PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 **PHA Information**
PHA Name: _Freeport Housing Aurhority_____ PHA Code: _NY023_____
PHA Type: ☐ Small ☐ High Performing ☒ Standard ☐ HCV (Section 8)
PHA Fiscal Year Beginning: (MM/YYYY): 01/2012

2.0 **Inventory** (based on ACC units at time of FY beginning in 1.0 above)
Number of PH units: 350 Number of HCV units: 211

3.0 **Submission Type**
☐ 5-Year and Annual Plan ☒ Annual Plan Only ☐ 5-Year Plan Only

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

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

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

5.1 **Mission.** State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

Promote adequate and affordable housing as well as to provide our residents with a suitable living environment free from discrimination while maintaining and upgrading existing housing facilities: dwelling units, common areas, exteriors, site and systems.

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.

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.

(a) None

(b)Administrative Office
3 Buffalo Ave
Freeport, NY 11520

Also available at the location listed above:

1. Eligibility, Selection and Admission Policies, including Deconcentration and Wait List Procedures.
2. Financial Resources
3. Rent Determinations
4. Operation and Management Procedures
5. Grievance Procedures
6. Designated Housing for Elderly and Disable Families
   (None are planned for the upcoming year)
7. Community Service and Self-Sufficiency
8. Safety and Crime Prevention
9. Pet Policy
10. Civil Rights Certifications
11. Fiscal Year Audit
12. Asset Management Plans
13. Violence Against Women Act (VAWA)

7.0 **Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.*

None

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 *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing.

Attachment NY023a04 – FY2012 Annual Statement
Attachment NY023c04 – FY2011 Progress and Evaluation Report
Attachment NY023d04 – FY2010 Progress and Evaluation Report
Attachment NY023e04 – FY2009 Progress and Evaluation Report
Attachment NY023f04 - FY 2009 ARRA Grant
Attachment NY023g04 – Violence Against Women Act Compliance
Attachment NY023h04-- Certifications

8.2 **Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.

Attachment NY023b04

8.3 **Capital Fund Financing Program (CFFP).**
☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.

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.

*U.S. Census data: the Comprehensive Housing Affordability Strategy (CHAS) dataset

Housing Needs of Families in the Jurisdiction by Family Type

Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	**Size**	Loca-tion
Income <= 30% of AMI	2,108	5	5	5	5	5	5
Income >30% but <=50% of AMI	1,788	5	5	4	4	4	4
Income >50% but <80% of AMI	1,683	5	5	4	4	4	4
Elderly	721	5	5	4	5	4	4
Families with Disabilities	2,431	5	5	4	5	4	4
Black NH	4,136	5	5	4	4	4	4
Hispanic	3,152	5	5	4	4	4	4
White-Non-Hispanic	5,804	5	5	4	4	4	4
Asian NH	96	5	5	4	4	4	4
Pacific Island. NH	0	5	5	4	4	4	4
Native Amer. NH	18	5	5	4	4	4	4

9.0

Housing Needs. (continued) 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.

Housing Needs of Families on the Waiting List

Waiting list type: (select one)
- ☐ Section 8 tenant-based assistance
- ☒ Public Housing
- ☐ Combined Section 8 and Public Housing
- ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)
  - If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	566		
Extremely low income <=30% AMI	197	35	
Very low income (>30% but <=50% AMI)	285	50	
Low income (>50% but <80% AMI)	84	15	
Families with children	181	32	
Elderly families	189	33	
Families with Disabilities	178	31	
Black Non-Hispanic	228	40	
Hispanic	284	50	
White Non-Hispanic	53	10	
Non-Hispanic Pacific Islander	0	0	
Non-Hispanic Asian	0	0	
Non-Hispanic Native American	1	.05	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	321	57	
1 BR	13	1	
2 BR	200	36	
3 BR	27	5	
4 BR	5	1	
4+ BR	0	0	

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

If yes:

How long has it been closed (# of months)? 120 months

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☒ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☒ No ☐ Yes

9.0

Housing Needs. (continued) 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.

Housing Needs of Families on the Waiting List

Waiting list type: (select one)
☒ Section 8 tenant-based assistance
☐ Public Housing
☐ Combined Section 8 and Public Housing
☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)
If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	35		
Extremely low income <=30% AMI	32	90	
Very low income (>30% but <=50% AMI)	3	10	
Low income (>50% but <80% AMI)	0	0	
Families with children	25	70	
Elderly families	6	20	
Families with Disabilities	4	10	
Black Non-Hispanic	9	25	
Hispanic	23	70	
White Non-Hispanic	3	5	
Non-Hispanic Pacific Islander	0	0	
Non-Hispanic Asian	0	0	
Non-Hispanic Native American	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	N/A		
2 BR	N/A		
3 BR	N/A		
4 BR	N/A		
5 BR	N/A		
5+ BR	N/A		

Is the waiting list closed (select one)? ☐ No ☒ Yes
If yes:
How long has it been closed (# of months)? 120 months
Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☒ Yes
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☒ No ☐ Yes

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.** The Freeport Housing Authority maintains a 99% occupancy rate. This high occupancy rate ensures that as many families as possible are being served. The ten year strategic plan being devised will take into account the needs of the families in the jurisdiction.
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" **A. Substantial Deviation from the 5-year Plan:** • Any change to the Mission Statement; • 50% deletion from or addition to the goals and objectives as a whole; and • 50% or more decrease in the quantifiable measure of any individual goal or objective. **B. Significant Amendment or Modification to the Annual Plan:** • Any increase or decrease over 50% in the funds projected in the Financial Resource Statement; • Any change in the policy or procedure that requires a regulatory 30-day posting: • Any submission to HUD that requires a separate notification to residents, such as Homeownership programs; and • Any change inconsistent with the local, approved Consolidated Plan.

