



CITY HALL • 100 STATE STREET • BELOIT, WI 53511

AMENDED MEETING NOTICE AND AGENDA
Community Development Authority
October 28, 2015 at 4:30 pm
The Forum
Beloit City Hall
100 State Street

1. Call to Order and Roll Call
2. Citizen Participation
3. Review and Consideration of the Minutes of the Regular Meeting held on September 29, 2015
4. Housing Authority
 - a. Presentation of September Activity Reports (Pollard)
 - b. Presentation of July Financial Reports (Pollard)
 - c. Review and Consideration of Resolution 2015-17, Approval of the Beloit Housing Authority 2016 Annual Public Housing Authority Plan and the Five Year Plan (Pollard)
 - d. Review and Consideration of Resolution 2015-18, 2015 Third Quarter Write-Offs (Cole)
5. Adjournment

*If you are unable to attend this meeting, notify the Housing Authority Office at 364-8740 **no later than 4:00 PM the day before the meeting.***

Notice Mailed: October 23, 2015

Approved: Julie Christensen, Exec. Director

** Please note that upon reasonable notice, at least 24 hours in advance, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, please contact the City Clerk's Office at 364-6680, 100 State Street, Beloit, WI 53511.

Minutes
Beloit Community Development Authority
100 State Street, Beloit WI 53511
September 29, 2015
4:30 P.M.

The regular meeting of the City of Beloit Community Development Authority was held on Tuesday, September 29, 2015 in the Forum of Beloit City Hall, 100 State Street.

1. **Call to Order and Roll Call:**

Meeting was called to order by Commissioner Evans at 4:35 p.m.

Present: Commissioners Casares, Ellison, Evans, Kelly and Kincaid

Absent: Commissioners Baker

Staff Present: Julie Christensen, Teri Downing, Clinton Cole, and Ann Purifoy

2. **Citizen Participation:**

Jim Van De Bogart along with Ellen Wiegand of Meals on Wheels and Tammy DeGarmo of Project 16:49 were present to ask that the Board consider their programs for funding.

3. **Review and Consideration of the Minutes of the Regular Meeting held on August 26, 2015.**

Motion was made by Commissioner Kincaid and seconded by Commissioner Casares to approve the minutes of the Regular Meeting held August 26, 2015.

Motion carried unanimously.

4. **Housing Authority:**

- a. **Presentation of the April, May, June, July and August Activity Reports**
Clinton Cole, Programs Manager, gave a brief summary of the reports.

One of the water damaged units at Parker Bluff has been leased, while the other unit should be completed by the end of the week. We are finishing our annual waiting list update (purge) and anticipate housing thirty (30) additional Section 8 applicants.

- b. **Presentation of the April, May and June Financial Reports**
Clinton Cole gave a brief summary of the reports.

The BHA main account usually runs at a deficit because we pay bills from this account and then charge to the various phases.

- c. Review and Consideration of Resolution 2015-16, Approval of the 2015 Second Quarter Write-offs
Clinton Cole presented the staff report and recommendation.

Commissioner Kelly moved and Commissioner Casares seconded a motion to approve Resolution 2015-16.

Motion carried unanimously.

5. **CDBG, HOME and NSP Programs:**

- a. Review and Consideration of Resolution 2015-13, Recommending Approval of the 2016 Community Development Block Grant Budget
Teri Downing, Housing Services Director, presented the staff report and recommendation.

After considerable discussion, the Board compromised on the funding amounts recommended for the 2016 CDBG budget.

Commissioner Kelly moved and Commissioner Kincaid seconded a motion to approve Resolution 2015-13.

Motion carried unanimously.

- b. Review and Consideration of Resolution 2015-14, Recommending Approval of the 2016 Annual Action Plan
Teri Downing presented the staff report and recommendation.

This is a one-year plan that is consistent with the 2015-2019 Consolidated Plan.

Commissioner Kelly moved and Commissioner Kincaid seconded a motion to approve Resolution 2015-14.

Motion carried unanimously.

