

# PHA 5-Year and Annual Plan

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

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

1.0	<b>PHA Information</b> PHA Name: <u>Housing Authority County of Morris</u> PHA Code: <u>NJ092</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2012</u>														
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>304</u> Number of HCV units: <u>634</u>														
3.0	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only														
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)														
	Participating PHAs PHA 1: PHA 2: PHA 3:	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	<table border="1"> <thead> <tr> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	No. of Units in Each Program		PH	HCV						
No. of Units in Each Program															
PH	HCV														
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update. N/A														
5.1	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:														
5.2	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.														
6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: - Change to Eligibility Application Form – "Real Estate/Property Asset Information" and "Asset/Banking Information" – ATTACHMENT #1 - Change to Personnel Policy & Procedures Manual – Policy No. 1:2.18 – "Attendance at Authority Expense Conferences, Meetings and Seminars" – ATTACHMENT #2 - Change to Personnel Policy & Procedures Manual – Policy No. 2:1.04 – "Purchasing/Expense Vouchers" – ATTACHMENT #3 - Update Enterprise Income Verification (EIV) Policy to include EIV Report Usage – ATTACHMENT #4 - Change to Public Housing Lease – 4C "Attorney's Fees and Costs" – ATTACHMENT #5 (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. The public may obtain copies at the main office located at 99 Ketch Road, Morristown, NJ 07960														
7.0	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable. See ATTACHMENT #6														
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable. See Attached														
8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See Attached														

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>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input checked="" type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>N/A</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>N/A</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) 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>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>N/A</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

<b>PHA Certifications of Compliance with PHA Plans and Related Regulations</b>	<b>U.S. Department of Housing and Urban Development</b> Office of Public and Indian Housing <b>OMB No. 2577-0226</b> <b>Expires 4/30/2011</b>
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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the      5-Year and/or    \* Annual PHA Plan for the PHA fiscal year beginning January 1, 2012, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

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

HOUSING AUTHORITY COUNTY OF MORRIS

NJ39/092

PHA Name

PHA Number/HA Code

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

x Annual PHA Plan for Fiscal Years 20<sup>12</sup> - 20<sup>16</sup>

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

Name of Authorized Official	Title
ROBERTA L. STRATER	EXECUTIVE DIRECTOR
Signature	Date
	10/14/11

**Civil Rights Certification**

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

**Civil Rights Certification**

**Annual Certification and Board Resolution**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

Housing Authority County of Morris

NJ39/092

PHA Name

PHA Number/HA Code

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

Name of Authorized Official

Title

ROBERTA L. STRATER

EXECUTIVE DIRECTOR

Signature



Date

10/14/11

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name  
HOUSING AUTHORITY OF THE COUNTY OF MORRIS

Program/Activity Receiving Federal Grant Funding  
CAPITAL FUND PROGRAM

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

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

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

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

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

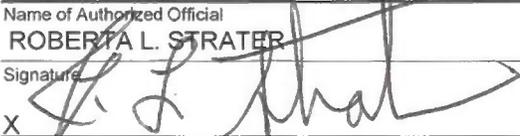
2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each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

- 34-36 CALAIS ROAD, RANDOLPH, MORRIS COUNTY, NJ 07869
- BENNETT AVENUE/FRANKLIN ROAD, RANDOLPH, NJ 07869
- 39 GREEN POND ROAD, ROCKAWAY, MORRIS COUNTY, NJ 07866
- 221 MT. PLEASANT AVENUE, ROCKAWAY TWP., MORRIS COUNTY, NJ 07801
- 42-184 PEER PLACE, DENVILLE, MORRIS COUNTY, NJ 07834

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

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

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

Name of Authorized Official <b>ROBERTA L. STRATER</b>	Title <b>EXECUTIVE DIRECTOR</b>
Signature 	Date <b>10/14/11</b>

**Certification of Payments  
to Influence Federal Transactions**

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

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Applicant Name

HOUSING AUTHORITY OF THE COUNTY OF MORRIS

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND PROGRAM

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

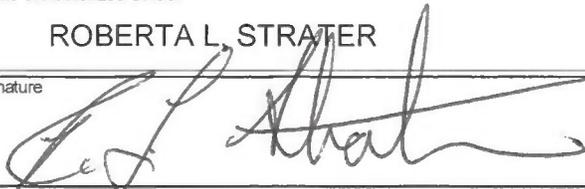
Name of Authorized Official

ROBERTA L. STRATER

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

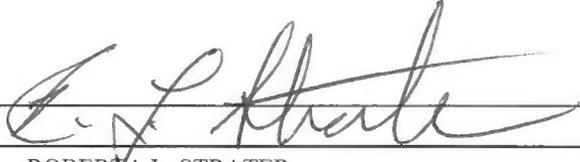
10/14/11

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB  
0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  <div style="text-align: center;">99 KETCH ROAD MORRISTOWN, NJ 07960</div> Congressional District, if known: 4c 11th	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known:	
<b>6. Federal Department/Agency:</b> US DEPT. OF HUD	<b>7. Federal Program Name/Description:</b> CAPITAL FUND PROGRAM  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  NO LOBBYING ACTIVITIES AT THIS AUTHORITY	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>  <div style="text-align: right;">             Signature: _____            Print Name: <u>ROBERTA L. STRATER</u>            Title: <u>EXECUTIVE DIRECTOR</u>            Telephone No.: <u>973-540-0389</u>      Date: <u>10/14/11</u> </div>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Housing Authority of the County of MorrisProject Name: 2012 Annual and Five Year PHA PlanLocation of the Project: 99 Ketch Road, Morristown, NJ 07960