11.0	**Required Submission for HUD Field Office Review**. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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

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

Instructions form HUD-50075

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

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

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

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

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

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

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

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

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

(a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.

(b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central off ice of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(f) Resident Advisory Board (RAB) comments.

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

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

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

U.S. Department of Housing and urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2014

Part I: Summary

PHA Name:	Grant Type and Number		FFY of Grant:
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	NY36P02350112	2012
	Date of CFFP:	Replacement Housing Factor Grant No:	FFY of Grant Approval: 2012

Type of Grant

- ■ **Original Annual Statement** ☐ **Reserved 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-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 21) [3]	$41,690.00	$0.00	$0.00	$0.00
3	1408 Management Improvements	$0.00	$0.00	$0.00	$0.00
4	1410 Administration (may not exceed 10% of line 21)	$41,690.00	$0.00	$0.00	$0.00
5	1411 Audit	$0.00	$0.00	$0.00	$0.00
6	1415 Liquidated damages	$0.00	$0.00	$0.00	$0.00
7	1430 Fees and Costs	$55,729.00	$0.00	$0.00	$0.00
8	1440 Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450 Site Improvements	$20,000.00	$0.00	$0.00	$0.00
10	1460 Dwelling Structures	$241,810.00	$0.00	$0.00	$0.00
11	1465.1 Dwelling Equipment - Nonexpandable	$10,000.00	$0.00	$0.00	$0.00
12	1470 Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475 Nondwelling Equipment	$6,000.00	$0.00	$0.00	$0.00
14	1485 Demolition	$0.00	$0.00	$0.00	$0.00
15	1492 Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
16	1495.1 Relocation Costs	$0.00	$0.00	$0.00	$0.00
17	1499 Development Activities [4]	$0.00	$0.00	$0.00	$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	$0.00	$0.00	$0.00	$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0.00	$0.00	$0.00	$0.00
19	1502 Contingency (May not to exceed 8% of line 20)	$0.00	$0.00	$0.00	$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$416,919.00**	**$0.00**	**$0.00**	**$0.00**
21	Amount of line 20 Related to LBP Activities	$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance	$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security - Soft Costs	$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Security - Hard Costs	$0.00	$0.00	$0.00	$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	$0.00	$0.00	$0.00	$0.00

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

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

U.S. Department of Housing and urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2014

Part I: Summary

PHA Name:	**Grant Type and Number**		**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	**NY36P02350112** Replacement Housing Factor Grant No:	**2012**
	Date of CFFP:		**FFY of Grant Approval:** **2012**

Type of Grant

- ■ **Original Annual Statement**
- ☐ **Reserved 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**
Signature of Executive Director & Date: 11/15/2011		Signature of public Housing Director/Office of Native American Programs Administrator & Date:			

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	**Federal FFY Grant :**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No: **NY36P02350112** Date of CFFP: CFFP (Yes/No):	**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)	Fund Expended (2)	
PHA-Wide	**Operations**	**1406**						
	Operations			$41,690.00				
	Total 1406			**$41,690.00**				
PHA-Wide	**Administration**	**1410**						
	Printing and Advertisements			$1,900.00				
	Staff Salaries			$39,790.00				
	Total 1410			**$41,690.00**				
PHA-Wide	**Fees and Costs**	**1430**						
	A/E Services			$25,729.00				
	Management Consultant			$30,000.00				
	Total 1430			**$55,729.00**				
	Site Improvements	**1450**						
NY023-0005	Site Repairs & Upgrades			$20,000.00				
	Total 1450			**$20,000.00**				
	Dwelling Structures	**1460**						
NY023-0005	Upgrade Fire Alarm System			$101,810.00				
NY023-0005	Elevator Upgrade			$100,000.00				
NY023-0005	Painting			$25,000.00				
NY023-0001	Replace Fire Exit Doors			$15,000.00				
	Total 1460			**$241,810.00**				
	Subtotal			**$400,919.00**				

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

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: NY36P02350112 Date of CFFP: CFFP (Yes/No):				**Federal FFY 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)	Fund Expended (2)	
	Dwelling Equipment	**1465**						
PHA-Wide	Refrigerators			$5,000.00				
	Stoves			$5,000.00				
	Total 1465			**$10,000.00**				
	Non-Dwelling Equipment	**1475**						
PHA-Wide	Equipment			$3,000.00				
	Computers			$3,000.00				
	Total 1475			**$6,000.00**				
	Subtotal			**$16,000.00**				
	Total Capital Funds for 2012			**$416,919.00**				

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350112**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
1406	9/14/2014		9/14/2016		
1410	9/14/2014		9/14/2016		
1430	9/14/2014		9/14/2016		
1450	9/14/2014		9/14/2016		
1460	9/14/2014		9/14/2016		
1465	9/14/2014		9/14/2016		
1475	9/14/2014		9/14/2016		

