

8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. According to the gap analysis between household and affordable units there is a shortage for households earning less than 30% MFI, for moderate to low income families there are plenty of affordable safe apartments for families to rent it is the very low to extremely low income families that are having a hard time finding safe affordable housing. The area with the highest concentration of minorities is the eastern part of the city which extends from eastside drive to the city limits making up about 70.1 % of the minority population. The WFHA is located on the east side of the city and usually has about a 10% vacancy rate. The East side area also has a large homeless population that lives in this area.

9.1	Strategy for Addressing Housing Needs. The PHA always participates in the development of the consolidated plan. We also need to work on reducing the amount of time spent on unit turn around and renovations to the units. We are developing more effective maintenance policies to minimize the amount of time that a unit is off-line. The WFHA has also begun working with the Homeward Bound homeless coalition to address the needs of the homeless in our area. The WFHA Wrote a FSS grant this year to help families living in the HA become more self sufficient and hopefully move in to fair market housing which will free up units for other low income families who can then participate.
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Progress in Meeting Mission and Goals: The WFHA has improved the PHAS score each year for the last three years which was a goal of the 5-year plan our score this year is 85 and we are striving towards high performer. We also set a goal to renovate or modernize our units and we are currently working towards that goal. We have completed adding updated HVAC systems in all our housing units. Improve customer satisfaction was also a goal and we have drastically reduced the number of negative calls to HUD concerning the Housing Authority staff. We also will continue to work with the local domestic violence shelter to serve the needs of child and adult victims of domestic violence, date violence, sexual assault or stalking. Have begun developing partnerships within the community to provide self sufficiency and permanent housing for the homeless in our area.</p> <p>(b) 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 quantifiable measurement of any individual goal and objective. Significant Amendment or Modification to the Annual Plan Any increase or decrease over 50% in the funds projected In the Financial Resource Statement and/or the Capital Fund program Annual Statement; Any change in a policy or procedure that requires a Regulatory 30-day posting; Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversions, Demolition/Disposition, Designated Housing or Homeownership programs; & Any change inconsistent with local, approved Consolidated Plan, and the discretion of the Executive Director.</p>

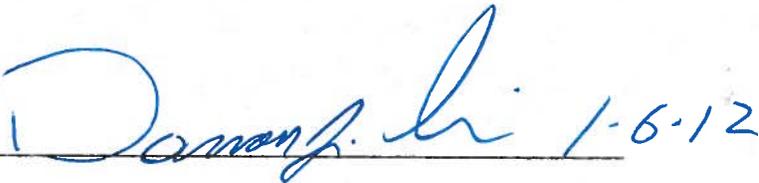
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items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

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

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Darron Leiker the City Manager certify that the Five Year and
Annual PHA Plan of the Wichita Falls Housing Authority is consistent with the Consolidated Plan of
City of Wichita Falls prepared pursuant to 24 CFR Part 91.

 1-6-12

Signed / Dated by Appropriate State or Local Official

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Wichita Falls Housing Authority

Program/Activity Receiving Federal Grant Funding

PHA Annual Plan/Capital Fund

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

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

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

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

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

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

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

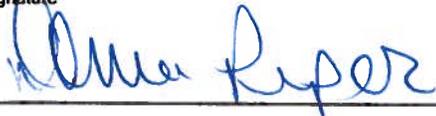
Name of Authorized Official

Donna Piper

Title

Executive Director

Signature



Date (mm/dd/yyyy)

12/15/2011

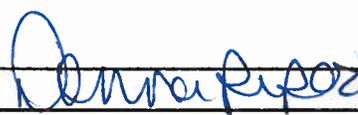
DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c 13	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: US Dept. of HUD FT. Worth, Region IV	7. Federal Program Name/Description: Capital Program 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):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: Donna Piper Title: Executive Director Telephone No.: 940-723-8389 Date: 12-15-2011	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Wichita Falls 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.

