

HUD Capital Needs Study Housing Agency Background Data Form

The questions on this data form will provide essential information on this agency. Many of the items are reported to HUD under the Capital Fund program. To assist you in completing this form, please have the following documents handy. Also please forward us copies of these documents with your completed survey:

- ✓ Capital Fund Financing Program plan, if applicable;
- ✓ Copies of the latest physical needs assessments for the sampled properties;
- ✓ Copies of the annual budget (or, at a minimum, an overview of revenue and expenditures) for the entire Housing Agency (as provided in the current-year and five-year Capital Fund program plans);
- ✓ A listing of the PIC development numbers for any mixed-finance properties; and
- ✓ Copies of any recent energy audits, if applicable.

A. Housing Agency Characteristics

1. Name of this HA: _____

1a. Housing Authority Code: _____

1b. PHA Fiscal Year:

Jan-Dec.....

April-Mar.....

July-June.....

Oct-Sept.....

2. Name and title of person to contact with questions about this form:

3. Phone #: (____) _____

3a. Email Address: _____ @ _____ . _____

4. Names, titles and contact information of other people who helped to complete this form:

5. For the most recently completed PHA fiscal year, please specify the number of units the HA had for each program listed. If this HA did not receive funding from the listed sources, check "Does Not Apply."

Funding Source	Units Covered by Program	Does Not Apply
Public Housing	#	<input type="checkbox"/>
Housing Choice Vouchers (formerly Section 8 vouchers and certificates)	#	<input type="checkbox"/>
HAP Contracts	#	<input type="checkbox"/>
Tax Credit Properties	#	<input type="checkbox"/>
Other HUD Housing	#	<input type="checkbox"/>
State-funded public housing programs	#	<input type="checkbox"/>
State tenant-based assistance	#	<input type="checkbox"/>
Locally funded housing programs	#	<input type="checkbox"/>
USDA rural rental housing program (formerly FmHA)	#	<input type="checkbox"/>
Other (Specify: _____)	#	<input type="checkbox"/>

6. For the most recently completed PHA fiscal year, what was the total number of low-income, public housing rental ACC units in the HA's portfolio?

Number of designated Family Units _____

Number of designated Elderly/Disabled Units _____

6a. During the most recently completed PHA fiscal year, what was the total number of low-income, public housing rental units removed from the ACC?

Number of ACC Units Removed..... _____

None.....

6b. During the most recently completed PHA fiscal year, what was the total number of low-income, public housing rental ACC units approved for demolition? Do not include any units pending approval.

Number of ACC Units Approved for Demolition _____

None.....

6c. Are there any pending applications for low-income, public housing rental units to be removed from the ACC in the future?

Yes..... 1

No 2 (SKIP TO Q7)

Don't Know -1 (SKIP TO Q7)

6d. How many low-income, public housing rental units are covered by the pending applications?

Number of Units Pending _____

Don't Know..... -1

7. For each building type listed below, how many units were removed from the ACC during the most recent PHA fiscal year or are pending removal? If none, enter "zero."

BUILDING TYPE	# OF UNITS REMOVED	BUILDING TYPE NOT APPLICABLE	DON'T KNOW
7a. Detached/Semi-detached (single-family)	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _1
7b. High-rise with elevator	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _1
7c. Rowhouse/Townhouse	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _1
7d. Low-rise (walk-up)	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _1

8. How many designated family or elderly units were removed from the ACC during the most recent PHA fiscal year or are pending removal? If none, enter "zero."

	# OF UNITS REMOVED	UNIT TYPE NOT APPLICABLE	DON'T KNOW
8a. Family	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _1
8b. Elderly	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _1

9. For each of the following bedroom types, how many units were removed from the ACC during the most recent PHA fiscal year or are pending removal? If none, enter "zero."

	# OF UNITS REMOVED/ PENDING	UNIT TYPE NOT APPLICABLE	DON'T KNOW
9a. 0BR	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _1
9b. 1BR	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _1
9c. 2BR	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _1
9d. 3BR +	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _1

10. Does this HA operate any mixed-finance properties?

- Yes..... 1
- No..... 2 (SKIP TO Q.11)
- Don't Know..... -1 (SKIP TO Q.11)

10a. How many mixed-finance properties are in the HA's portfolio?

