	PHA Information PHA Name: <u>Wicomico County Housing Authority</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2012</u> PHA Code: <u>MD014</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>277</u> Number of HCV units: <u>383</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.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
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. See Section 10a. <ol style="list-style-type: none"> 1. Apply for additional vouchers. 2. Reduce Public Housing Vacancies. 3. Improve Public Housing management by improving the PHAS score 4. Improve Voucher Management 5. Improve customer satisfaction. 6. Renovate public housing units. 7. Conduct outreach efforts to potential voucher landlords. 8. Increase voucher payment standards. 9. Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments. 10. Implement public housing security improvements. 11. Increase the number and percentage of employed persons in assisted families. 12. Provide or attract supportive services to improve assistance recipients' employability. 13. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability. 14. Leverage the Authority's ability to further its mission through partnering with other entities (i.e. banking institutions, local, state and federal agencies, landlords, private developers and law enforcement agencies). 																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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. Wicomico County Housing Authority 911 Booth Street, Salisbury, MD 21801.																										
7.0	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. <u>The redevelopment of Booth Street is currently planned for the late 2012 or 2013 time frame. Demolition of the 100 Public Housing Units plus the office and community space will be one of the first tasks to be accomplished. Demolition is planned to be a phased event as part of the relocation plan.</u></i>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See attached.																										

8.2	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. See Attached.
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. See attached
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. Strategy is to renovate as many units as possible and return them to the rent rolls.

Additional Information. Describe the following, as well as any additional information HUD has requested.

- (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.
1. Apply for additional vouchers. **No additional vouchers authorized by HUD.**
 2. Reduce Public Housing Vacancies. **Renovation program has provided additional units available for lease up. Won a National Award from NAHRO for our rehab efforts.**
 3. Improve Public Housing management by improving the PHAS score. **Received highest PHAS Score in recent history.**
 4. Improve Voucher Management. **The HCV Program has been rated at 100.**
 5. Improve customer satisfaction. **Positive reactions and comments have been received from the residents at Booth Street and Riverside Apartments due to the rehabilitation of units and the landscaping and grass cutting. At Riverside Homes the Community Room and Laundry Room received a face lift new furniture was purchased, the Laundry Room was refurbished with new energy efficient washers and dryers, and flat screen television was installed, purchased new benches and receptacles for their outside enjoyment. Kitchen was redone with new stove, refrigerator, and cabinets.**
 6. Renovate public housing units. **We have had 18 units renovated at Booth Street, 2 renovated at Riverside Homes, and 7 scattered site units have been renovated. Additionally, 16 turnover units at Booth Street, and 2 turnover units at Riverside Homes, and 2 units at Scattered Sites have been brought back into service.**
 7. Conduct outreach efforts to potential voucher landlords. **Outreach will be accomplished this year.**
 8. Increase voucher payment standards. **Still at 110%**
 9. Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments. **ACOP provides for a preference for persons living & working in Wicomico County.**
 10. Implement public housing security improvements. **All public housing residents have picture ID's for all household members 12 years of age and older. Also, at Riverside Homes we have installed security system for the office and laundry building. This service is observed by office personnel via the internet.**
 11. Increase the number and percentage of employed persons in assisted families. **In partnership with the "One-Stop Job Market the bus visits our complex weekly. All unemployed persons required to do community service receive hours for visiting the bus or the "One-Stop Job Market". This provides assistance with job search, resume writing and job training opportunities.**
 12. Provide or attract supportive services to improve assistance recipients' employability. **A breakfast and lunch program in association with Wicomico County Board of Education has supplied breakfasts and lunches to the children of Booth Street during the Summer of 2010. In addition, there is a food pantry operating at Riverside Apartments, which distributes food on a weekly basis.**
 13. Provide or attract supportive services to increase independence for the elderly or families with disabilities. **WCHA works with MAC (Maintaining Active Citizens) incorporated, Office on Aging.**
 14. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability. **Our Happy Software produces forms printed in foreign languages.**
 15. 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. **Curb appeal is as important as renovations to make our units a desirable place to live.**
 16. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.
 17. Leverage the Authority's ability to further its mission through partnering with other entities (i.e. banking institutions, local, state and federal agencies, landlords, private developers and law enforcement agencies). **Maintaining a good relationship with local banks and governmental agencies. Currently have an application into the State of Maryland for funding to rehabilitate 30 or our scattered site properties.**
- (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
- A significant amendment is any modification to the ACOP, lease, and grievance procedure would require an approved Board resolution, public notice and notice to residents. A Substantial deviation/modification is a change in the capital fund budget resulting in a 40% or more change in any budget line item.**
- (c) As stated in Item 11(f) Resident Advisory Board provided no comments.
- (d) Affirmatively Furthering Fair Housing
Hispanic translator is available upon request. The management software we use provides forms printed in other foreign languages.
Available units are offered on the basis of published preferences regardless of race, color, religion, national origin, sex, familial status and disability.

