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

Part I: Su	mmary					•
PHA Name Authority N	e: Lexington Housing NE010	Grant Type and Number Capital Fund Program Grant No: NE26P01 Replacement Housing Factor Grant No: Date of CFFP:	0501-16			FFY of Grant 2016 FFY of Grant Approval:
☐ Perform	al Annual Statementnance and Evaluation Report for			Revised Annual Statement (revision no Final Performance and Evaluation Reports 1	ort	
Line	Summary by Development Ac	ecount		Estimated Cost		l Actual Cost 1
			Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exc	eed 20% of line 21) 3				
3	1408 Management Improvement	ents	4000	16000	16000	3243.00
4	1410 Administration (may not	exceed 10% of line 21)				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement		3000	3000	3000	2541.61
10	1460 Dwelling Structures		65530	35530	35530	30000
11	1465.1 Dwelling Equipment—	•	3000	3000	3000	109.20
12	1470 Non-dwelling Structures		10000	5000	5000	0
13	1475 Non-dwelling Equipmen	nt	2000	25000	25000	638.86
14	1485 Demolition					
15	1492 Moving to Work Demon	stration				
16	1495.1 Relocation Costs					
17	1499 Development Activities	4				

Page1 form HUD-50075.1 (07/2014)

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement. <sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

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

Part I: Su	mmary						2.1.01100 00,00,2017
PHA Name	Grant Type and Number Capital Fund Program Grant No: : NE26P010501-16 Replacement Housing Factor Grant No: Date of CFFP:				FFY of Grant: FFY of Grant		
Type of Gra	ant al Annual Statement Reserve for Disasters/Emergencies			☐ Revise	d Annual Staten	ment (revision no:1 )	
	mance and Evaluation Report for Period Ending:			☐ Final Pe	erformance and	Evaluation Report	
Line	Summary by Development Account		Total Estim	ated Cost		Total A	Actual Cost 1
		Original		Revised 2	!	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	87530		87530	87	7530	34449.45
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	e of Executive Director Date 4/2	5/18	Signatur	e of Public Hou	sing Director	r	Date

Page3 form HUD-50075.1 (07/2014)

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

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 PHA Name: Lexington Housing Authority			Grant Type and Number Capital Fund Program Grant No: : NE26P010501-16 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major W Categories	Work Development Account No.		Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
Territies					Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
NE010										
HA WIDE										
	Site Improvement		1450		3000	3000	3000	458.39	Incomplete	
	Dwelling Structures		1460		65530	35530	35530	30000	Incomplete	
	Non Dwelling Structures		1470		10000	5000	5000	0	Incomplete	
	Non Dwelling Equipment		1475		2000	25000	25000	638.86	Incomplete	
	Management Improvement		1408		4000	16000	16000	3243	Incomplete	
-										

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

Page4 form HUD-50075.1 (07/2014)

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

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									
PHA Name: Lexington Ho	ousing Authority	Capital Fu	oe and Number und Program Grant No: es/No): nent Housing Factor Gr		-15	Federal F	FY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estima	ated Cost	Cost Total Actual Cost		Status of Work
					Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
					-				
				1	1	1	1	1	1

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

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

Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name: Lexington Ho	Federal FFY of Grant:					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Fund (Quarter I	s Expended Ending Date)	Reasons for Revised Target Dates <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure Actual Expenditure End End Date Date			
NE 010 HA WIDE	4-12-2018		4-12-2020			

<sup>&</sup>lt;sup>1</sup> 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.

Page6 form HUD-50075.1 (07/2014)

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

Part III: Implementation Schedu PHA Name: Lexington F	Federal FFY of Grant:				
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Fund (Quarter F	s Expended Ending Date)	Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

<sup>&</sup>lt;sup>1</sup> 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.