

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**

# **Ogle County Housing Authority**

## **Oregon, Illinois**

(il095v01)

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

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HUD 50075  
OMB Approval No: 2577-0226  
Expires: 03/31/2002

**PHA Plan  
Agency Identification**

**PHA Name: Ogle County Housing Authority**

**PHA Number: IL095**

**PHA Fiscal Year Beginning: (mm/yyyy) 07/2003**

**PHA Plan Contact Information:**

Name: Deborah S. Worden, Executive Director

Phone: 815 732-1301

TDD: N/A

Email (if available): ocha@essex1.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

[24 CFR Part 903.7]

### 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 **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<input type="checkbox"/> Other (List below, providing each attachment name)	

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

**This Section is left blank since it is optional.**

### **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.

**We have made the following changes to our policies and/or programs based on changes in statutes and/or HUD regulations that have occurred in the past year. HUD mandated all of these.**

#### **Admissions and Continued Occupancy Policy:**

- Updated our public housing Admissions and Continued Occupancy Policy to include the current HUD welfare assistance language and definition
- Incorporated current eligibility language in accordance with regulations issued in November, 2002
- We added a section, Conducting Business In Accordance With Core Values And Ethical Standards.
- Implementation of Community Service Requirements:

The Department of Veteran Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 2002, at Section 432, provides that: "None of the funds made available by this Act may be used to implement or enforce the requirement relating to community service, except with respect to any resident of a public housing project funded with any amount provided under section 24 of the United States Housing Act of 1937, as amended, or any predecessor program for the revitalization of severely distressed public housing (HOPEVI).

Under this provision, Housing Authorities were precluded from implementing or enforcing community service requirements using FY 2002 funds. HUD further permitted Housing Authorities to immediately suspend enforcement of the requirements.

The Ogle County Housing Authority suspended enforcement of the 8-hour community service requirement for our Fiscal Year ending 06/30/2003. The Housing Authority will continue to suspend enforcement of this provision of our Admissions and Continued Occupancy Policy until formal notice regarding further action to be taken is issued by HUD. All affected residents have been notified of the suspension

of the requirements.

### **Section 8 Administrative Plan:**

- We updated our Section 8 Program Administrative Plan to include the current HUD welfare assistance language and definition;
- We incorporated current eligibility language in accordance with regulations issued in November, 2002; and
- We added a section, Conducting Business In Accordance With Core Values And Ethical Standards as required by HUD regulations.

### **In addition, we made the following significant discretionary changes:**

- Updated our public housing Dwelling Lease to correct technical deficiencies.
- Revised the preferences in our Admissions and Continued Occupancy Policy and Section 8 Administrative Plan

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (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? \$ **181,480**

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 B

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

The Capital Fund Program Annual Statement is provided as Attachment A

## **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (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: <u>(DD/MM/YY)</u>
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**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ 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 24 CFR 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 downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership 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

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting 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 at Attachment \_\_\_\_\_

## 6. Other Information

[24 CFR Part 903.7 9 (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 at Attachment (File name)

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 or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the 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: State of Illinois

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)
- The Ogle County Housing Authority will continue to maintain and renovate its public housing units.
  - The Ogle County Housing Authority will continue to market its public housing program and Section 8 Program to make families and elderly persons aware of the availability of decent, safe, sanitary and affordable housing in Ogle County.
  - The Ogle County Housing Authority will continue to apply its limited resources to the effective and efficient management and operation of public housing and Section 8 programs.

☐ 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)

The State Consolidated Plan Action Plan identifies the following State Priorities:

A. Affordable Housing

-

The provision of affordable housing for low and very low-income households in the State is a major priority. Specific actions required to address the affordable housing need include the preservation and rehabilitation of existing housing stock and homebuyer assistance as well as other actions.

B. Supportive Housing for the Homeless

The provision of supportive housing is a priority in the State's Consolidated Plan. In addition to programs to address supportive housing for the homeless, the State will address programs to meet the needs of the population at risk of being homeless.

C. Supportive Housing for Persons With Special Needs

The State has identified an increasing need for programs for the elderly and persons with disabilities and for housing that is integrated in and typical of local communities. This priority includes addressing the needs for persons with alcohol and substance abuse problems and the need for drug-free affordable housing.

The Action Plan addresses the following activities will be maintained by the State regarding Public Housing Resident Initiatives:

- Resource Guide updates on PHA homeownership programs.
- NOFA distribution to statewide housing organizations and advocacy groups on federal and state-funded resident management and homeownership programs, as is available.
- Limited application review via the Consolidated Plan Certification of Consistency process for applicable programs.
- Participation of interested groups, including PHA tenant representatives, on the OHCS Advisory Committee.