- c. Review and Consideration of Resolution 2015-15, Recommending Approval of the 2015 HOME Investment Partnerships Program (HOME) Budget
Julie Christensen, Community Development Director, presented the staff report and recommendation.

We anticipate about four (4) loans with the City's share of these funds.

Commissioner Evans moved and Commissioner Kelly seconded a motion to approve Resolution 2015-15.

Motion carried unanimously.

6. **Adjournment:**
Meeting was adjourned at 6:07 p.m.

REPORT TO THE BELOIT COMMUNITY DEVELOPMENT AUTHORITY

AGENDA ITEM: 4a

TOPIC: September Activity Report

REQUESTED ACTION: Information only- No action required

PRESENTER: Cathy Pollard

STAFF REPORT:

Public Housing:

There was one vacancy in public housing units in September and no upcoming vacancies in October of 2015. Public housing accounts receivable on occupied units totaled \$4,440.08 and vacated units totaled \$6,506.96 at the end of September, 2015 which brings the totaled outstanding public housing accounts receivable to \$10,947.04. One applicant was pulled from the public housing waiting list in September; One applicant was briefed. 5 public housing inspections and 18 annual and interim re-certifications were completed in September.

Section 8:

563 vouchers were housed by September 30, 2015 with 21 voucher holders either searching for units or waiting for passed inspections. 7 portable vouchers were paid by BHA in September with 5 families waiting to Port-Out. 75 Section 8 inspections were completed in September, and the Housing Specialists completed 108 annual or interim re-certifications in September. No applicants were notified: None were briefed.

ATTACHMENTS:

September Activity Report

**Beloit Community Development Authority
Activity Report to Board for October 2015**

September (2015) Activity Report

Public Housing

Tenants Accounts Receivable

Outstanding Receivables – Occupied Units 09/30/15	\$ 4,440.08
Outstanding Receivables – Vacated Units 09/30/15	\$ 6,506.96
Outstanding Receivables – Occupied Units 8/31/15	\$ 5,410.10
Outstanding Receivables – Vacated Units 8/31/15	\$ 5,168.01
Total September 30, 2015 Outstanding Receivables:	\$ 10,947.04
Total August 31, 2015 Outstanding Receivables:	\$ 10,583.11
Increase of:	\$ 363.93

Vacancies – 09/30/15

<u>Total Public Housing Units</u>	131 Units 99% Occupancy
1 Vacancy:	0 Elderly - 100% Occupancy
	1 Family - 100% Occupancy

Public Housing Inspections

5 Inspections completed. There were 4 annual inspections; there were 0 move-out inspections. There was 1 move-in inspection. There were 0 housekeeping inspections, 0 exterior inspections and no re-inspections.

Public Housing Activities

Annual Recerts:	5
Interim Recerts:	13
Notice to Vacate:	1

New Tenants:	1
Transfers:	1
Lease Terminations:	0
Possible Program Violations:	3
Evictions	0

Public Housing Briefings

Number Notified:	1
Number Briefed:	1

Section 8 Program

Total Section 8 Vouchers

598 Vouchers

September

563 under lease - 93% Occupancy
 7 Portable Vouchers –7 Not Absorbed (1/Port-In)
 21 Voucher holders searching or waiting for passed inspections

Section 8 Inspections

75 inspections were completed in September. 38 were annual inspections. 11 were initial inspections, 20 were re-inspections, 0 project based inspections, 4 were WHEDA and there were 2 special inspections.

Section 8 Activities

New Participants:	5	
Annual Recerts:	45	
Interim Recerts:	63	
Abatements:	0	
Movers:	4	
Possible Program Violations:	4	program violations
End of Program	2	

Section 8 Briefings

Number Notified:	0
Number Briefed:	0

APPLICATIONS:

Waiting List:

116 Public Housing East
124 Public Housing West
97 Parker Bluff
73 Project-Based
379 Sec. 8

0 Tenants removed for Repayment Default
0 Tenants removed for unreported income
0 Tenants removed for unauthorized occupants
2 Applicants removed over income
Some applicants are on both lists, some are not
Section 8 waiting list opened 4/4/11

REPORT TO THE BELOIT COMMUNITY DEVELOPMENT AUTHORITY

AGENDA ITEM: 4c

TOPIC: Resolution No. 2015-17:
Approval of the Beloit Housing Authority (BHA)
2016 Annual Public Housing Authority (PHA) Plan

REQUESTED ACTION: Approval of Resolution No. 2015-17

PRESENTER: Cathy Pollard

STAFF REPORT:

HUD requires all housing authorities to submit an annual PHA Plan. The Plan details how Capital Fund Program dollars will be utilized in the next year. All open grants must be included in the Plan.