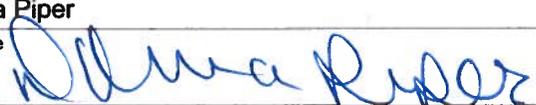
2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet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

501 Webster, Wichita Falls, TX 76301

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 Donna Piper	Title Executive Director
Signature 	Date 12/15/2011

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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 X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 4 / 1 / 12 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.

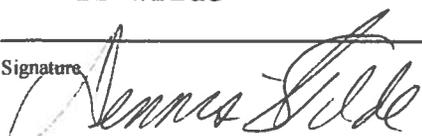
Wichita Falls Housing Authority
PHA Name

TX022
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2012 - 2016

Annual PHA Plan for Fiscal Years 2012 - 2013

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 Dennis Wilde	Title Chairman
Signature 	Date 12/15/2011

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.

Wichita Falls Housing Authority

TX022

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)

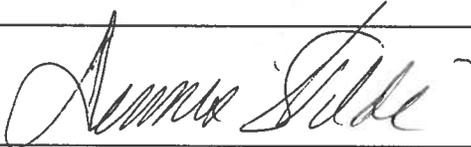
Name of Authorized Official

Dennis Wilde

Title

Board Chairman

Signature



Date

12/15/2011

**Resident Advisory Meeting
Sign in Sheet
November 18, 2011**

Subject: WFHA Annual Plan RAB Review

1. W Parham
2. Debra Eby
3. Linda Abernathy
4. William C. Craft, 002 JUAREZ
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

**Resident Advisory Meeting
Sign in Sheet
December 2, 2011**

Subject: WFHA Annual Plan/ Follow up meeting

1. Laura Parham

2. Deborah Bailey

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

RECEIVED
DEC 14 2011
BY: _____

Affidavit of Publication

THE STATE OF TEXAS
COUNTY OF WICHITA

#274919

Notice of Public Hearing on the Wichita Falls Housing Authority Housing Plan. The Wichita Falls Housing Authority is required by the Department of Housing and Urban Development to develop and submit a Five Year and Annual Housing Plan. A public hearing to review the Five Year and Annual Plan and to solicit public comment will be held on Tuesday, December 27, 2011 at 2:00 p.m. in the conference room of the Wichita Falls Housing Authority Administration Building, 501 Webster St. Those unable to attend the hearing may make their comments in writing to: WFHA Executive Director, P.O. Box 544, Wichita Falls, TX 76307. Anyone interested in reviewing the draft copy of the Housing Plan may do so by going to the Wichita Falls Housing Authority Administration Building, 501 Webster St., Monday-Friday 8:00 a.m. to 4:00 p.m.

On this 12th day of December 2011, A.D...
personally appeared before me, the undersigned authority
**Deena Orr, Sales Assistant for the Times Publishing Company
of Wichita Falls, publishers of the Wichita Falls Times/Record
News, a newspaper published at Wichita Falls in Wichita
County, Texas, and upon being duly sworn by me, on oath
states that the attached advertisement is a true and correct
copy of advertising published in Two (2) issues hereof on the
following date:**

December 4 & 11, 2011



Sales Assistant for Times Publishing Company of Wichita Falls

Subscribed and sworn to before me this the day and year first above written:



**Public Comment
Sign in Sheet
December 27, 2011**

Subject: WFHA Annual Plan Public Review

- 1. no show
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

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

Part I: Summary

PHA Name: Wichita Falls Housing Authority	Grant Type and Number Capital Fund Program Grant No: TX21P0225012 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: FFY 2012 FFY of Grant Approval:
---	--	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements		24,000.00			
4	1410 Administration (may not exceed 10% of line 21)		130,000.00			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		60,000.00			
8	1440 Site Acquisition					
9	1450 Site Improvement		608,985.00			
10	1460 Dwelling Structures		606,566.76			
11	1465.1 Dwelling Equipment - Nonexpendable		65,075.00			
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment		48,000.00			
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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