10.0

11.0

- Required Submission for HUD Field Office Review.** In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office.
- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. **Note: No comments received.**
 - (g) Challenged Elements
 - (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
 - (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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

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

Part I: Summary		
PHA Name: Wicomico County Housing Authority	Grant Type and Number Capital Fund Program Grant No: MD06P014501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:2)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40,000	40,000	40,000.00	40,000.00
3	1408 Management Improvements	45,267	39,505.54	39,505.54	39,505.54
4	1410 Administration (may not exceed 10% of line 21)	45,267	45,267	45,267.00	45,267.00
5	1411 Audit	12,000	12,000	12,000.00	12,000.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000	9,900	9,900.00	9,900.00
8	1440 Site Acquisition				
9	1450 Site Improvement	144,250	45,208.61	45,208.61	45,208.61
10	1460 Dwelling Structures	130,000	249,714.85	249,714.85	249,714.85
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	13,000	11,075	11,075.00	11,075.00
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.

Part I: Summary					
PHA Name: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P014501-09 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: 2)	
<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 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)	10,887			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	452,671	452,671	452,671.00	452,671.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	15,000			
Signature of Executive Director Narcinda Church 6/14/11			Date	Signature of Public Housing Director	
				Date	

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P014501-09 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 ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Operations	1406	100%	40,000	40,000	40,000.00	40,000.00	Complete
PHA Wide	Management Improvement	1408	100%	45,267	39,505.54	39,505.54	39,505.54	Complete
PHA Wide	Administration	1410	100%	45,267	45,267	45,267.00	45,267.00	Complete
PHA Wide	Audit	1411	100%	12,000	12,000	12,000.00	12,000.00	Complete
PHA Wide	Fees and Costs	1430	100%	12,000	9,900	9,900.00	9,900.00	Complete
MD1400001	Tree Removal	1450	100	85,000	2,720.21	2,720.21	2,720.21	Complete
MD1400001 & 2	Landscaping	1450	215	37,450	21,458.40	21,458.40	21,458.40	Complete
MD1400005	Cut Vacant Lots	1450	40	16,800	0			
MD1400001 & 2	Snow Removal	1450	175	5,000	4,790.00	4,790.00	4,790.00	Complete
MD1400002	Repair Brick Siding	1450	100	0	16,240.00	16,240.00	16,240.00	Complete
MD1400001	Rehabilitation of Units	1460	100	68,000	137,544.39	137,544.39	137,544.39	Complete
MD1400002	Rehabilitation of Units	1460	5.	12,000	822.74	822.74	822.74	Complete
MD1400005	Rehabilitation of Units	1460	7	50,000	111,347.72	111,347.72	111,347.72	Complete
PHA Wide	New Truck	1475	1	13,000	11,075.00	11,075.00	11,075.00	Complete
PHA Wide		1475						
PHA Wide	Contingency	1502		10,887	0	0	0	Complete
	Grant Total			452,671	452,671	452,671.00	452,671.00	Complete

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary	
PHA Name: Wicomico County Housing Authority	Grant Type and Number Capital Fund Program Grant No: MD06P014501-10 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: 4)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40,000	51,500	50,326.15	50,326.15
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	45,184	45,184	45,184	45,184
5	1411 Audit	12,000	12,000	12,000	10169.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000	3,551.24	3,551.24	3,551.24
8	1440 Site Acquisition				
9	1450 Site Improvement	50,622	53,492.76	40,389.00	40,40389.00
10	1460 Dwelling Structures	270,292	286,120.00	276,323.23	276,323.23
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000	0		
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.