Open CFP grants at this time are 2012, 2013, 2014 and 2015. The monies in these grants have been designated in the plan to cover gutters for Public Housing units, security cameras for the Parker Bluff building paving of the parking lot at 210 Portland, windows for the Administration building and sidewalk repair.

STAFF RECOMENDATION:

Staff recommends approval of Resolution 2015-17

ATTACHMENTS:

Resolution No. 2015-17
2106 Annual Plan

Beloit Community Development Authority

d.b.a.

Beloit Housing Authority

2016

Annual Plan

PHA 5-Year and Annual Plan

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

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

1.0	PHA Information PHA Name: <u>Beloit Community Development Authority</u> PHA Code: <u>WI064</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2016</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>131</u> Number of HCV units: <u>598</u>					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" 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:					
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.					
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: BHA has utilized funds to complete tree removal. Due to Emerald Ash Borer infection numerous trees on public housing lots had to be removed. The original landscaping plan was changed to accommodate this action. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. The Annual Plan can viewed at the Administrative office of the Beloit Housing Authority at 20 Portland Avenue, Beloit, WI 53511. Other locations where the Plan will be available are the Beloit Public Library at 605 Eclipse Avenue, Beloit, WI 53511 and the Beloit Community Development Authority 100 State Street, Beloit, WI 53511.					
7.0	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> BHA continues to pay the debt service to the City of Beloit for the GAP loan secured to complete the Beloit Redevelopment Phase 2 project. The original loan was in the amount of \$540,000.00. That amount has been reduced using RHF and Capital Fund monies. There are eight properties that will be sold by 2017. The proceeds from these sales will be used to lower this debt.					
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.					
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <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.					
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.					

8.3	<p>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.</p>
9.0	<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.</p> <p>BHA completed its annual Wait List purge in August of 2015. Currently our PH waiting lists have 436 and the HCV waiting list have 694. Of the 1,130 applicants, 98% are at 30% or less the 2015 Rock County median income of \$49,435. The HCV list reopened April 4, 2011 with 75 applicants on the list. The ethnic breakdown of the waiting list is 36% White/Non-Hispanic, 58% African-American, and 6% Hispanic. The greatest demand is for two-bedroom units. The current unemployment rate is approximately 5%. There has been a growth in the job industry in Rock County. However, the supply of non-skilled openings has dwindled in the area and employers are seeking skilled labor. Beloit has several new industries opening in the beginning of 2016. Hopefully, that will reduce the number of individuals living below the poverty line.</p>
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>Each year BHA conducts an annual Wait List Purge to update the Wait List and make sure only those individuals still in need of assistance are on the list. BHA will also continue addressing issues that keep residents from attaining self-sufficiency. BHA holds a number of empowerment groups aimed at helping residents overcome obstacles to self-sufficiency.</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. BHA has maintained the 131 units of public housing that has undergone extensive rehab and renovation. The portfolio has two Phases. Each Phase has Tax Credit investors. Throughout the year, BHA has physical audits by both investors. BHA has completed landscaping projects and will begin sidewalk and driveway reconstruction in the Spring of 2016.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" BHA's definition of Significant Amendment is any change or revision which would need the approval of the Community Development Authority Board of Directors.</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) (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)</p>

