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| PHA 5-Year and Annual Plan | U.S. Department of Housing and Urban Development Office of Public and Indian Housing | OMB No. 2577-0226 Expires 4/30/2011 |
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|------------|---|----------|--------------------------------------|-------------------------------|------------------------------|
| 1.0 | PHA Information PHA Name: <u>Amherst Housing Authority</u> PHA Code: <u>MA085</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/01/2010</u> | | | | |
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>15</u> Number of HCV units: <u>413</u> | | | | |
| 3.0 | Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only | | | | |
| 4.0 | PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) | | | | |
| | 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: 1. To preserve and to expand decent, safe and affordable housing for low and moderate income households, elders, and persons with disabilities. 2. To support programs, services and resources that promote economic self-sufficiency, and improve community quality of life, tenant empowerment and responsibility. 3. To maintain quality of service delivery and ensure equal opportunity in housing. 4. To operate programs and deliver services that maximize financial and human resources while maintaining fiscal responsibility. | | | | |
| 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. Goals and Objectives for the next five years: 1.) Apply for additional rental vouchers as they are made available; apply for special purpose vouchers targeted to families with disabilities and/or to elderly. 2. Renovate or modernize public housing units. 3.) Increase voucher payment standards as needed. 4.) Assist the Town of Amherst in its efforts to preserve a 165 unit expiring use property. 5.) Leverage private or other public funds to create additional housing opportunities and/or modernize/renovate AHA owned units 6.) Determine level of need for additional housing for elders and persons with disabilities and pursue funding possibilities if need is quantified. Progress made on goals and objectives in previous 5 Year Plan. 1.) Leveraged private and other public funds to preserve 4 units of expiring use tax credit housing and to construct 4 additional units of affordable housing in 2006 2.) Purchased property, obtained permits for 11 unit affordable housing development, leased land to non profit community development corporation for development, manage the units brought on line in 2008. 3) Received several capital fund grants for renovating/modernizing public housing. 4.) Improved management functions such as web based verification system and held group briefings for Voucher holders. 5.) Increased payment standards to 120% of area FMR.6.) Launched web site that provides extensive information to applicants and current residents 7.) Developed an Equal Housing Opportunity Plan, an Anti Discrimination Plan, participated in Fair Housing month activities, and outlined a LEP (Limited English Proficiency) 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: 1.) Eligibility, Selection and Admissions Policies, including wait list procedures 2.) Financial Resources (budgets) 3.) Operations and Management (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. 1.) AHA Office, 33 Kellogg Ave., Amherst, MA 01002 2.) AHA Web site amhersthousingauthority.org 3.) Planning Department, Town of Amherst, 4 Boltwood Ave., Amherst, MA 01002 | | | | |
| 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 <i>Project Based Voucher-The Authority may wish to utilize the Section 8 Project-based voucher program for approximately 35 units located in various census tracts, #8203, #8205,8206, 8208, 8207. Project basing units is consistent with the PHA Plan because they can leverage private and other public funds for preserving and/or increasing affordable housing developments. Project based vouchers will give lower income households access to neighborhoods outside of high poverty areas.</i> | | | | |
| 8.0 | Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. | | | | |

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| 8.1 | Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attached |
| 8.2 | Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Attached |
| 8.3 | Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. |
| 9.0 | Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. An analysis of the housing needs of families on the public housing and elderly/disabled programs indicate a strong need for housing for extremely low income families (under 30% of AMI) , for households with disabled member, and for other races (non Hispanic, Asian) and for Hispanic households. The Authority made this determination based on 1.) an analysis of it's waiting lists 2.) the information contained in the State's Consolidated Plan 3.) 2000 U.S.Census data: the Comprehensive Affordable Housing Strategy (CHAS) dataset. |
| 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 AHA will request, from HUD, exception payment standards of 120% of the FMR for the Section 8 program to ensure that households seeking housing under the Voucher Program will be successful in locating appropriate housing. The Authority will update all waiting lists on an annual basis to make sure that, when a vacancy does occur, eligible and interested households are ready to occupy the unit, thus reducing turnover time. Since the elderly/disabled waiting list has a large number of disabled persons under the age of 62 seeking housing, the Authority will apply for Mainstream Section 8 Voucher Program if funding for the program becomes available. The Authority will continue to work with owners and property managers of rental housing to encourage their participation in the Section 8 Program. |
| 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. Progress made on goals and objectives in prevision 5 Year Plan. 1.) Leveraged private and other public funds to preserve 4 units of expiring use tax credit housing and to construct 4 additional units of affordable housing in 2006 2.) Purchased property, obtained permits for 11 unit affordable housing development, leased land to non profit community development corporation for development, manage the units brought on line in 2008. 3) Received several capital fund grants for renovating/modernizing public housing. 4.) Improved management functions such as web based verification system and held group briefings for Voucher holders. 5.) Increased payment standards to 120% of area FMR.6.) Launched web site that provides extensive information to applicants and current residents (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" . The Authority will use the following basic criteria for determining a significant amendment or modification to its 5-Year and Annual Plan 1.) Non consistency with the Commonwealth of Massachusetts Consolidated 5 year Plan 2.) Change in Mission Statement 3.) Significant change in Capital Fund Program as defined as 50% or more of capital funding |
| 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, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (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, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) |