Part I: Summary						
PHA Name: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P014501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval: 2010	
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 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 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)	11,750	0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	451,848	451,848	425,942.62	425,942.62	
21	Amount of line 20 Related to LBP Activities		27,420	27,420	27,420	
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	10,000	15,075	15,075	15,075	
Signature of Executive Director Narcinda Church 10/15/2011		Date		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.

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Part II: Supporting Pages								
PHA Name: Wicomico County Housing Authority			Grant Type and Number Capital Fund Program Grant No: MD06P014501-10 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	
PHA Wide	Operations	1406		40,000	51,500	50,326.15	50,326.15	
PHA Wide		1408						
PHA Wide	Administration	1410		45,184	45,184	45,184	45,184	Complete
PHA Wide	Audit	1411		12,000	12,000	10,169.00	10,169.00	
PHA Wide	Fees & Costs	1430		12,000	3,551.24	3,551.24	3,551.24	Complete
MD1400002	Emergency Repair Gas Leaks	1450			14,800	14,800	14,800	Complete
MD1400001	West Road Driveway & Yard Repair	1450			7,100	7,100	7,100	Complete
MD1400001	Lead Based Testing	1450		0	200	200	200	Complete
MD1400001 and 2	Community, Laundry & Office Improvements	1450	1	45,422	22,612.76	10,409.00	10,409.00	
MD1400001 & 2	Snow Removal	1450	175 Units	5,000	4,300	4,300	4,300	Complete
MD1400001	Unit Rehabilitation	1460	16	161,292	260,512	250,716.18	250,716.18	
MD1400005	Lead Based Paint Testing	1460	112 Units	0	6,100	6,100	6,100	Complete
MD1400002	Unit Rehabilitation	1460	0	5,700	0			Complete
MD1400005	Lead Based Paint Testing	1460	75	0	4,300	4,300	4,300	Complete
MD1400005	Unit Rehabilitation	1460		79,860	0			Complete
MD1400005	Lead Based Paint Testing	1460	102	0	13,240	13,240	13,240	Complete
MD1400001	Storage and Utility Doors	1460	59		1,968	1,967.05	1,967.05	Complete

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary		
PHA Name: Wicomico County Housing Authority	Grant Type and Number Capital Fund Program Grant No: MD06P014501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval: 2011

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 ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40,000			
3	1408 Management Improvements	10,000			
4	1410 Administration (may not exceed 10% of line 21)	38,534			
5	1411 Audit	12,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	26,000			
10	1460 Dwelling Structures	227,208			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000			
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						
PHA Name: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P01450111 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2011 FFY of Grant Approval: 2011	
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 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)	9,600				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	385,342				
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	10,000				
Signature of Executive Director Narcinda Church 7/14/2011			Date	Signature of Public Housing Director		
				Date		

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Part II: Supporting Pages								
PHA Name: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P01450111 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Operations	1406		40,000				
PHA Wide	NAHRO	1408	2	3,200				
PHA Wide	MAHRA	1408	3	4,800				
PHA Wide	Computers	1408	2	2,000				
	Administration	1410		38,534				
PHA Wide	Audit	1411		12,000				
PHA Wide	Fees & Costs	1430		12,000				
MD1400001 and 2	Community, Laundry & Office Improvements	1450	2	20,000				
MD1400001 & 2	Snow Removal	1450	175 Units	6,000				
MD1400001	Unit Rehabilitation	1460	3.5	53,208				
MD1400002	Unit Rehabilitation	1460	6	24,000				
MD1400005	Unit Rehabilitation	1460	3	150,000				
PHA Wide	New Vehicle (PH Portion)	1475	1	10,000				
PHA Wide	Contingency	1502	2.5%	9,600				
		Total		385,342				

