

**Operating Fund
Calculation of Operating Subsidy
PHA-Owned Rental Housing**

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

OMB Approval No. 2577-0029 (exp. 05/31/2010)

Public Reporting Burden for this collection of information is estimated to average .75 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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is required by Section 9(a) of the U.S. Housing Act of 1937, as amended, and by 24 CFR Part 990 HUD regulations. HUD makes payments for the operation and maintenance of low-income housing projects to PHAs/projects. The Operating Fund determines the amount of operating subsidy to be paid to PHAs/projects. PHAs/projects provide information on the Project Expense Level (PEL), Utilities Expense Level (UEL), Other Formula Expenses (Add-ons) and Formula Income – the major Operating Fund components. HUD reviews the information to determine each obligated for the Funding Period to each PHA/project based on the appropriation by Congress. HUD also uses the information as the basis for requesting annual appropriations from Congress. Responses to the collection of information are required to obtain a benefit. The information requested does not lend itself to confidentiality.

Enter Total Number of ACC Units for this PHA > >

1. Name and Address of Public Housing Agency: Delaware State Housing Authority 18 the Green Dover, DE 19901		2. Funding Period: 01/01/2009 to 12/31/2009
4. ACC Number: P-4520		3. Type of Submission: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No
5. Fiscal Year End: 12/31 03/31 <input checked="" type="checkbox"/> 06/30 09/30	6. Operating Fund Project Number: DE004000003	
7. DUNS Number: 611186909	HUD Use Only	
8. ROFO Code: 0301		

Section 2

Calculation of ACC Units for 12-month period from July 1 to June 30 that is prior to the first day of the Funding Period:				
	ACC Units on 7/1/2007	Units Added to ACC (+)	Units Deleted from ACC (-)	ACC Units on 6/30/2008 (=)
Requested by PHA	516			516
HUD Modifications				

Line No.	Category	Column A Unit Months		Column B Eligible Unit Months (EUMs)		Column C Resident Participation Unit Months	
		Req'd by PHA	HUD Mod.	Req'd by PHA	HUD Mod.	Req'd by PHA	HUD Mod.

Categorization of Unit Months:

Occupied Unit Months

01	Occupied dwelling units -- by public housing eligible family under lease			0		0	
02	Occupied dwelling units -- by PHA employee, police officer, or other security personnel who is not otherwise eligible for public housing					0	
03	New units -- eligible to receive subsidy during the Funding Period but not included on Lines 01, 02, or 05-13 of this section			0		0	
04	New units -- eligible to receive subsidy from 10/1 to 12/31 of previous funding period but not included on previous Calculation of Operating Subsidy			0		0	

Vacant Unit Months

05	Units undergoing modernization			0			
06	Special use units			0			
06a	Units on Line 02 that are occupied by police officers and that also qualify as special use units						
07	Units vacant due to litigation			0			
08	Units vacant due to disasters			0			
09	Units vacant due to casualty losses			0			
10	Units vacant due to changing market conditions			0			
11	Units vacant and not categorized above						

Other ACC Unit Months

12	Units eligible for asset repositioning fee and still on ACC (occupied or vacant)						
13	All other ACC units not categorized above						

Calculations Based on Unit Months:

14	Limited vacancies		0		
15	Total Unit Months	0	0		0
16	Units eligible for funding for resident participation activities (Line 15C divided by 12)				0

Special Provision for Calculation of Utilities Expense Level:

17	Unit months for which actual consumption is included on Line 01 of form HUD-52722 and that were removed from Lines 01 through 11, above, because of removal from inventory, including eligibility for the asset repositioning fee				
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Section 3

Line No.	Description	Requested by PHA	HUD Modifications
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Part A. Formula Expenses

Project Expense Level (PEL)

01	PUM project expense level (PEL)	\$0.00	
02	Inflation factor	0.00000	
03	PUM inflated PEL (Part A, Line 01 times Line 02)	\$0.00	
04	PEL (Part A, Line 03 times Section 2, Line 15, Column B)	\$0	

Utilities Expense Level (UEL)

05	PUM utilities expense level (UEL) (from Line 26 of form HUD-52722)		
06	UEL (Part A, Line 05 times Section 2, Line 15, Column B)	\$0	

Add-Ons

07	Self-sufficiency		
08	Energy loan amortization	\$0	
09	Payment in lieu of taxes (PILOT)		
10	Cost of independent audit		
11	Funding for resident participation activities	\$0	
12	Asset management fee <input type="checkbox"/> Eligible for an Asset Management Fee	\$0	
13	Information technology fee	\$0	
14	Asset repositioning fee		
15	Costs attributable to changes in federal law, regulation, or economy		
16	Total Add-Ons (Sum of Part A, Lines 07 through 15)	\$0	
17	Total Formula Expenses (Part A, Line 04 plus Line 06 plus Line 16)	\$0	