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350112**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Capital Fund Program Five-Year Action Plan

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

Part I: Summary

PHA Name/Number **Freeport HA, NY023** | Locality (City/County & State) Freeport, Nassau, NY | ■ Original | ☐ Revision No. 1

A.	Development Number and Name **Freeport Housing Authority NY023**	Year 1 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	NY023-0001	Annual	159,000.00	184,378.00	110,000.00	130,000.00
	NY023-0002/3	Statement	50,419.00	80,041.00	128,419.00	0.00
	NY023-0005		50,000.00	0.00	25,000.00	130,000.00
	Total Physical Improvements:		**$259,419.00**	**$264,419.00**	**$263,419.00**	**$260,000.00**
C.	Management Improvements		0.00	0.00	0.00	0.00
D.	PHA-Wide Non-Dwelling Structures and Equipment		0.00	0.00	0.00	5,000.00
E.	Administration		43,500.00	43,500.00	43,500.00	43,500.00
F.	Other		73,000.00	68,000.00	69,000.00	67,419.00
G.	Operations		41,000.00	41,000.00	41,000.00	41,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		416,919.00	416,919.00	416,919.00	416,919.00
L.	Total Non-CFP Funds					
M.	Grand Total		**416,919.00**	**416,919.00**	**416,919.00**	**416,919.00**

form **HUD-50075.2** (4/2008)

Capital Fund Program Five-Year Action Plan

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

Part I: Summary

PHA Name/Number **Freeport HA, NY023** | Locality (City/County & State) Freeport, Nassau, NY | ■ Original | ☐ Revision No. 1

A.	Development Number and Name **Freeport Housing Authority NY023**	Year 1 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.		Annual				
		Statement				
	Total Physical Improvements:					
C.	Management Improvements					
D.	PHA-Wide Non-Dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

form **HUD-50075.2** (4/2008)

Capital Fund Program Five-Year Action Plan

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

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

Work Statement for Year 1 FFY 2012	Work Statement for Year 2013 FFY			Work Statement for Year 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	**1406 Operations**			**1406 Operations**		
Annual	Operations		$41,000.00	Operations		$41,000.00
Statement						
	1410 Administration			**1410 Administration**		
	Staff Salaries		$41,600.00	Staff Salaries		$41,600.00
	Printing and Advertising		$1,900.00	Printing and Advertising		$1,900.00
	1430 Fees & Costs			**1430 Fees & Costs**		
	A/E Fees		$25,000.00	A/E Fees		$20,000.00
	Modernization Consultant Fee		$30,000.00	Modernization Consultant Fee		$30,000.00
	1450 Site Improvements			**1450 Site Improvements**		
	NY023-0002/3 Improvements & Upgrades		$20,000.00	NY023-0001 Improvements & Upgrades		$20,000.00
	1460 Dwelling Structures			**1460 Dwelling Structures**		
	NY023-0001 Replace Apt. & Corridor VCT		$94,000.00	NY023-0001 Upgrade Lighting		$41,000.00
	NY023-0005 Conversion to Gas Fire Burners &		$50,000.00	NY023-0001 Bathroom Upgrade		$80,000.00
	removal of oil tank			NY023-0002/3 Kitchen Cabinets		$80,041.00
	NY023-0002/3 Painting		$20,419.00	NY023-0001 Painting		$43,378.00
	NY023-0002/3 Replace Fencing		$10,000.00			
	NY023-0001 Apartment Renovations		$25,000.00			
	Subtotal of Estimated Cost		$ See Page 4	Subtotal of Estimated Cost		$ See Pg 4

form **HUD-50075.2** (4/2008)

Capital Fund Program Five-Year Action Plan

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

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

Work Statement for Year 1 FFY 2012	Work Statement for Year 2013 FFY			Work Statement for Year 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Continued from page 3			Continued from page 3		
Annual	**1460 Dwelling Structures (continued)**					
Statement	NY023-0001 Roof Exhaust Systems		$25,000.00	**1465 Dwelling Equipment**		
	NY023-0001 Electrical Upgrades		$15,000.00	Stoves		$9,000.00
				Refrigerators		$9,000.00
	1465 Dwelling Equipment					
	Stoves		$9,000.00			
	Refrigerators		$9,000.00			
	Total of Estimated Cost		$416,919.00	Total of Estimated Cost		$416,919.00

form **HUD-50075.2** (4/2008)

