

**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.06/30/2017)

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 PHA's/project's Formula Amount and the funds to be 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. Formula Amount and the funds to be 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 > 60

<b>1. Name and Address of Public Housing Agency:</b> PARMA PUBLIC HOUSING AGENCY 1440 Rockside Rd Parma, OH 44134		<b>2. Funding Period:</b> 01/01/2015 to 12/31/2015
<b>4. ACC Number:</b> C-5507		<b>3. Type of Submission:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No.
<b>5. Fiscal Year End:</b> <input checked="" type="checkbox"/> 12/31 <input type="checkbox"/> 03/31 <input type="checkbox"/> 06/30 <input type="checkbox"/> 09/30	<b>6. Operating Fund Project Number:</b> OH073000001	
<b>7. DUNS Number:</b> 138822585	<b>HUD Use Only</b>	
<b>8. ROFO Code:</b> 0512		

**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 7/1/2013	Units Added to ACC (+)	Units Deleted from ACC (-)	ACC Units on 6/30/2014 (=)
Requested by PHA				0
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:**  
 First of Month  
 Last of Month

**Occupied Unit Months**

Line No.	Category	Req'd by PHA	HUD Mod.	Req'd by PHA	HUD Mod.	Req'd by PHA	HUD Mod.
01	Occupied dwelling units -- by public housing eligible family under lease	705		705		705	
02	Occupied dwelling units -- by PHA employee, police officer, or other security personnel who is not otherwise eligible for public housing	12				12	
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**

Line No.	Category	Req'd by PHA	HUD Mod.	Req'd by PHA	HUD Mod.	Req'd by PHA	HUD Mod.
05	Units undergoing modernization	0		0			
06	Special use units	0		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		0			
08	Units vacant due to disasters	0		0			
09	Units vacant due to casualty losses	0		0			
10	Units vacant due to changing market conditions	0		0			
11	Units vacant and not categorized above	3					

**Other ACC Unit Months**

Line No.	Category	Req'd by PHA	HUD Mod.	Req'd by PHA	HUD Mod.	Req'd by PHA	HUD Mod.
12	Units eligible for asset repositioning fee and still on ACC (occupied or vacant)	0					
13	All other ACC units not categorized above	0					

**Calculations Based on Unit Months:**

14	Limited vacancies		3		
15	<b>Total Unit Months</b>	720	708		717
16	Units eligible for funding for resident participation activities (Line 15C divided by 12)				60

**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)		\$385.71
02	Inflation factor		1.01100
03	PUM inflated PEL (Part A, Line 01 times Line 02)		\$389.95
04	PEL (Part A, Line 03 times Section 2, Line 15, Column B)		\$276,085

**Utilities Expense Level (UEL)**

05	PUM utilities expense level (UEL) (from Line 26 of form HUD-52722)		\$114.77
06	UEL (Part A, Line 05 times Section 2, Line 15, Column B)		\$81,257

**Add-Ons**

07	Self-sufficiency		
08	Energy loan amortization		
09	Payment in lieu of taxes (PILOT)		\$949
10	Cost of independent audit		\$1,135
11	Funding for resident participation activities		\$1,500
12	Asset management fee <input checked="" type="checkbox"/> Eligible for an Asset Management Fee		\$0
13	Information technology fee		\$1,440
14	Asset repositioning fee		\$0
15	Costs attributable to changes in federal law, regulation, or economy		
16	<b>Total Add-Ons (Sum of Part A, Lines 07 through 15)</b>		<b>\$5,024</b>
17	<b>Total Formula Expenses (Part A, Line 04 plus Line 06 plus Line 16)</b>		<b>\$362,366</b>

**Part B. Formula Income**

01	PUM formula income		\$127.68
02	PUM change in utility allow. <input type="checkbox"/> Resident-paid utilities incentive		
03	PUM adjusted formula income (Sum of Part B, Lines 01 and 02)		\$127.68
04	<b>Total Formula Income (Part B, Line 03 times Section 2, Line 15, Column B)</b>		<b>\$90,397</b>

**Part C. Other Formula Provisions**

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

**Part D. Calculation of Formula Amount**

01	Formula calculation (Part A, Line 17 minus Part B, Line 04 plus Part C, Line 04)		\$271,969
02	Cost of independent audit (Same as Part A, Line 10)		\$1,135
03	Formula amount (Greater of Part D, Lines 01 or 02)		\$271,969

**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	<b>Funds Obligated for Period (Part E, Line 01 minus Line 02 minus Line 03)</b> Appropriation symbol(s):		

**Section 4**

Remarks (provide section, part and line numbers):

PUM Utilites expense level is lower than the prior year. Changes were noted in the following utility usage: units of gas used increased by 710 (100 cubic feet); units of water and sewer increased by 46 (1000 cubic feet) and units of electricity decreased by 17030 (Kilowatt hours). The changes in usage account for the variances between fiscal years.