- Number of mixed-finance properties _____
- Don't Know..... -1

10b. In total, how many ACC units are in the mixed-finance properties in the HA's portfolio?

- Number of ACC units in mixed-finance propertis..... _____
- Don't Know..... -1

11. Is this HA's ACC subject to any of the following special arrangements?

		YES	NO	DON'T KNOW
11a.	Private management (modernization only)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
	If 11a=NO: Are any properties subject to private management for modernization only	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
11b.	Private management (overall)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
	If 11b=NO: Are any properties subject to private management (overall)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
11c.	Receivership or HUD takeover	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
11d.	Moving to Work (MTW)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
11e.	Capital Fund Financing Program (CFFP)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
11f.	Other Special Arrangements (Specify: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁

12. Thinking only about the HA's current ACC **family** units, and how marketable they are to the low-income, public housing market in their current configuration. What proportion of the HA's current ACC **family** units are:

Marketable to low-income public housing market in current configuration	_____ %
Unmarketable because...	
Repair costs are too high to pay at this time and unit is uninhabitable	_____ %
Current unit configuration does not work (no demand for this size, building type, or layout)	_____ %
Unmarketable for some other reason (Specify: _____)	_____ %
TOTAL	100%
Don't Know.....	-1

12a. Thinking about those **family** units that are **not marketable** in their current condition to the low-income, public housing market, what proportion would you consider investing capital funds in (if funds are available) to make them marketable?

Proportion of unmarketable family units worth investing in.....	_____ %
Don't Know.....	-1

12b. Which of the following things you would consider doing to make those family units marketable to the low-income, public housing market? (Circle all that apply)

Repairs.....	1
Upgrades.....	2
Change unit size.....	3
Other (Specify _____).....	4
Don't Know.....	-1

13. Thinking only about the HA's current ACC elderly/disabled units, and how marketable they are to the low-income, public housing market in their current configuration. What proportion of the HA's current ACC **elderly** units are:

Marketable to low-income public housing market in current configuration	_____ %
Unmarketable because...	
Repair costs are too high to pay at this time and unit is uninhabitable	_____ %
Current unit configuration does not work (no demand for this size, building type, or layout)	_____ %
Unmarketable for some other reason (Specify: _____)	_____ %
TOTAL	100%
Don't Know.....	-1

13a. Thinking about those **elderly** units that are **not marketable** in their current condition to the low-income, public housing market, what proportion would you consider investing capital funds in (if funds are available) to make them marketable?

Proportion of unmarketable elderly units worth investing in.....	_____ %
Don't Know.....	-1

13b. Which of the following things you would consider doing to make those elderly units marketable to the low-income, public housing market? (Circle all that apply)

Repairs.....	1
Upgrades.....	2
Change unit size.....	3
Other (Specify _____).....	4
Don't Know.....	-1

14. Thinking about the information you receive from your annual REAC physical inspections, do you use this information to help you determine how to allocate your capital funds?

- Yes..... 1
- No..... 2 **(SKIP TO Q15)**
- Don't Know..... -1 **(SKIP TO Q15)**

14a. How do you use the information you receive from your REAC physical inspections to help you in determining how to allocate your capital funds?

B. Plans and Financing for Capital Needs

15. Does the HA have a Capital Fund Financing Program (CFFP) plan in place?
Yes..... 1
No..... 2 (SKIP TO Q16)
Don't Know..... -1 (SKIP TO Q16)

15a. In what fiscal year was the Capital Fund Financing Program plan developed?
YEAR PLAN DEVELOPED:.....
Don't Know..... -1

15b. Who developed your Capital Fund Financing Program plan? Was it internal staff, an outside organization, or a collaborative effort?
Developed by internal staff..... 1
Developed by an outside organization..... 2
Developed by both internal staff and outside organization..... 3
Don't Know..... -1

15c. What are the funds being used for?

16. IF Q15=NO or DON'T KNOW ANSWER Q16, OTHERWISE SKIP TO Q18: Are you aware of the Capital Fund Financing Program or CFFP?
Yes..... 1
No..... 2 (SKIP TO Q17)
Don't Know..... -1 (SKIP TO Q17)

16a. Would you consider participating in the Capital Fund Financing Program?
Yes..... 1 (SKIP TO Q18)
No..... 2
Don't Know..... -1

16b. Why would you not consider participating in the Capital Fund Financing Program?

