

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: **2003**

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH THE INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHAName:** MassacCountyHousingAuthority

**PHANumber:** IL041

**PHAFiscalYearBeginning:(mm/yyyy)** 07/2003

### PHA Plan Contact Information:

Name: Carolyn M. Wills

Phone: 618 -524-8411

TDD:

Email (if available): mcha@midwestmail.com

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

### PHA Programs Administered :

- Public Housing and Section 8     Section 8 Only     Public Housing Only



**Annual PHA Plan  
Fiscal Year 2003  
[24CFR Part 903.7]  
il041v01**

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title. **SEPARATE**

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<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan		

- Attachment D: Resident Membership on PHA Board or Governing Body
- Attachment E: Membership of Resident Advisory Board or Boards
- Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

## ii. Executive Summary

[24 CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

### 1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

There are no major changes in policies for the coming year. We continue to refine policies and the procedures necessary to implement them; however, updates have been accomplished in recent years that address most issues.

The Board is seeking ways to make public housing units competitive in the market without spending large amounts of money. The newly created capital fund formula allowed the Board to plan expenditures in a rational manner that had not been possible prior to the formula. Unfortunately, spending will be prioritized in order to address the anticipated decrease in capital funds while considering the requirement of REAC and the demands of the market.

### 2. Capital Improvement Needs

[24 CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A.  Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$351,816.

C.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

**(1) Capital Fund Program 5 -Year Action Plan**

The Capital Fund Program 5 -Year Action Plan is provided as Attachment

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment

**3.D Demolition and Disposition**

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/>

Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for        units <input type="checkbox"/> Public housing for        units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for        units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

A.  Yes x No:        Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources

- Requiring that financing for purchase of a home under its section 8 home ownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meetings specified requirements prior to receipt of PHDEP funds.

- A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D.  Yes  No: The PHDEP Plan is attached as Attachment \_\_\_\_\_

**6. Other Information**

[24CFR Part 903.79(r)]

**A. Resident Advisory Board (RAB) Recommendations and PHA Response**

- 1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
- 2. If yes, the comments are attached as Attachment (Filename) il041f01



3. In what manner did the PHA address those comments? (select all that apply)

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included.  
 Yes  No: below
- Yes  No: at the end of the RAB Comments in Attachment I 041f01
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.
- Other: (list below)

**B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)  
Illinois Housing Development Authority

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) Approve the 5 -year plan and collect data necessary to prepare the Authority's plan.

### C. Criteria for Substantial Deviation and Significant Amendments

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5 -year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5 -year Plan:

Substantial deviation or significant amendment or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

#### B. Significant Amendment or Modification to the Annual Plan:

See definition above

**Attachment A**  
**Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
n/a	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
x	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
x	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
x	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
x	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
n/a	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public housing rent determination policies, including the method for setting public housing flat rents x check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
x	Schedule of flat rents offered at each public housing development x check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
n/a	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
n/a	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
n/a	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
n/a	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
x	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
n/a	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
n/a	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
x	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
n/a	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
n/a	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
x	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
n/a	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
n/a	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
x	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
n/a	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
x	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
n/a	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
n/a	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
n/a	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> <li>• Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>• Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>• Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>• Coordination with other law enforcement efforts;</li> <li>• Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>• All crime statistics and other relevant data (including Part I lands specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
x	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p>x check here if included in the public housing A&amp;O Policy</p>	Pet Policy
x	<p>The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings</p>	Annual Plan: Annual Audit
n/a	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
n/a	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

### Capital Fund Program 5 - Year Action Plan IL041c01

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 - Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-1	Spence	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)



Exterior Lights	16,000	2007
Water Heaters	22,500	2007
Air Conditioners	72,000	2007*
Replace Water Pipes	27,000	2007*
Replace Gas Meters	9,000	2007*
Replace Smoke Detectors	1,125	2007*
Carbon Monoxide Detectors	7,500	2007*
GFCI Receptacles	4,200	2007*
Arc Fault Protectors	7,800	2007*
*Identified needs — as funds are available		
<b>Total Estimated Cost Over 5 Years</b>	<b>\$167,125</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

-wide

<b>CFP5 -Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
IL041-2	Strickland	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