Capital Fund Program Five-Year Action Plan

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

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

Work Statement for Year 1 FFY 2012	Work Statement for Year 2015 FFY			Work Statement for Year 2016		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	**1406 Operations**			**1406 Operations**		
Annual	Operations		$41,000.00	Operations		$41,000.00
Statement						
	1410 Administration			**1410 Administration**		
	Staff Salaries		$41,600.00	Staff Salaries		$41,600.00
	Printing and Advertising		$1,900.00	Printing and Advertising		$1,900.00
	1430 Fees & Costs			**1430 Fees & Costs**		
	A/E Fees		$27,000.00	A/E Fees		$25,419.00
	Modernization Consultant Fee		$30,000.00	Modernization Consultant Fee		$30,000.00
	1450 Site Improvements			**1450 Site Improvements**		
	NY023-0005 Improvements & Upgrades		$25,000.00	NY023-0005 Improvements & Upgrades		$25,000.00
	1460 Dwelling Structures			**1460 Dwelling Structures**		
	NY023-0001 Bathroom Upgrade		$60,000.00	NY023-0005 Upgrade Standby Generator		$50,000.00
	NY023-0002/3 Kitchen Cabinets		$78,041.00	NY023-0001 Replace Hot Water Heaters		$30,000.00
	NY023-0002/3 Painting		$50,378.00	NY023-0001 Upgrade Boilers		$100,000.00
	NY023-0001 Repr Exterior Walls & Chimneys		$50,000.00	NY023-0005 Replace Hollow Metal Exit &		$25,000.00
				Bulkhead doors		
				NY023-0005 Replace Fire Exit doors		$30,000.00
	Subtotal of Estimated Cost		$ See Pg 6	Subtotal of Estimated Cost		$ See Pg 6

Capital Fund Program Five-Year Action Plan

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

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

Work Statement for Year 1 FFY 2012	Work Statement for Year 2015 FFY			Work Statement for Year 2016		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Continued from page 5			Continued from page 5		
Annual						
Statement	**1465 Dwelling Equipment**			**1465 Dwelling Equipment**		
	Stoves		$6,000.00	Stoves		$6,000.00
	Refrigerators		$6,000.00	Refrigerators		$6,000.00
				1475 Non-Dwelling Equipment		
				Tools & Equipment		$5,000.00
	Total of Estimated Cost		$416,919.00	Total of Estimated Cost		$416,919.00

form **HUD-50075.2** (4/2008)

Part I: Summary

PHA Name:	Grant Type and Number		FFY of Grant:
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	**NY36P02350111** Replacement Housing Factor Grant No:	**2011**
	Date of CFFP:		**FFY of Grant Approval: 2011**

Type of Grant

- ☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** **Revised Annual Statement (revision no:)**
- ■ **Performance and Evaluation Report for period Ending: June 30, 2011** **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-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 21) [3]	$75,045.00	$0.00	$0.00	$0.00
3	1408 Management Improvements	$0.00	$0.00	$0.00	$0.00
4	1410 Administration (may not exceed 10% of line 21)	$41,690.00	$0.00	$0.00	$0.00
5	1411 Audit	$0.00	$0.00	$0.00	$0.00
6	1415 Liquidated damages	$0.00	$0.00	$0.00	$0.00
7	1430 Fees and Costs	$67,500.00	$0.00	$0.00	$0.00
8	1440 Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450 Site Improvements	$23,000.00	$0.00	$0.00	$0.00
10	1460 Dwelling Structures	$200,776.00	$0.00	$0.00	$0.00
11	1465.1 Dwelling Equipment - Nonexpandable	$6,908.00	$0.00	$0.00	$0.00
12	1470 Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475 Nondwelling Equipment	$2,000.00	$0.00	$0.00	$0.00
14	1485 Demolition	$0.00	$0.00	$0.00	$0.00
15	1492 Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
16	1495.1 Relocation Costs	$0.00	$0.00	$0.00	$0.00
17	1499 Development Activities [4]	$0.00	$0.00	$0.00	$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	$0.00	$0.00	$0.00	$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0.00	$0.00	$0.00	$0.00
19	1502 Contingency (May not to exceed 8% of line 20)	$0.00	$0.00	$0.00	$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$416,919.00**	**$0.00**	**$0.00**	**$0.00**
21	Amount of line 20 Related to LBP Activities	$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance	$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security - Soft Costs	$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Security - Hard Costs	$0.00	$0.00	$0.00	$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	$0.00	$0.00	$0.00	$0.00

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

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

U.S. Department of Housing and urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2014

Part I: Summary

PHA Name:	**Grant Type and Number**	**NY36P02350111**	**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	Replacement Housing Factor Grant No:	**2011**
	Date of CFFP:		**FFY of Grant Approval:**
			2011

Type of Grant

- ☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
- ■ **Performance and Evaluation Report for period Ending: June 30, 2011** ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** 1	
		Original	**Revised** 2	**Obligated**	**Expended**
Signature of Executive Director & Date: 11/15/2011		Signature of public Housing Director/Office of Native American Programs Administrator & Date:			

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	**Federal FFY Grant :**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No: **NY36P02350111** Date of CFFP: CFFP (Yes/No):	**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)	Fund Expended (2)	
PHA-Wide	**Operations**	**1406**		$75,045.00				
	Total 1406			**$75,045.00**				
PHA-Wide	**Administration**	**1410**						
	Printing and Advertisements			$1,900.00				
	Staff Salaries			$39,790.00				
	Total 1410			**$41,690.00**				
PHA-Wide	**Fees and Costs**	**1430**						
	A/E Services			$19,500.00				
	Management Consultant			$48,000.00				
	Total 1430			**$67,500.00**				
	Site Improvements	**1450**						
NY023-3	Playground Upgrades			$23,000.00				
	Total 1450			**$23,000.00**				
	Dwelling Structures	**1460**						
NY23-3	Replace Windows			$180,776.00				
NY23-2/3	Apartment Painting			$20,000.00				
	Total 1460			**$200,776.00**				
	Subtotal			**$408,011.00**				