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Name of the Federal  
Program to which the  
applicant is applying: Capital Fund ProgramName of  
Certifying Jurisdiction: County of MorrisCertifying Official  
of the Jurisdiction  
Name: Sabine Von AulockTitle: DirectorSignature: *Sabine von Aulock*Date: 3/3/11

## **ATTACHMENT # 1**

**Change Eligibility Application Form to include:**

**Real Estate/Property Asset Information – “Have you sold any real estate in the last 5 years?”**

**Asset/Banking Information – add “and all other types of assets”**



EQUAL HOUSING OPPORTUNITY

Roberta L. Strater  
Executive Director

# Housing Authority of the County of Morris

P.O. Box 900  
Morristown, NJ 07963-0900

(973) 540-0389  
(973) 540-1914 (Fax)



## Eligibility Application Form

Family Application [ ]

Senior Application [ ]

Section 8 [ ]  
(Housing Choice Voucher)

### General Family Information

Legal Name of Head of Household \_\_\_\_\_

Present Street Address \_\_\_\_\_

How Long? \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Previous address \_\_\_\_\_

Work Telephone \_\_\_\_\_

In emergency, whom can we contact locally? Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_ Relation \_\_\_\_\_

### Household Members

List the legal names of all the people who will be living with you. Start with yourself as head of household, then spouse or co-head, then other adults, and then minors (oldest to youngest).

	Adults Legal Names	Relation to Head	Sex	Age	Birth Date	Occupation	Social Security Number	Birthplace
1								
2								
3								
	Children (Legal Name)	Relation to Head	Sex	Age	Birth Date	Social Security Number	Absent Parent's Name	Absent Parent
1								
2								
3								
4								
5								
6								

Do you expect anyone to move in or out of your household within the next twelve months? [ ] Yes [ ] No

If yes, explain \_\_\_\_\_

Does anyone live with you who is not listed above? [ ] Yes [ ] No

If yes, who? \_\_\_\_\_

Ethnicity: [ ] Hispanic [ ] Non-Hispanic

Race: [ ] White [ ] Black/African American [ ] American Indian/Alaska Native [ ] Asian [ ] Native Hawaiian/Other Pacific Islander

Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?

[ ] Yes [ ] No If yes, please explain \_\_\_\_\_

Limited English Proficiency: If English is not your primary language, will you require the Housing Authority to provide an interpreter? If yes, please indicate your primary language \_\_\_\_\_

**Program Integrity Information:** (These questions apply to all household members)

Have you ever lived in assisted housing before? [ ] Yes [ ] No

If yes, when? Where? Under what name? \_\_\_\_\_

Who was the head of household? \_\_\_\_\_

Have you ever used a name other than the one you are using now? [ ] Yes [ ] No

If yes, what name? \_\_\_\_\_

Have you ever used a social security number other than the one you listed on this application? [ ] Yes [ ] No

If yes, what is it? \_\_\_\_\_

Has anyone in your household been arrested or convicted for the use, sale, manufacture or distribution of controlled substances? [ ] Yes [ ] No

If yes, who? When? For what? \_\_\_\_\_

Does anyone in your household currently use a controlled or illegal drug? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

Has anyone in your household ever been arrested or convicted of criminal activity? [ ] Yes [ ] No

If yes, who? When? For What? \_\_\_\_\_

Have you ever been evicted from Public or Assisted Housing for violent criminal or drug related activity? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

Do you owe any money to any public housing agency? [ ] Yes [ ] No

**Total Household Income:** List all money received or earned by everyone living in the household.

Include all money from Employment, Self-Employment, Unemployment Compensation, Child Support, Regular Contributions, Social Security, SSI, Retirement, Disability, Worker's Compensation, TANF, Veterans Benefits, Rental Property Income, Stock Dividends, Interest, Annuities and all other sources.

**Provide a complete explanation of "Income"**

Family Member Number	Source of Income/Employer	Number of Hours Worked Per Week	Annual Income
			\$
			\$
			\$
			\$
			\$
			\$

Has anyone in your household applied for any benefits or money which is in the process of being approved? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

Does anyone outside of your household pay for any of your bills or expenses? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_

**Are you entitled to:** Child Support? [ ] Yes [ ] No

Alimony? [ ] Yes [ ] No

Maintenance? [ ] Yes [ ] No

Do you receive Child Support, Alimony or Maintenance? [ ] Yes [ ] No

If yes, from whom? Amount? \_\_\_\_\_

Does anyone in your household receive an educational scholarship or grant? [ ] Yes [ ] No

If yes: Name: \_\_\_\_\_ Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

**Real Estate/Property Asset Information**

Do you or any household member own or have an interest in any real estate, boat, and/or mobile home [ ] Yes [ ] No  
 Have you sold any real estate in the last five years? [ ] Yes [ ] No

Description of Asset	Location of Asset	Value of Asset
		\$
		\$
		\$

**Asset/Banking Information**

Where do you bank? What type of accounts do you have there?