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 06/30/2017

Part I: Summary		FFY of Grant: 2012 FFY of Grant Approval: 2012	
PHA Name: Beloit Housing Authority		Grant Type and Number Capital Fund Program Grant No: WI39-064-50112 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2015	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: (1)) <input type="checkbox"/> Final Performance and Evaluation Report
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
	Original	Obligated	
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	-0-	28,731.
3	1408 Management Improvements	40,000.	11,269.
4	1410 Administration (may not exceed 10% of line 21)	16,000.	16,000.
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	41,000.	26,384.17
11	1465.1 Dwelling Equipment—Nonexpendable	3,000.	3,000.
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1490 Replacement Reserves	20,000.	20,000.
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 06/30/2017

Part I: Summary		FFY of Grant: 2012 FFY of Grant Approval: 2012	
PHA Name: Beloit Housing Authority	Grant Type and Number Capital Fund Program Grant No: WJ39-064-5011.2 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2015 <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated
18a	1501 Collateralization or Debt Service paid by the PHA	40,509.	40,509
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)	160,509.	145,893.17
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 <i>Anthony Colvard</i>		Signature of Public Housing Director	
Date 10/13/2015		Date	

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 06/30/2017

Part II: Supporting Pages		Federal FFY of Grant: 2012					
PHA Name: Beloit Housing Authority		Grant Type and Number Capital Fund Program Grant No: WI39-064-50112 CFFP (Yes/No): Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
12-01 A 64-1	Management Improvements	1408		12,800.	3,685.10	3,685.10	3,685.10
12-01 B 64-2	Management Improvements	1408		17,200.	4763.65	4763.65	4763.65
12-01 C 64-3	Management Improvements	1408		10,000.	2816.25	2816.25	2816.25
	TOTAL:			40,000.	11,269.	11,269.	11,269.
12-02 A 64-2	Appliances	1465		1,500.		1,500.	1,500.
12-02 B 64-3	Appliances	1465		1,500.		1,500.	1,500.
	TOTAL:			3,000.		3,000.	3,000.
12-03 A 64-2	CFFP Program	1460		20,500.		20,500.	13,192.08
12-03 B 64-3	CFFP Program	1460		20,500.		20,500.	13,192.09
	TOTAL:			41,000.		41,000.	26,384.17
12-04 A 64-1	Management Fee	1410		5,120.		5,120.	5,120.
12-04 B 64-2	Management Fee	1410		6,880.		6,880.	6,880.
12-04 C 64-3	Management Fee	1410		4,000.		4,000.	4,000.
	TOTAL:			16,000.		16,000.	16,000.

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

² To be completed for the Performance and Evaluation Report.

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

Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 06/30/2017

Part II: Supporting Pages		Federal FFY of Grant: 2012						
PHA Name: Beloit Housing Authority		Grant Type and Number Capital Fund Program Grant No: WI39-064-50112 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
12-05 A 64-2	Debt Service	1509		20,254.50		20,254.50	20,254.50	
12-05 B 64-3	Debt Service	1509		20,254.50		20,254.50	20,254.50	
	TOTAL:			40,509.		40,509.	40,509.	C
12-06 A 64-2	Replacement Reserve	1490		10,000.		10,000	10,000	
12-06 B 64-3	Replacement Reserve	1490		10,000.		10,000	10,000	
	TOTAL:			20,000.		20,000.	20,000.	C
12-07 A 64-2	Operations	1406		-0-	14,365.50	14,365.50	14,365.50	
12-07 A 64-2	Operations	1406		-0-	14,365.50	14,365.50	14,365.50	
	TOTAL:				28,731.	28,731.	28,731.	
	TOTAL GRANT:							
		160,509.						

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 8/31/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: W139-064-50113 Date of CFFP:	FFY of Grant: 2013 FFY of Grant Approval: 2013
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2015		<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 ²
		Obligated	Expended
1	Total non-CFFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	22,000.	22,000.
3	1408 Management Improvements	40,000.	-0-
4	1410 Administration (may not exceed 10% of line 21)	16,000.	7,992.
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	29,919.	-0-
11	1465.1 Dwelling Equipment—Nonexpendable	3,000.	1,232.77
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1490 Replacement Reserve	50,000.	42,642.
16	1492 Moving to Work Demonstration		
17	1495.1 Relocation Costs		
18	1499 Development Activities ⁴		
19	1501 Collateralization or Debt Service		