(SKIP TO Q.18)

17. [IF Q16=NO or DON'T KNOW ANSWER Q17, OTHERWISE SKIP TO Q18] Under the Capital Fund Financing Program (CFFP), a PHA may borrow private capital to make improvements and pledge, subject to the availability of appropriations, a portion of its future annual Capital Funds to make debt service payments for either a bond or conventional bank loan transaction. Would you consider participating in the Capital Fund Financing Program?

- Yes..... 1 **(SKIP TO Q18)**
- No..... 2
- Don't Know..... -1

17a. Why would you not consider participating in the Capital Fund Financing Program?

18. Have you ever taken out a private mortgage to pay for capital improvements that uses the Capital Fund to pay it back?

- Yes..... 1
- No..... 2 **(SKIP TO Q19)**
- Don't Know..... -1 **(SKIP TO Q19)**

18a. In what fiscal year was the private mortgage obtained?

- YEAR MORTGAGE OBTAINED:..... _____
- Don't Know..... -1

18b. What are the funds being used for?

19. Please indicate all sources of funding available to support the **capital needs** of your Public Housing Program (e.g., Capital Fund program, reserves, Operating Subsidy, program income from dwelling rent) your organization expects to receive over the next 5 years. For each funding source, please indicate the fiscal year you expect to receive funding from each source and the expected amount.

Funding Source	Fiscal Year	Fiscal Year Definition	Amount Over Next 5 Years
Public Housing Capital Fund	FY___ FY___ FY___ FY___ FY___	PHA <input type="checkbox"/> _1 Federal <input type="checkbox"/> _2 Calendar <input type="checkbox"/> _3 Other <input type="checkbox"/> _4	\$ _____
Public Housing Operating Fund	FY___ FY___ FY___ FY___ FY___	PHA <input type="checkbox"/> _1 Federal <input type="checkbox"/> _2 Calendar <input type="checkbox"/> _3 Other <input type="checkbox"/> _4	\$ _____
Replacement Housing Factor (RHF)	FY___ FY___ FY___ FY___ FY___	PHA <input type="checkbox"/> _1 Federal <input type="checkbox"/> _2 Calendar <input type="checkbox"/> _3 Other <input type="checkbox"/> _4	\$ _____
	FY___ FY___ FY___ FY___ FY___	PHA <input type="checkbox"/> _1 Federal <input type="checkbox"/> _2 Calendar <input type="checkbox"/> _3 Other <input type="checkbox"/> _4	\$ _____
	FY___ FY___ FY___ FY___ FY___	PHA <input type="checkbox"/> _1 Federal <input type="checkbox"/> _2 Calendar <input type="checkbox"/> _3 Other <input type="checkbox"/> _4	\$ _____
	FY___ FY___ FY___ FY___ FY___	PHA <input type="checkbox"/> _1 Federal <input type="checkbox"/> _2 Calendar <input type="checkbox"/> _3 Other <input type="checkbox"/> _4	\$ _____
	FY___ FY___ FY___ FY___ FY___	PHA <input type="checkbox"/> _1 Federal <input type="checkbox"/> _2 Calendar <input type="checkbox"/> _3 Other <input type="checkbox"/> _4	\$ _____
	FY___ FY___ FY___ FY___ FY___	PHA <input type="checkbox"/> _1 Federal <input type="checkbox"/> _2 Calendar <input type="checkbox"/> _3 Other <input type="checkbox"/> _4	\$ _____
	FY___ FY___ FY___ FY___ FY___	PHA <input type="checkbox"/> _1 Federal <input type="checkbox"/> _2 Calendar <input type="checkbox"/> _3 Other <input type="checkbox"/> _4	\$ _____

20. Please describe the process your organization goes through when determining how to allocate funds for capital improvements for your ACC units.

21. Please report the amount of planned capital improvement expenditures in each area over the next five years. (Please note that the amounts reported here should match your five year funding plan.)