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

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

Part I: Summary		FFY of Grant: FFY 2012 FFY of Grant Approval:	
PHA Name: Wichita Falls Housing Authority	Grant Type and Number Capital Fund Program Grant No: TX21P0225012 Replacement Housing Factor Grant No: Date of CFFP:		
<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,542,626.76	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
<i>[Signature]</i>		<i>[Signature]</i>	
Date		Date	
12-15-11			

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

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

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

Part II: Supporting Pages		Federal FFY of Grant: FFY 2012						
PHA Name: Wichita Falls Housing Authority		Grant Type and Number Capital Fund Program Grant No: TX21P0225012 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	TRAINING	1408		6,000.00				
	ADMINISTRATION	1410		41,600.00				
	FEES AND COSTS	1430		15,000.00				
	SITE IMPROVEMENT Replace Sewer Lines, Replace Water Lines, Site Accessibility (Parking lots, Porches, Sidewalks, etc...)	1450		84,250.00				
	DWELLING STRUCTURES Cabinets, Foundation Repairs, Interior Renovations, Replace Floors, Replace Valves, and Siding & Fascia.	1460		191,653.38				
	DWELLING EQUIPMENTS Hot Water Heaters, Ranges, and Refrigerators.	1465		20,050.00				
	NON-DWELLING EQUIPMENTS Truck	1475		16,000.00				
	SUBTOTAL - AMP 1			374,553.38				
AMP 2	TRAINING	1408		6,000.00				
	ADMINISTRATION	1410		39,000.00				
	FEES AND COSTS	1430		15,000.00				

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		Federal FFY of Grant: FFY 2012						
PHA Name: Wichita Falls Housing Authority		Grant Type and Number Capital Fund Program Grant No: TX21P0225012 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 2 (Continued)	SITE IMPROVEMENT Replace Sewer Lines, Replace Water Lines, Site Accessibility (Parking lots, Porches, Sidewalks, etc...)	1450		85,850.00				
	DWELLING STRUCTURES Cabinets, Foundation Repairs, Interior Renovations, Replace Floors, Replace Valves, and Siding & Fascia.	1460		150,000.00				
	DWELLING EQUIPMENTS Hot Water Heaters, Ranges, and Refrigerators.	1465		18,240.00				
	NON-DWELLING EQUIPMENTS Truck	1475		0.00				
	SUBTOTAL - AMP 2			314,090.00				
AMP 3	TRAINING	1408		6,000.00				
	ADMINISTRATION	1410		23,400.00				
	FEES AND COSTS	1430		15,000.00				

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.

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

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

Part II: Supporting Pages		Federal FFY of Grant: FFY 2012						
PHA Name: Wichita Falls Housing Authority		Grant Type and Number Capital Fund Program Grant No: TX21P0225012 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 3 (Continued)	SITE IMPROVEMENT Replace Sewer Lines, Replace Water Lines, Site Accessibility (Parking lots, Porches, Sidewalks, etc...)	1450		219,635.00				
	DWELLING STRUCTURES Cabinets, Foundation Repairs, Interior Renovations, Replace Floors, Replace Valves, and Siding & Fascia.	1460		150,000.00				
	DWELLING EQUIPMENTS Hot Water Heaters, Ranges, and Refrigerators.	1465		13,560.00				
	NON-DWELLING EQUIPMENTS Truck	1475		16,000.00				
	SUBTOTAL - AMP 3			443,595.00				
AMP 4	TRAINING	1408		6,000.00				
	ADMINISTRATION	1410		26,000.00				
	FEES AND COSTS	1430		15,000.00				