PART I: SUMMARY

| | | | | | | |
|--|--|---|--|--|--|--|
| PHA Name/Number Amherst Housing Authority MA085000001 | | Locality (City/County & State) Amherst, Massachusetts 01002-Hampshire County | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | | |
| A. | Development Number and Name: Watson Farms Apartment 08500001 | Work Statement for Year 1 FFY _____ | Work Statement for Year 2 FFY <u>2011</u> | Work Statement for Year 3 FFY <u>2012</u> | Work Statement for Year 4 FFY <u>2013</u> | Work Statement for Year 5 FFY <u>2014</u> |
| B | Physical Improvements Subtotal | Annual Statement | | | | |
| C. | Management Improvements | | | | | |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | | | | |
| E | ADMINISTRATION | | | | | |
| F. | Other | | | | | |
| G. | Operations | | \$25,916.00 | \$25,916.00 | \$25,916.00 | \$25,916.00 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | |
| K. | Total CFP Funds | | | | | |
| L. | Total Non-CFP Funds | | | | | |
| M. | Grand Total | | \$25,916.00 | \$25,916.00 | \$25,916.00 | \$25,916.00 |

PART I: SUMMARY (CONTINUATION)

| | | | | | | |
|--|--------------------------------|---|---|--|--|--|
| PHA Name/Number Amherst Housing Authority MA085 | | Locality (City/county & State) Amherst, Massachusetts 01002-Hampshire County | | | <input checked="" type="checkbox"/> Original 5-Year Plan | <input type="checkbox"/> Revision No: |
| A. | Development Number and Name | Work Statement for Year 1 FFY _____ | Work Statement for Year 2 FFY _____ | Work Statement for Year 3 FFY _____ | Work Statement for Year 4 FFY _____ | Work Statement for Year 5 FFY _____ |
| | | Annual Statement | | | | |
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| Part II: Supporting Pages – Physical Needs Work Statement(s) | | | | | | |
|---|--|----------|----------------|---|----------|----------------|
| Work Statement for Year 1 FFY <u>2010</u> | Work Statement for Year <u>2012</u> FFY <u>2012</u> | | | Work Statement for Year: <u>2013</u> FFY <u>2013</u> | | |
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| <i>SEE</i> | | | \$25,916.00 | <i>MA08500001-Operations</i> | | \$25,916.00 |
| <i>ANNUAL</i> | | | | | | |
| <i>Statement</i> | | | | | | |
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| | Subtotal of Estimated Cost | | \$ 25,916.00 | Subtotal of Estimated Cost | | \$ 25,916.00 |

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

| Work Statement for Year 1 FFY <u>2010</u> | Work Statement for Year <u>2013</u> FFY <u>2013</u> | | | Work Statement for Year: <u>2014</u> FFY <u>2014</u> | | |
|---|--|----------|----------------|--|----------|----------------|
| | Development Number/Name <small>General Description of Major Work Categories</small> | Quantity | Estimated Cost | Development Number/Name <small>General Description of Major Work Categories</small> | Quantity | Estimated Cost |
| SEE | | | \$25,916.00 | <i>MA08500001- Operations</i> | | \$25,916.00 |
| ANNUAL Statement | | | | | | |
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| | Subtotal of Estimated Cost | | \$25,916.00 | Subtotal of Estimated Cost | | \$25,916.00 |