Setback Thermostats	1,500	2007*
Water Heaters	3,750	2007
Thru Wall A/C	24,000	2007*
Add Smoke Detector	125	2007*
Carbon Monoxide Detectors	1,250	2007*
GFCI Receptacles	700	2007*
Arc Fault Protectors	1,440	2007*
<b>*Identified needs — completed as funds are available</b>		
<b>Total Estimated Cost Over 5 Years</b>	<b>\$32,765</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement. -wide

<b>CFP5 -Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
IL041-3	King	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

Set Back Thermostats	3,000	2007
Water Heaters	7,000	2007
Air Conditioning	48,000	2007*
504 Unit	30,000	2007*
Carbon Monoxide Detectors	2,500	2007*
GFCI Receptacles	1,400	2007*
Arc Fault Protectors	3,000	2007*
504 Site	15,000	2007*
*identified needs — completed as funds are available		
<b>Total Estimated Cost Over 5 Years</b>	<b>\$109,900</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

-wide

<b>CFP5 -Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
IL041-5	Spence/Strickland Addition	
<b>Description of Needed Physical Improvements or Management Improvements (IL -041-5)</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

Site Improvement	3,000	2007*
Swale	432	2007*
Tuckpoint	450	2007
Site Lighting	4,000	2007*
Abate Transite Panels	26,250	2005
Add Vinyl Siding	4,400	2005
Exhaust Fans	900	2004
Security Screens	7,360	2004
Temperature Controls	500	2007*
Replace Underfloor Piping	150,000	2006
Setback Thermostats	3,000	2007*
Fin Tube Housing	13,500	2007*
Replace Water Heaters	7,500	2005
Thru Wall Air Conditioners	48,000	2004
Gas Piping	12,000	2007
Electric Service/Panel Boards	28,000	2004
Clean Outs	2,400	2007*
Paint	42,156	2006
504 Upgrades	30,000	2006
Abate Flooring	31,770	2006
Replace Flooring	37,283	2006
Storm Doors	11,000	2007*
Entry Doors	24,000	2007*
Replace Windows	36,960	2005
Remodel Kitchens	70,610	2007
Remodel Baths	14,400	2007
Mechanical	116,300	2006
*Identified needs — completed as funds are available		
<b>Total Estimated Cost Over 5 Years</b>	<b>\$725,271</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement. -wide

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-6	Bunchman	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Tuck Point	19,080	2007
Sit Lighting	4,000	2007*
Carbon Monoxide	1,500	2007*
GFCI Receptacles	840	2007*
Arc Fault Protectors	1,800	2007*
Landscaping	5,000	2007*
<b>*Identified needs — completed as funds are available</b>		
<b>Total Estimated Cost Over 5 Years</b>	<b>\$32,220</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement. -wide

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-7	Humma	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Elevator Upgrade	80,000	2007*
Stairwell Doors	7,200	2007*
Smoke Doors	6,000	2007*
Replace Ceiling Tile and Grid	19,126	2007*
Interior Doors to Corridor	900	2007*
Replace Heat Air Pumps	14,000	2007*
Replace Domestic Water Piping	4,500	2007*
Cleanout Interior Sanitary Sewer	20,000	2007*
Add 504 Unit	40,000	2007*
Paint	69,480	2007*
Remodel Kitchens	120,750	2007*]
Remodel Baths	59,450	2007*
Replace Fire Alarm	20,000	2007*
Add Carbon Monoxide Detectors	5,125	2007*
GFCI Receptacles	2,870	2007*
Arc Fault Protection	2,460	2007*
Kitchen Sinks	15,000	2007*
Range Hoods	9,000	2007*
Lavatories	18,000	2007*
Tubs/Showers	40,000	2007*
Water Closets	26,000	2007*
*Identified needs — completed as funds are available		
<b>Total Estimated Cost Over 5 Years</b>	<b>\$579,861</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-8	Young	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

