

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

Handwritten signature and date: 12/16/11

Part I: Summary		Grant Type and Number		FY of Grant: 2009	
PHA Name:		Capital Fund Program Grant No: NJ39S015501-09		FFY of Grant Approval: 2009	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/11	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
			Original	Total Estimated Cost Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		335,270.00	335,270.00	335,270.00	335,270.00
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		2,445,613.00		2,445,613.00	2,445,613.00
11	1465.1 Dwelling Equipment—Nonependable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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

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Part I: Summary		FFY of Grant: 2009	
PHA Name: Hoboken Housing Authority	Grant Type and Number Capital Fund Program Grant No: N139S0155009 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2009	

Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 6/30/11 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	2,780,883.00	2,780,883.00	2,780,883.00	2,780,883.00
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 Carmelo Garcia		Date	Signature of Public Housing Director		Date

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Part II: Supporting Pages		PHA Name: HOBOKEN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: N139S015501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:	Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Total Actual Cost Revised ¹ Funds Obligated ²	Funds Expended ²	Status of Work
PHA-WIDE (AMPS 1 & 2)	FEES AND COSTS-A/E SERVICES, D ENERGY AUDIT AND 10 YEAR PNA AND MASTER PLAN	1430		335,270.00	335,270.00	335,270.00	complete
PHA-WIDE (AMPS 1 & 2)	GUT AND RENOVATE DWELLING UNITS	1460	74 UNITS	1,232,000.00	602,963.00	602,963.00	complete
PHA-WIDE (AMPS 1 & 2)	RENOVATE APT. KITCHENS, BATHS AND CLOSETS	1460	120 UNITS	1,213,613.00	229,450.00	229,450.00	complete
HA-WIDE (AMPS 1,2 & 3) 655 6 th St. (AMP 2)	RENOVATE COMMUNITY ROOMS (2) AND LAUNDRY FACILITY (1) ROOF REPLACEMENT	1460	3 1	0 0	656,100.00 106,100.00	656,100.00 106,100.00	complete complete
AMP 3 HA-WIDE (AMPS 1 & 2)	REMOVE FIRE HOSE CABINETS RE-POINTING BLDG. EXTERIOR BRICK SURFACES	1460 1460	100% 100%	0 0	15,000.00 313,000.00	15,000.00 313,000.00	complete complete
HA-WIDE (AMPS 1 & 2)	REPLACEMENT OF ELEVATOR CAB FLOORS	1460	100%	0	385,000.00	385,000.00	complete
AMP 4	REPLACEMENT OF PARKING LOTS	1450	1 SITE	0	138,000.00	138,000.00	complete
TOTALS				2,780,883.00	2,780,883.00	2,780,883.00	

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

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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Part III: Implementation Schedule for Capital Fund Financing Program

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Reasons for Revised Target Dates

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Actual Modernization Cost Certificate

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

OMB Approval No. 2577-0157 (exp.01/31/2014)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name:

HOBOKEN HOUSING AUTHORITY

Modernization Project Number:

NJ39P015501-07

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A.	Original Funds Approved \$
	2,239,952
B.	Funds Disbursed \$
	2,239,952
C. Cost)	Funds Expended (Actual Modernization \$ 2,239,952
D.	Amount to be Recaptured (A-C) \$ 0
E.	Excess of Funds Disbursed (B-C) \$ 0

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

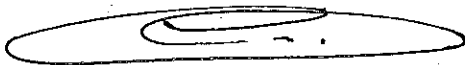
5. That the time in which such liens could be filed has expired.

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)

Signature of Executive Director & Date:

X



8/10/11

For HUD Use Only

The Cost Certificate is approved for audit:

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

X

The audited costs agree with the costs shown above: Verified: (Designated HUD Official)

Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

X