

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. 2577-0157  
 Expires 11/30/2023

“Public reporting burden for this collection of information is estimated to average 2.2 hours. This includes the time for collecting, reviewing, and reporting the data. The information requested is required to obtain a benefit. This form is used to verify allowable and reasonableness of grant expenses. There are no assurances of confidentiality. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number.

PHA Name <b>Housing Authority of the county of Lake</b>	Grant Type and Number: <b>2021 Capital Fund Grant</b> Capital Fund Program Grant No: <b>IL01P05650121</b> Replacement Housing Factor Grant No: <b>03/24/2021</b> Date of CFFP:	FFY of Grant: FFY of Grant Approval: <b>2021</b>
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Type of Grant

- Original Annual Statement   
  Reserve for Disasters/Emergencies   
  Revised Annual Statement (revision no:
- Performance and Evaluation Report for Period Ending:   
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 15) <sup>3</sup>	\$325,653.80			
3	1408 Management Improvements	\$50,000.00			
4	1410 Administration (may not exceed 10% of line 15)	\$162,826.90			
5	1480 General Capital Activity	\$1,089,788.30			
6	1492 Moving to Work Demonstration				
7	1501 Collateralization Expense / Debt Service Paid by PHA				
8	1503 RAD-CFP				
9	1504 RAD Investment Activity				
10	1505 RAD-CPT				
11	9000 Debt Reserves				
12	9001 Bond Debt Obligation paid Via System of Direct Payment				
13	9002 Loan Debt Obligation paid Via System of Direct Payment				
14	9900 Post Audit Adjustment				

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

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<b>Part I: Summary</b>					
PHA Name: Housing Authority of the county of Lake	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	2021 Capital Fund Grant IL01P05650121 03/24/2021	FFY of Grant: FFY of Grant Approval:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
15	Amount of Annual Grant:: (sum of lines 2 - 14)	\$1,628,269.00			
16	Amount of line 15 Related to LBP Activities				
17	Amount of line 15 Related Sect. 504, ADA, and Fair Housing Act Activities.				
18	Amount of line 15 Related to Security - Soft Costs				
19	Amount of line 15 Related to Security - Hard Costs				
20	Amount of line 15 Related to Energy Conservation Measures				
Signature of Executive Director *		Date	Signature of Public Housing Director		Date
<i>Sorraine Hocker</i>		<i>03/24/2021</i>			

\* I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

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Part II: Supporting Pages									
PHA Name: Housing Authority the County of Lake			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			2021 Capital Fund Grant IL01P05650121 03/24/2021 -			Federal FFY of Grant: 2021
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
	1406 Operation	1406		\$325,653.80					
	Low-Rent Operation & Other Expenditures								
	002- Scattered Sites- Shiloh, Warren Manor, Hawley Man								
	IL056000003 Beach haven Towers, Millview Manor, Ocha								
	IL056000004 - Scattered Sites East								
	IL056000005 - Scattered Sites West								
				\$50,000.00					
	1408 Management Improvements	1408							
	Staffing, Staff Training (Program Policies & Procedures, System Improvements,								
	2- Scattered Sites- Shiloh, Warren Manor, Hawley Man								
	on Towers, Millview Manor, Ocharc Manor & John Kueste								
	IL056000004 - Scattered Sites East								
	IL056000005 - Scattered Sites West								

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

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

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PHA Name: Housing Authority the County of Lake			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			2021 Capital Fund Grant IL01P05650121 03/24/2021			Federal FFY of Grant: 2021
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
	1410 Administration	1410		\$162,826.90					
	Salaries & Benefits for Low Rent								
IL056000002 - Scattered Sites- Shioh, Warren Manor, Ha									
en Towers, Millview Manor, Orchard Manor & John Kueste									
IL056000004 - Scattered Sites East									
IL056000005 - Scattered Sites West									
	1480 General Capital Activity	1480		\$1,089,788.30					
	Exterior Building Modification, Including Siding, Roofs, Gutters, Truck Pointing, Site Improvements Co								
IL056000002 - Scattered Sites- Shioh, Warren Manor, Ha									
en Towers, Millview Manor, Orchard Manor & John Kueste									
IL056000004 - Scattered Sites East									
IL056000005 - Scattered Sites West									

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

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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: <b>Housing Authority the County Lake</b>					Federal FFY of Grant: 2021`
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter 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	
IL056000002- Scattered Sites- Shiloh, Warren Manor, Hawkey Man	02/23/2023				
on Towers, Millview Manor, Orchard Manor & John Kuestler	02/23/2023				
IL056000004 - Scattered Sites East	02/23/2023				
IL056000005 - Scattered Sites West	02/23/2023				

<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.



Office of Public and Indian  
Housing

OMB No. 2577-0157  
Expires 3/31/2020

<b>Part I: Summary</b>						
PHA Name/Number Housing Authority the County of Lake / IL056		Locality (City/County & State) Grayslake, Lake County, Illinois		Original 5-Year Plan		Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2021	Work Statement for Year 2 FFY 2022	Work Statement for Year 3 FFY 2023	Work Statement for Year 4 FFY 2024	Work Statement for Year 5 FFY 2025
B.	Physical Improvements Subtotal \$1,089,788.30	Annual Statement	\$1,089,788.30	\$1,089,788.30	\$1,089,788.30	\$1,089,788.30
C.	Management Improvements	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration	\$162,826.90	\$162,826.90	\$162,826.90	\$162,826.90	\$162,826.90
F.	Other					
G.	Operations	\$325,653.80	\$325,653.80	\$325,653.80	\$325,653.80	\$325,653.80
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds	\$1,628,269.00	\$1,628,269.00	\$1,628,269.00	\$1,628,269.00	\$1,628,269.00
L.	Total Non-CFP Funds					
M.	Grand Total	\$1,628,269.00	\$1,628,269.00	\$1,628,269.00	\$1,628,269.00	\$1,628,269.00

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226 Expires 3/31/2020

**Part I: Summary (Continuation)**

PHA Name/Number		Locality (City/county & State)	Original 5-Year Plan			Revision No:
Development Number	Work and Name Statement for	Work Statement for Year 2 FFY 2022	Work Statement for Year 3 FFY 2023	Work Statement for Year 4 FFY 2024	Work Statement for Year 5 FFY 2025	
	Year 1 FFY ____ 2021 ____					
	Annual Statement					
IL056000002-	Scattered Sites- Shiloh, Warren Manor, Hawley Manor	\$272,447.07	\$272,447.07	\$272,447.07	\$272,447.07	\$272,447.07
IL056000003	Beach Haven Towers, Millview Manor, Orchard Manor & John Kuester	\$272,447.07	\$272,447.07	\$272,447.07	\$272,447.07	\$272,447.07
IL056000004	- Scattered Sites East	\$272,447.07	\$272,447.07	\$272,447.07	\$272,447.07	\$272,447.07
IL056000005	- Scattered Sites West	\$272,447.07	\$272,447.07	\$272,447.07	\$272,447.07	\$272,447.07



Office of Public and Indian  
Housing

OMB No. 2577-  
0226 Expires  
3/31/2020

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____	Work Statement for Year FFY			Work Statement for Year: _____ FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual						
Statement						
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____	Work Statement for Year FFY			Work Statement for Year: FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual						
Statement						
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$