Replace Walks	2,640	2007*
Replace Trash Enclosures	5,000	2007*
Tuck Point	450	2007*
Replace Bricks	960	2007*
Replace Shingle Roof	19,125	2007*
Replace Fascia	2,130	2007*
Replace Soffit	6,878	2007*
Replace Guttering	1,505	2007*
Replace Downspouts	665	2007*
Replace Siding	3,960	2007*
Water Heaters	3,500	2007
Additional Mechanical	28,900	2007*
Paint	24,914	2005
Handicap Upgrade	15,000	2005
Replace Windows	17,640	2005
Stainless Steel Screens	3,360	2007*
Interior and Closet Doors	26,300	2007*
Kitchen Cabinets and Counters	23,675	2005
Exhaust Fans	500	2007*
Shut-off Valves/Clean Outs	1,000	2007*
Bath Upgrades	11,000	2005
Mechanical	41,225	2005
Replace Tile -4 Units	18,621	2005
FRP Panels	750	2005
Interior Doors	16,300	2005
Storm Doors	5,500	2005
Hardware	3,500	2005
Carbon Monoxide Detectors	1,250	2005
GFCI	700	2005
Arc Fault Protection	600	2005



<b>*Identified needs — completed as funds are available</b>		
<b>Total Estimated Cost Over 5 Years</b>	<b>\$287,549</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement. -wide

<b>CFP5 -Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
IL041-9	Fairmount	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

ReplaceTile	53,978	2003
ReplaceWindows	50,232	2003
ReplaceKitchens	56,967	2003
ReplaceBaths	22,667	2003
SetBackThermostats	3,000	2003
WaterHeaters	22,500	2003
FRPPanels	1,500	2003
Paint	63,542	2003
Closet/InteriorDoors	65,900	2003
504Upgrade	100,000	2004
CarbonMonoxideDetectors	5,000	2004
GFCI	4,200	2007*
ArchFaultProtection	8,400	2007*
CreateSwales	5,250	2007*
Drains	1,000	2007*
CentralCooling	64,000	2004*
Windows	58,968	2007*
Kitchens/E	113,933	2007
Baths/E	84,800	2007
SewerCleanOuts	6,000	2007*
ReplaceWalks	17,985	2007*
PaveParking	61,000	2007*
ExhaustFans	3,000	2007*
Landscaping	20,000	2007*
ReplaceWindows/Screens(E)	68,968	2004
AirConditioning(F)	32,000	2007*
StoveandRefrigerators	17,000	2007*
*Identifiedneeds —completedasfundsareavailable		
<b>TotalEstimatedCostOver5Years</b>	<b>\$1,011,790</b>	



**Required Attachment 041d01: Resident Member on the PHA Governing Board**

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- Elected
- Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a fulltime basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of a governing board member: 11/03

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Jereld Childers, Chair, Massac County Board of Commissioners appoints, with commissioners Jim Modglin and Dale Obermark, housing authority commissioners.

## **Required Attachment 1041e01 Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Mary Beggs  
Judy Higgins  
Cleta Hines  
Ruby Reynolds  
Morris Smith

## Attachment A

### Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
n/a	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
x	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
x	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
x	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
x	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
n/a	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
x	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
n/a	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
x	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
n/a	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
n/a	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
n/a	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
x	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
n/a	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
n/a	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
x	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
n/a	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
n/a	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
x	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
n/a	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
n/a	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
n/a	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
x	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
n/a	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
n/a	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
n/a	PHDEP-related documentation: <ul style="list-style-type: none"> <li>• Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>• Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>• Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>• Coordination with other law enforcement efforts;</li> <li>• Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>• All crime statistics and other relevant data (including Part I lands specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
x	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) x check here if included in the public housing A&O Policy	Pet Policy
x	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
n/a	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
n/a	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



II041b01

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:  
 Summary**

<b>PHAName:</b> MassacCountyHousingAuthority	<b>GrantTypeandNumber</b> CapitalFundProgram <b>IL04106P041-501-02</b> CapitalFundProgram ReplacementHousingFactorGrantNo:	<b>FederalFYofGrant:</b> <b>2002</b>
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**Original Annual Statement**  **Reserve for Disasters/Emergencies**  **Revised Annual Statement (revision no: )**  
**x Performance and Evaluation Report for Period Ending: 12/02**  **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	6,000.00	0		
3	1408 Management Improvements	12,570.00	12,570.00		
4	1410 Administration	30,000.00	30,000.00	273.60	273.60
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	33,250.00	33,250.00	27,655.79	8,387.50
8	1440 Site Acquisition				
9	1450 Site Improvement	9,652.00	9,652.00		
10	1460 Dwelling Structures	204,741.00	218,894.00	215.61	215.61
11	1465.1 Dwelling Equipment — Nonexpendable	18,450.00	18,450.00		
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment	20,000.00	0		
14	1485 Demolition				
15	1490 Replacement Reserve				