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary		
PHA Name: Wicomico County Housing Authority	Grant Type and Number Capital Fund Program Grant No: MD06P014501-12 Replacement Housing Factor Grant No: Date of CFFP:	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 ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40,000			
3	1408 Management Improvements	8,096			
4	1410 Administration (may not exceed 10% of line 21)	44,744			
5	1411 Audit	12,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	16,000			
10	1460 Dwelling Structures	305,000			
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				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P01450112 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 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)	9,600			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	447,440			
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	175,000			
Signature of Executive Director Narcinda Church 10/26/2011		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P01450112 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012			
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	
PHA Wide	Operations	1406		40,000				
PHA Wide	Computers	1408	2	2,000				
PHA Wide	NAHRO	1408	3	3,200				
PHA Wide	MAHRA	1408	2	2,896				
	Administration	1410		44,744				
PHA Wide	Audit	1411		12,000				
PHA Wide	Fees & Costs	1430		12,000				
MD1400001 and 2	Community, Laundry & Office Improvements	1450	2	10,000				
MD1400001 & 2	Snow Removal	1450	175 Units	6000				
MD1400001	Unit Rehabilitation	1460	4	30,000				
MD1400002	Unit Rehabilitation	1460	75	175,000				
MD1400005	Unit Rehabilitation	1460	2	100,000				
PHA Wide	Contingency	1502		9,600				
		Total		447,440				

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 Wicomico County Housing Authority MD014		Locality (City/County & State) Salisbury, Wicomico, MD			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2115</u>	Work Statement for Year 5 FFY <u>2016</u>
B.	Physical Improvements Subtotal	Annual Statement	331,696	355,996	376,000	398,500
C.	Management Improvements		5,000	5,000	5,000	5,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		44,744	47,444	50,000	52,500
F.	Other		26,000	26,000	29,000	29,000
G.	Operations		40,000	40,000	40,000	40,000
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		447,440	474,440	500,000	525,500
L.	Total Non-CFP Funds					
M.	Grand Total					

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year <u>2</u> FFY <u>2013</u>			Work Statement for Year: <u>3</u> FFY <u>2014</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	MD1400002 Landscaping, snow removal	75	11,000	MD1400002 snow removal	75	6,000
	MD1400002 Boiler and Water Tank Replacement, Interior Painting, Appliance Replacement	38	175,575	MD1400002 Boiler and Water Tank Replacement, Interior Painting, Appliance Replacement	37	169,000
	MD 1400005 Scrape and Asphalt driveways, remove bushy shrubs, landscape repairs	28	68,000	MD 1400005 Scrape and Re-stone driveways, remove bushy shrubs, landscape repairs	30	80,000
	MD 1400005 Rehabilitation of Units, replace furnaces and water heaters	2	77,121	MD 1400005 Rehabilitation of Units, replace furnaces and water heaters	4	100,996

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

	Subtotal of Estimated Cost	\$ 331,696		Subtotal of Estimated Cost	\$ 355,996	
Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year <u>4</u> FFY <u>2015</u>			Work Statement for Year: <u>5</u> FFY <u>2016</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement						
	MD1400002 snow removal, Parking lot resurfacing, 2" drain line replacement	75	62,000	MD1400002 snow removal, Mulch and landscape property, 2" drain line replacement	75	52,000
	MD1400002 Rehabilitation, Interior Painting, Appliance Replacement, Door replacement	37	128,879	MD1400002 Rehabilitation, Interior Painting, Appliance Replacement, Door replacement	40	221,379
	MD1400005 Scrape and Asphalt driveways, remove bushy shrubs, landscape repairs	30	0	MD 1400005 Scrape and Re-stone driveways, remove bushy shrubs, landscape repairs	30	0
	MD 1400005 Rehabilitation of Units	2	185,121	MD 1400005 Rehabilitation of Units	1	125,121
	Subtotal of Estimated Cost	\$ 376,000		Subtotal of Estimated Cost	\$ 398,500	

Housing Needs of Families on the Wicomico County Housing Authority Public Housing Waiting List