*Stocks, Bonds, Annuities, Saving Bonds, Credit Union Shares and all other types of assets. All adults in household.*

Name of Bank	Account #	Type of Account	Joint/Individual	Current Balance	6-Month Average Balance
				\$	
				\$	
				\$	
				\$	

**Allowances and Deductions**

Do you pay child care expenses? [ ] Yes [ ] No

If yes: To Whom: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Week/Month

**Handicapped Assistance Expenses**

Family Member	Amount	Per	Reason
	\$		
	\$		

**Medical and Unusual Expenses: (Elderly Families Only)**

Medicare? ..... \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Other health insurance? ..... \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Regular payments on medical bills? ..... \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Regular payments for medicine? ..... \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Anticipated health care related expenses in next twelve months ..... \$ \_\_\_\_\_ Per \_\_\_\_\_

**Current Monthly Expenses (From preceding month)**

Rent	\$ _____	Phone	\$ _____	Medical	\$ _____	Credit Card	\$ _____
Gas	\$ _____	Auto Pmt	\$ _____	Insurance	\$ _____	Credit Card	\$ _____
Electric	\$ _____	Auto Ins	\$ _____	Cable	\$ _____	Loan	\$ _____
Water	\$ _____	Child Care	\$ _____	Rentals	\$ _____	Other	\$ _____

Do you have any other regular monthly payments besides those above? [ ] Yes [ ] No

If yes, specify: \_\_\_\_\_

**Work History of Adults Members**

List the last place of employment for all adult household members below:

Family Member	Employer	Employer City, State	From	To

**Additional Public Housing Suitability Screening**

Have you ever been evicted? [ ] Yes [ ] No

If yes, whom? When? Why \_\_\_\_\_

List the names of your present and former landlord(s) for the past three years as a reference.

Landlord	Landlord's Address	Telephone	From	To

**Credit References:** List 4 credit references

Company / Bank	Account #	Telephone

**Pets**

Do you have any pets? [ ] Yes [ ] No

If yes, what kind? \_\_\_\_\_ Size: \_\_\_\_\_ Weight: \_\_\_\_\_ Pounds

**Vehicles:** How many vehicles does the family own?

Owner	Make	Model	Year	Color	License Plate	State

**Authorizations, Representations and Certifications**

I do hereby authorize the Housing Authority of the County of Morris to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

**WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.**

**NOTICE:** Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

If either Head or Spouse/Co-Head is not present, please explain: \_\_\_\_\_

## **ATTACHMENT # 2**

### **Change to Personnel Policy and Procedures – Policy No. 1:2.18 – Section V. “Expenditures Eligible for Reimbursement”**

**Transportation: Change reimbursement for use of personal car to  
\$.35/mile**

**Meals: Change reimbursement to:**

<b>Breakfast</b>	<b>\$15.00</b>
<b>Lunch</b>	<b>\$20.00</b>
<b>Dinner</b>	<b>\$40.00</b>

**ATTENDANCE AT AUTHORITY EXPENSE CONFERENCES,  
MEETINGS AND SEMINARS**

I. PURPOSE

To establish a policy and procedure governing attendance at Authority expense at conferences, meetings and seminars

II. DEFINITIONS

A. Conferences, Meetings & Seminars: Includes conventions, seminars, and training sessions, workshops and, in general, all events held for the purpose of information, training, sponsoring organization business and policy, and the Authority's external relations. Such events can be defined as useful for Authority operations but not necessarily mandatory in that nonattendance would not jeopardize authority operations or be in violation of authority policy.

Events as defined below are covered by this policy:

1. Major Conferences, Meetings & Seminars: Those lasting a least one day and where overnight stay is unavoidable.
2. Distance Conferences, Meetings & Seminars: All those, regardless of their duration, where, because of their distance from Morristown, overnights stay, is unavoidable.
3. Other, Conferences, Meetings & Seminars: All those remaining which fall into neither of the above categories.

Events not covered by this policy include those taken as part of the routine business appearances, and meetings with outside individuals and organizations devoted to current Authority business, or appearances and meetings devoted to legislative matters.

III. COVERAGE

This policy and procedure shall cover all departments and agencies where the cost of attendance at conferences and meeting is paid directly by the Authority.

IV. GENERAL POLICY:

The following rules shall govern eligibility for attendance at conferences, meeting and seminars.

[Policy No. 1:2.18]

1. Attendance shall normally be limited to the Executive Director, supervisors, professionals and specialists where such attendance can be expected to improve work performance or to promote Authority policies, with the following exceptions:
  - a) Key non-supervisory and non-professional personnel are eligible to attend work-related seminars and training sessions.
  - b) Such personnel are also eligible to attend functions sponsored by their occupational association, involving no more than one meal.
2. Attendance at Authority expense at major and distant conferences, meeting and the Board of Commissioners must approve seminars.
3. Attendance at Authority expense at all other conferences, meeting and seminars must be approved by the Executive Director.
4. Attendance at all meetings covered by this policy is contingent upon the availability of funds in the appropriate account in the current Authority budget.
5. Attendance at Authority expenses will be authorized only if all provisions of this Policy and the Procedure presented hereafter have been followed.