BLI	Funding Source	Planned Amount FY__	Planned Amount FY__	Planned Amount FY__	Planned Amount FY__	Planned Amount FY__
1492	Moving to Work	\$	\$	\$	\$	\$
1406	Operations	\$	\$	\$	\$	\$
1408	Management improvements	\$	\$	\$	\$	\$
1410	Administration	\$	\$	\$	\$	\$
1411	Audit	\$	\$	\$	\$	\$
1430	Fees and costs	\$	\$	\$	\$	\$
1440	Site acquisition	\$	\$	\$	\$	\$
1450	Site improvement	\$	\$	\$	\$	\$
1460	Dwelling structures	\$	\$	\$	\$	\$
1465	Dwelling equipment— nonexpendable	\$	\$	\$	\$	\$
1470	Nondwelling structures	\$	\$	\$	\$	\$
1475	Nondwelling Equipment	\$	\$	\$	\$	\$
1485	Demolition	\$	\$	\$	\$	\$
1495	Relocation Costs	\$	\$	\$	\$	\$
1501	Collateral Exp./Debt Service	\$	\$	\$	\$	\$
1502	Contingency	\$	\$	\$	\$	\$
	Lead-based paint activities	\$	\$	\$	\$	\$
	Accessibility improvements	\$	\$	\$	\$	\$
	Energy efficiency improvements	\$	\$	\$	\$	\$
9000	Debt Reserves	\$	\$	\$	\$	\$
9001	Bond Debt Obligation	\$	\$	\$	\$	\$
9002	Loan Debt Obligation	\$	\$	\$	\$	\$
	Other (Specify: _____)	\$	\$	\$	\$	\$

22. What percent of your agency's most recent capital grant funds were used for operations or management (BLIs 1406, 1408 or 1410)?

Percent used for operations or management:..... %

Don't Know..... -1

23. What percent of your agency's most recent capital grant funds were spent on mandated items such as security or accessibility?

Percent used for security/accessibility:..... %

Don't Know..... -1

23a. What are the mandated items your agency spent capital funds on? (CHECK ALL THAT APPLY)

Security..... 1

Accessibility..... 2

Other (Specify:.....)..... 3

Don't Know..... -1

23b. Who requires you to spend capital grant funds on these items? (CIRCLE ALL THAT APPLY)

Board..... 1

Courts..... 2

Voluntary Compliance..... 3

Other (Specify:.....)..... 3

Don't Know..... -1

C. Capital Needs Funding Prior Years

24. Please indicate modernization funding expended in FY2007 and FY2006 for the expense categories listed below. Please report the **actual amounts** (not estimated amounts).

BLI	Funding Source	Modernization Expenditures FY2007	Modernization Expenditures FY2006
149 2	Moving to Work		
140 6	Operations		
140 8	Management improvements		
141 0	Administration		
141 1	Audit		
143 0	Fees and costs		
144 0	Site acquisition		
145 0	Site improvement		
146 0	Dwelling structures		
146 5	Dwelling equipment— nonexpendable		
147 0	Nondwelling structures		
147 5	Nondwelling Equipment		
148 5	Demolition		
149 5	Relocation Costs		
150 1	Collateral Exp./Debt Service		
150 2	Contingency		
	Lead-based paint activities		
	Accessibility improvements		
	Energy efficiency improvements		
900 0	Debt Reserves		
900 1	Bond Debt Obligation		
900	Loan Debt Obligation		

2			
	Other (Specify: _____)		

D. PHA Accessibility

25. How many of your public housing units are accessible under Uniform Federal Accessibility Standards (UFAS)?

Number of Units under UFAS _____
 Don't Know..... -1

26. How much money on average on a per unit basis have you spent over the past 3 years on modifications to make units accessible under UFAS for zero, one, two, and three bedroom units?

	PER UNIT COST	UNIT TYPE NOT APPLICABLE	DON'T KNOW
26a. Per unit cost for 0BR Units	\$ _____	<input type="checkbox"/> ₋₂	<input type="checkbox"/> ₋₁
26b. Per unit cost for 1BR Units	\$ _____	<input type="checkbox"/> ₋₂	<input type="checkbox"/> ₋₁
26c. Per unit cost for 2BR Units	\$ _____	<input type="checkbox"/> ₋₂	<input type="checkbox"/> ₋₁
26d. Per unit cost for 3+BR Units	\$ _____	<input type="checkbox"/> ₋₂	<input type="checkbox"/> ₋₁

27. [IF 26a-d=DON'T KNOW, THEN ANSWER Q27, OTHERWISE SKIP TO Q.28] Over the past 3 years, how much did your agency spend **annually** on accessibility modifications to make housing units compliant with UFAS?