The Action Plan addresses the need for changes to be made by the State with regard to welfare reform and housing. The State is joining forces with other State agencies, nonprofit organizations and PHAs to address the needs of low income residents moving from welfare to work.

## **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:**

A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.

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

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

**Attachment E**

**Ogle County Housing Authority**

**Annual Plan**

**Fiscal Year 07/01/2003 – 06/30/2004**

**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
NA	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

<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 <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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 type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" 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
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	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

<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 grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" 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
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NA	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
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	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
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	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
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	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 and 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) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy (incorporated by reference)	Pet Policy

<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	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
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary) Community Service Requirements Voluntary Conversion Documentation Substantial Deviation Definition Deconcentration/Income Mixing	(specify as needed)  ACOP Annual Plan (2002) Annual Plan Annual Plan/ACOP

**Attachment F**

**Ogle County Housing Authority**

**Annual Plan**

**Fiscal Year 07/01/2003 – 06/30/2004**

**Required Attachment: 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: October 31, 2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Ms. Betty Gocken, Chair  
Ogle County Board



**Attachment G**

**Ogle County Housing Authority**

**Annual Plan**

**Fiscal Year 07/01/2003 – 06/30/2004**

**Required Attachment: Membership of the Resident Advisory Board or Boards**

- i. 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.)

Kathie Toth  
407 N. Union Avenue  
Apt. #9  
Polo, IL 61064

Laura Saflarski  
110 Hillside Drive  
Polo, IL 61064

Phyllis Reynolds  
203 S. 3<sup>rd</sup> Street  
Apartment #310  
Oregon, IL 61061

Ada Rasmussen  
407 N. Union Avenue  
Apt. # 6  
Polo, IL 61064

Judy Barnhart  
800 S. Walnut Avenue  
Apt. #411  
Forreston, IL 61030

Jeff Bolen  
604W. Dixon Street  
Polo, IL 61064

**Attachment H**

**Ogle County Housing Authority**

**Annual Plan**

**Fiscal Year 07/01/2003 – 06/30/2004**

**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>

## Attachment A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: The Ogle County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P09550103 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2003</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	18,000			
3	1408 Management Improvements				
4	1410 Administration	10,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,480			
8	1440 Site Acquisition				
9	1450 Site Improvement	37,000			
10	1460 Dwelling Structures	72,000			
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	35,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: The Ogle County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P09550103 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2003</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	181,480			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: The Ogle County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P09550103 Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA Wide</b>	<b><u>Operations</u></b>	1406						
	Public Housing Operations		Lump sum	18,000				
	<b><u>Subtotal Acct 1406</u></b>			<b>18,000</b>				
<b>HA Wide</b>	<b><u>Administration</u></b>	1410						
	CFP Administration		Lump sum	10,000				
	<b><u>Subtotal Acct 1410</u></b>			<b>10,000</b>				
<b>HA Wide</b>	<b><u>Fees and Costs</u></b>	1430						
	A & E Fees; reimbursable costs; consulting fees		Lump sum	9,480				
	<b><u>Subtotal Acct 1430</u></b>			<b>9,480</b>				
<b>IL095-1</b>	<b><u>Site Improvements</u></b>	1450						
	Sidewalk repairs		Lump sum	20,000				
	Replace project sign		Lump sum	10,000				
	New trash station		Lump sum	7,000				
	<b><u>Subtotal Acct 1450</u></b>			<b>37,000</b>				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: The Ogle County Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P09550103 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>IL095-1</b>	<b><u>Dwelling Structures</u></b>	1460						
	Insulate storage sheds		10 units	7,000				
	Remodel community room/kitchen		Lump sum	10,000				
	Add/replace dwelling unit lighting		30 units	10,000				
	Upgrade bathrooms			30,000				
	Upgrade HVAC			15,000				
	<b>Subtotal Acct 1460</b>			<b>72,000</b>				
<b>IL095-1</b>	<b><u>Non Dwelling Equipment</u></b>	1475						
	Playground equipment		Lump sum	35,000				
	<b>Subtotal Acct 1475</b>			<b>35,000</b>				
	<b>Grand Total</b>			<b>181,480</b>				

## Part III: Implementation Schedule

[illegible]