V. EXPENDITURES ELIGIBLE FOR REIMBURSEMENT:

In accordance with the terms set forth in policy 2:1.04 entitled "Purchasing - Expense Vouchers", the following expenditures are eligible for reimbursement:

1. Transportation:
  - a) Reimbursement for use of personal car *.35 /mile*.
  - b) Turnpike, bridge and tunnel tolls, parking fees and all other essential expenditures incurred in the operation of a motor vehicle.
  - c) Airline fares, provided, the least expensive class is chosen, when there is a choice.
  - d) Railroad or bus fares.
  - e) Taxicab, limousine service, etc. charges
2. Lodging: Hotel or motel charges for Authority officials or employees. Under no circumstances shall the Authority pay the lodging charges for

[Policy No. 1:2.18]

the spouse or any other person. In the case of joint occupancy with anyone not covered under this Policy, the Authority shall pay only the cost of a single room.

3. Meals:

- a) The maximum charges to be paid by the Housing Authority for meals, including gratuities are as follows:

Breakfast	<b><i>\$15.00</i></b>
Lunch	<b><i>\$20.00</i></b>
Dinner	<b><i>\$40.00</i></b>

Provided: In case there is expenditure under the maximum for one meal, the difference can be used to supplement an overexpenditure for another meal on the same day, provided, the total for both does not exceed the maximum allowable. (Example - If breakfast costs ***\$16.00*** and lunch ***\$19.00*** the \$1.00 overexpenditure for breakfast will be added to the amount allowed for lunch)

- b) When a professional organization or governmental agency has established a predetermined fee for a meeting which exceeds these limits, the Authority will honor this exception.

Note: Charges for alcoholic beverages are not reimbursable.

4. Gratuities and other essential incidental expenses such as terminal locker and other baggage storage charges and business related telephone calls.
5. Registration and other fees levied by the sponsoring organization.
6. Books and other expenditures associated with the event which are not covered in the registration fees.

## VI. ENFORCEMENT OF POLICY

1. If any of the provisions of this Policy or the Procedure presented hereafter are violated, the expenditure under question may be disallowed.
2. For serious violations the Authority may disallow the entire expense account.
3. In the case of fraud or deceit, the Executive Director shall take appropriate disciplinary action.

[Policy No. 1:2.18]

VII. PROCEDURES:

1. The official or employee planning to attend a conference, meeting or seminar Must submit a written request to the Executive Director detailing the following:
  - a) Dates and places
  - b) Sponsoring organization
  - c) Purpose of the conference, meeting or seminar and the subjects to be discussed. (If possible attach a program or announcement)
  - d) Reasons why attendance would be to the benefit of the Authority
  - e) Estimated cost broken down in as much detail as possible
  - f) Budget account to finance this expenditure and a statement that funds have been appropriated and are available.
2. If it meets his/her approval, the Executive Director or designee shall countersign the request and, if it is a major or distant conference, meeting or seminar, forward it to the Board of Commissioners for its consideration. The Executive Director shall signify in writing his/her approval or disapproval and return the request to the supervisor. In the case of disapproval and return the request to the supervisor. In the case of disapproval the Executive Director shall append a written statement of his/her reasons.
3. Upon his/her return, the official or employee shall submit a written report summarizing the information obtained or the decisions reached at the conference, meeting or seminar.
4. All expenditures for which Authority reimbursement is requested must be itemized and, if necessary, explained and the expense voucher must be accompanied by receipts for lodging, meals, transportation (excluding taxicabs if not obtainable) and all other expenses unless not obtainable.
5. Expenditures eligible for Authority reimbursement are limited to those absolutely essential to permit attendance or to fulfill the purpose of the conference meeting or seminar. For example, field trips associated with the event are eligible but independent sightseeing is not.
6. All relevant provisions of Procedure 2: 1. 04 (Purchasing - Expense Vouchers) must be followed.

[Policy No. 1:2.18]

## **ATTACHMENT # 3**

### **Change to Personnel Policy and Procedures – Policy No. 2:1.04 – Purchasing – Expense Vouchers**

#### **Part C. Special Instructions:**

- 2. Mileage Allowance is increased to \$.35/mile**
- 5. The maximum amounts authorized for meal, including gratuities,  
are:**

<b>Breakfast</b>	<b>\$15.00</b>
<b>Lunch</b>	<b>\$20.00</b>
<b>Dinner</b>	<b>\$40.00</b>

## PURCHASING -EXPENSE VOUCHERS

### I. PURPOSE

- A. The Expense Voucher is designed specifically for the use of Housing Authority employees and members of the Board of Commissioners.
- B. It provides for the reimbursement to the payee for out-of-pocket expenses accrued during the performance of Housing Authority related responsibilities. This includes such things as mileage charges and expenses for lodging and food while traveling.

### II. INSTRUCTIONS FOR COMPLETION

#### A. FORMAT

- 1) The name of the person to be paid must be typed in this space.
- 2) Designate the date when each expense was accrued.
- 3) The description must explain the reason for the charge. For example, Housing Authority Convention - Washington D.C.

