

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

PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004
Annual Plan for Fiscal Year 2004

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

**PHA Plan
Agency Identification**

PHA Name: Housing Authority of the City of Marion, IN

PHA Number: INP041-001-002-003-004-005

PHA Fiscal Year Beginning: (07/2004)

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
- PHA local 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
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the 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)

5-YEAR PLAN
PHA FISCAL YEARS 2000 - 2004
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

As stewards of public funds and trust, the Marion Housing Authority will provide safe, decent, affordable housing opportunities through public and private partnerships, while serving all customers with respect.

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other Build for sale 15 units of affordable housing. Through not for profit complete a tax credit project of 36 units of lease purchase single family housing.
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:

- Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: Implement preventive maintenance program to reduce work orders.
- Investigate possible alternative pest control options.
- Develop and implement a maintenance inventory control program.
- If funding is available expand services coordinator program to include public housing elderly buildings.

PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling:
- Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: Develop Affordable Housing 32 rental units, 2 units in cooperation with the Division of Family and Children for a Family Unification Learning Center and 15 homeownership units. Through our partnership with our not for profit, Affordable Housing Corporation, develop 36 units of lease purchase single family housing.

HUD Strategic Goal: Improve community quality of life and economic vitality

PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements:
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Administer IDA program in partnership with non profit corporation to 58 participants.
- Administer FSS Program as funding is available.
- Collaborate with DFC to provide family unification services and Salvation Army to provide transitional housing services.
- Administer HomeOwnership Counseling/Downpayment Assistance Program for income eligible clients.
- Consumer Credit Counseling services are being offered through our not the not for profit at the main office of the housing authority.

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Evaluate competition and implement affirmative marketing plan and review annually.
- Investigate a blended management model to partner property management with social services.
- Evaluate our administrative procedures to identify opportunities to improve ease and speed of service to customers.
- Review and address relevant issues raised during HUD resident survey process.

Other PHA Goals and Objectives: (list below)

Develop plan to implement one or more of the following strategies:

- **Owner Occupied rehab.**
- **Renter Occupied rehab.**
- **Vacant lot development.**

Annual PHA Plan
PHA Fiscal Year 2004
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

- High Performing PHA**
 Small Agency (<250 Public Housing Units)
 Administering Section 8 Only

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

In 1994 the Marion Housing Authority completed a Housing Needs Assessment to identify the most pressing housing needs in our Community. Since that time the Authority has devoted a substantial amount of its time to the development of affordable housing. As of October 1999 the Authority has developed 24 rental units of affordable housing and has finished 12 units of homeownership. In addition the Authority has partnered with its not for profit to complete the development of a site which consists of 8 units 2 of which serve transitional housing clients and 2 in partnership with the Division of Family and Children which are Family Unification Learning Center units. The Authority is also participating in the administration of 58 IDA's with its subsidiary non profit corporation. The Authority has partnered with its not for profit, Affordable Housing Corporation to develop a 36 unit lease purchase tax credit project, all single family, which were completed in 2003. The Authority is currently administering a \$330,000 grant from the Federal Home Loan Bank of Indiana. \$200,000 will be used for homeowner rehabilitation and \$100,000 for down payment assistance in our homeownership efforts. AHC has recently, in January 2004 received a grant for \$200,000 to continue home ownership counseling down payment assistance program. We estimate we will help 35 families purchase homes in 2004 and 2005. The Authority through its not for profit entity is the consumer counseling agency for Grant County our not for profit, Affordable Housing Corporation has been awarded a HUD Counseling Grant. The MHA will provide the maintenance and leasing functions for a 36 unit tax credit project. The Authority also owns and administers a 98 unit Section 8 New Construction Project for elderly.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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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. Note: 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.

Required Attachments:

- Admissions Policy for Deconcentration in041a05
- FY 2004 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart in041c05
- FY 2000 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan

- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

in041b05 – Community Service Implementation Plan
 in041d05 – Resident Membership of Board of Commissioners
 in041e05 – Progress Statement in Meeting 5 Year Goals
 in041f05 – Resident Advisory Board Members
 in041g05 – Capital Fund Yr. IN36P04150103
 in041h05 – Capital Fund Yr. IN36P04150203
 in041i05 – Capital Fund Yr. IN36P04150104

Supporting Documents Available for Review

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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: 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	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) 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), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	
X	Public housing rent determination policies, including the methodology 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
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	Public housing grievance procedures <input checked="" 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 the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	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	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	2857	5	4	4	4	4	4
Income >30% but <=50% of AMI	2211	4	3	3	3	3	3
Income >50% but <80% of AMI	1988	3	3	3	3	3	3
Elderly	524	2	2	2	2	2	2