Average annual expenditures for accessibility modifications\$ _____
 Don't Know..... -1

28. Over the past three years, how many accessible units did you add to your total housing inventory?

Number of Accessible Units _____
 Don't Know..... -1

28a. What is the breakdown of these units?

Number of 0 BR Units _____
 Number of 1 BR Units _____
 Number of 2 BR Units _____
 Number of 3+ BR Units _____
 Don't Know..... -1

29. Please indicate the average accessibility modification cost for each of the following portions of a unit over the past 3 years.

	AVERAGE COST	MODIFICATION TYPE NOT APPLICABLE	DON'T KNOW
29a. Kitchen	\$ _____	<input type="checkbox"/> .2	<input type="checkbox"/> .1
29b. Bathroom	\$ _____	<input type="checkbox"/> .2	<input type="checkbox"/> .1
29c. Ramps	\$ _____	<input type="checkbox"/> .2	<input type="checkbox"/> .1
29d. Doorways	\$ _____	<input type="checkbox"/> .2	<input type="checkbox"/> .1
29e. Other (Specify: _____)	\$ _____	<input type="checkbox"/> .2	<input type="checkbox"/> .1

30. What are your projected expenditures over the next five years for UFAS accessibility modifications?

Projected expenditures for accessibility modifications.....\$ _____
 Don't Know..... -1

30a. What do you project for the number of units that you will make accessible in accordance with UFAS through these modifications over the next five years?

Number of UFAS units projected over next five years _____
 Don't Know..... -1

31. What are some of the challenges other than cost that you confront in building accessible units and/or modifying existing units to make them accessible? (CHECK ALL THAT APPLY)

Takes longer than expected..... 1
 Cost over-runs..... 2
 Resident inconvenience..... 3
 Lack of alternative housing during construction 4
 Issues with contractors (specify below)..... 5
 Construction problems (specify below)..... 6
 Issues with permitting/inspections (specify below)..... 7
 Other (Specify: _____)..... 8
 Don't Know..... -1

32. Based on your community need, do you find that demand and/or need for accessible units outpace(s) your ability to build/modify units to make them accessible?

Yes..... 1

No..... 2

Don't Know..... -1

33. What types of requests for accessible units (e.g., hearing impaired, sight impaired, physical impairment) does the HA receive? Please make sure the percentages add up to 100%.

Hearing Impaired..... %

Sight impaired..... %

Physical impairment..... %

Other impairment..... %

Total..... 100%

34. Does your staff need training on accessibility requirements and modifications?

Yes..... 1

No..... 2

Don't Know..... -1

E. Healthy Homes Improvements

35. What percentage of the HA's ACC units have undergone lead removal?
- Percent of units that have undergone lead removal _____
Don't Know..... -1
- 35a. How many of the HA's ACC units still contain lead and need to be abated?
- Number of units that still need to undergo lead removal _____
Don't Know..... -1
36. What is the average per unit cost spent on lead abatement over the last three years?
- Average per unit cost for lead removal _____
Don't Know..... -1
37. What type of challenges, if any, did your organization face in lead abatement? (CHECK ALL THAT APPLY)
- Takes longer than expected..... 1
Cost over-runs..... 2
Resident inconvenience..... 3
Lack of alternative housing during construction 4
Issues with contractors (specify below)..... 5
Construction problems (specify below)..... 6
Issues with permitting/inspections (specify below)..... 7
Other (Specify: _____)..... 8
Don't Know..... -1

F. Energy Efficiency Improvements

38. Has your organization conducted an energy audit within the last five years?
- Yes, audit was done by HA staff..... 1
 - Yes, audit was done by independent qualified energy professional..... 2
 - No..... 3 (SKIP TO Q40)
 - Don't Know..... -1
39. What was the total amount of savings identified by the energy audit?
- Less than 10 percent..... 1
 - 10-19 percent..... 2
 - 20 percent or more..... 3
 - Don't Know..... -1
40. Has the HA made energy efficiency upgrades in any of the ACC properties in the past 5 years?
- Yes..... 1
 - No..... 2 (SKIP TO Q51)
 - Don't Know..... -1
- 40a. Were any of these upgrades made in response to an energy efficiency audit?
- Yes..... 1
 - No..... 2
 - Don't Know..... -1

41. What percent of your organization's ACC units have received each of the following energy efficiency upgrades or replacements, whether part of an energy improvement strategy or not?