Part III: Supporting Pages – Management Needs Work Statement(s)

| Work Statement for Year 1 FFY _____ | Work Statement for Year <u>2013</u> FFY <u>2013</u> | | Work Statement for Year: <u>2014</u> FFY <u>2014</u> | |
|-------------------------------------|--|----------------|---|----------------|
| | Development Number/Name | Estimated Cost | Development Number/Name | Estimated Cost |
| | General Description of Major Work Categories | | General Description of Major Work Categories | |
| SEE | Watson Farms Apts. MA085000001, Operations | \$25,916.00 | Watson Farms Apts. MA085000001, Operations | \$25,916.00 |
| ANNUAL | | | | |
| Statement | | | | |
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| | Subtotal of Estimated Cost | \$25,916.00 | Subtotal of Estimated Cost | \$25,916.00 |

Annual Statement/Performance and Evaluation Report
Development
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Housing
Capital Fund Financing Program
0226

4/30/2011

| | | |
|--|---|---|
| Part I: Summary | | |
| PHA Name: Amherst Housing Authority | Grant Type and Number Capital Fund Program Grant No: MA06P08550110 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2010 |

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

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|------|--|----------------------|----------------------|--------------------------------|----------|
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$25,916.00 | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities 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
Development
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Housing
Capital Fund Financing Program
0226

U.S. Department of Housing and Urban

Office of Public and Indian

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Expires

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| Part I: Summary | | | | | |
|--|--|--|----------------------|--|----------|
| PHA Name: Amherst Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MA06P0850110 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant:2010 FFY of Grant Approval: 2010 | |
| Type of Grant | | | | | |
| <input checked="" type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:) | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | Date | | Signature of Public Housing Director | |
| | | | | Date | |

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

Annual Statement/Performance and Evaluation Report
Development
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Housing
Capital Fund Financing Program
0226
4/30/2011

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

| Part II: Supporting Pages | | | | | | | | |
|---|---|----------------------------|---|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Amherst Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: MA06P08550110 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2010 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| MA085000001 | Operations | 1406 | | 25,916.00 | | | | |
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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
 Development
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Housing
 Capital Fund Financing Program
 0226
4/30/2011

U.S. Department of Housing and Urban
 Office of Public and Indian
 OMB No. 2577-
Expires

| Part II: Supporting Pages | | | | | | |
|---|---|---|----------|----------------------|------------------------------|----------------|
| PHA Name: | | Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: | |
| 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 | |
|--|--|--|--|----------|----------------------|------------------------------|-----------------------------|--|
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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
 Development
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Housing
 Capital Fund Financing Program
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4/30/2011

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 Office of Public and Indian
 OMB No. 2577-
Expires

| Part III: Implementation Schedule for Capital Fund Financing Program | | | | | |
|---|---|-------------------------------|---|--------------------------------|---|
| PHA Name: Amherst Housing Authority | | | | | Federal FFY of Grant: 2010 |
| Development Number Name/PHA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | All Funds Expended (Quarter Ending Date) | | Reasons for Revised Target Dates ¹ |
| | Original Obligation End Date | Actual Obligation End Date | Original Expenditure End Date | Actual Expenditure End Date | |
| MA085000001 | 3/31/2012 | | 3/31/2014 | | |
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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
Development
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Capital Fund Financing Program
0226

U.S. Department of Housing and Urban

Office of Public and Indian

OMB No. 2577-

Expires

4/30/2011

| Part III: Implementation Schedule for Capital Fund Financing Program | | | | | |
|---|---|-------------------------------|---|--------------------------------|---|
| PHA Name: | | | | Federal FFY of Grant: | |
| Development Number Name/PHA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | All Funds Expended (Quarter Ending Date) | | Reasons for Revised Target Dates ¹ |
| | Original Obligation End Date | Actual Obligation End Date | Original Expenditure End Date | Actual Expenditure End Date | |
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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.

The following AHA Plan elements are available at the AHA Office, 33 Kellogg Ave., Amherst, MA.

- Eligibility, Selection and Admission Policies including wait list procedures for the Watson Farms public housing program and for the Housing Choice Voucher Program
- Statement of Financial Resources
- Rent determination policies for public housing and Housing Choice Voucher Program (included in Section 8 Administrative Plan and Watson Farms
- Operations and Management-rules, standards and policies governing maintenance management of housing owned and assisted by the AHA-includes preventative maintenance plan and prevention of pest infestation
- Grievance Procedures
- Community Service
- Pets
- Civil Rights Certificate
- Fiscal Year Audit
- Violence Against Women Act (VAWA) policy
- Housing Needs information