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.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Wichita Falls Housing Authority		AMP 1	Locality (Wichita Falls, Wichita County, TX)		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	Annual Statement	269,075.47	331,117.50	292,721.28	140,450.00
C.	Management Improvements		6,000.00	6,000.00	6,000.00	6,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		97,250.00	170,832.00	121,314.00	11,550.00
E.	Administration		41,600.00	41,600.00	41,600.00	20,125.00
F.	Other		15,000.00	15,000.00	15,000.00	3,000.00
G.	Operations		0.00	0.00	0.00	0.00
H.	Demolition		0.00	0.00	0.00	0.00
I.	Development		0.00	0.00	0.00	0.00
J.	Capital Fund Financing – Debt Service		0.00	0.00	0.00	0.00
K.	Total CFP Funds		428,925.47	564,549.50	476,635.28	181,125.00
L.	Total Non-CFP Funds					
M.	Grand Total	\$ 374,553.38	\$ 428,925.47	\$ 564,549.50	\$ 476,635.28	\$ 181,125.00

Capital Fund Program—Five-Year Action Plan

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

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013		Work Statement for Year 3 FFY 2014			
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<i>AMP 1</i> <i>TX022000001</i>			<i>AMP 1</i> <i>TX022000001</i>		
	Cabinets	10	25,000.00	Cabinets	10	30,000.00
	Foundation Repair	10	120,000.00	Foundation Repair	10	120,000.00
	Hot Water Heaters	10	2,500.00	Hot Water Heaters	10	2,600.00
	Interior renovations		16,775.47	Interior renovations	20	85,867.50
	Ranges	20	5,800.00	Ranges	10	3,150.00
	Refrigerators	40	16,000.00	Refrigerators	40	17,000.00
	Replace Floors	8	30,000.00	Replace Floors	8	30,000.00
	Replace valves	6	18,000.00	Replace valves		
	Siding & Fascia	12	35,000.00	Siding & Fascia	5	30,000.00
	Undergoing Modernization			Undergoing Modernization		
	Water Valves			Water Valves		
	Wheel chair Access			Wheel chair access	10	12,500.00
	Truck	1	16,000.00	Truck	1	16,000.00
	Replace water lines	800"	50,000.00	Replace water lines	400"	59,291.00
	Replace sewer lines		5,000.00	Replace sewer lines	600"	69,291.00
	Site Accessibility Parking lots, porches, side walks		26,250.00	Site Accessibility Parking lots, porches, side walks		26,250.00
	Subtotal of Estimated Cost		\$ 366,325.47	Subtotal of Estimated Cost		\$ 501,949.50

Capital Fund Program—Five-Year Action Plan

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

Part II: Supporting Pages – Physical Needs Work Statement(s)		Work Statement for Year 4 FFY 2015		Work Statement for Year 5 FFY 2016		
Work Statement for Year 1 FFY 2012	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	<i>AMP 1</i> <i>TX022000001</i>			<i>AMP 1</i> <i>TX022000001</i>		
Annual						
Statement	Cabinets	12	36,000.00	Cabinets	10	8,000.00
	Foundation Repair	10	120,000.00	Foundation Repair	10	100,000.00
	Hot Water Heaters	10	2,700.00	Hot Water Heaters	10	2,700.00
	Interior renovations	20	74,671.28	Interior renovations	10	5,000.00
	Ranges	40	12,600.00	Ranges	10	2,500.00
	Refrigerators	10	4,250.00	Refrigerators	10	4,250.00
	Replace Floors			Replace Floors		
	Replace valves			Wheel chair access		
	Siding & Fascia	5	30,000.00	Siding & Fascia	4	6,000.00
	Undergoing Modernization			Undergoing Modernization		
	Water Valves			Water Valves	2	6,000.00
	Wheel chair Access	10	12,500.00	Wheel chair Access	5	6,000.00
	Truck	1	16,000.00	Truck		
	Replace water lines	400"	30,000.00	Replace water lines	100'	3,000.00
	Replace sewer lines	10"	49,064.00	Replace sewer lines	100'	4,000.00
	Site Accessibility Parking lots, porches, side walks		26,250.00	Site Accessibility Parking lots, porches, side walks	10	4,550.00
	Subtotal of Estimated Cost		\$ 414,035.28	Subtotal of Estimated Cost		\$ 152,000.00