**Section 5**

- In accordance with 24 CFR 990.215, I hereby certify that PARMA PUBLIC HOUSING AGENCY Housing Agency 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 § 223 of Title II of Division K of the Consolidated Appropriations Act, 2010, Pub. L. 111-117 (approved December 16, 2009) and subsequent acts containing the same provisions, I hereby certify that PARMA PUBLIC HOUSING AGENCY Housing Agency has 400 or fewer units and is implementing asset management.
- In accordance with 24 CFR 990.255 through 990.285 of Subpart H – Asset Management, I hereby certify that PARMA PUBLIC HOUSING AGENCY has 250 units or more and is in compliance with asset management. I understand in accordance with 24 CFR 990.190(f), PHAs that are not in compliance with asset management will forfeit the asset management fee.
- 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:

Signature of Authorized HUD Representative & Date:

X

X

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R																																																																																																																														
<b>1 Operating Fund</b> <b>Calculation of Utilities Expense Level</b> <b>3 PHA-Owned Rental Housing</b> <b>Office of Public and Indian Housing</b> <b>U.S. Department of Housing and Urban Development</b> <b>OMB Approval No. 2577-0029 (exp. 06/30/2017)</b> 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 provide it, unless it displays a currently valid OMB control number. This information is required by Section 596 of the U.S. Housing Act of 1987, as amended, and by 24 CFR Part 980 HUD regulations. HUD makes payments for the operation and maintenance of low-income housing projects to PHAs. The Operating Fund determines the amount of operating subsidy to be paid to PHAs. PHAs provide information on the Project Expense Level (PEL), Utility Expense Level (UEL), Other Funds Expense Level (OFEL), and Total Expense Level (TEL) to HUD. HUD reviews the information to determine each PHA's financial health and to determine the amount of operating subsidy to be paid to the PHA. HUD also uses the information as the basis for requesting annual appropriations from Congress. Responses to the collection of information are required to attach a bond. The information requested does not need to be certified.																																																																																																																																															
<b>Section 1 - General Information</b> <b>1. Name of Public Housing Agency:</b> BARIYAPUBLIC HOUSING AGENCY <b>2. Funding Period:</b> 1/1/2015 to 12/31/2015 <b>3. Type of Submission:</b> [REDACTED] <b>4. Unit Change Indicator:</b> No <b>5. DUNS Number:</b> 138822685 <b>6. Rate Reduction Incentive:</b> No <b>7. ACC Number:</b> C-5607 <b>8. Operating Fund Project Number:</b> [REDACTED] <b>9. Fiscal Year End:</b> 12/31 <b>10. ROFO Code (HUD Use Only):</b> 0512																																																																																																																																															
<b>Section 2 - Current consumption Level</b> <table border="1"> <thead> <tr> <th>Line No.</th> <th>Description</th> <th>Incentive Type</th> <th>Flat Rate</th> <th>Non Fioz</th> </tr> <tr> <th></th> <th></th> <th></th> <th>DELETE Electricity</th> <th>DELETE Electricity</th> <th>DELETE Gas</th> <th>DELETE Gas</th> <th>DELETE Water and Sewer</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Actual Consumption (12-month period 7/1/2013 to 6/30/2014)</td> <td></td> <td>0</td> <td>57,090</td> <td>23,851</td> <td>739</td> <td>0</td> </tr> <tr> <td>01a</td> <td>Unit of consumption (e.g., gallons, kWh, therms)</td> <td></td> <td></td> <td>Kilowatt Hours</td> <td>100 cubic feet</td> <td>100 cubic feet</td> <td></td> </tr> </tbody> </table>																		Line No.	Description	Incentive Type	Flat Rate	Non Fioz				DELETE Electricity	DELETE Electricity	DELETE Gas	DELETE Gas	DELETE Water and Sewer	01	Actual Consumption (12-month period 7/1/2013 to 6/30/2014)		0	57,090	23,851	739	0	0	0	0	0	0	0	0	0	0	0	01a	Unit of consumption (e.g., gallons, kWh, therms)			Kilowatt Hours	100 cubic feet	100 cubic feet																																																																																								
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
38	<b>Section 6 - Payable Consumption</b>																		
39	14	Annualization of consumption for new units																	
40	15	Payable consumption (Sum of Line 09, Line 12, Line 13, and Line 14)																	
41	40	Flat Rate																	
42	41	Flat Rate																	
43	16	Actual utility costs (12-month period 7/1/2013 to 6/30/2014)																	
44	17	Actual average utility rate (Line 16 + Line 01)																	
45	18	Base utilities expense level - whole dollars (Line 15 x Line 17)																	
46	19	Surcharges for excess consumption of PHA-supplied utilities (12-month period 7/1/2013 to 6/30/2014) - whole dollars																	
47	20	Base Utilities expense level minus surcharges (Line 18 minus Line 19)																	
48	21	Utilities inflation/deflation factor																	
49	22	Utilities expense level adjusted for inflation/deflation - whole dollars (Line 20 x Line 21)																	
50	23	Energy rate incentive																	
51	24	Utilities expense level - whole dollars (Line 22 + Line 23)																	
52	25	Eligible unit months (from the original form HUD-52723, Column B, Line 15 plus Line 17 minus Line 04)																	
53	26	Utilities Expense Level - PUM (Line 24 + Line 25)																	
54	58																		
55	57																		
56	59																		
57	60																		
58	61																		
59	62																		
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# Certification of Payments to Influence Federal Transactions