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
 OMB No. 2577-0226
 Expires 08/31/2011

Part I: Summary		FFY of Grant: 2013	
PHA Name: Beloit Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: W139-064-50113 Date of CFFP:	FFY of Grant Approval: 2013	
Type of Grant		<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2015	
<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2015		<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 ²
20	Amount of Annual Grant: (sum of lines 2 - 19)	160,919	
21	Amount of line 20 Related to LBP Activities		73,866.77
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs	40,000.	
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>Cathy Follard</i>		Signature of Public Housing Director	
Date 10/13/2015		Date	

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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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		FFY of Grant: 2013					
PHA Name: Beloit Housing Authority		FFY of Grant Approval: 2013					
Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: W139-064-50113 Date of CFFP:		Total Estimated Cost					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Actual Cost		Status of Work	
				Original	Revised ¹		Funds Obligated ²
13-01 A 64-1	Management Improvements	1408					
13-01 B 64-2	Management Improvements	1408	12,800.				
13-01 C 64-3	Management Improvements	1408	17,200.				
	Total:		10,000.			40,000.	0.00
13-02 A 64-2	Appliances	1465					
13-02 B 64-3	Appliances	1465	1,500.				616.38
	Total:		1,500.			3,000.	616.39
			3,000.				1,232.77
13-03 A 64-2	CFFP Program	1460					
13-03 B 64-3	CFFP Program	1460	14,959.50				
	Total:		14,959.50			29,919	0.00
13-04 A 64-1	Management Fee	1410					
13-04 B 64-2	Management Fee	1410	5,120.				2,556.
13-04 C 64-3	Management Fee	1410	6,880.				3,438.
	Total:		4,000.			16,000.	1,998.
			16,000				7,992.

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

² To be completed for the Performance and Evaluation Report.

Capital Fund Financing Program

OMB No. 2577-0226
Expires 08/31/2011

Part II: Supporting Pages		Grant Type and Number				FFY of Grant: 2012		FFY of Grant Approval: 2013	
PHA Name: Beloit Housing Authority		Capital Fund Program Grant No: Replacement Housing Factor Grant No: WI39-064-50113				Date of CFFP:			
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		
13-05 A 64-2	Operations	1406		11,000.			11,000.		
13-05 B 64-3	Operations	1406		11,000.			11,000.		
	Total:			22,000.		22,000.	22,000.	c	
13-06 A 64-2	Replacement Reserve	1490		25,000.			21,321.		
13-06 B 64-3	Replacement Reserve	1490		25,000.		50,000.	21,321.		
							42,642		

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

Capital Fund Financing Program

OMB No. 2577-0226
Expires 08/31/2011

Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name: Beloit Housing Authority		Federal FFY of Grant: 2013				
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		
ALL	03/11/2014	3/11/2014	3/11/2017			

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 8/31/2011

Part I: Summary		FFY of Grant: 2014 FFY of Grant Approval: 2014	
PHA Name: Beloit Housing Authority		Grant Type and Number Capital Fund Program Grant No: WI30-P064-50114 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies) Revised Annual Statement (revision no:)	
Original Annual Statement	<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2015	Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
		Original	Obligated
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	50,000.	50,000.
3	1408 Management Improvements	10,000.	-0-
4	1410 Administration (may not exceed 10% of line 21)	23,000.	-0-
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	3,000.	-0-
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1490 Replacement Reserves	86,369.	-0-
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 PHLAS with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2014 FFY of Grant Approval: 2014	
PHA Name: Beloit Housing Authority	Grant Type and Number Capital Fund Program Grant No: W130-P064-50114 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2015	<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 ²
18a	1501 Collateralization or Debt Service paid by the PHA	59,100.	59,100
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		106,491.
20	Amount of Annual Grant: (sum of lines 2 - 19)	231,469.	
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 <i>Cathy Toland</i>		Signature of Public Housing Director	
Date 10/13/2015		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 CFF Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part II: Supporting Pages		Federal FFY of Grant: 2014						
PHA Name: Beloit Housing Authority		Grant Type and Number Capital Fund Program Grant No: WI39-P064-50114 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
14-01 A 64-2	Operations	1406		25,000.			25,000.	
14-01 B 64-3	Operations	1406		25,000.			25,000.	
	Total:			50,000.		50,000.	50,000.	
14-02 A 64-2	Management Improvements	1408		5,000.				
14-02 A 64-3	Management Improvements	1408		5,000.				
	Total:			10,000.			-0-	
14-03 A 64-1	Management Fee	1410		7,360.				
14-03 A 64-2	Management Fee	1410		9,890.				
14-03 A 64-3	Management Fee	1410		5,750.				
	Total:			23,000.		23,000.	-0-	
14-04 A 64-2	Appliances	1465		1,500.				
14-04 A 64-3	Appliances	1465		1,500.				
	Total:			3,000.		3,000.	-0-	