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

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP:		**NY36P02350111** CFFP (Yes/No):		**Federal FFY 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)	Fund Expended (2)	
	Dwelling Equipment	**1465**						
PHA-Wide	Refrigerators			$3,908.00				
	Stoves			$3,000.00				
	Total 1465			**$6,908.00**				
	Non-Dwelling Equipment	**1475**						
PHA-Wide	Equipment			$2,000.00				
	Total 1475			**$2,000.00**				
	Total Capital Funds for 2011			**$416,919.00**				

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350111**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
1406	9/14/2013		9/14/2015		
1410	9/14/2013		9/14/2015		
1430	9/14/2013		9/14/2015		
1450	9/14/2013		9/14/2015		
1460	9/14/2013		9/14/2015		
1465	9/14/2013		9/14/2015		
1475	9/14/2013		9/14/2015		

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350111**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

U.S. Department of Housing and urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2014

Part I: Summary

PHA Name:	Grant Type and Number		FFY of Grant:
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	NY36P02350110	2010
	Date of CFFP:	Replacement Housing Factor Grant No:	FFY of Grant Approval: 2010

Type of Grant
- ☐ Original Annual Statement ☐ Reserved for Disasters/Emergencies ☐ Revised Annual Statement (revision no:)
- ■ Performance and Evaluation Report for period Ending: June 30, 2011 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-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 21) [3]	$103,313.00	$103,313.00	$53,313.00	$53,313.00
3	1408 Management Improvements	$0.00	$0.00	$0.00	$0.00
4	1410 Administration (may not exceed 10% of line 21)	$51,600.00	$51,600.00	$49,700.00	$29,700.00
5	1411 Audit	$0.00	$0.00	$0.00	$0.00
6	1415 Liquidated damages	$0.00	$0.00	$0.00	$0.00
7	1430 Fees and Costs	$73,000.00	$73,000.00	$12,000.00	$12,000.00
8	1440 Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450 Site Improvements	$0.00	$0.00	$0.00	$0.00
10	1460 Dwelling Structures	$286,138.00	$286,138.00	$0.00	$0.00
11	1465.1 Dwelling Equipment - Nonexpandable	$18,000.00	$18,000.00	$0.00	$0.00
12	1470 Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475 Nondwelling Equipment	$10,000.00	$10,000.00	$0.00	$0.00
14	1485 Demolition	$0.00	$0.00	$0.00	$0.00
15	1492 Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
16	1495.1 Relocation Costs	$0.00	$0.00	$0.00	$0.00
17	1499 Development Activities [4]	$0.00	$0.00	$0.00	$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	$0.00	$0.00	$0.00	$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0.00	$0.00	$0.00	$0.00
19	1502 Contingency (May not to exceed 8% of line 20)	$0.00	$0.00	$0.00	$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$542,051.00**	**$542,051.00**	**$115,013.00**	**$95,013.00**
21	Amount of line 20 Related to LBP Activities	$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance	$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security - Soft Costs	$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Security - Hard Costs	$0.00	$0.00	$0.00	$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	$0.00	$0.00	$0.00	$0.00

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

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

U.S. Department of Housing and urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2014

Part I: Summary

PHA Name:	**Grant Type and Number**	**NY36P02350110**	**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	Replacement Housing Factor Grant No:	**2010**
	Date of CFFP:		**FFY of Grant Approval:** **2010**

Type of Grant

- ☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
- ■ **Performance and Evaluation Report for period Ending: June 30, 2011** ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** 1	
		Original	**Revised** 2	**Obligated**	**Expended**

Signature of Executive Director & Date:	Signature of public Housing Director/Office of Native American Programs Administrator & Date:
10/15/2011	

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

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: NY36P02350110 Date of CFFP: CFFP (Yes/No):				**Federal FFY 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)	Fund Expended (2)	
PHA-Wide	**Operations**	**1406**		$103,313.00	$103,313.00	$53,313.00	$53,313.00	52% Completed
	Total 1406			**$103,313.00**	**$103,313.00**	**$53,313.00**	**$53,313.00**	
PHA-Wide	**Administration**	**1410**						
	Printing and Advertisements			$1,900.00	$1,900.00	$0.00	$0.00	0% Completed
	Staff Salaries			$49,700.00	$49,700.00	$49,700.00	$29,700.00	60% Completed
	Total 1410			**$51,600.00**	**$51,600.00**	**$49,700.00**	**$29,700.00**	
PHA-Wide	**Fees and Costs**	**1430**						
	A/E Services			$25,000.00	$25,000.00	$0.00	$0.00	0% Completed
	Management Consultant			$48,000.00	$48,000.00	$12,000.00	$12,000.00	25% Completed
	Total 1430			**$73,000.00**	**$73,000.00**	**$12,000.00**	**$12,000.00**	
	Dwelling Structures	**1460**						
NY23-1	Apartment Painting			$38,000.00	$38,000.00	$0.00	$0.00	0% Completed
NY23-1	New Windows (Cont. CFP 2009)			$248,138.00	$248,138.00	$0.00	$0.00	0% Completed
	Total 1460			**$286,138.00**	**$286,138.00**	**$0.00**	**$0.00**	
	Subtotal			**$514,051.00**	**$514,051.00**	**$115,013.00**	**$95,013.00**	