When mileage is involved, the areas traveled from and to must be designated plus the odometer readings at the start and end of the trip.

- 4) Auto Mileage is the total number of miles traveled on Housing Authority related business as verified by subtracting the odometer readings.
- 5) Sundries refer to each charge, other than mileage, that is to be reimbursed.
- 6) The total of each invoice is entered in the Amount column followed by a Grand Total.
- 7) The signature of the Executive Director must be written in this space after he/she ascertains that all charges are valid.
- 8) The signature of the person to be paid must be written in this space to indicate his agreement with the Claimant's Certification and Declaration.

#### B. PROCESSING

After steps 1) through 8) have been completed, the Expense Voucher is forwarded to the Accounting Department to be processed for payment.

[Policy No. 2:1.04]

C. SPECIAL INSTRUCTIONS

1. Due to the cost of processing, no expense voucher with a total payable of less than \$10.00 will be accepted unless it comprises the final yearly voucher.
2. The automobile mileage allowance is increased to *\$.35 per mile*.
3. All vouchers must be accompanied by receipts from the vendors (restaurant, diner, etc.) where the expenses were incurred and must indicate the date, names of persons in attendance, and the nature of the business discussed and/or purpose for the meal expense. If a personal charge account is used, the receipt from the vendor shall also be submitted with the voucher in addition to the charge account receipt.
4. Charges for alcoholic beverages are not reimbursable.
5. The maximum amounts authorized for meal, including gratuities, are:

Breakfast - **\$15.00**

Lunch - **\$20.00**

Dinner - **\$40.00**

Note Exceptions to this policy will be honored for payment when an official or employee is authorized to attend a meeting or function sponsored by a professional organization or government agency for which a pre-determined fee has been established.

6. Expense vouchers should be submitted at least on a quarterly basis if the total is not less than \$10.00 with the final voucher of the year submitted no later than January of the next year. Vouchers will not be paid if they are submitted after January for any expenses incurred during the previous calendar year.

## **ATTACHMENT # 4**

**Update Enterprise Income Verification (EIV) Policy to include EIV Report Usage**

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## **EIV REPORT USAGE**

### **Income Report**

- Mandatory use at recertification - annual and interim
- Retain copy in tenant's file for 3 years - PH & HCV
- Retain copy in tenant's file for term of tenancy plus 3 years - MF

### **Income Discrepancy**

- Mandatory use at recertification - annual and interim
- Retain copy in a master file for 3 years
- Retain copy in tenant's file for 3 years - PH & HCV
- Retain copy in tenant's file for term of tenancy plus 3 years - MF

### **No Income Report**

- Mandatory use at annual recertification
- Retain copy in tenant's file for 3 years - PH & HCV
- Retain copy in tenant's file for term of tenancy plus 3 years - MF

### **New Hires Report**

- Run at least quarterly
- Retain copy of summary report in a master file for 3 years
- Retain copy of detail report in tenant's file for 3 years - PH & HCV
- Retain copy of detail report in tenant's file for term of tenancy plus 3 years - MF

### **Existing Tenant Search**

- Run at the time of processing an applicant for admission
- Retain with application if not admitted for 3 years
- Retain copy in tenant's file for 3 years - PH & HCV
- Retain copy in tenant's file for term of tenancy plus 3 years - MF

### **Multiple Subsidy Report**

- Run at least quarterly
- Retain copy of summary report in a master file for 3 years
- Retain copy of detail report in tenant's file for 3 years - PH & HCV
- Retain copy of detail report in tenant's file for term of tenancy plus 3 years - MF

### **Failed EIV Prescreening/Failed Verification Reports**

- Run monthly
- Retain copy of report in a master file for 3 years

### **Deceased Tenant Report**

- Run at least quarterly
- Retain copy of report in a master file for 3 years

## ATTACHMENT # 5

### Change to Public Housing Lease

#### 4. Additional Charges

- c. "Attorney's Fees and Costs" – Increase charge to \$850.00

**HOUSING AUTHORITY OF THE COUNTY OF MORRIS**

**PROJECT \_\_\_\_\_**

**Description of the parties and premises:** This Agreement executed on the \_\_\_\_\_ of \_\_\_\_\_ (his/her) family consisting of the occupants referred to as the Tenant, listed below, and the Housing Authority of the County of Morris referred to as the Landlord of the property commonly known as \_\_\_\_\_ located in the County of Morris, State of New Jersey in the Township of \_\_\_\_\_.

<u>Name</u>	<u>Age</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **Length of time (Term):** The initial term of this Agreement shall be a period of 12 months, beginning on \_\_\_\_\_ and ending on \_\_\_\_\_. After the initial term ends, the Agreement will continue for successive terms of one year each unless automatically terminated as permitted by Paragraph 22 of the Agreement or unless terminated for non-compliance with the provisions of Paragraph 22.

3. **Rent Payment:** The Tenant agrees to pay \$\_\_\_\_\_ for the partial month ending \_\_\_\_\_. After that Tenant agrees to pay a rent of \$\_\_\_\_\_ per month. The rent will remain in effect unless adjusted in accordance with the provisions of Paragraph 16.