Part B. Formula Income

01	PUM formula income	\$0.00	
02	PUM change in utility allowances		
03	PUM adjusted formula income (Sum of Part B, Lines 01 and 02)	\$0.00	
04	Total Formula Income (Part B, Line 03 times Section 2, Line 15, Column B)	\$0	

Part C. Other Formula Provisions

01	Moving-to-Work (MTW)	\$2,654,779	
02	Transition funding	0.00	\$0
03	Other		
04	Total Other Formula Provisions (Sum of Part C, Lines 01 through 03)	\$2,654,779	

Part D. Calculation of Formula Amount

01	Formula calculation (Part A, Line 17 minus Part B, Line 04 plus Part C, Line 04)	\$2,654,779	
02	Cost of independent audit (Same as Part A, Line 10)	\$0	
03	Formula amount (Greater of Part D, Lines 01 or 02)	\$2,654,779	

Part E. Calculation of Operating Subsidy (HUD Use Only)

01	Formula amount (Same as Part D, Line 03)		
02	Adjustment due to availability of funds		
03	HUD discretionary adjustments		
04	Funds Obligated for Period (Part E, Line 01 minus Line 02 minus Line 03) Appropriation symbol(s):		

Section 4

Remarks (provide section, part and line numbers):

HUD-52723, Section 3, Part C (Other Formual Provisions), Line 1 (Moving to Work \$) and Line 4 (Total Formula Provisions \$) were completed and calculated in accordance with Attachment A of the MTW Agreement.

Prior Year PEL: 320.99 (CY 08)

Multiplied by 1.005

CALCULATION: 322.59 (320.99 x 1.005)

Inflation Factor: 1.033

CALCULATION: (CY 09 PEL) 333.24 (322.59 X 1.033)

Eligible Unit Months: 6,192 (516 X 12)

PEL CALCULATION: 2,063,422 (333.24 x 6,192)

UEL CALCULATION: 541,305 (87.42 PUM x 6192)

ADD-ONS:

Funding for resident participation fee 12,900

Asset management fee 24,768

Information technology fee 12,384

Total ADD-ONS: 50,052 (12,900 + 24,768 + 12,384)

Moving-to-Work (MTW)

CALCULATION: 2,654,779 (2,063,422 + 541,305 + 50,052)

Section 5

Certifications

- In accordance with 24 CFR 990.215, I hereby certify that Delaware State Housing Authority is in compliance with the annual income reexamination requirements and that rents and utility allowance calculations have been or will be adjusted in accordance with current HUD requirements and regulations.
- In accordance with § 225 of Title II of Division K of the Consolidated Appropriations Act, 2008, Pub. L. 110-161 (approved December 26, 2007), I hereby certify that Delaware State Housing Authority has 400 or fewer units and has elected to transition to asset management.
- 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 Authorized PHA Representative & Date:

Douglas M. Craft 11/2/09

X

Signature of Authorized HUD Representative & Date:

X

**Operating Fund
Calculation of Utilities Expense Level
PHA-Owned Rental Housing**

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Section 1 - General Information

1. Name of Public Housing Agency: Delaware State Housing Authority 18 The Green, Dover DE 19901		2. Funding Period: 1/1/09 to 12/31/09		3. Type of Submission: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____		4. Unit Change Indicator: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Frozen Rolling Base: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. Rate Reduction Incentive: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. ACC Number: P-4520				8. Operating Fund Project Number: D E 0 0 4 0 0 0 0 0 3				10. ROFO Code (HUD Use Only): 611186909			

Line No.	Description	Sewerage and Water	Electricity	Gas	Fuel (Specify Type, e.g., oil, coal, wood)		Total
					Common area	Propane	
A	B	C	D	E	F	G	H

Section 2 - Current Consumption Level

01	Actual consumption (12-MONTH PERIOD 7/1/07 TO 6/30/08)	279,385	606,124	17,624	290,118	87,360	
01a	Unit of consumption (e.g., gallons, kWh, therms)	Flat Rate	KWH	Pounds	KWH	Gallons	