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

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NY36P02350110 Date of CFFP: CFFP (Yes/No):	**Federal FFY 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)	Fund Expended (2)	
	Dwelling Equipment	**1465**						
PHA-Wide	Stoves			$9,000.00	$9,000.00	$0.00	$0.00	0% Completed
	Refrigerators			$9,000.00	$9,000.00	$0.00	$0.00	0% Completed
	Total 1465			**$18,000.00**	**$18,000.00**	**$0.00**	**$0.00**	
	Non-Dwelling Equipment	**1475**						
PHA-Wide	Tools and Equipment			$10,000.00	$10,000.00	$0.00	$0.00	0% Completed
	Total 1475			**$10,000.00**	**$10,000.00**	**$0.00**	**$0.00**	
	Total Capital Funds for 2010			**$542,051.00**	**$542,051.00**	**$115,013.00**	**$95,013.00**	

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350110**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
1406	7/14/2012		7/14/2014		
1410	7/14/2012		7/14/2014		
1430	7/14/2012		7/14/2014		
1460	7/14/2012		7/14/2014		
1465	7/14/2012		7/14/2014		
1475	7/14/2012		7/14/2014		

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350110**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

U.S. Department of Housing and urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2014

Part I: Summary

PHA Name:	Grant Type and Number		FFY of Grant:
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	NY36P02350110	2010
	Date of CFFP:	Replacement Housing Factor Grant No:	FFY of Grant Approval: 2010

Type of Grant
- ☐ Original Annual Statement ☐ Reserved for Disasters/Emergencies ☐ Revised Annual Statement (revision no:)
- ■ Performance and Evaluation Report for period Ending: June 30, 2011 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-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 21) [3]	$103,313.00	$103,313.00	$53,313.00	$53,313.00
3	1408 Management Improvements	$0.00	$0.00	$0.00	$0.00
4	1410 Administration (may not exceed 10% of line 21)	$51,600.00	$51,600.00	$49,700.00	$29,700.00
5	1411 Audit	$0.00	$0.00	$0.00	$0.00
6	1415 Liquidated damages	$0.00	$0.00	$0.00	$0.00
7	1430 Fees and Costs	$73,000.00	$73,000.00	$12,000.00	$12,000.00
8	1440 Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450 Site Improvements	$0.00	$0.00	$0.00	$0.00
10	1460 Dwelling Structures	$286,138.00	$286,138.00	$0.00	$0.00
11	1465.1 Dwelling Equipment - Nonexpandable	$18,000.00	$18,000.00	$0.00	$0.00
12	1470 Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475 Nondwelling Equipment	$10,000.00	$10,000.00	$0.00	$0.00
14	1485 Demolition	$0.00	$0.00	$0.00	$0.00
15	1492 Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
16	1495.1 Relocation Costs	$0.00	$0.00	$0.00	$0.00
17	1499 Development Activities [4]	$0.00	$0.00	$0.00	$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	$0.00	$0.00	$0.00	$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0.00	$0.00	$0.00	$0.00
19	1502 Contingency (May not to exceed 8% of line 20)	$0.00	$0.00	$0.00	$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$542,051.00**	**$542,051.00**	**$115,013.00**	**$95,013.00**
21	Amount of line 20 Related to LBP Activities	$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance	$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security - Soft Costs	$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Security - Hard Costs	$0.00	$0.00	$0.00	$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	$0.00	$0.00	$0.00	$0.00

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

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

U.S. Department of Housing and urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2014

Part I: Summary

PHA Name:	**Grant Type and Number**	**NY36P02350110**	**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	Replacement Housing Factor Grant No:	**2010**
	Date of CFFP:		**FFY of Grant Approval:** **2010**

Type of Grant

- ☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
- ■ **Performance and Evaluation Report for period Ending: June 30, 2011** ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** 1	
		Original	**Revised** 2	**Obligated**	**Expended**

Signature of Executive Director & Date:	Signature of public Housing Director/Office of Native American Programs Administrator & Date:
10/15/2011	

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

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: NY36P02350110 Date of CFFP: CFFP (Yes/No):				**Federal FFY 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)	Fund Expended (2)	
PHA-Wide	**Operations**	**1406**		$103,313.00	$103,313.00	$53,313.00	$53,313.00	52% Completed
	Total 1406			**$103,313.00**	**$103,313.00**	**$53,313.00**	**$53,313.00**	
PHA-Wide	**Administration**	**1410**						
	Printing and Advertisements			$1,900.00	$1,900.00	$0.00	$0.00	0% Completed
	Staff Salaries			$49,700.00	$49,700.00	$49,700.00	$29,700.00	60% Completed
	Total 1410			**$51,600.00**	**$51,600.00**	**$49,700.00**	**$29,700.00**	
PHA-Wide	**Fees and Costs**	**1430**						
	A/E Services			$25,000.00	$25,000.00	$0.00	$0.00	0% Completed
	Management Consultant			$48,000.00	$48,000.00	$12,000.00	$12,000.00	25% Completed
	Total 1430			**$73,000.00**	**$73,000.00**	**$12,000.00**	**$12,000.00**	
	Dwelling Structures	**1460**						
NY23-1	Apartment Painting			$38,000.00	$38,000.00	$0.00	$0.00	0% Completed
NY23-1	New Windows (Cont. CFP 2009)			$248,138.00	$248,138.00	$0.00	$0.00	0% Completed
	Total 1460			**$286,138.00**	**$286,138.00**	**$0.00**	**$0.00**	
	Subtotal			**$514,051.00**	**$514,051.00**	**$115,013.00**	**$95,013.00**	