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

OMB Approval No. 2577-0157 (Exp. 01/31/2017)

Applicant Name

Parma Public Housing Agency

Program/Activity Receiving Federal Grant Funding

Low Income Public Housing Agency

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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)

Name of Authorized Official

Lev Michael Kulchytsky

Title

Executive Director

Signature

Date (mm/dd/yyyy)

12/29/2014

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Preapplication		<input type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	

*3. Date Received:	4. Application Identifier: OH073
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5a. Federal Entity Identifier: OH073	*5b. Federal Award Identifier: OH073
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<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: Parma Public Housing Agency	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1620781	*c. Organizational DUNS: 138833585

<b>d. Address:</b>	
*Street1: 1440 Rockside Road, Suite 306	
Street 2:	
*City: Parma	
County: Cuyahoga	
*State: Ohio	
Province:	
Country: U.S.A.	*Zip/ Postal Code: 44134-2774

<b>e. Organizational Unit:</b>	
Department Name: Parma Public Housing Agency	Division Name: Low Rent Public Housing Program

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:	First Name: Lev
Middle Name: Michael	
*Last Name: Kulchytsky	
Suffix:	
Title: Executive Director	

Organizational Affiliation: Executive Director Parma Public Housing Agency
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*Telephone Number: 440-391-1801	Fax Number: 216-661-2015
*Email: Lev@parmahousing.org	

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: L. Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

C. City or Township Government

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.850

CFDA Title:

14.850 Public and Indian Housing

\*12. Funding Opportunity Number: 9999

\*Title: 9999

13. Competition Identification Number: 9999

Title:

9999

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

Cuyahoga County, Ohio

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

The Parma Public Housing Agency administers 742 Housing Choice Vouchers (HCV) throughout Cuyahoga County and maintains 60 low income public housing units in Parma, Ohio.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of: OH-9, OH-11, OH-16, OH-14

\*a. Applicant OH-9, OH-11, OH-16, OH-14 \*b. Program/Project: Low income Public Housing Program

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\*a. Start Date: 1/1/2015 \*b. End Date: 12/31/2015

**18. Estimated Funding (\$):**

\*a. Federal \$271,969.00  
\*b. Applicant  
\*c. State  
\*d. Local  
\*e. Other  
\*f. Program Income  
\*g. TOTAL \$271,969.00

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- Yes  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)

\*\*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: \*First Name: Lev

Middle Name: Michael

\*Last Name: Kulchytsky

Suffix:

\*Title: Executive Director

\*Telephone Number: 440-391-1801

Fax Number: 216-661-2021

\*Email: Lev@parmahousing.org

\*Signature of Authorized Representative:

Date Signed: 12/29/2014

**Application for Federal Assistance SF-424**

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**\*Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

N/A