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Wichita Falls Housing Authority		AMP 2	Locality (Wichita Falls, Wichita County, TX)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016	
B.	Physical Improvements Subtotal	Annual Statement	159,215.48	217,007.50	163,791.28	127,500.00	
C.	Management Improvements		6,000.00	6,000.00	6,000.00	6,000.00	
D.	PHA-Wide Non-dwelling Structures and Equipment		259,250.00	170,832.00	198,218.57	25,500.00	
E.	Administration		39,000.00	39,000.00	39,000.00	20,125.00	
F.	Other		15,000.00	15,000.00	15,000.00	2,000.00	
G.	Operations		0.00	0.00	0.00	0.00	
H.	Demolition		0.00	0.00	0.00	0.00	
I.	Development		0.00	0.00	0.00	0.00	
J.	Capital Fund Financing – Debt Service		0.00	0.00	0.00	0.00	
K.	Total CFP Funds		478,465.48	447,839.50	422,009.85	181,125.00	
L.	Total Non-CFP Funds						
M.	Grand Total	314,090.00	478,465.48	447,839.50	422,009.85	181,125.00	

Capital Fund Program—Five-Year Action Plan

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

Part II: Supporting Pages – Physical Needs Work Statement(s)					
Work Statement for Year 1 FFY 2012	Development Number/Name General Description of Major Work Categories	Work Statement for Year 2 FFY 2013		Work Statement for Year 3 FFY 2014	
		Quantity	Estimated Cost	Quantity	Estimated Cost
See	AMP 2 TX022000002				
Annual					
Statement	Cabinets	6	15,000.00	6	18,000.00
	Foundation Repair	2	30,000.00	1	20,000.00
	Hot Water heaters	10	2,500.00	10	2,600.00
	Interior Renovations		16,775.48		85,867.50
	Ranges	6	1,740.00	6	1,890.00
	Refrigerators	38	15,200.00	38	16,150.00
	Replace Floors	8	30,000.00	8	30,000.00
	Replace Valves	6	18,000.00		
	Siding & Fascia	12	30,000.00	12	30,000.00
	Undergoing Modernization				
	Water Valves				
	Wheel Chair Access			10	12,500.00
	Truck	1	16,000.00	1	16,000.00
	Replace Sewer Lines	1800	167,000.00	600"	69,291.00
	Replace Water Lines	800"	50,000.00	400"	59,291.00
	Site Accessibility parking Lots, porches, side walks		26,250.00		26,250.00
	Subtotal of Estimated Cost		\$ 418,465.48	Subtotal of Estimated Cost	\$ 387,839.50

Capital Fund Program—Five-Year Action Plan

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

Part II: Supporting Pages – Physical Needs Work Statement(s)		Work Statement for Year 4		Work Statement for Year 5		
Work Statement for Year 1 FFY 2012	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	AMP 2 TX022000002			AMP 2 TX022000002		
Annual						
Statement	Cabinets	6	18,000.00	Cabinets	10	8,000.00
	Foundation Repair	1	20,000.00	Foundation Repair	4	40,000.00
	Hot Water heaters	10	2,700.00	Hot Water heaters	5	1,350.00
	Interior Renovations		74,671.28	Interior Renovations	5	5,000.00
	Ranges	8	2,520.00	Ranges	10	2,500.00
	Refrigerators	8	3,400.00	Refrigerators	10	4,250.00
	Replace Floors			Replace Floors		
	Replace Valves			Replace Valves		
	Siding & Fascia	12	30,000.00	Siding & Fascia	5	48,400.00
	Undergoing Modernization			Undergoing Modernization		
	Water Valves			Water Valves	4	12,000.00
	Wheel Chair Access	10	12,500.00	Wheel Chair Access	5	6,000.00
	Truck	1	16,000.00	Truck	1	16,000.00
	Replace Sewer Lines	1,000"	125,968.57	Replace Sewer Lines	100"	3,000.00
	Replace Water Lines	400"	30,000.00	Replace Water Lines	100"	4,000.00
	Site Accessibility parking Lots, porches, side walks		26,250.00	Site Accessibility parking Lots, porches, side walks	10	2,500.00
	Subtotal of Estimated Cost		\$ 362,009.85	Subtotal of Estimated Cost		\$ 153,000.00