**Attachment B**  
**Capital Fund Program Five-Year Action Plan**  
**Part I: Summary**

PHA Name : The Ogle County Housing Authority		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/H A-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 07/01/04	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 07/01/05	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 07/01/06	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 07/01/07
	Annual Stateme nt				
<b>HA Wide</b>		40,480	44,000	44,000	48,000
<b>IL095-1</b>		64,000	137,480	42,480	0
<b>IL095-4</b>		0	0	40,000	0
<b>IL095-5</b>		0	0	20,000	0
<b>IL095-6</b>		77,000	0	35,000	133,480
CFP Funds Listed for 5-year planning		<b>181,480</b>	<b>181,480</b>	<b>181,480</b>	<b>181,480</b>
Replacement Housing Factor Funds					



## Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>  2  </u> FFY Grant: 2004 PHA FY: 07/01/04			Activities for Year: <u>  3  </u> FFY Grant: 2005 PHA FY: 07/01/05		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA Wide	<u>Operations (1406)</u>		HA Wide	<u>Operations (1406)</u>	
Annual		P H Operations	18,000		P H Operations	18,000
Statement		<u>Administration (1410)</u>			<u>Administration (1410)</u>	
		CFP Administration	10,000		CFP Administration	10,000
		<u>Fees and Costs (1430)</u>			<u>Fees and Costs (1430)</u>	
		A&E Fees; reimbursable costs; consulting fees	12,480		A&E Fees; reimbursable costs; consulting fees	16,000
		Subtotal HA Wide	40,480		Subtotal HA Wide	44,000
	IL095-1	<u>Site Improvements (1450)</u>		IL095-1	<u>Dwelling Structures (1460)</u>	
		Sidewalk repairs/ grading/ landscaping	14,000		Common area carpet	38,480
		<u>Dwelling Structures (1460)</u>			Roof replacement	50,000
		Replace windows at 10 family units	50,000		Replace A/C in units in the elderly building	49,000
		Subtotal IL095-1	64,000		Subtotal IL095-1	137,480
	IL095-6	<u>Dwelling Structures (1460)</u>				
		Siding and painting	50,000			
		Upgrade HVAC	27,000			
		Subtotal IL095-6	77,000			
		Total CFP Estimated Cost	181,480			181,480

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year : <u>4</u> FFY Grant: 2006 PHA FY: 07/01/06			Activities for Year: <u>5</u> FFY Grant: 2007 PHA FY: 07/01/07		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA Wide	<u>Operations (1406)</u>		HA Wide	<u>Operations (1406)</u>	
	P H Operations	18,000		P H Operations	18,000
	<u>Administration (1410)</u>			<u>Administration (1410)</u>	
	CFP Administration	10,000		CFP Administration	10,000
	<u>Fees and Costs (1430)</u>			<u>Fees and Costs (1430)</u>	
	A&E Fees; reimbursable costs; consulting fees	16,000		A&E Fees; reimbursable costs; consulting fees	20,000
	<b>Subtotal HA Wide</b>	<b>44,000</b>		<b>Subtotal HA Wide</b>	<b>48,000</b>
IL095-4	<u>Site Improvements (1450)</u>		IL095-6	<u>Dwelling Structures (1460)</u>	
	Seal/stripe pavement	10,000		Rehab dwelling unit entries (10 units)	133,480
	<u>Dwelling Structures (1460)</u>			<b>Subtotal IL095-6</b>	<b>133,480</b>
	Replace fire doors	30,000			
	<b>Subtotal IL095-4</b>	<b>40,000</b>			
IL095-1	<u>Dwelling Structures (1460)</u>				
	Replace dwelling unit door hardware and locks (30 units)	10,000			
	Replace intercom system	10,000			
	Replace sinks and countertops	22,480			
	<b>Subtotal IL095-1</b>	<b>42,480</b>			

<b>IL095-5</b>	<b><u>Dwelling Structures</u></b> <b><u>(1460)</u></b>				
	Replace dwelling unit door hardware and locks (30 units)	5,000			
	Upgrade common area HVAC Systems (4 furnaces)	15,000			
	<b>Subtotal IL095-5</b>	<b>20,000</b>			
<b>IL095-6</b>	<b><u>Dwelling Structures</u></b> <b><u>(1460)</u></b>				
	Replace dwelling unit door hardware and locks (10 units)	5,000			
	Replace exterior doors	30,000			
	<b>Subtotal IL095-6</b>	<b>35,000</b>			
<b>Total CFP Estimated Cost</b>		<b>181,480</b>			<b>181,480</b>