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Families with Disabilities	2407	4	3	3	3	2	2
Race/Ethnicity W	3161	3	3	4	3	3	3
Race/Ethnicity B	1011	3	3	4	3	3	3
Race/Ethnicity H	421	3	3	4	3	3	3
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s 2000 Census Data
Indicate year: 2000
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	296		331
Extremely low			

Housing Needs of Families on the Waiting List			
income <=30% AMI	250	84%	
Very low income (>30% but <=50% AMI)	37	13%	
Low income (>50% but <80% AMI)	4	.01%	
Families with children	214	72%	
Elderly families	16	.05%	
Families with Disabilities	50	17%	
Race/ethnicity	88	30%	
Race/ethnicity	9	.03%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	40	14%	173
2 BR	181	61%	72
3 BR	73	25%	55
4 BR	1	0	23
5 BR	1	0	8
5+ BR			0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List	
Waiting list type: (select one)	
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance
<input type="checkbox"/>	Public Housing
<input type="checkbox"/>	Combined Section 8 and Public Housing
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)
If used, identify which development/sub-jurisdiction:	

Housing Needs of Families on the Waiting List			
	# of families	% of total families	Annual Turnover
Waiting list total	423		363
Extremely low income <=30% AMI	305	72%	
Very low income (>30% but <=50% AMI)	83	20%	
Low income (>50% but <80% AMI)	32	8%	
Families with children	261	35%	
Elderly families	13	3%	
Families with Disabilities	87	21%	
Race/ethnicity	119	28%	
Race/ethnicity	21	5%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	123	29%	99
2 BR	184	43%	136
3 BR	96	23%	100
4 BR	17	.04%	25
5 BR	3	0	3
5+ BR			0
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 8			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below) Raise funds from private and public sources through grant writing and other efforts for rehabilitation purposes.
- Update needs assessment and housing feasibility studies to determine priority areas, i.e. program parameters.
- Implement rehabilitation program to meet identified needs.

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work (Flat Rents)
- Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: Three buildings are currently designated as units for elderly and families with disabilities.

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities

- Other: (list below) Have designated two units at our Thomas Jefferson Affordable Housing development for families with disabilities.

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2003 grants)		
a) Public Housing Operating Fund	475,532	
b) Public Housing Capital Fund	465,562	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,725,356	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME	200,000	
Other Federal Grants (list below)		
Federal Home Loan Bank	330,000	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	525,170	Public Housing Operations
4. Other income (list below)		
Investment Income	35,000	PH Operations
Other Income	16,100	PH Operations
Hilltop Towers (Section 8 New Cons)	459,635	Other
5. Non-federal sources (list below)		
Affordable Housing Rental Income	107,456	Other
Fees Earned	25,000	Other
Total resources	4,364,811	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (30 days)
- Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe)

c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2) Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

b. Where may interested persons apply for admission to public housing?

- PHA main administrative office
- PHA development site management office
- Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously?
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
 - All PHA development management offices
 - Management offices at developments with site-based waiting lists
 - At the development to which they would like to apply
 - Other (list below)

(3) Assignment

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- One
 - Two
 - Three or More
- b. Yes No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

- a. Income targeting:
- Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:
In what circumstances will transfers take precedence over new admissions? (list below)
- Emergencies
 - Overhoused
 - Underhoused
 - Medical justification

- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence

Substandard housing
Homelessness
High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source: Tenant Handbook and PHA Web Site.

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list)

(6) Deconcentration and Income Mixing

a. Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. Yes No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

Adoption of site based waiting lists
If selected, list targeted developments below:

Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

Employing new admission preferences at targeted developments
If selected, list targeted developments below:

Other (list policies and developments targeted below)

d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
 - Criminal and drug-related activity, more extensively than required by law or regulation
 - More general screening than criminal and drug-related activity (list factors below)
 - Other (list below)
- b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
 - Other: Previous landlord references and housekeeping.

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
 - Federal public housing
 - Federal moderate rehabilitation
 - Federal project-based certificate program
 - Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- PHA main administrative office
 - Other (list below)

(3) Search Time

- a. Yes No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

When family is actively looking for housing, proves it, and due to overall lack of affordable rental units, requests extension.

Illness

(4) Admissions Preferences

- a. Income targeting

- Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

- b. Preferences

1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)

- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s)
Homeless and participating in an approved transitional housing supportive service program or family unification program preference. Families that are referred to the Housing Authority by an approved local social service agency as homeless and are participating in a transitional supportive service program or family unification program that enables them to become economically self sufficient.

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s)

Homeless and participating in an approved transitional housing supportive service program or family unification program preference. Families that are referred to the Housing Authority by an approved local social service agency as homeless and are participating in a transitional supportive service program or family unification program that enables them to become economically self sufficient.