ENERGY EFFICIENCY UPGRADES OR REPLACEMENTS	NONE	LESS THAN 25 PERCENT	25-49 PERCENT	50-74 PERCENT	75 PERCENT OR MORE	DON'T KNOW
41a. Windows	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₋₁
41b. Appliances	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₋₁
41c. HVAC Systems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₋₁
41d. Water	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₋₁
41e. Lighting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₋₁
41f. Weatherization/ Building envelope	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₋₁
41g. Other (Specify: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₋₁

42. Comparing the percentage of ACC units with upgrades completed against your organization's overall energy efficiency upgrade plans would you say that you are on target, ahead of plan, or behind plan?

- On target..... 1
- Ahead of plan..... 2
- Behind plan..... 3
- Don't Know..... -1

43. What is the average per unit cost associated with energy efficiency upgrades?

ENERGY EFFICIENCY UPGRADES OR REPLACEMENTS	AVERAGE COST PER UNIT	UPGRADE TYPE NOT APPLICABLE	DON'T KNOW
43a. Windows	\$ _____	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
43b. Appliances	\$ _____	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
43c. HVAC Systems	\$ _____	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
43d. Water	\$ _____	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
43e. Lighting	\$ _____	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
43f. Weatherization/ Building envelope	\$ _____	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
43g. Other (Specify: _____)	\$ _____	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁

ENERGY EFFICIENCY UPGRADES OR REPLACEMENTS	AVERAGE COST PER UNIT	UPGRADE TYPE NOT APPLICABLE	DON'T KNOW
43h. IF 43a-g are DON'T KNOW: Please record the overall cost per unit associated with energy efficiency upgrades	\$ _____	<input type="checkbox"/> _2	<input type="checkbox"/> _1

44. What type of challenges, if any, did your agency face while making energy efficiency improvements? (CHECK ALL THAT APPLY)

- Takes longer than expected..... 1
- Cost over-runs..... 2
- Resident inconvenience..... 3
- Lack of alternative housing during construction 4
- Issues with contractors (specify below)..... 5
- Construction problems (specify below)..... 6
- Issues with permitting/inspections (specify below)..... 7
- Other (Specify: _____)..... 8
- Don't Know..... -1

45. What percentage of these energy efficiency upgrades are being funded through the following financing mechanisms?

	PERCENT FUNDED	DON'T KNOW
45a. An approved rolling basis	_____ %	<input type="checkbox"/> _1
45b. An add-on subsidy under loan amortization	_____ %	<input type="checkbox"/> _1
45c. Capital Fund or CFFP	_____ %	<input type="checkbox"/> _1

46. Have you realized any of the savings that you expected from making these energy efficiency improvements?

- Yes..... 1
- No..... 2
- Too soon to tell..... 3
- Don't Know..... -1

47. How much do you estimate you've saved in energy costs per year based on each of the following energy efficiency upgrades:

	ESTIMATED SAVINGS	DON'T KNOW
47a. Window upgrades	\$ _____	<input type="checkbox"/> -1
47b. Appliance upgrades	\$ _____	<input type="checkbox"/> -1
47c. HVAC upgrades	\$ _____	<input type="checkbox"/> -1
47d. Water upgrades	\$ _____	<input type="checkbox"/> -1
47e. Lighting upgrades	\$ _____	<input type="checkbox"/> -1
47f. Weatherization/ building envelope upgrades	\$ _____	<input type="checkbox"/> -1
47g. Other upgrades (Specify: _____)	\$ _____	<input type="checkbox"/> -1

48. What would you estimate as an annual consumption savings for your PHA by installing energy conservation measures over the last 3 years (or most recent year, if 3 years of data is unavailable)?

	LESS THAN 10 PERCENT	10-19 PERCENT	20 PERCENT OR MORE	DON'T KNOW
48a. Natural gas (therms)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> -1
48b. Electricity (Kwh)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> -1
48c. Oil (gallons)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> -1
48d. Water (gallons)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> -1

49. How many self-managed energy performance contracts have you completed or are currently utilizing?

Number of self-managed contracts..... _____ (IF ="0" SKIP TO 50)

49a. Are they HA-wide contracts, property specific, or a mix of the two?

HA-wide contracts..... 1
 Property specific..... 2
 A mix of the two..... 3
 Don't Know..... -1

50. How many ESCO-managed energy performance contracts have you completed or are currently utilizing?

Number of ESCO-managed contracts..... _____ (IF ="0" SKIP TO 51)

50a. Are they HA-wide contracts, property specific, or a mix of the two?