4. **Additional charges:**

a. **Late Payments** - If the Tenant does not pay the full amount of the rent shown in Paragraph 3 by the end of the 5th business day of the month, the Landlord may collect a late fee equal to \$1.00 per day beginning with the first (1<sup>st</sup>) day of the month up until the rent is paid or the last day of the month that the rent is due. This provision does not create a "grace period". Charges for penalties due to late payments shall be due and payable on the date stated in the notice of adverse action but not sooner than fourteen days after delivery of said notice.

b. **Return checks** - The Landlord may collect a fee of \$25.00 any time a check is not honored for payment (bounces).

c. **Attorneys fees and Costs** - Tenant shall pay to the Landlord a charge of **\$850.00** to partially defray the cost of legal services incurred in instituting an eviction suit against the Tenant for non-payment of rent or for any other legal cause except that no fee shall be paid by Tenant if the Court finds that the Landlord is unsuccessful in proving its case for eviction on grounds other than non-payment of rent, or in the case of non-payment of rent, the Court finds that the rent has been paid in full prior to institution of such suit.

## **ATTACHMENT #6**

### **7.0 – Homeownership**

The Housing Authority has a homeownership program through the Family Self-Sufficiency Program (FSS). These programs allow the housing choice voucher recipients and public housing tenants to partake in a program that will provide them with an escrow account, which will enable them to purchase a home. The Housing Authority has 33 participants on the Housing Choice Voucher FSS Program and 31 participants on the Public Housing FSS Program.

The Housing Authority will apply for additional FSS funds for both the Housing Choice Voucher Program and Public Housing Program.

## ATTACHMENT A – RESIDENT ADVISORY BOARD COMMENTS

The Resident Advisory Board met on July 28, 2011 to review and discuss the 2012 Annual Plan. Regulatory changes to the plan were explained to the Board as well as Capital Fund improvements for the coming year and future.

No comments were provided by the Resident Advisory Board.

The Resident Advisory Board consists of the following members:

Gloria Bracken  
Pat Klebes  
Pauline Fairchild  
Joan Baron  
Alma Silverstein  
Lucy Skinner  
Lorenzo Cirella  
Rita Hermanns

# Minutes of Resident Advisory Board Meeting

July 28, 2011

- Kelly explained the changes to the PHA Plan: Eligibility application form, personnel policy and procedures manual and update EIV policy.
- Kelly reviewed the changes to the annual and five year plan capital fund projects.
- Suggestions for the plan – the only suggestion was to change the non-smoking policy to not allow smoking in the apartments no matter if the tenants are grandfathered in or not. Staff explained that the policy is written as we are permitted by HUD.
- Other items were regular maintenance work order issues.

<b>Part I: Summary</b>					
<b>PHA Name: HOUSING                  AUTHORITY OF THE COUNTY OF                  MORRIS</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P09250111 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2011                  FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Rev. #1) <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>	\$25,000	\$62,000	\$3,000	\$0.00
3	1408 Management Improvements	\$9,000	\$9,000	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 21)	\$3,000	\$3,000	\$0.00	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$20,000	\$20,000	\$0.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$301,765.82	\$50,000	\$0.00	\$0.00
10	1460 Dwelling Structures	\$0.00	\$97,228.82	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$0.00	\$50,000	\$0.00	\$0.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

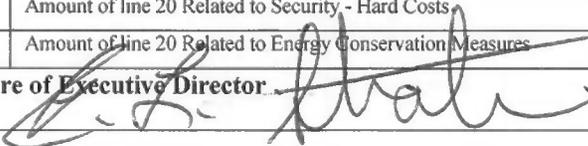
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> HOUSING AUTHORITY OF THE COUNTY OF MORRIS		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P09250111 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$19,234.18	\$19,234.18	\$0.00	\$0.00
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)	\$378,000	\$310,463	\$3,000	\$0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director: 		Date: 10/14/11		Signature of Public Housing Director: _____ Date: _____	

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

<b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS			Grant Type and Number Capital Fund Program Grant No: NJ39P09250111 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	General Operations	1406		\$25,000	\$62,000	\$3,000	\$0.00	
HA Wide	Management Improvements	1408		\$9,000	\$9,000	\$0.00	\$0.00	
92-01	Administration	1410		\$3,000	\$0.00	\$0.00	\$0.00	
92-01	Fees and Costs	1430		\$20,000	\$0.00	\$0.00	\$0.00	
92-01	Resurface parking lot and restripe lines	1450		\$301,765.82	\$0.00	\$0.00	\$0.00	
	Debt Service	1501		\$19,234.18	\$19,234.18	\$0.00	\$0.00	
92-02, 92-03	Administration	1410		\$0.00	\$3,000	\$0.00	\$0.00	
92-02, 92-03	Fees and costs	1430		\$0.00	20,000	\$0.00	\$0.00	
92-02, 92-03	Replace boilers	1465.1		\$0.00	\$50,000	\$0.00	\$0.00	
92-05	Install French drain system and landscape	1450		\$0.00	\$50,000	\$0.00	\$0.00	
92-07	Replace countertops, sinks, faucets and traps in kitchens	1460	55	\$0.00	\$97,228.82	\$0.00	\$0.00	
	TOTAL			\$378,000	\$310,463	\$3,000	\$0.00	

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS				Federal FFY of Grant: 2011	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	8/2/2013		8/2/2015		
92-02	8/2/2013		8/2/2015		
92-03	8/2/2013		8/2/2015		
92-05	8/2/2013		8/2/2015		
92-07	8/2/2013		8/2/2015		

<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.