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

Part II: Supporting Pages

PHA Name: FREEPORT HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NY36P02350110 Date of CFFP: CFFP (Yes/No):	**Federal FFY 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)	Fund Expended (2)	
	Dwelling Equipment	**1465**						
PHA-Wide	Stoves			$9,000.00	$9,000.00	$0.00	$0.00	0% Completed
	Refrigerators			$9,000.00	$9,000.00	$0.00	$0.00	0% Completed
	Total 1465			**$18,000.00**	**$18,000.00**	**$0.00**	**$0.00**	
	Non-Dwelling Equipment	**1475**						
PHA-Wide	Tools and Equipment			$10,000.00	$10,000.00	$0.00	$0.00	0% Completed
	Total 1475			**$10,000.00**	**$10,000.00**	**$0.00**	**$0.00**	
	Total Capital Funds for 2010			**$542,051.00**	**$542,051.00**	**$115,013.00**	**$95,013.00**	

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350110**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
1406	7/14/2012		7/14/2014		
1410	7/14/2012		7/14/2014		
1430	7/14/2012		7/14/2014		
1460	7/14/2012		7/14/2014		
1465	7/14/2012		7/14/2014		
1475	7/14/2012		7/14/2014		

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36P02350110**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

U.S. Department of Housing and urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2014

Part I: Summary

PHA Name:	Grant Type and Number		FFY of Grant:
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	NY36S02350109	2009
	Date of CFFP:	Replacement Housing Factor Grant No:	FFY of Grant Approval: 2009

Type of Grant

☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** **Revised Annual Statement (revision no:)**

■ **Performance and Evaluation Report for period Ending: June 30, 2011** **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-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 21) 3	$0.00	$0.00	$0.00	$0.00
3	1408 Management Improvements	$0.00	$0.00	$0.00	$0.00
4	1410 Administration (may not exceed 10% of line 21)	$0.00	$0.00	$0.00	$0.00
5	1411 Audit	$0.00	$0.00	$0.00	$0.00
6	1415 Liquidated damages	$0.00	$0.00	$0.00	$0.00
7	1430 Fees and Costs	$79,440.00	$79,257.35	$79,257.35	$79,257.35
8	1440 Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450 Site Improvements	$55,000.00	$0.00	$0.00	$0.00
10	1460 Dwelling Structures	$519,430.00	$574,612.65	$574,612.65	$525,211.40
11	1465.1 Dwelling Equipment - Nonexpandable	$0.00	$0.00	$0.00	$0.00
12	1470 Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475 Nondwelling Equipment	$0.00	$0.00	$0.00	$0.00
14	1485 Demolition	$0.00	$0.00	$0.00	$0.00
15	1492 Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
16	1495.1 Relocation Costs	$0.00	$0.00	$0.00	$0.00
17	1499 Development Activities 4	$0.00	$0.00	$0.00	$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	$0.00	$0.00	$0.00	$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	$0.00	$0.00	$0.00	$0.00
19	1502 Contingency (May not to exceed 8% of line 20)	$0.00	$0.00	$0.00	$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$653,870.00**	**$653,870.00**	**$653,870.00**	**$604,468.75**
21	Amount of line 20 Related to LBP Activities	$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance	$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security - Soft Costs	$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Security - Hard Costs	$0.00	$0.00	$0.00	$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	$0.00	$0.00	$0.00	$0.00

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

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

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

U.S. Department of Housing and urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2014

Part I: Summary

PHA Name:	**Grant Type and Number**	**NY36S02350109**	**FFY of Grant:**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No:	Replacement Housing Factor Grant No:	**2009**
	Date of CFFP:		**FFY of Grant Approval:** **2009**

Type of Grant

- ☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
- ■ **Performance and Evaluation Report for period Ending: June 30, 2011** ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** [1]	
		Original	**Revised** [2]	**Obligated**	**Expended**

Signature of Executive Director & Date:	Signature of public Housing Director/Office of Native American Programs Administrator & Date:
10/15/2011	

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	**Federal FFY Grant :**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No: **NY36S02350109** Date of CFFP: CFFP (Yes/No):	**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)	Fund Expended (2)	
PHA-Wide	**Fees and Costs**	**1430**						
	A/E Services			$54,440.00	$48,058.35	$48,058.35	$48,058.35	100% Completed
	Consultant Services			$20,000.00	$30,600.00	$30,600.00	$30,600.00	100% Completed
	Needs Assessment Fees			$5,000.00	$0.00	$0.00	$0.00	No Activity
	Fed Reporting			$0.00	$599.00	$599.00	$599.00	100% Completed
	Total 1430			**$79,440.00**	**$79,257.35**	**$79,257.35**	**$79,257.35**	
	Site Improvements	**1450**						
NY23-2, 3	Replace drywells			$15,000.00	$0.00	$0.00	$0.00	No Activity
	Repave parking lot			$20,000.00	$0.00	$0.00	$0.00	No Activity
	Repair sidewalks & curbs			$20,000.00	$0.00	$0.00	$0.00	No Activity
	Total 1450			**$55,000.00**	**$0.00**	**$0.00**	**$0.00**	
	Dwelling Structures	**1460**						
NY23-1, 2, 3	Painting			$50,000.00	$0.00	$0.00	$0.00	No Activity
NY23-5	Pipe Replacement			$170,000.00	$444,477.14	$444,477.14	$398,327.40	90% Completed
NY23-01	Windows			$299,430.00	$130,135.51	$130,135.51	$126,884.00	98% Completed
	Total 1460			**$519,430.00**	**$574,612.65**	**$574,612.65**	**$525,211.40**	
	Total for ARRA Funds			**$653,870.00**	**$653,870.00**	**$653,870.00**	**$604,468.75**	

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	**Federal FFY Grant :**
FREEPORT HOUSING AUTHORITY	Capital Fund Program Grant No: **NY36S02350109** Date of CFFP: CFFP (Yes/No):	**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)	Fund Expended (2)	

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36S02350109**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
1430	3/17/2010	2/28/2010	3/17/2012		
1450	3/17/2010	2/28/2010	3/17/2012		
1460	3/17/2010	2/28/2010	3/17/2012		

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: **FREEPORT HOUSING AUTHORITY**					**Federal FFY of Grant: NY36S02350109**
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reason for Revised Target Dates (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Freeport Housing Authority

VIOLANCE AGAINST WOMEN ACT REQUIREMENTS

The Freeport Housing Authority has amended the Admissions and Continued Occupancy Policy to comply with the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA)

VAWA PROTECTIONS

Under the Violence Against Women Act (VAWA), public housing residents have the following specific protections, which will be observed by the Freeport Housing Authority:

An incident or incidents or actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence, and shall not in itself be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

The Housing Authority may terminate the assistance to remove a lawful occupant or tenant who engages in criminal acts or threatened acts of violence or stalking to family members or others without terminating the assistance or evicting victimized lawful occupants. This is also true even if the household member is not a signatory to the lease. Under VAWA, the Freeport Housing Authority is granted the authority to bifurcate the lease.

The Housing Authority will honor court orders regarding the rights of access or control of the property.

There is no limitation on the ability of the Housing Authority to evict for other good cause unrelated to the incident or incidents of domestic violence, dating violence or stalking, other than the victim may not be subject to a “more demanding standard” than non-victims.

There is no prohibition on the Housing Authority evicting if it “can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant’s (victim’s) tenancy is not terminated.”

Any protections provided by law which give greater protection to the victim are not superseded by these provisions.

The Freeport Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority. Types of acceptable verifications are

outlined below, and must be submitted within 14 business days after receipt of the Housing Authority's written request for verification.

VERIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING

The Freeport Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority.

A. ***Requirement for Verification.*** The law allows, but does not require, the Freeport Housing Authority 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. The Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority.

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 (HUD-50066)*** **-** By providing to the Housing Authority a written certification, on the 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 documentation*** **-** by providing to the Housing Authority 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 or stalking described in the

documentation must also sign and attest to the documentation under penalty of perjury.

3. ***Police or court record*** – by providing to the Housing Authority a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.

B. ***Time allowed to provide verification/ failure to provide.*** An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by the Housing Authority to provide verification, must provide such verification within 14 business days after receipt of the written request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.

CONFIDENTIALITY

All information provided under VAWA including the fact that an individual is a victim of domestic violence, dating violence, or stalking, shall be retained in confidence and shall not be entered into any shared database or provided to any related entity except to the extent that the disclosure is:

A. Requested or consented to by the individual in writing;

B. Required for used in an eviction proceeding; or

C. Otherwise required by applicable law.

The Freeport Housing Authority shall provide its tenants notice of their rights under VAWA including their right to confidentiality and the limits thereof.

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

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 X Annual PHA Plan for the PHA fiscal year beginning 1/1/2012 *, 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.

Freeport Housing Authority	NY023
PHA Name	PHA Number/HA Code

_____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

X Annual PHA Plan for Fiscal Years 20 12 - 20 13

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 ANNETTE WRIGHT	Title Board Chairperson
Signature	Date

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

FREEPORT HOUSING AUTHORITY

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.)

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	Title
Margaret Vincent	Acting Executive Director
Signature X	Date 10/15/2011

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
[b] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[b] a. bid/offer/application b. initial award c. post-award	[a] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
[x] Prime [ ] Subawardee Tier _____, *if known*: **Congressional District**, *if known*: 4c	Freeport Housing Authority 3 Buffalo Avenue Freeport, New York **Congressional District**, *if known*:
6. Federal Department/Agency: U.S. Dept. of Housing & Urban Development	**7. Federal Program Name/Description:** CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*:	**9. Award Amount**, *if known*: $
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*): None	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*): None

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: [signature]
Print Name: Margaret Vincent
Title: Acting Executive Director
Telephone No.: 516-623-2508 Date: 10/15/2011

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Standard Form LLL (Rev. 7-97)

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.

Freeport Housing Authority	NY023
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 Margaret Vincent	Title Acting Director
Signature	Date 11/08/11