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:  
 Summary**

<b>PHAName:</b> MassacCountyHousingAuthority	<b>GrantTypeandNumber</b> CapitalFundProgram IL04106P041-501-02 CapitalFundProgram ReplacementHousingFactorGrantNo:	<b>FederalFYofGrant:</b> 2002
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OriginalAnnualStatement Statement(revisionno: )  ReserveforDisasters/Emergencies  RevisedAnnual  
 xPerformanceandEvaluationReportforPeriodEnding:12/02  FinalPerformanceandEvaluationReport

Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency	29,000.00	29,000.00		
20	AmountofAnnualGrant:(sumoflines 2-19)	\$351,816.00	\$351,816.00	\$28,145.00	\$8,876.71
21	Amountoffline20RelatedtoLBP Activities				
22	Amountoffline20RelatedtoSection504 Compliance	66,000.00			
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures	40,881.00			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>MassacCountyHousingAuthority</b>		GrantTypeandNumber CapitalFundProgram <b>IL06P041501 -02</b> CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: <b>2002</b>			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
IL41-1 Spence	Chimneyrepair	1460		8,340				
IL41-1	Sidings	1460		52,000				
41-2 Strickland	Chimneyrepairs	1460		2,340				
41-3King	Chimneyrepair	1460		5,340				
41-3	Trashpads	1450		12,978				
41-7Humma	Railsandfiredoors	1460		46,800				
41-7	Paint, windows	1460		55,381				
41-7	Airconditioner	1465.1		18,450				
41-9 Fairmount	Ramps,paint	1460		34,540				
41-9	Trashpads	1450		4,827				
PHAWide	Operations	1460		6,000				
PHAWide	ManagementImprovements	1408		12,570				
PHAWide	Administration	1410		30,000				
PHAWide	A&E	1430		33,250				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>MassacCountyHousingAuthority</b>		GrantTypeandNumber CapitalFundProgram <b>IL06P041501 -02</b> CapitalFundProgram Replacem entHousingFactor#:			FederalFYofGrant:  <b>2002</b>			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWide	Contingency	1502		29,000				



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**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:  
 Summary**

<b>PHAName:</b> MassacCountyHousingAuthority	<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: <b>IL06P041-501-03</b> ReplacementHousingFactorGrantNo:	<b>FederalFYofGrant:</b> <b>2003</b>
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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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	5,000			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	28,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	4,000			
10	1460 Dwelling Structures	316,286			
11	1465.1 Dwelling Equipment — Nonexpendable	10,000			

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:  
 Summary**

<b>PHAName:</b> MassacCountyHousingAuthority	<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: <b>IL06P041-501-03</b> ReplacementHousingFactorGrantNo:	<b>FederalFYofGrant:</b> <b>2003</b>
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Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no:    )  
 Performance and Evaluation Report for Period Ending:     Final Performance and Evaluation Report

Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	5,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	368,286 ***Estimated			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance	22,000			
	Amount of line XX Related to Security Soft Costs	—			
	Amount of Line XX related to Security--Hard Costs	75,732			
	Amount of line XX Related to Energy Conservation				



**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:  
 Summary**

<b>PHAName:</b> MassacCountyHousingAuthority	<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: <b>IL06P041-501-03</b> ReplacementHousingFactorGrantNo:	<b>FederalFYofGrant:</b> <b>2003</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Measures				
	Collateralization Expenses or Debt Service				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>MassacCountyHousingAuthority</b>		GrantTypeandNumber CapitalFundProgramGrantNo: <b>IL06P041501 -03</b> ReplacementHousingFactorGrantNo:				FederalFYofGrant: <b>2003</b>		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories		Dev. Acct No.	Quantity	TotalEstimatedCost	TotalActualCost		Statusof Work
41-9 Fairmount	ReplaceFloorTile		1460		53,978			
41-9	Replacewindows/screens		1460		50,232			
41-9	Interiorandclosetdoors		1460		65,900			
41-9	Kitchenupgrade		1460		56,967			
41-9	Bathupgrades		1460		22,667			
41-9	Thermostats		1460		3,000			
41-9	Waterheaters		1460		17,500			
41-9	FRPpanels		1460		1,500			
41-9	Paint		1460		63,542			
PHAWide	A&E		1430		28,000			
PHAWide	Operations		1406		5,000			

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHAName: <b>MassacCountyHousingAuthority</b>		GrantTypeandNumber CapitalFundProgramGrantNo: <b>IL06P041501 -03</b> ReplacementHousingFactorGrantNo:				FederalFYofGrant: <b>2003</b>			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories		Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work





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

**Part I: Summary**

PHAName: <b>MassacCo. Housing Authority</b>		<input type="checkbox"/> <b>Original 5 -Year Plan</b> <b>xRevisionNo:3</b>			
Development Number/Name/HA-Wide	Year1	Work Statement for Year2 FFY Grant: <b>2004</b> PHAFY: <b>2004</b>	Work Statement for Year3 FFY Grant: <b>2005</b> PHAFY: <b>2005</b>	Work Statement for Year4 FFY Grant: <b>2006</b> PHAFY: <b>2006</b>	Work Statement for Year5 FFY Grant: <b>2007</b> PHAFY: <b>2007</b>
41-1 Spence	Annual Statement				\$22,500
41-2 Strickland					3,750
41-3 King					7,000
41-5 Spence Add		76,900	75,110	369,659	85,010
41-6 Bunchman					10,000
41-7 Humma					10,000
41-8 Young			180,676		3,500
41-9 Fairmount		249,968			195,733
PHAWide		42,000	84,000	30,000	40,000
CFP Funds Listed for 5 -year planning		\$368,868	\$339,786	\$399,659	\$377,493
Replacement Housing Factor Funds					

**CapitalFundProgramFive -YearActionPlan  
PartII:SupportingPages —WorkActivities**

Activities for Year1	ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See	41-5Spence/Strick	ElectricService	28,000	41-5Spence/Stric	AbateTransite	26,250
Annual	41-5Spence/Strick	AirConditioning	48,000	41-5	Siding	4,400
	41-5	ExhaustFans	900	41-5	Windows	36,960
	41-9Fairmount	AirConditioning	64,000	41-5	WaterHeaters	7,500
	41-9	504Upgrades	100,000	41-8Young	ReplaceTile	18,622
	41-9	CarbonMonoxide	5,000	41-8	FRPPanels	750
	41-9	Sinks	12,000	41-8	Paint	24,914
	PHAWide	A&E	28,000	41-8	Upgrade504	15,000
	PHAWide	Administration	4,000	41-8	Windows	17,640
	PHAWide	Operations	10,000	41-8	KitchenUpgrades	24,275
	41-9	Windows/Screens	68,968	41-8	InteriorDoors	16,300
				41-8	Mechanical	41,225
				41-8	StormDoors	5,500
				41-8	Hardware	3,500
				41-8	CarbonMonoxide	1,250
				41-8	GFCI	700
				PHAWide	Training	9,000
				PHAWide	Operations	35,000
				PHAWide	Computersystem	10,000
				PHAWide	A&E	30,000
				41-8	BathUpgrades	11,000

**TotalCFPEstimatedCost** |

\$368,868



\$339,786





Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

-wide

<b>CFP5 -Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
IL041-1	Spence	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Exterior Lights	16,000	2007
Water Heaters	22,500	2007
Air Conditioners	72,000	2007*
Replace Water Pipes	27,000	2007*
Replace Gas Meters	9,000	2007*
Replace Smoke Detectors	1,125	2007*
Carbon Monoxide Detectors	7,500	2007*
GFCI Receptacles	4,200	2007*
Arc Fault Protectors	7,800	2007*
<b>*Identified needs — as funds are available</b>		
<b>Total Estimated Cost Over 5 Years</b>	<b>\$167,125</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note:

-wide

PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-2	Strickland	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Setback Thermostats	1,500	2007*
Water Heaters	3,750	2007
Thru Wall A/C	24,000	2007*
Add Smoke Detector	125	2007*
Carbon Monoxide Detectors	1,250	2007*
GFCI Receptacles	700	2007*
Arc Fault Protectors	1,440	2007*
<b>*Identified needs — completed as funds are available</b>		
<b>Total Estimated Cost Over 5 Years</b>	<b>\$32,765</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement. -wide