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Wichita Falls Housing Authority AMP 3		Locality (Wichita Falls, Wichita County, TX)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A. Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016	
B. Physical Improvements Subtotal	Annual Statement	108,225.46	227,001.40	191,896.25	\$ 127,500.00	
C. Management Improvements		6,000.00	6,000.00	6,000.00	\$ 6,000.00	
D. PHA-Wide Non-dwelling Structures and Equipment		97,250.00	170,832.00	121,314.00	\$ 25,500.00	
E. Administration		23,400.00	23,400.00	23,400.00	\$ 20,125.00	
F. Other		15,000.00	15,000.00	15,000.00	\$ 2,000.00	
G. Operations		0.00	0.00	0.00	0.00	
H. Demolition		0.00	0.00	0.00	0.00	
I. Development		0.00	0.00	0.00	0.00	
J. Capital Fund Financing – Debt Service		0.00	0.00	0.00	0.00	
K. Total CFP Funds		249,875.46	442,233.40	357,610.25	\$ 181,125.00	
L. Total Non-CFP Funds						
M. Grand Total	443,595.00	249,875.46	442,233.40	357,610.25	\$ 181,125.00	

Capital Fund Program—Five-Year Action Plan

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

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2012	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	AMP 3 TX022000003			AMP 3 TX022000003		
Annual						
Statement						
	Cabinets	6	\$ 15,000.00	Cabinets	10	\$ 30,000.00
	Foundation Repairs			Foundation Repairs	1	\$ 20,000.00
	Hot Water Heaters	8	\$ 2,000.00	Hot Water Heaters	9	\$ 2,340.00
	Interior Renovations		\$ 16,775.46	Interior Renovations		\$ 85,866.40
	Ranges	5	\$ 1,450.00	Ranges	18	\$ 5,670.00
	Refrigerators	25	\$ 10,000.00	Refrigerators	25	\$ 10,625.00
	Replace Floors	8	\$ 30,000.00	Replace Floors	8	\$ 30,000.00
	Replace Valves	6	\$ 18,000.00	Replace Valves		
	Siding & Fascia	6	\$ 15,000.00	Siding & Fascia	12	\$ 30,000.00
	Undergoing Modernization			Undergoing Modernization		
	Water Valves			Water Valves		
	Wheel Chair Access			Wheel Chair Access	10	\$ 12,500.00
	Truck	1	\$ 16,000.00	Truck	1	\$ 16,000.00
	Replace Sewer Lines		\$ 5,000.00	Replace Sewer Lines	600'	\$ 69,291.00
	Replace Water Lines	800'	\$ 50,000.00	Replace Water Lines	400'	\$ 59,291.00
	Site Accessibility(parking Lots, Porches, Side Walks		\$ 26,250.00	Site Accessibility(parking Lots, Porches, Side Walks		\$ 26,250.00
	Subtotal of Estimated Cost		\$ 205,475.46	Subtotal of Estimated Cost		\$ 397,833.40