	# of Families		% of total families	
	2011	2012	2011	2012
Waiting list total	208	298	0	
Extremely low income<=30% Ami	163	239	78.37%	80.20%
Very low income >30% but <=50%	31	34	14.90%	11.41%
Low income >50% but <80%	3	3	1.44%	1.01%
Families with children	104	158	50.00%	53.02%
Elderly families	3	13	1.44%	4.36%
Families with disabilities	56	107	26.92%	35.91%
Race – Black	169	240	81.25%	80.54%
Race – White	34	45	16.35%	15.10%
Race – American Indian	1	7	0.48%	2.35%
Ethnicity – Hispanic	3	9	1.44%	3.02%
Ethnicity – non Hispanic	118	243	56.73%	81.54%
Characteristics by Bedroom Size				
0 BR	52	47	25.00%	15.77%
1 BR	57	89	27.40%	29.87%
2 BR	83	87	39.90%	29.19%
3 BR	18	57	8.65%	19.13%
4 BR	8	19	3.85%	6.38%
5 BR	1	2	0.48%	0.67%

VAWA Policy Approved by the Board of Commissioners

Wicomico County Housing Authority Violence Against Women Act (VAWA) Policy

**Approved by the Board of Commissioners on
February 22, 2007**

I. Purpose and Applicability

The purpose of this policy (herein called "Policy") is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and more generally to set forth WCHA's (Wicomico County Housing Authority) policies and procedures regarding domestic violence, dating violence, and stalking, as hereafter defined.

The Policy shall be applicable to the administration by WCHA of all federally subsidized public housing under the United States Housing Act of 1937 (42 U. S. C. §1437 et seq.). Notwithstanding its title, this policy is **gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.**

II. Goals and Objectives

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking who are assisted by WCHA;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintaining collaborative arrangements between WCHA, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who assisted by WCHA; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by WCHA.

III. Other WCHA Policies and Procedures

This Policy shall be referenced in and attached to WCHA's Five Year Public Housing Agency Plan (PHA) and shall be incorporated in and made a part of WCHA's Admissions and Continued Occupancy Policy (ACOP). WCHA's PHA Plan shall also contain information concerning WCHA's activities, services or programs relating to domestic violence, dating violence and stalking.

To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure of WCHA, the provisions this Policy shall prevail.

IV. Definitions

As used in this Policy:

- A. *Domestic Violence*- The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person of similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or 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 the jurisdiction.

- B. *Dating Violence*- means violence committed by a person—
- Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
 - Where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - The length of the relationship
 - The type of relationship
 - The frequency of interaction between the persons involved in the relationship.
- C. *Stalking*- means-
1. to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and to place under surveillance with the intent to kill, injure, harass or intimidate another person; and
 2. in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to-
 - that person
 - a member of the immediate family of that person; or
 - the spouse or intimate partner of that person;
- D. *Immediate Family Member*- means, with respect to a person-
1. a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or
 2. any other person living in the household of that person and related to that person by blood or marriage.
- E. *Perpetrator*- means person who commits an act of domestic violence, dating violence or stalking against a victim.

V. Admissions and Screening

- A. *Non-Denial of Assistance*. WCHA will not deny admission to public housing to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

VI. Termination of Tenancy or Assistance

- A. *VAWA Protections*. Under VAWA, public housing residents have the following specific protections, which will be observed by WCHA.
1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a "serious or repeated" violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights or assistance to the victim of that violence.
 2. In addition to the foregoing, tenancy or assistance will not be terminated by WCHA as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant's control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:

- a) Nothing contained in this paragraph shall limit any otherwise available authority evict for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant's household. However, in taking any such action, WCHA may apply a more demanding standard to the victim of domestic violence, dating violence or stalking than that applied to other tenants.
 - b) Nothing contained in this paragraph shall be construed to limit the authority of WCHA to evict any tenant or lawful applicant if WCHA can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted.
- B. *Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI A.2, or Federal, State or local law to the contrary, WCHA may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence who is also the tenant or a lawful occupant. Such eviction shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by WCHA. Leases used for all public housing operated by WCHA shall contain provisions setting forth the substance of this paragraph.

VII. Verification of Domestic Violence, Dating Violence or Stalking

- A. *Requirements for Verification-* The law allows, but does not require, WCHA to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph VII. C., WCHA shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by WCHA.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways:

1. *HUD approved form-* by providing WCHA a written certification, on a form approved by the U. S. Department of Housing and Urban development (HUD), that the individual is a victim of domestic violence, dating violence, or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.
2. *Other documentations-* by providing to WCHA documentation signed by 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 the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence.