

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: _____ Amherst Housing Authority _____ PHA Code: MA085 _____ 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): _04/01/2015_																														
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: __15_____ Number of HCV units: __413____																														
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" type="checkbox"/> 5-Year Plan Only																														
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																														
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:									
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		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: <ol style="list-style-type: none"> 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 service delivery and ensure equal opportunity in housing. 4. To operate and deliver services that maximizes financial and human resources while maintaining financial responsibility. 																														

5.2	<p>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.</p> <p>Goals and Objective for the next five years:</p> <ol style="list-style-type: none"> 1. Apply for additional rental vouchers as they are available; apply for special purpose vouchers targeted to families with disabilities and/or the elderly. 2. Renovate or modernize public housing units. 3. Provide voucher payment standards that meet the needs of the community and falls within the funding provided. Work with legislators for reclassification of FMR area. 4. Partner with private and/or public partners to leverage funds in an effort to create additional affordable housing opportunities capitalizing on local funds and initiatives. 5. Determine level of need for additional housing for elders, persons with disabilities and single persons and pursue funding possibilities. 6. Update Admissions and Continued Occupancy Plan (ACOP) 7. Collaborate with larger area PHAs to offer Section for homeownership and self-sufficiency programs <p>Progress made on goals and objectives in previous 5 Year Plan.</p> <ol style="list-style-type: none"> 1. No additional rental vouchers were available from HUD; however the AHA did take the opportunity afforded by the Commonwealth of MA to reinstate previously frozen Massachusetts Rental Vouchers (MRVP) and are in the process of issuing and leasing up these eight vouchers. 2. The entire stock of family housing (under the jurisdiction of the Commonwealth of MA) has been modernized; and additional funds from the local Community Development Block Grant fund is being utilized for apartment modifications in one unit at Watson Farms where a resident that has resided in the unit for numerous years' needs modification due to the increase of the residents' disability. 3. Have requested and implemented, when feasible, increased payment standards for the Amherst voucher holders. Worked with area Congressman to make them aware of the need for appropriate fair market rents. 4. Worked with the town and hired attorney to work with AHA regarding the expiring use of a 204 unit expiring use property in the community. Worked with funding source to provide data in the negotiations. Successful in new developer purchasing property in Sept. 2014; with a requirement that 20% (41) of the units will remain affordable. 5. Successful in obtaining a combination CPA, CDBG and HILAPP funds for renovation of AHA owned units under the state portfolio. Through this leveraging one complex has a total of \$825,000 in resources to complete renovation/modernization work. Another development has total funds available of \$853,729 for a complex that is fully handicapped accessible, under the state portfolio. Leveraged the Town of Amherst for funds on Federal Public Housing modernization for \$38,100. 6. Some groups in the community identify a need for Single Occupancy Rooms. Additional work will need to be done to determine if there are private/public partnerships that can be formed to address the creation of this housing type and to document the need and support.
6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Housing Choice Voucher (Section 8) Administrative Plan</p> <p>(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. AHA Offices, 33 Kellogg Avenue, Amherst, MA 01002; AHA website http://www.amhersthousingauthority.org; Planning Department, Town of Amherst, 4 Boltwood Avenue, Amherst, MA 01002</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>N/A</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>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.</p>

8.2	<p>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.</p> <p>The property will be undergoing a Capital Needs Assessment in November as part of the new HUD GPNA initiative. The AHA is aware that one area of improvement needed in the property is the roadway. The AHA will need to consider phasing this over a period of years since the annual capital funds received by HUD will not be sufficient to cover the cost of the needed repairs. The AHA may also seek CDBG funds to assist with the roadway project so the project will not have to extend over a possible 5 year period of time.</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><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.</p>

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 housing needs of families on the public housing and elderly programs continue to indicate a strong need for housing for extremely low income families (under 30% AMI), for households with a disabled member, and for households of all races. The AHA, as well as other Housing Authorities in Massachusetts has the entire state as part of our jurisdiction; however, applicants primarily wish to lease up in Amherst or the Amherst extended areas of Granby, Hadley, South Hadley and Belchertown. In reviewing the statistics for the county (Hampshire) versus the community of Amherst through the 2011 US Census data: The Comprehensive Affordable Housing Strategy (CHAS) dataset clearly shows that 28.5% of the Amherst population with incomes at or below 30% of AMI, compared to 15.8% county wide. The data also shows that renters having a housing cost burden of over 30% is 61.5% for Amherst, and 63% of the households has 1 of 4 housing problems¹ as identified in the dataset statistics. Amherst is considered to be a high opportunity community; having access to a decent public transportation system, institutions of higher learning and good K-12 educational systems.

A strong rental market has continually pushed rents well beyond the means of many, including most low- and-moderate income individuals and families, and it is not unusual for 4 UMass students to pay \$1,000 each to live in off-campus housing that is close to the university. Owners of the rental units capitalize on the financial opportunities afforded by student renters, which in turn has caused a significant decline in the population of young families, who can no longer afford to continue to reside in the community. The demand for housing in the community of Amherst is high and the supply is insufficient to meet the needs of the local residents and the students who choose to reside off-campus.

9.0

The Town of Amherst enlisted the services of a consulting firm which produced a Housing Production Plan which was completed in March 2013. During the process the consultants gathered statistics regarding the overall community and the housing issues that the community faces both with the increase in student population and the decrease of young families leaving the community. The statistics show that in 1990 there were 7,323 residents between the ages of 25-44, in calendar year 2000 that number had dropped to 5,997 and decreased further by calendar year 2010 to 4,009. Young families, especially those who are in need of housing subsidies are being forced to leave the community. This statement is documented in the Housing Production Plan which shows that the population grew by 13.8% from 1980 to 2010; however the number of households grew by 21.7%, yet there was a major decline in the 25-44 age range where young families would normally fall.

In addition to the datasets compiled by the US Census, we have also utilized data from the Housing Production Plan and a Residential Market Demand Analysis funded by the Town of Amherst. The results show that in 2010 renters in Amherst have a Median Household Income \$26,549, Hampshire County \$31,552 and in the Commonwealth of Massachusetts \$34,990. **The per capita Income by race shows:**

White Alone	\$22,112
Black or African-American Alone	\$13,169
Asian Alone	\$16,432
Some Other Race	\$8,302
Two or More Races	\$8,791
Latino or Hispanic	\$10,671
Amherst	\$20,618

Source: U.S. Census Bureau, American Community Survey 2008-2010 in 2010 inflation-adjusted dollars. From the Amherst Production Plan

	Estimated Market Monthly Rental	Estimated Monthly Utility Costs	Income Required
Rental			
One-bedroom	\$750	\$100	\$34,000
Two-bedroom	\$1,200	\$135	\$53,400
Three-bedroom	\$1,500	\$165	\$66,600

Source: Calculations provided by Karen Sunnarborg. (Amherst Housing Production Plan)

¹ Four housing problems defined as: paying over 30% of income towards rent, incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room.

9.1	<p>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.</p> <p>The Amherst Housing Authority (AHA) will continue to be proactive with the legislature to work on obtaining an appropriate MSA for the greater Amherst/Northampton area. The AHA will continue to request from HUD a 120% payment exception rent of the FMR (when it does not increase the rent burden to participants) for the Amherst HCV Section 8 participants so families currently residing in the community of Amherst can continue to reside here, and assist new voucher holders seeking housing in the community of Amherst the possibility of successfully finding an affordable housing opportunity.</p> <p>The AHA will continue to apply for vouchers as they become available. With the number of disabled persons under the age of 62 seeking housing, the Authority will apply for Mainstream Section 8 vouchers if funding for the program becomes available.</p> <p>The AHA will continue to apply for regular Section 8 vouchers.</p> <p>The AHA is in the process of being awarded up to 41 Project-based Massachusetts Rental Vouchers (MRVP) that will be associated with Rolling Green. These vouchers will be used as a back-fill to ensure that the property maintains the commitment of 41 affordable units, if Section 8 participants move from the property.</p>
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. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. See 5.2</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</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>

Supplemental Information 9.0 Housing Needs

ANALYSIS OF THE PUBLIC HOUSING WAITING LIST (Watson Farms, Nov. 2014)

	Appli -cants	# of Units	Last Turnover	Avg. Tenancy of current residents	# of years in unit
Total # of families on Wait List	248	15			
Bedroom Breakdown					
One bedroom applicants	67	3	2009	12.25 yrs.	7.5, 23.5, 5.5
Two bedroom applicants	100	4	2009	16.5 yrs.	5.5, 24.5, 27.9, 8
Three bedroom applicants	60	4	2010	5.9 yrs.	13.7, 4.6, 1.3, 4.1
Four bedroom applicants	21	4	2013	1.8 yrs.	1.8, 1.6, 3.2, .9
Income Distribution of Applicants					
Applicants between 50%-80% of median	2				
Applicants between 30%-49.9%	13				
Applicants at less than 30% of median	232				
Number of Applicants Headed by an Elderly Person	16				
Number of Applicants with a Person with a Disability	15				
Racial/Ethnic breakdown					
White (non Hispanic)	74				
Black (non Hispanic)	41				
American Indian/Native Alaskan	3				
Asian or Pacific Islander	7				
Hispanic	69				
Other	0				