HA-wide contracts..... 1

Property specific..... 2

A mix of the two..... 3

Don't Know..... -1

55. Have you had any additional operational or management expenditures related to the transition to Asset Management?

Yes..... 1

No..... 2

Don't Know..... -1

55a. Describe the type of increased operational or management expenditures your agency has had as a result of the transition to Asset Management.

56. Has your agency received any additional program income as a result of asset management (e.g., renting out unneeded buildings, dispositions, etc.)?

Yes..... 1

No..... 2

Don't Know..... -1

H. Background Data Form for Sample Properties

1. Sampled Development: _____
Number Name

2. Name and title of person to contact with questions about this form:

3. Phone #: (_____) _____

4. Email Address: _____@_____._____

5. Is this property subject to any of the following special arrangements:

	YES	NO	DON'T KNOW
5a. Resident management	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
5b. Private management	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
5c. CFFP funding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
5d. Energy performance contracts	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
5e. Mixed finance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
5f. Approved demolition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
5g. Proposed demolition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
5h. Other special arrangements (Specify: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁

6. What was the number of turnovers by bedroom size in this property during the last 12 months? If none, enter "zero."

	# TURNOVERS IN PAST 12 MONTHS
0 Bedrooms	_____
1 Bedroom	_____
2 Bedrooms	_____
3 Bedrooms	_____
4+ Bedrooms	_____

7. Thinking only about the property's current ACC **family** units, and how marketable they are to the low-income, public housing market in their current configuration. What proportion of the property's current ACC **family** units are:

Marketable to low-income public housing market in current configuration _____%

Unmarketable because...

Repair costs are too high to pay at this time and unit is uninhabitable _____%

Current unit configuration does not work (no demand for this size, building type, or layout) _____%

Unmarketable for some other reason (Specify: _____) _____%

TOTAL 100%

Don't Know..... -1

- 7a. Thinking about those **family** units that are **not marketable** in their current condition to the low-income, public housing market, what proportion would you consider investing capital funds in (if funds are available) to make them marketable?

Proportion of unmarketable family units worth investing in..... _____%

Don't Know..... -1

7b. Which of the following things you would consider doing to make those family units marketable to the low-income, public housing market? (Circle all that apply)

- Repairs..... 1
- Upgrades..... 2
- Change unit size..... 3
- Other (Specify _____).....4
- Don't Know..... -1

8. Thinking only about the property's current ACC elderly/disabled units, and how marketable they are to the low-income, public housing market in their current configuration. What proportion of the property's current ACC **elderly** units are:

Marketable to low-income public housing market in current configuration _____%

Unmarketable because...

Repair costs are too high to pay at this time and unit is uninhabitable _____%

Current unit configuration does not work (no demand for this size, building type, or layout) _____%

Unmarketable for some other reason (Specify: _____) _____%

TOTAL 100%

Don't Know..... -1

8a. Thinking about those **elderly** units that are **not marketable** in their current condition to the low-income, public housing market, what proportion would you consider investing capital funds in (if funds are available) to make them marketable?

Proportion of unmarketable elderly units worth investing in..... _____%

Don't Know..... -1

8b. Which of the following things you would consider doing to make those elderly units marketable to the low-income, public housing market? (Circle all that apply)

- Repairs..... 1
- Upgrades..... 2
- Change unit size..... 3
- Other (Specify _____).....4
- Don't Know..... -1

9. Please provide the planned number of units at this property to be modernized in the next 5 years as well as their average estimated cost:

<i>Number of units to be substantially rehabbed, next 5 years</i>		\$
<i>Number of new units to be added, next 5 years</i>	+	\$
<i>Number of units maintained as is, next 5 years</i>	+	\$
<i>Number of units to be demolished, next 5 years</i>	-	\$
Average total costs after 5 years		\$
Net total units after 5 years	=	

10. Lead based paint abatement expenditures for this property (if none, enter "zero"):

Most recent year:	\$ _____	<input type="checkbox"/> ₁ Actual <input type="checkbox"/> ₂ Estimate	Source: _____
Total, last 3 years:	\$ _____	<input type="checkbox"/> ₁ Actual <input type="checkbox"/> ₂ Estimate	Source: _____