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)
- Date and time of application
- Drawing (lottery) or other random choice technique
5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)
- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan
6. Relationship of preferences to income targeting requirements: (select one)
- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)
- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)
- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?
- Through published notices
- Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA’s income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0
 \$1-\$25
 \$26-\$50

2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- For the earned income of a previously unemployed household member
 For increases in earned income
 Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

- Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
- Yes but only for some developments
- No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95th percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- Other: Must report any addition of adult member to household and their income.

g. Yes No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
- The section 8 rent reasonableness study of comparable housing
 - Survey of rents listed in local newspaper
 - Survey of similar unassisted units in the neighborhood
 - Other: Currently using ceiling rents.

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA’s minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		

Other Federal Programs(list individually)		

C. Management and Maintenance Policies

List the PHA’s public housing management and maintenance policy documents, manuals and handbooks that contain the Agency’s rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
- (2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
- PHA main administrative office
 - PHA development management offices
 - Other (list below)

B. Section 8 Tenant-Based Assistance

1. Yes No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachments: in041g05 – Capital Fund Yr. IN36P04150103
in041h05 – Capital Fund Yr. IN36P04150203
on041i05 – Capital Fund Yr. IN36P04150104

-or-

- The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

- a. Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

- The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment A: (At the end of Annual Plan)

-or-

- The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
 - Revitalization Plan under development
 - Revitalization Plan submitted, pending approval
 - Revitalization Plan approved
 - Activities pursuant to an approved Revitalization Plan underway

- Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

- Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

- Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: 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 component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

- Yes No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description	
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. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Projected end date of activity:	

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one)

- Part of the development
- Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. Yes No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other

than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. Yes No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	<input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	<input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)	
5. Number of units affected:	
6. Coverage of action: (select one)	<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. 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 component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- Yes No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants
 26 - 50 participants
 51 to 100 participants
 more than 100 participants

b. PHA-established eligibility criteria

Yes No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

12. Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

Yes No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 10/27/1999.

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other: PHA and DFC have entered into an agreement to provide a Family Unification Learning Center.

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families

- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

- Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Homeownership Counseling</i>	<i>400</i>	<i>Open</i>	<i>PHA Main Office</i>	<i>Both</i>
<i>Down Payment Assistance</i>	<i>20</i>	<i>Criteria</i>	<i>PHA Main Office</i>	<i>Both</i>
<i>Individual Development Accounts</i>	<i>80</i>	<i>Criteria</i>	<i>PHA Main Office</i>	<i>Both</i>
<i>Family Self Sufficiency</i>	<i>45</i>	<i>Criteria</i>	<i>PHA Main Office</i>	<i>Both</i>

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: 1/28/2004)
Public Housing	0	15
Section 8	8	30

- b. Yes No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?

If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937
--

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti

- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

2. Which developments are most affected? (list below)

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases

- Police regularly meet with the PHA management and residents
 - Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
 - Other activities (list below)
2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

- 1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
- 2. Yes No: Was the most recent fiscal audit submitted to HUD?
- 3. Yes No: Were there any findings as the result of that audit?
- 4. Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? ____
- 5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)
 - Not applicable
 - Private management
 - Development-based accounting
 - Comprehensive stock assessment
 - Other: (list below)

3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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: (if comments were received, the PHA **MUST** select one)
 - Attached at Attachment (File name)
 - Provided below:
 - a. Residents at Riverside Apartments mentioned the method of disposal some residents are using for needles. Asked for the Housing Authority to consider a policy for safe disposal of needles for all residents.

 - b. Residents at Norman Manor felt the tile floors in some apartments need to be replaced. Some residents still have refrigerators that are not frost free, and they would like those replaced. Residents were concerned about the smell from garbage being disposed of over the weekend.

c. Residents at Martin Boots would like a screened canopy at the front of the building because of bees. They residents also asked for some additional decorating in their community room.

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments
List changes below:
- Other: (list below) MHA agreed to satisfy the requests through the normal budget process, should funds permit.

B. Description of Election process for Residents on the PHA Board

1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. Yes No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

C. 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 Indiana Consolidate Plan Update FY 2003)
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 the initiatives contained in the Consolidated Plan. (list below)

1. Enhance affordable homeownership opportunities.
2. Promote livable communities and community development.
3. Preserve affordable rental housing opportunities.
4. Enhance the local capacity for housing and community development.

- Other: Marion Housing Authority's Housing Needs Assessment.

Analysis of the Housing Needs Assessment for Marion, IN indicates

1. The single greatest housing problem faced by one-third of the residents of Marion is a lack of safe, decent, affordable housing, especially affordable rental housing units for families at or below 60% of area median income limits.
2. An increasing amount of Marion's housing stock is becoming unusable as it and the Community grows older, pointing to the need for rehabilitation of existing housing units.
3. The percentage of homeowners to renters is slipping, indicating a growing inability of households to maintain ownership or become new homeowners. Efforts are needed to assist more households to maintain their ownership or to become homeowners.
4. There is a small group of Marion residents that are unable to provide for their own housing needs because of their situation or circumstances such as abuse, abandonment, disease, handicaps or domestic violence.