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 I: Summary		FFY of Grant: 2015		
PHA Name: Beloit Housing Authority	Grant Type and Number Capital Fund Program Grant No: WI39-064-50115 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2015		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:09/30/2015 Evaluation Report <input type="checkbox"/> Final Performance and				
Line	Summary by Development Account	Total Estimated Cost Original	Total Actual Cost ¹ Obligated	Expended
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) ³	25,000.	25,000.	25,000.
3	1408 Management Improvements	7,000.		-0-
4	1410 Administration (may not exceed 10% of line 21)	15,000.	15,000.	-0-
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	50,000.		-0-
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	25,000.		-0-
11	1465.1 Dwelling Equipment—Nonexpendable	977.	977.	-0-
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	30,000.	30,000.	30,000.
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)	\$ 152,977.		55,000.
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			
Signature of Executive Director		Date	Signature of Public Housing Director	Date
<i>Cathy Farrell</i>		10/3/015		

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 8/31/2011

Part II: Supporting Pages		Federal FFY of Grant: 2015						
PHA Name: Beloit Housing Authority		Grant Type and Number Capital Fund Program Grant No: W139-064-50115 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
15-01 A 64-2	Operations	1406	12,500.					
15-01 B 64-3	Operations	1406	12,500.					
	Total:		25,000.			25,000.	25,000.	
15-02 A 64-2	Management Improvements	1408	3,500.					
15-02 B 64-3	Management Improvements	1408	3,500.					
	Total:		7,000.			-0-	-0-	
15-03 A 64-1	Management Fee	1410	6,450.					
15-03 B 64-2	Management Fee	1410	4,800.					
15-03 C 64-3	Management Fee	1410	3,750.					
	Total:		15,000.			15,000.	-0-	
15-04 A 64-2	Appliances	1465	488.50					
15-04 B 64-3	Appliances	1465	488.50					
	Total:		977.			977.	-0-	

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

² To be completed for the Performance and Evaluation Report.

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 8/31/2011

Part II: Supporting Pages		Federal FFY of Grant: 2015						
PHA Name: Beloit Housing Authority		Grant Type and Number Capital Fund Program Grant No: W139-064-50115 CHFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised ¹	Total Actual Cost Funds Obligated ²	Funds Expended ²	Status of Work
15-05 A 64-2	Fees and Costs	1430		25,000.				
15-05 B 64-3	Fees and Costs	1430		25,000.				
	Total:			50,000.			-0-	
15-06 A 64-2	Dwelling Structures	1460		12,500.				
15-06 B 64-3	Dwelling Structures	1460		12,500.				
	Total:			25,000.			-0-	
15-07 A 64-2	Debt Service	1501		15,000.			15,000.	
15-07 B 64-3	Debt Service	1501		15,000.			15,000.	
				30,000		30,000.	30,000.	

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.

**PHA Certifications of Compliance
with PHA Plans and Related
R e g u l a t i o n s**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 2016, 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.