ANALYSIS OF THE ELDERLY WAITING LIST (Nov. 2014)

	Applicants	Units
Total # of families on Wait List	249	110
Bedroom Breakdown		
One bedroom applicants	247	
Two bedroom applicants		
Three bedroom applicants	2 *	0
Four bedroom applicants		
Income Distribution of Applicants		
Applicants between 50%-80% of median	5	
Applicants between 30%-49.9%	17	
Applicants at less than 30% of median	225	
Number of Applicants Headed by an Elderly Person	79	
Number of Applicants with a Person with a Disability	41	
Racial/Ethnic breakdown		
White (non Hispanic)	161	
Black (non Hispanic)	26	
American Indian/Native Alaskan	2	
Asian or Pacific Islander	5	
Hispanic	14	
Other/non disclosed	41	

*Would need to be in a family unit

ANALYSIS OF THE STATE-AIDED HOUSING WAITING LIST
(705- Family Housing, Nov. 2014)

	Appli- cants	# of Units	Last Turnover	Avg. Tenancy of current residents	# of years in unit
Total # of families on Wait List	509	22			
Bedroom Breakdown					
One bedroom applicants	2	0			
Two bedroom applicants	300	5	2014	4.5	< 1yr to over 12.5 yrs *
Three bedroom applicants	204	17	2014	10.2	< 1yr to over 22.5 yrs *
Four bedroom applicants	3	0			
Income Distribution of Applicants					
Applicants between 50%-80% of median	6				
Applicants between 30%-49.9%	27				
Applicants at less than 30% of median	476				
Number of Applicants Headed by an Elderly Person	4				
Number of Applicants with a Person with a Disability	8				
Racial/Ethnic breakdown					
White (non Hispanic)	168				
Black (non Hispanic)	108				
American Indian/Native Alaskan	9				
Asian or Pacific Islander	8				
Hispanic					
Other- Non disclosed	216				

* 1- 2 bedroom and 1-3 bedroom unit were “off-line” for several years while waiting for the units to be rehabilitated.

Housing Choice Voucher Program

The Amherst Housing Authority participates in the State Centralized Wait List that is managed by MassNAHRO. As of November 2014, there are 835 household on the Section 8 Waiting List who meet the criteria to fall under the jurisdiction of the Amherst Housing Authority. The top applicants on this list applied for voucher assistance in early 2009. In August 2013 there were 677 households attached to the AHA wait list. Since May 29, 2014 there have been 39 households selected for voucher issuance. Between voucher issuance and the increase of 158 vouchers there has been an increase of 197 additional households needing assistance since August 2013. There has been a slight movement on the wait list; the average wait time for housing assistance under this program is around six years.

Financial Resources

Sources	Planned Amount
1.) Federal Grants	
Public Housing Operating Fund	\$26,480.00
Public Housing Capital Fund	\$19,651.00
Annual Contributions for Section 8 Tenant-based assistance	\$3,080,463.00
2.) Public Housing Dwelling Rental Income	\$54,000.00
Total Resources	\$3,180,594.00

RESIDENT ADVISORY BOARD

Marlyn Marshall-Goldstein HCVP
273 Montague Road, Amherst, MA

Margo McMahon HCVP
34 Pomeroy Lane, Amherst, MA

Stephanie Jernigan HCVP
PO Box 2101, Amherst MA

Justin Crespo HVCP
48 Riverboat Village Road, South Hadley, MA

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

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

Part I: Summary		Grant Type and Number		FFY of Grant:	
PILA Name:		Capital Fund Program Grant No MA06P08550115		2015	
Amherst Housing Authority		Replacement Housing Factor Grant No:		FFY of Grant Approval:	
		Date of CFFP:		2015	
Type of Grant		Total Estimated Cost		Total Actual Cost ¹	
<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"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	17686			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	1768			
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				
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)	19454			
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				

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
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2015	
PHA Name: Amherst Housing Authority		FFY of Grant Approval: 2015	
Grant Type and Number Capital Fund Program Grant No. MA06P08550115		Replacement Housing Factor Grant No:	
Date of CFFP:			
<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ¹
Signature of Executive Director		Signature of Public Housing Director	
	Date 11/18/2014	Obligated	Expended
		Date	

**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
 Expires 4/30/2011

Part II: Supporting Pages										
PHA Name: Amherst Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P08550115		CFPP (Yes/ No):		Federal FFY of Grant: 2015				
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost				
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	Status of Work		
MA085000001	Operations Administration	1406 1410		17686 1768						

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
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Part II: Supporting Pages

PHA Name: Amherst Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P08550115 Replacement Housing Factor Grant No:		Federal FFY of Grant: 2015				
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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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name: Amherst Housing Authority	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2015	Reasons for Revised Target Dates ¹
	Development Number Name/PHA-Wide Activities	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date		
	MA085000001	3/31/17		3/31/19		

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 Financing Program

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

Part I: Summary

PIHA Name: **Amherst Housing Authority**

Grant Type and Number: **Capital Fund Program Grant No. MA06P08550116** Replacement Housing Factor Grant No: _____

Date of CFFP: _____

FFY of Grant: **2016**

FFY of Grant Approval: **2016**

Line	Summary by Development Account	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
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Part I: Summary		FFY of Grant: 2016	
PIHA Name: Amherst Housing Authority		FFY of Grant Approval: 2016	
Grant Type and Number Capital Fund Program Grant No: MA06P08550116 Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Summary by Development Account		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Signature of Executive Director	Total Estimated Cost	Total Actual Cost ¹
	Date 11/18/2014	Original	Revised ²
		Signature of Public Housing Director	
		Obligated	Expended
		Date	

Part II: Supporting Pages										
PHA Name: Amherst Housing Authority			Grant Type and Number Capital Fund Program Grant No: MA06P08550116			CFFP (Yes/ No):		Federal FFY of Grant: 2016		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Status of Work	Total Actual Cost			
				Original	Revised ¹		Funds Obligated ²	Funds Expended ²		
MA08500001	Operations Administration	1406 1410		19454	17686 1768					

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
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Part II: Supporting Pages		Grant Type and Number Capital Fund Program Grant No: MA06P08550116 Replacement Housing Factor Grant No:		Federal FFY of Grant: 2016				
PHA Name: Amherst Housing Authority	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

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: Amherst Housing Authority Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	Federal FFY of Grant: 2016
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
MA085000001	3/31/18		3/31/20			

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.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part III: Implementation Schedule for Capital Fund Financing Program							Federal FFY of Grant: 2016	Reasons for Revised Target Dates ¹
PHA Name: Amherst Housing Authority	Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Actual Expenditure End Date	Actual Expenditure End Date	
		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.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: MA06P08550117 Replacement Housing Factor Grant No: _____		FFY of Grant: 2017
PHA Name: Amherst Housing Authority		Date of CFFP: _____		FFY of Grant Approval: 2017
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"/> Revised Annual Statement (revision no: _____) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Total Actual Cost ¹ Obligated Expended
1	Total non-CFFP Funds			
2	1406 Operations (may not exceed 20% of line 21) ³	17686		
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)	1768		
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 I Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495 I Relocation Costs			
17	1499 Development Activities ⁴			
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)	19454		
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			

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 CFFP 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
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2017
PIHA Name: Amherst Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06P08550117 Date of CFFP: _____	FFY of Grant Approval: 2017
Replacement Housing Factor Grant No: _____		
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Summary by Development Account		
Line	Total Estimated Cost	Total Actual Cost
	Original	Revised ²
Signature of Executive Director		Signature of Public Housing Director
Date 11/18/2014		Date
		Obligated
		Expended

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
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Part II: Supporting Pages		Federal FFY of Grant: 2017	Status of Work				
PHA Name: Amherst Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06P08550117 CFFP (Yes/ No): Replacement Housing Factor Grant No: 19454						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised ¹	Funds Obligated ²	Funds Expended ²
MA085000001	Operations Administration	1406 1410		17686 1768			

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.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages									
PHA Name: Amherst Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P08550117 Replacement Housing Factor Grant No:			Federal FFY of Grant: 2017				
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		

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
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Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name: Amherst Housing Authority Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2017 Reasons for Revised Target Dates	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
MA085000001	3/31/19		3/31/21			

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: Amherst Housing Authority Development Number Name/PHA - Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2017 Reasons 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 Financing Program

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: MA06P08550118	Replacement Housing Factor Grant No:	FFY of Grant: 2018
PHA Name: Amherst Housing Authority		Date of CFFP:		FFY of Grant Approval: 2018
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:	<input type="checkbox"/> Performance and Evaluation Report	<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Total Actual Cost ¹
		Original	Obligated	Expended
1	Total non-CFFP Funds			
2	1406 Operations (may not exceed 20% of line 21) ³	17686		
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)	1768		
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			
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)	19454		
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			

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 CFFP 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
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Part I: Summary		FFY of Grant: 2018
PILA Name: Amherst Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06P08550118 Date of CFFP: _____	FFY of Grant Approval: 2018
Replacement Housing Factor Grant No: _____		
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost
	Original	Revised ²
Signature of Executive Director	Date 11/18/2014	Total Actual Cost ¹
	Signature of Public Housing Director	Obligated
		Expended
		Date

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
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Part II: Supporting Pages									
PHA Name: Amherst Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P08550118 CFFP (Yes/No): Replacement Housing Factor Grant No: 19454			Federal FFY of Grant: 2018				
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 Administration	1406 1410		17686 17688					

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		Grant Type and Number Capital Fund Program Grant No: MA06P08550118 Replacement Housing Factor Grant No:			Federal FFY of Grant: 2018		
PHA Name: Amherst Housing Authority	CFPP (Yes/ No):	Total Estimated Cost		Total Actual Cost		Status of Work	
Development Number Name/PHA - Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised ¹	Funds Obligated ²	Funds 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.

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
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Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Amherst Housing Authority Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2018 Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MA085000001	3/31/20		3/31/22		

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 Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Amherst Housing Authority Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2018 Reasons for Revised Target Dates
	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 Financing Program

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: MA06P08550119	Replacement Housing Factor Grant No:	FFY of Grant: 2019
PIIA Name: Amherst Housing Authority		Date of CFFP:		FFY of Grant Approval: 2019
Type of Grant	Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/>	
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Total Actual Cost ¹
		Original	Obligated	Expended
1	Total non-CFFP Funds			
2	1406 Operations (may not exceed 20% of line 21) ³	17686		
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)	1768		
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			
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)	19454		
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			

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 CFFP 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
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2019	FFY of Grant Approval: 2019
PIIA Name: Amherst Housing Authority	Grant Type and Number Capital Fund Program Grant No. MA06P08550119 Date of CFFP: _____	Replacement Housing Factor Grant No. _____	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost	Total Actual Cost ¹
Line	Original	Revised ²	Obligated
Signature of Executive Director	Date 11/18/2014	Signature of Public Housing Director	
			Expended

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
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Part II: Supporting Pages		Grant Type and Number Capital Fund Program Grant No: MA06P08550119 Replacement Housing Factor Grant No:	CFFP (Yes/No):			Federal FFY of Grant: 2019		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
MA085000001	Operations Administration	1406 1410		17686 17688				

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
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 Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: Amherst Housing Authority			Grant Type and Number Capital Fund Program Grant No: MA06P08550119 Replacement Housing Factor Grant No:			Federal FFY of Grant: 2019		
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	

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
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name: Amherst Housing Authority	Federal FFY of Grant: 2019					
	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	3/31/21		3/31/23			

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 Financing Program

U.S. Department of Housing and Urban Development
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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Amherst Housing Authority	Federal FFY of Grant:		Reasons for Revised Target Dates ¹		
	2019				
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		
	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.

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA Five- Year and Annual PHA Plans**

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 2015-2019___ Five- Year and/or ___ Annual PHA Plan for the PHA fiscal year beginning _4/1/2015_____, 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.

Amherst Housing Authority
PHA Name

MA085
PHA Number/HA Code

Five-Year PHA Plan for Fiscal Years 2015 - 2019

Annual PHA Plan for Fiscal Years 20 - 20

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
Signature	Date

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Amherst Housing Authority

Program/Activity Receiving Federal Grant Funding

MA085

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.)

Watson Farms Apartments
693 Main Street
Amherst, MA 01002

Hampshire County

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 Denise LeDuc	Title Executive Director
Signature X	Date

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 checked="" 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: 4c1st	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: Housing and 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):	
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: <u>Denise LeDuc</u> Title: <u>Executive Director</u> Telephone No.: <u>413256-8128 ext 304</u> Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Amherst Housing Authority

Program/Activity Receiving Federal Grant Funding

MA085

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 Denise LeDuc	Title Executive Director
Signature	Date (mm/dd/yyyy)

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.

Amherst Housing Authority

MA085

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	Denise LeDuc	Title	Executive Director
Signature		Date	