Section 3 - Rolling Base Consumption Level

02	Rolling base year 1 - actual consumption (12-month period 7/1/94 to 6/30/95)	Flat Rate	1,066,796	18,294	146,090	57,870	
03	Rolling base year 2 - actual consumption (12-month period 7/1/95 to 6/30/96)	Flat Rate	928,693	21,091	132,385	68,470	
04	Rolling base year 3 - actual consumption (12-month period 7/1/96 to 6/30/97)	Flat Rate	493,441	19,267	92,022	78,300	
05	Total consumption during 3-year rolling base period (Line 02 + Line 03 + Line 04)	Flat Rate	2,488,930	58,652	370,497	204,640	

06	Average rolling base consumption (Line 05 ÷ 3)	Flat Rate	829,643	19,551	123,499	68,213	
07	Actual consumption for new units		8,377		123,064		
08	Rolling Base Consumption (Line 06 + Line 07)	Flat Rate	838,020	19,551	246,563	68,213	
Section 4 – Base Consumption							
09	Base Consumption (Lesser of Line 01 or Line 08)		279,385	19,551	246,563	68,213	
Section 5 – Utility Consumption Incentive							
10	Actual consumption > rolling base (If Line 01 is greater than Line 08, enter the difference as positive; if not, enter 0)						
11	Actual consumption < rolling base (If Line 01 is less than Line 08, enter the difference as positive; if not, enter 0)						
12	75%/25% Split (Line 10 x 0.25)						
13	75%/25% Split (Line 11 x 0.75)						
Section 6 – Payable Consumption							
14	Annualization of consumption for new units						
15	Payable consumption (Sum of Line 09, Line 12, Line 13 and Line 14)		838,020	19,551	246,563	68,213	
Section 7 – Actual Utility Costs and Average Rate							
16	Actual utility costs (12-month period 7/1/07 to 6/30/08)		96,252	30,784	50,866	6,109	
17	Actual average utility rate (Line 16 ÷ Line 01)	Flat Rate	0.1588	1.7467	0.1753	0.0699	
Section 8 – Base Utilities and Inflation/Deflation Factor							
18	Base utilities expense level – whole dollars (Line 15 x Line 17)		133,078	34,150	43,222	4,768	494,603
19	Surcharges for excess consumption of PHA-supplied utilities (12-month period 7/1/___ to 6/30/___) – whole dollars						

Operating Fund Project Number:

20	Base utilities expense level minus surcharges (Line 18 minus Line 19)		494,603
21	Utilities inflation/deflation factor		1.0944
Section 9 – Calculation of Utilities Expense Level			
22	Utilities expense level adjusted for inflation/deflation – whole dollars (Line 20 x Line 21)		541,294
23	Energy rate incentive		
24	Utilities expense level – whole dollars (Line 22 + Line 23)		541,294
25	Eligible unit months (from the original form HUD-52723, Column B, Line 15 plus Line 17 minus Line 04)		6,192
26	Utilities Expense Level – PUM (Line 24 ÷ Line 25)		87.42
Section 10 – Remarks (provide section, part and line numbers)			

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier: DE004000003	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: P-4520
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Delaware State Housing Authority		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 51-0116653		*c. Organizational DUNS: 611186909
d. Address:		
*Street 1:	<u>18 The Green</u>	
Street 2:	_____	
*City:	<u>Dover</u>	
County:	<u>Kent</u>	
*State:	<u>Delaware</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>19901</u>	
e. Organizational Unit:		
Department Name: Delaware State Housing Authority		Division Name: Administration
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Mr.</u>	*First Name: <u>Douglas</u>
Middle Name:	<u>S.</u>	
*Last Name:	<u>Croft</u>	
Suffix:	_____	
Title:	Assistant Director, Financial Management	
Organizational Affiliation:		
*Telephone Number: (302) 739-4263	Fax Number: (302) 739-2086	
*Email: Doug@destatehousing.com		

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Dept. of Housing & Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-850

CFDA Title:

Public Housing Subsidy

***12 Funding Opportunity Number:**

9999

*Title:

13. Competition Identification Number:

9999

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Kent and Sussex Counties of Delaware

***15. Descriptive Title of Applicant's Project:**

Public Housing Subsidy

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: Delaware	*b. Program/Project:	
17. Proposed Project:		
*a. Start Date: 01/01/09	*b. End Date: 12/31/09	
18. Estimated Funding (\$):		
*a. Federal	2,654,779	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	2,654,779	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>02/27/08</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.	_____	*First Name: Douglas
Middle Name: S.	_____	
*Last Name: Croft	_____	
Suffix: _____		
*Title: Assistant Director, Financial Management		
*Telephone Number: (302) 739-4263	Fax Number: (302) 739-2086	
* Email: Doug@destatehousing.com		
*Signature of Authorized Representative: <i>Douglas H. Croft</i>	*Date Signed: 01/12/08	

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.