Beloit Community Development Authority

WI064

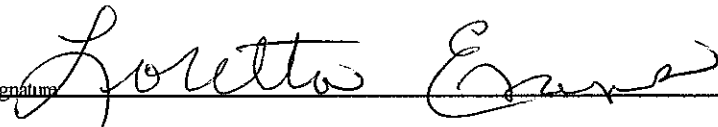
PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2015- 2020

Annual PHA Plan for Fiscal Years 2016- 2017

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 Loretta Evans	Title Board Chairperson
Signature 	Date October 15, 2015

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 08/30/2011

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 Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

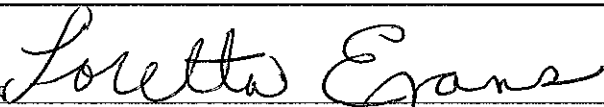
Beloit Community Development Authority

WI064

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 Loretta Evans	Title Board Chairperson
Signature 	Date October 15, 2015

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Beloit Community Development Authority

Program/Activity Receiving Federal Grant Funding

Beloit Housing Authority

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 Federal agency 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.)

Beloit Housing Authority
210 Portland Avenue
Beloit, WI 53511

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)

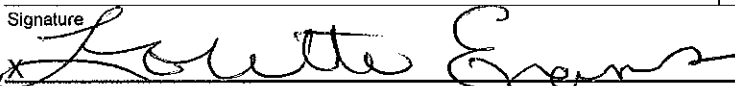
Name of Authorized Official

Loretta Evans

Title

CDA Board of Directors Chairperson

Signature



Date

October 15, 2015

Certification of Payments to Influence Federal Transactions

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

OMB Approval No. 2577-0157 (Exp. 01/31/2017)

Applicant Name

Beloit Community Development Authority

Program/Activity Receiving Federal Grant Funding

Beloit Housing Authority

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

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

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

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

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

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

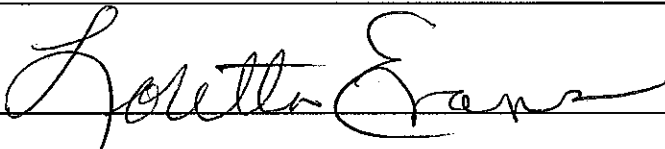
Name of Authorized Official

Loretta Evans

Title

CDA Board of Directors Chairperson

Signature



Date (mm/dd/yyyy)

10/15/2015

Previous edition is obsolete

form HUD 50071 (01/14)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

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: Beloit Community Development Authority 210 Portland Avenue Beloit, WI 53511 Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: US Dept. of Housing and Urban Development	7. Federal Program Name/Description: CFDA Number, if applicable: WI064	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u><i>Julie Christensen</i></u> Print Name: <u>Julie Christensen</u> Title: <u>Ex. Director of Beloit CDA</u> Telephone No.: <u>608-364-6703</u> Date: <u>10/15/2015</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



Community Development Authority
Beloit Housing Authority
210 Portland Ave.
Beloit, WI 53511
(608) 364-8740
(608)364-8742 - FAX
www.ci.beloit.wi.us

October 13, 2015

Mr. John Finger
Dept. of Housing and Urban Development
310 W. Wisconsin Ave. Suite 950
Milwaukee, WI 53203-2289

Dear Mr. Finger:

During the 2014 and so far during this 2015 calendar year, the Beloit Housing Authority has received no requests for protection under the VAWA provisions. The agency will however continue working with the Beloit Domestic Violence Transitional Program and Community Action's Transitional Living Program. Beloit Housing Authority provides a preference for graduates of these programs on the waiting lists. In addition, Stress Management, Job Skill, Budgeting and Conflict Management groups are being facilitated at BHA's Administration Building for PH and HCV tenants requiring these services. These groups are being facilitated by area professionals who are willing to volunteer their time and services and BHA's FSS Coordinator.

Respectfully,

A handwritten signature in cursive script that reads 'Cathy J. Pollard'.

Cathy J. Pollard MSM/PHM
Executive Director Beloit Housing Authority



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October 15, 2015

Mr. John Finger
Dept. of Housing and Urban Development
310 W. Wisconsin Ave. Suite 950
Milwaukee, WI 53203-2289

Dear Mr. Finger:


The Beloit Housing Authority (BHA), WI064 currently has a three member Resident Advisory Board (RAB). There have been three meetings held in 2015. I met with the RAB on October 5, 2015 to review the Beloit Housing Authority 2016 Annual Plan.