<b>Part I: Summary</b>						
PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS		Grant Type and Number Capital Fund Program Grant No: NJ39P09250110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:	
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 <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>	\$ 25,000	\$25,000	\$25,000	\$25,000	
3	1408 Management Improvements	\$ 10,000	\$10,000	\$0.00	\$0.00	
4	1410 Administration (may not exceed 10% of line 21)	\$ 3,000	\$2,479.28	\$2,479.28	\$927.66	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$ 11,500	\$13,000	\$13,000	\$10,400	
8	1440 Site Acquisition					
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$174,000	\$158,494	\$158,494	\$0.00	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	\$130,473.28	\$145,000	\$145,000	\$0.00	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

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

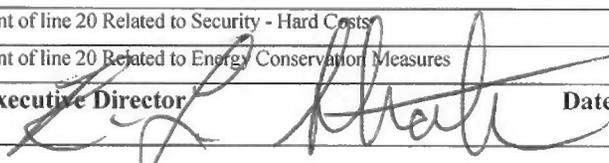
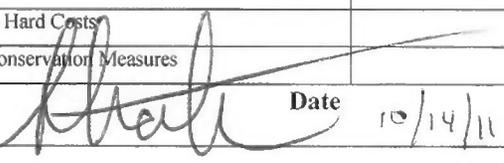
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> HOUSING AUTHORITY OF THE COUNTY OF MORRIS		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P09250110 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$ 19,683.72	\$19,683.72	\$19,683.72	\$0.00
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)	\$373,657	\$373,657	\$363,657	\$36,327.66
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
		10/14/11			

<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 I: Summary</b>					
<b>PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P09250109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009 FFY of Grant Approval:</b>
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: 1 ) <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>	\$6,000	\$6,000	\$6,000	\$6,000
3	1408 Management Improvements	\$7,000	\$7,000	\$7,000	\$0
4	1410 Administration (may not exceed 10% of line 21)	\$5,000	\$5,000	\$5,000	\$988.78
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$21,000	\$21,000	\$21,000	11,427.12
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$310,999.73	\$318,001.73	\$318,001.73	\$318,001.33
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

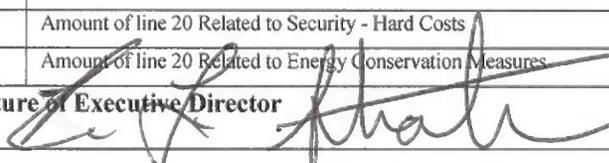
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> HOUSING AUTHORITY OF THE COUNTY OF MORRIS		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P09250109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input 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	
18a	1501 Collateralization or Debt Service paid by the PHA	\$20,189.27	\$20,189.27	\$20,189.27	\$0	
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)	\$370,189	\$377,191	\$377,191	\$336,417.23	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b> 		<b>Date</b> 10/14/11		<b>Signature of Public Housing Director</b>  		
				<b>Date</b>		

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









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

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

<b>Part I: Summary</b>					
<b>PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P09250108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008 FFY of Grant Approval: 2008</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <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>	\$12,366.53	\$54,337.58	\$54,337.58	\$54,337.58
3	1408 Management Improvements	\$8,000	\$8,000	\$8,000	\$8,000
4	1410 Administration (may not exceed 10% of line 21)	\$3,000	\$3,000	\$3,000	\$3,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$21,000	\$40,637.43	\$40,637.43	\$40,637.43
8	1440 Site Acquisition				
9	1450 Site Improvement	\$0	\$55,000	\$55,000	\$55,000
10	1460 Dwelling Structures	\$313,437.21	\$196,828.73	\$196,828.73	\$196,807.43
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

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

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

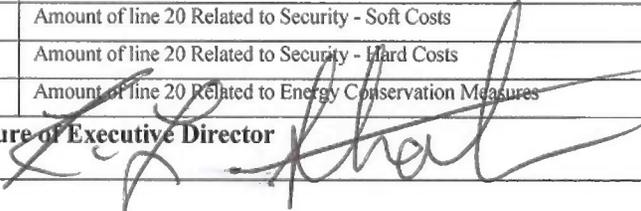
<b>Part I: Summary</b>		
<b>PHA Name:</b> HOUSING AUTHORITY OF THE COUNTY OF MORRIS	<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P09250108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>

**Type of Grant**

Original Annual Statement                       Reserve for Disasters/Emergencies                       Revised Annual Statement (revision no: 3)

Performance and Evaluation Report for Period Ending: 09/30/2009                       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	\$20,604.26	\$20,604.26	\$20,604.26	\$15,456.84
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)	\$378,408	\$378,408	\$378,408	\$373,239.28
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				