Capital Fund Program—Five-Year Action Plan

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

Part II: Supporting Pages – Physical Needs Work Statement(s)		Work Statement for Year 4		Work Statement for Year 5		
Work Statement for Year 1 FFY 2012	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	AMP 3 TX022000003			AMP 3 TX022000003		
Annual						
Statement	Cabinets	12	\$ 36,000.00	Cabinets	10	8,000.00
	Foundation Repairs	1	\$ 20,000.00	Foundation Repairs	1	1,000.00
	Hot Water Heaters	9	\$ 2,430.00	Hot Water Heaters	10	1,350.00
	Interior Renovations		\$ 74,671.25	Interior Renovations	12	44,400.00
	Ranges	18	\$ 5,670.00	Ranges	10	2,500.00
	Refrigerators	25	\$ 10,625.00	Refrigerators	10	4,250.00
	Replace Floors			Replace Floors		
	Replace Valves			Replace Valves		
	Siding & Fascia	12	\$ 30,000.00	Siding & Fascia	10	48,000.00
	Undergoing Modernization			Undergoing Modernization		
	Water Valves			Water Valves	4	12,000.00
	Wheel Chair Access	10	\$ 12,500.00	Wheel Chair Access	5	6,000.00
	Truck	1	\$ 16,000.00	Truck		16,000.00
	Replace Sewer Lines	10	\$ 49,064.00	Replace Sewer Lines		4,000.00
	Replace Water Lines	400'	\$ 30,000.00	Replace Water Lines		3,000.00
	Site Accessibility(parking Lots, Porches, Side Walks		\$ 26,250.00	Site Accessibility(parking Lots, Porches, Side Walks		2,500.00
	Subtotal of Estimated Cost		313,210.25	Subtotal of Estimated Cost		\$153,000.00

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Wichita Falls Housing Authority		AMP 4		Locality (Wichita Falls, Wichita County, TX)		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016	
B.	Physical Improvements Subtotal	Annual Statement	246,675.48	221,867.50	189,646.28	142,500.00	
C.	Management Improvements		6,000.00	6,000.00	6,000.00	6,000.00	
D.	PHA-Wide Non-dwelling Structures and Equipment		97,250.00	170,832.00	121,314.00	9,500.00	
E.	Administration		26,000.00	26,000.00	26,000.00	20,125.00	
F.	Other		15,000.00	15,000.00	15,000.00	3,000.00	
G.	Operations		0.00	0.00	0.00	0.00	
H.	Demolition		0.00	0.00	0.00	0.00	
I.	Development		0.00	0.00	0.00	0.00	
J.	Capital Fund Financing – Debt Service		0.00	0.00	0.00	0.00	
K.	Total CFP Funds		390,925.48	439,699.50	357,960.28	181,125.00	
L.	Total Non-CFP Funds						
M.	Grand Total		410,388.38	390,925.48	439,699.50	357,960.28	181,125.00

Capital Fund Program—Five-Year Action Plan

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

Part II: Supporting Pages – Physical Needs Work Statement(s)					
Work Statement for Year 1 FFY 2012	Development Number/Name General Description of Major Work Categories	Work Statement for Year 2 FFY 2013		Work Statement for Year 3 FFY 2014	
		Quantity	Estimated Cost	Quantity	Estimated Cost
See	AMP 4 TX022000004				
Annual Statement	Cabinets	10	25,000.00	10	30,000.00
	Foundation Repairs	11	140,000.00	1	20,000.00
	Hot Water Heaters	10	2,500.00	5	1,300.00
	Interior Renovations		16,775.48	20	85,867.50
	Ranges	10	2,900.00	5	1,575.00
	Refrigerators	25	10,000.00	25	10,625.00
	Replace Floors	8	30,000.00	8	30,000.00
	Replace Valves	6	18,000.00		
	Siding & fascia	20	1,500.00	5	30,000.00
	Undergoing Modernization				
	Water Valves				
	Wheel Chair Access			10	12,500.00
	Truck	1	16,000.00	1	16,000.00
	Replace Sewer Lines		5,000.00	600'	69,291.00
	Replace Water lines	800'	50,000.00	400''	59,291.00
	Site Accessibility porches, Parking Lots		26,250.00	Site Accessibility porches, Parking Lots	26,250.00
	Subtotal of Estimated Cost		\$ 343,925.48	Subtotal of Estimated Cost	\$392,699.50