## Attachment C

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Ogle County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P09550102 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2002</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	18,000		0	0
3	1408 Management Improvements				
4	1410 Administration	10,000		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	43,480		0	0
10	1460 Dwelling Structures	94,000		0	0
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: <b>The Ogle County Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: IL06P09550102 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2002</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 2)</b>					
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2002</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	181,480		0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: The Ogle County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P09550102 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA Wide</b>	<b><u>Operations</u></b>	1406						
	Public Housing Operations		Lump sum	18,000		0	0	Planning
	<b><u>Subtotal Acct 1406</u></b>			<b>18,000</b>		<b>0</b>	<b>0</b>	
<b>HA Wide</b>	<b><u>Administration</u></b>	1410						
	CFP Administration		Lump sum	10,000		0	0	Planning
	<b><u>Subtotal Acct 1410</u></b>			<b>10,000</b>		<b>0</b>	<b>0</b>	
<b>HA Wide</b>	<b><u>Fees and Costs</u></b>	1430						
	A & E Fees; reimbursable costs		Lump sum	16,000		0	0	
	<b><u>Subtotal Acct 1430</u></b>			<b>16,000</b>		<b>0</b>	<b>0</b>	
<b>IL095-5</b>	<b><u>Site Improvements</u></b>	1450						Planning
	Repair retaining wall/parking lot		Lump sum	17,000		0	0	
	Replace project sign		Lump sum	9,480		0	0	
	Repair/replace sidewalks		Lump sum	17,000		0	0	
	<b><u>Subtotal Acct 1450</u></b>			<b>43,480</b>		<b>0</b>	<b>0</b>	

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

PHA Name: The Ogle County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P09550102 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>IL095-5</b>	<b><u>Dwelling Structures</u></b>	1460						Planning
	Replace water heaters		Lump sum	15,000		0	0	
	Replace windows		30 units	50,000		0	0	
	Replace common area carpet		Lump sum	29,000		0	0	
	<b>Subtotal Acct 1460</b>			<b>94,000</b>		<b>0</b>	<b>0</b>	
	<b>Grand Total</b>			<b>181,480</b>		<b>0</b>	<b>0</b>	

## Part III: Implementation Schedule

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Attachment D

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Ogle County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: IL06P09550101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  <div style="text-align: center;"><b>2001</b></div>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:            )</b>					
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/02</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	32,000		32,000	32,000.00
3	1408 Management Improvements				
4	1410 Administration	0			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	26,000		26,000	0
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000		50,000	50,000.00
10	1460 Dwelling Structures	198,391		198,391	97,310.70
11	1465.1 Dwelling Equipment— Nonexpendable	17,690		17,690	17,690.00
12	1470 Nondwelling Structures	5,000		5,000	5,000.00
13	1475 Nondwelling Equipment	0			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Ogle County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: IL06P09550101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  <div style="text-align: center; font-weight: bold;">2001</div>
<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> <b>Original Annual Statement</b></span> <span><input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b></span> <span><input type="checkbox"/> <b>Revised Annual Statement (revision no:            )</b></span> </div> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/02</b></span> <span><input type="checkbox"/> <b>Final Performance and Evaluation Report</b></span> </div>					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	329,081		329,081	202,000.70
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: Ogle County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: IL06P09550101 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant: 2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	P. H. Operations	1406	Lump Sum	32,000		32,000	32,000.00	100%
HA Wide	Administration	1410		0				Deleted
HA Wide	A & E Fees and Costs/Consulting	1430	Lump Sum	26,000		26,000	0	Contract
IL095-4	Site Improvements/Landscaping	1450	50	23,500		23,500	23,500.00	100%
IL095-4	Remodel Trash Stations	1450	10	5,000		5,000	5,000.00	100%
IL095-4	Play Ground Equipment	1450	10	21,500		21,500	21,500.00	100%
IL095-4	Rehab Bathrooms	1460	10	50,000		50,000	25,000.00	50%
IL095-4	Replace Windows	1460	50	50,000		50,000	25,000.00	50%
IL095-4	Rehab front entry on elderly bldg	1460	Lump Sum	49,581		49,581	27,310.70	55%
IL095-6	Roof Replacement	1460	Lump Sum	20,000		20,000	20,000.00	100%
IL095-4	Replace refrigerators/ AC	1465.1	Lump Sum	17,690		17,690	17,690.00	100%
IL095-1	Reroof Maintenance Shop	1470	Lump Sum	5,000		5,000	5,000.00	100%
IL095-1	Replace Lawn Tractor	1475		0				Deleted
IL095-1	Construct new office	1470		0				Deleted
IL095-1	Roof Replacement	1460		0				Deleted
IL095-4	Replace exterior doors and storms	1460	Lump Sum	28,810		28,810	0	
<b>Grand Total</b>				<b>329,081</b>		<b>329,081</b>	<b>202,000.70</b>	

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

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