11. Accessibility improvement expenditures for this property (if none, enter "zero"):

Most recent year:	\$ _____	<input type="checkbox"/> ₁ Actual <input type="checkbox"/> ₂ Estimate	Source: _____
Total, last 3 years:	\$ _____	<input type="checkbox"/> ₁ Actual <input type="checkbox"/> ₂ Estimate	Funding Source: _____

12. Energy efficiency upgrade expenditures for this property (if none, enter "zero"):

Most recent year:	\$ _____	<input type="checkbox"/> ₁ Actual <input type="checkbox"/> ₂ Estimate	Source: _____
Total, last 3 years:	\$ _____	<input type="checkbox"/> ₁ Actual <input type="checkbox"/> ₂ Estimate	Source: _____

13. What is the total amount of capital fund grant money received in FY 2007 for this property (including obligated as well as expended)?

\$ _____

Don't Know.....-1

14. What is the total amount of capital fund grant money *expended* in the prior four years (2003-2006) for this property :

\$ _____

Don't Know..... -1

15. What is the total estimated spending *planned for the next four years*, for this property:

\$ _____

Don't Know..... -1

16. Please list here the estimate of per-unit hard costs for physical needs:

\$ _____

Don't Know..... -1

17. Please indicate whether each of the following utility bills are paid by the resident or by the PHA for this development?

UTILITY BILL	RESIDENT PAID	PHA PAID
Electricity bill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Electricity bills specifically for air conditioning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Gas/oil bills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Water bills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (Specify: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

18. Does this property have central air conditioning?

Yes..... 1

No..... 2

Don't Know..... -1

Capital Needs Funding Prior Years

19. Please indicate modernization funding expended over the past 10 years that is between 1998 and 2008 for the expense categories listed below. Please report the **actual** amounts (not estimated amounts).

BLI	FUNDING	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1492	Moving to Work										
1406	Operations										
1408	Management improvements										
1410	Administration										
1411	Audit										
1430	Fees and costs										
1440	Site acquisition										
1450	Site improvement										
1460	Dwelling structures										
1465	Dwelling equipment— nonexpendable										
1470	Nondwelling structures										
1475	Nondwelling Equipment										
1485	Demolition										
1495	Relocation Costs										
1501	Collateral Exp./Debt Service										
1502	Contingency										
	Lead-based paint activities										
	Accessibility improvements										
	Energy efficiency improvements										
9000	Debt Reserves										
9001	Bond Debt Obligation										
9002	Loan Debt Obligation										
	Other (Specify: _____)										

Details on Offline Buildings

20. For each offline building in the development, please give the address of the building, the reason for the building being offline and the expected duration.

Building Address	Reason Building is Offline	Duration
	<i>Using codes listed below, enter the code or the reason below for each building offline</i> 1 - Ready for Demolition 2 - Recent Natural Disaster 3 - Being Modernized 4- Other (Please Specify)	<i>Enter date expected to go online using MM/DD/YYYY</i> <i>— If never planning to go online enter 00/00/0000</i>
		_ / _ / _
		_ / _ / _
		_ / _ / _
		_ / _ / _
		_ / _ / _
		_ / _ / _
		_ / _ / _
		_ / _ / _
		_ / _ / _
		_ / _ / _

Details on Vacant Units

21. For each unit type where there are vacancies, please indicate the number of vacant units for each bedroom type. If the reason is "Other," please describe below.

Reasons for Unit Vacancies						
	0 BR	1 BR	2 BR	3 BR	4 BR	5+ BR
	# of Units	# of Units	# of Units	# of Units	# of Units	# of Units
<i>Turnover</i>	_____	_____	_____	_____	_____	_____
<i>Being modernized</i>	_____	_____	_____	_____	_____	_____
<i>Being converted for accessibility</i>	_____	_____	_____	_____	_____	_____
<i>Permanently offline</i>	_____	_____	_____	_____	_____	_____
<i>Other (Please Specify Below)</i>	_____	_____	_____	_____	_____	_____
Other Reason for Vacancies in 0 BR: _____						
Other Reason for Vacancies in 1 BR: _____						
Other Reason for Vacancies in 2 BR: _____						
Other Reason for Vacancies in 3 BR: _____						
Other Reason for Vacancies in 4 BR: _____						
Other Reason for Vacancies in 5+ BR: _____						