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		

<b>Development Number</b>	<b>DevelopmentName (orindicatePHAwide)</b>	
IL041-3	King	
<b>DescriptionofNeededPhysicalImprovementsor ManagementImprovements</b>	<b>EstimatedCost</b>	<b>PlannedStartDate (HAFiscalYear)</b>
SetBackThermostats	3,000	2007
WaterHeaters	7,000	2007
AirConditioning	48,000	2007*
504Unit	30,000	2007*
CarbonMonoxideDetectors	2,500	2007*
GFCIReceptacles	1,400	2007*
ArcFaultProtectors	3,000	2007*
504Site	15,000	2007*
*dentifiedneeds —completedasfundsareavailable		
<b>TotalEstimatedCostOver5Years</b>	<b>\$109,900</b>	

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA physicalormanagementimprovementsplannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note: PHAsneednotincludetheinformationfromYearOneofthe5 -Yearcycle,becausethisinformationisincludedintheCapitalFund ProgramAnnualStatement.

-wide

<b>CFP5 -YearActionPlan</b>		
<input type="checkbox"/> Originalstatement <input checked="" type="checkbox"/> Revisedstatement		
<b>Development Number</b>	<b>DevelopmentName (orindicatePHAwide)</b>	
IL041-5	Spence/StricklandAddition	
<b>DescriptionofNeededPhysicalImprovementsor ManagementImprovements(IL -041-5)</b>	<b>EstimatedCost</b>	<b>PlannedStartDate (HAFiscalYear)</b>

SiteImprovement	3,000	2007*
Swale	432	2007*
Tuckpoint	450	2007
SiteLighting	4,000	2007*
AbateTransitePanels	26,250	2005
AddVinylSiding	4,400	2005
ExhaustFans	900	2004
SecurityScreens	7,360	2004
TemperatureControls	500	2007*
ReplaceUnderfloorPiping	150,000	2006
SetbackThermostats	3,000	2007*
FintubeHousing	13,500	2007*
ReplaceWaterHeaters	7,500	2005
ThruWallAirConditioners	48,000	2004
GasPiping	12,000	2007
ElectricService/PanelBoards	28,000	2004
CleanOuts	2,400	2007*
Paint	42,156	2006
504Upgrades	30,000	2006
AbateFlooring	31,770	2006
ReplaceFlooring	37,283	2006
StormDoors	11,000	2007*
EntryDoors	24,000	2007*
ReplaceWindows	36,960	2005
RemodelKitchens	70,610	2007
RemodelBaths	14,400	2007
Mechanical	116,300	2006
*Identifiedneeds —completedasfundsareavailable		
<b>TotalEstimatedCostOver5Years</b>	<b>\$726,171</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

-wide

<b>CFP5 -Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
IL041-6	Bunchman	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Tuck Point	19,080	2007
Sit Lighting	4,000	2007*
Carbon Monoxide	1,500	2007*
GFCI Receptacles	840	2007*
Arc Fault Protectors	1,800	2007*
Landscaping	5,000	2007*
<b>*Identified needs — completed as funds are available</b>		
<b>Total Estimated Cost Over 5 Years</b>	<b>\$32,220</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

-wide

<b>CFP5 -YearActionPlan</b>		
<input type="checkbox"/> Originalstatement <input checked="" type="checkbox"/> Revisedstatement		
<b>Development Number</b>	<b>DevelopmentName (orindicatePHAwide)</b>	
IL041-7	Humma	
<b>DescriptionofNeededPhysicalImprovementsor ManagementImprovements</b>	<b>EstimatedCost</b>	<b>PlannedStartDate (HAFiscalYear)</b>
ElevatorUpgrade	80,000	2007*
StairwellDoors	7,200	2007*
SmokeDoors	6,000	2007*
ReplaceCeilingTileandGrid	19,126	2007*
InteriorDoorstoCorridor	900	2007*
ReplaceHeatAirPumps	14,000	2007*
ReplaceDomesticWaterpiping	4,500	2007*
CleanoutInteriorSanitarySewer	20,000	2007*
Add504Unit	40,000	2007*
Paint	69,480	2007*
RemodelKitchens	120,750	2007*
RemodelBaths	59,450	2007*
ReplaceFireAlarm	20,000	2007*
AddCarbonMonoxideDetectors	5,125	2007*
GFCIReceptacles	2,870	2007*
ArcFaultProtection	2,460	2007*
KitchenSinks	15,000	2007*
RangeHoods	9,000	2007*
Lavatories	18,000	2007*
Tubs/Showers	40,000	2007*
WaterClosets	26,000	2007*
*Identifiedneeds —completedasfundsareavailable		
<b>TotalEstimatedCostOver5Years</b>	<b>\$579,861</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-8	Young	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)