<b>Signature of Executive Director</b> 	<b>Date</b> 10/14/11	<b>Signature of Public Housing Director</b>	<b>Date</b>
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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: HOUSING AUTHORITY OF THE COUNTY OF MORRIS			Grant Type and Number Capital Fund Program Grant No: NJ39P09250108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	General Operations	1406		\$12,366.53	\$54,337.58	\$54,337.58	\$54,337.58	
HA Wide	Office Management Improvements	1408		\$8,000	\$8,000	\$8,000	\$8,000	
HA Wide	Administration	1410		\$3,000	\$3,000	\$3,000	\$3,000	
92-01	Fees and Costs flooring and septic repair	1430		\$21,000	\$15,683	\$15,683	\$15,683	
92-01	Replacement of flooring in apartments and common areas	1460		\$235,277.70	\$160,640.27	\$160,640.27	\$160,640.27	
92-01	Septic field replacement	1450		\$0	\$55,000	\$55,000	\$55,000	
	Debt Service	1501		\$20,604.26	\$20,604.26	\$20,604.26	\$15,456.84	
92-01	Interior & Exterior Doors	1460		\$15,565.51	\$36,188.46	\$36,188.46	\$36,167.16	
92-01	Air Conditioning in Hallways	1460		\$62,594	\$0	\$0	\$0	
92-01	Fees and costs air conditioning	1430		\$0	\$14,950	\$14,950	\$14,950	
92-01	Fees and costs interior and exterior doors	1430		\$0	\$10,004.43	\$10,004.43	\$10,004.43	
	<b>TOTAL</b>			\$378,408	\$378,408	\$378,408	\$373,239.28	

<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.







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

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

<b>Part I: Summary</b>					
PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS		Grant Type and Number Capital Fund Program Grant No: NJ39P09250112 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 ( ) <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>	\$26,460			
3	1408 Management Improvements	\$9,000			
4	1410 Administration (may not exceed 10% of line 21)	\$1,540			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	\$302,224.48			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

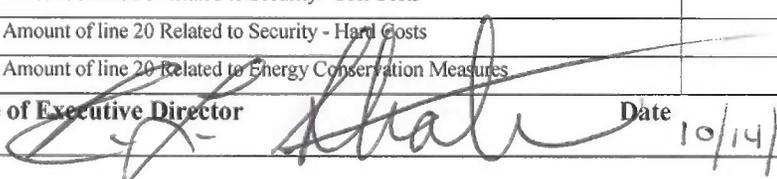
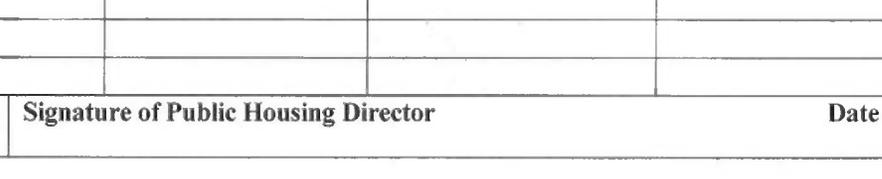
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> HOUSING AUTHORITY OF THE COUNTY OF MORRIS		<b>Grant Type and Number</b> Capital Fund Program Grant No: NJ39P09250112 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2012</b> <b>FFY of Grant Approval: 2012</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement ( )		
<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	
18a	1501 Collateralization or Debt Service paid by the PHA	\$18,775.52				
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)	\$378,000				
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					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
		10/14/11				

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









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

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

<b>Part I: Summary</b>					
<b>PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP BOND Replacement Housing Factor Grant No: Date of CFFP: 8/15/07			<b>FFY of Grant: FFY of Grant Approval:</b>
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" 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	\$56,314	\$54,460	\$54,460	\$54,460
8	1440 Site Acquisition				
9	1450 Site Improvement	\$457,081	\$462,311.69	\$462,311.69	\$462,311.69
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<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

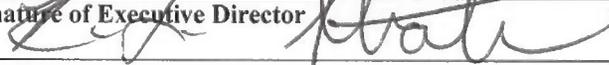
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part I: Summary**

<b>PHA Name:</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>
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**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)	\$513,395	\$516,771.69	\$516,771.69	\$516,771.69
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> 	<b>Date</b> 10/14/11	<b>Signature of Public Housing Director</b>	<b>Date</b>
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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 III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: HOUSING AUTHORITY OF THE COUNTY OF MORRIS				<b>Federal FFY of Grant:</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
92-02, 92-03	8/15/09	9/10/08	8/15/11	1/14/09	
92-05	8/15/09	7/15/09	8/15/11	11/13/09	

<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—Five-Year Action Plan**

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

<b>Part I: Summary</b>						
PHA Name/Number Housing Authority of the County of Morris/NJ092		Locality (City/County & State) Morris County, NJ			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
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>2015</u>	Work Statement for Year 5 FFY <u>2016</u>
B.	Physical Improvements Subtotal	Annual Statement	\$302,689.76	\$303,094.66	\$303,673.60	\$304,222.70
C.	Management Improvements		9,000.00	9,000.00	9,000.00	9,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		1,540.00	1,540.00	1,540.00	1,540.00
F.	Other A/E		20,000.00	20,000.00	20,000.00	20,000.00
G.	Operations		26,460.00	26,460.00	26,460.00	26,460.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service		18,310.24	17,905.34	17,326.40	16,777.30
K.	Total CFP Funds		378,000.00	378,000.00	378,000.00	378,000.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		\$378,000.00	\$378,000.00	\$378,000.00	\$378,000.00