RAB members discussed the sidewalks in some of the family neighborhoods. Some of these sidewalks are extremely cracked and need to be repaired. This was noted in 2014 and put into the 5 Year Plan. I informed the RAB that sealed bids had been taken in June of 2015 and that the work will be done in the Spring of 2016.

Security was another issue discussed. Many of the Parker Bluff residents have been complaining about the number of visitors some of the younger residents have. RAB member, Bonnie Taylor lives in the building and states it's not so much the traffic but the time of night people are coming in. Becky Melito, Public Housing Manager explained that she has been in contact with several Security Camera companies and that new cameras will be installed in the building by December of 2015.

The RAB had no problem with submitting the plan as written. The next scheduled RAB meeting is November 11, 2015. At that time plans for the Thanksgiving holiday be finalized

Respectfully,


Cathy J. Pollard MSM/PHM
Executive Director Beloit Housing Authority

REPORT TO THE BELOIT COMMUNITY DEVELOPMENT AUTHORITY

AGENDA ITEM: 4d.

TOPIC: Resolution No. 2015-18: Authorization to Write-Off Beloit Housing Authority Public Housing Tenants Accounts Receivable Third Quarter 2015 Debts

REQUESTED ACTION: Approval of Resolution No. 2015-18

PRESENTER: Clinton Cole

STAFF REPORT:

HUD has recommended that the Beloit Housing Authority write off Public Housing tenant accounts receivable (TAR) quarterly so that the agency does not carry a large TAR at the end of the year and damage the agency's overall HUD management rating.

Three (3) Public Housing tenants vacated leaving balances due which staff has not been able to collect. Total owed for the third quarter 2015 is \$3,046.73. This amount will be removed from the BHA's books, and reported to Happy Software and the Tax Refund Intercept Program for collection.

STAFF RECOMENDATION:

Staff recommends approval of Resolution No. 2015-18

ATTACHMENTS:

Resolution No. 2015-18 and listing of debtors

RESOLUTION NO. 2015-18

BELOIT HOUSING AUTHORITY

**AUTHORIZATION TO WRITE-OFF BELOIT HOUSING AUTHORITY PUBLIC
HOUSING TENANTS ACCOUNTS RECEIVABLE THIRD QUARTER 2015
DEBTS**

WHEREAS, three tenants have vacated their Public Housing units leaving a balance due for rent, late fees, sewer, water, maintenance charges, move-out charges, and/or damages;

WHEREAS, efforts to collect the amount due have not been successful;

THEREFORE BE IT RESOLVED that \$3,046.73 be written off the Beloit Housing Authority records and reported to Happy Software and the Tax Refund Intercept Program for collection action.

Adopted this 28th day of October, 2015

Loretta Evans, Chairperson
Beloit Community Development Authority

ATTEST:

Julie Christensen, Executive Director
Beloit Community Development Authority

Public Housing Write Offs for 2015 (3rd Qtr)

BHA

Name	M/O Date	Total	Rent	Repmt , Utility	Maint	Late Fees	Legal Fees
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LLC Phase I

Name	M/O Date	Total	Rent	Repmt , Utility	Maint	Late Fees	Legal Fees
Turner, Tina	8/3/2015	425.29		60.05	365.24		
Trewyn, Laura	8/31/2015	2314.1	539.00	615.92	314.96	819.22	\$25.00
	Subtotal	2739.39	539.00	615.92	375.01	1184.46	\$25.00
							0

LLC Phase 2

Name	M/O Date	Total	Rent	Repmt , Utility	Maint	Late Fees	Legal Fees
Casique, Trinity	9/23/2015	307.34			307.34		
	Subtotal	307.34	0.00	0	0	307.34	\$0.00
							0

Total for 13rd Quarter '15		3046.73	539.00	615.92	375.01	1491.8	\$25.00	0
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