ReplaceWalks	2,640	2007*
ReplaceTrashEnclosures	5,000	2007*
TuckPoint	450	2007*
ReplaceBricks	960	2007*
ReplaceShingleRoof	19,125	2007*
ReplaceFascia	2,130	2007*
ReplaceSoffit	6,878	2007*
ReplaceGuttering	1,505	2007*
ReplaceDownspouts	665	2007*
ReplaceSiding	3,960	2007*
WaterHeaters	3,500	2007
AdditionalMechanical	28,900	2007*
Paint	24,914	2005
HandicapUpgrade	15,000	2005
ReplaceWindows	17,640	2005
StainlessSteelScreens	3,360	2007*
InteriorandClosetDoors	26,300	2007*
KitchenCabinetsandCounters	23,675	2005
ExhaustFans	500	2007*
Shut-offValves/CleanOuts	1,000	2007*
BathUpgrades	11,000	2005
Mechanical	41,225	2005
ReplaceTile -4Units	18,621	2005
FRPPanels	750	2005
InteriorDoors	16,300	2005
StormDoors	5,500	2005
Hardware	3,500	2005
CarbonMonoxideDetectors	1,250	2005
GFCI	700	2005
ArcFaultProtection	600	2005

<b>*Identified needs —completed as funds are available</b>		
<b>Total Estimated Cost Over 5 Years</b>	<b>\$287,548</b>	

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

-wide

<b>CFP5 -Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
IL041-9	Fairmount	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

ReplaceTile	53,978	2003
ReplaceWindows	50,232	2003
ReplaceKitchens	56,967	2003
ReplaceBaths	22,667	2003
SetBackThermostats	3,000	2003
WaterHeaters	22,500	2003
FRPPanels	1,500	2003
Paint	63,542	2003
Closet/InteriorDoors	65,900	2003
504Upgrade	100,000	2004
CarbonMonoxideDetectors	5,000	2004
GFCI	4,200	2007*
ArchFaultProtection	8,400	2007*
CreateSwales	5,250	2007*
Drains	1,000	2007*
CentralCooling	64,000	2004*
Windows	58,968	2007*
Kitchens/E	113,933	2007
Baths/E	84,800	2007
SewerCleanOuts	6,000	2007*
ReplaceWal ks	17,985	2007*
PaveParking	61,000	2007*
ExhaustFans	3,000	2007*
Landscaping	20,000	2007*
ReplaceWindows/Screens(E)	68,968	2004
AirConditioning(F)	32,000	2007*
StoveandRefrigerators	17,000	2007*
*Identifiedneeds —completedasfundsareavailable		
<b>TotalEstima tedCostOver5Years</b>	<b>\$1,011,790</b>	





## Required Attachment 1041d01: Resident Member on the PHA Governing Board

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
- A. Name of resident member(s) on the governing board:
- B. How was the resident board member selected: (select one)?  
 Elected  
 Appointed
- C. The term of appointment is (include the date term expires):
2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?  
 the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis  
 the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
 Other (explain):
- B. Date of next term expiration of a governing board member: 11/03
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Jereld Childers, Chair, Massac County Board of Commissioners appoints, with commissioners Jim Modglin and Dale Obermark, housing authority commissioners.



















## **Required Attachment I 041e01 Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Mary Beggs  
Judy Higgins  
Cleta Hines  
Ruby Reynolds  
Morris Smith

il041f01

Residents reviewed the plan and generally agreed with the Action Plan as submitted.

The comments were:

1. Trees should be removed at 41 -6 and 41 -9 because of roots in the sewers system.
2. Make certain that windows can be easily opened. Elderly residents are having difficulty raising existing windows.
3. Residents want to review the annual work items submitted on each Annual Statement/Performance and Evaluation Report.

The above review and comments occurred on March 7, 2003. No additional comments were made at the public hearing held on March 24, 2003.

Trees at 41 -6 will be removed during the coming year using operating funds to pay for the work.

Tree removal has been added to the landscaping item to be included for 41 -9.

Residents will have the opportunity to review the annual work items to be performed using Capital Funds.



**Component 3,(6) Deconcentration and Income Mixing**

a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name :</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]</b>	<b>Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]</b>