Efforts need to be undertaken to provide housing and specialized services for those in need.

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

DEFINITION OF "SUBSTANTIAL DEVIATION" AND "SIGNIFICANT AMENDMENT OR MODIFICATION"

The Marion Housing Authority has, in conjunction with the Resident Advisory Board, developed the following definitions, as required by 24 CFR 903.7(r).

"Substantial deviation" from the Agency's Five Year Plan will include:

Any change to, or development of, the Agency's Mission Statement.

Any change to or deletion of a goal or objective that is included in the PHA Five Year Plan.

Any change to a goal or objective that is included in the PHA Five Year Plan that would have an effect on the public housing residents or Section 8 participants.

Any additional goals or objectives that have been identified to meet the stated Mission of the PHA.

"Significant Amendment or Modification" to the Agency's Five Year or Annual Plan is defined as follows:

Changes to the organization of the waiting list;

Changes to tenant lease

Additions (or deletions) of non-emergency work items not included in the current Annual Statement of the Five Year Action Plan;

Changes to the current Grievance or Informal Hearing Procedures;

Changes to the current community service program.

NOTE: Any regulatory changes will be made to any PHA policies or procedures as a matter of ongoing administration and will not be considered to constitute a significant amendment or modifications for purposes of the PHA Agency Plan.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Marion		Grant Type and Number Capital Fund Program Grant No: IN36P04150104 Replacement Housing Factor Grant No:			Federal FY of Grant: 10/01/03
<input checked="" type="checkbox"/> X original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)				
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation 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

PHA Name: Housing Authority of the City of Marion		Grant Type and Number Capital Fund Program Grant No: IN36P04150104 Replacement Housing Factor Grant No:				Federal FY of Grant: 10/01/04			
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
IN41-1									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
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									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
IN41-2									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
									Proposed
									Proposed

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

PHA Name: Housing Authority of the City of Marion		Grant Type and Number Capital Fund Program Grant No: IN36P04150104 Replacement Housing Factor Grant No:				Federal FY of Grant: 10/01/04	
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
							Proposed
							Proposed
							Proposed
							Proposed
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							Proposed
							Proposed
IN41-3							Proposed
							Proposed
							Proposed
							Proposed
							Proposed
							Proposed
							Proposed
							Proposed
IN41-4							Proposed
							Proposed
							Proposed
							Proposed
							Proposed
							Proposed
IN41-5							Proposed
							Proposed
							Proposed

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

PHA Name: Housing Authority of the City of Marion		Grant Type and Number Capital Fund Program Grant No: IN36P04150104 Replacement Housing Factor Grant No:				Federal FY of Grant: 10/01/04		
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
								Proposed
								Proposed
								Proposed
								Proposed
IN41-HA Wide								Proposed
								Proposed
								Proposed
								Proposed
								Proposed
								Proposed
								Proposed
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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Housing Authority of the City of Marion		Grant Type and Number Capital Fund Program No: IN36P04150103 Replacement Housing Factor No:				Federal FY of Grant: 10/01/03	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IN41-1							
IN41-2							
IN41-3							
IN41-4							
IN41-4							
IN41-5							
IN41-HA Wide							

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Housing Authority of the City of Marion		Original 5-Year Plan Revision No: 1			
Development Number/Name/HA- Wide	Year 1 IN36P04150104 7/01/04	Work Statement for Year 2 FFY Grant: IN36P04150105 PHA FY: 07/01/05	Work Statement for Year 3 FFY Grant: IN36P04150106 PHA FY:07/01/06	Work Statement for Year 4 FFY Grant: IN36P04150107 PHA FY:07/01/07	Work Statement for Year 5 FFY Grant: IN36P04150108 PHA FY:07/01/08
	Annual Statement				
IN41-1		61,881.00	66,775.00	51,775.00	88,075.00
IN41-2		61,881.00	66,775.00	51,775.00	73,875.00
IN41-3		120,000.00	90,400.00	102,900.00	89,500.00
IN41-4		18,000.00	36,150.00	32,400.00	22,500.00
IN41-5		18,000.00	36,650.00	32,400.00	34,100.00
IN41-HA Wide		185,800.00	168,812.00	194,312.00	168,512.00
Total CFP Funds (Est.)	465,562.00	465,562.00	465,562.00	465,562.00	465,562.00
Total Replacement Housing Factor Funds					
	*	*	*	*	*

***There is a payback of \$100,400 through the 5th year of this plan. In 2008 the payback will be complete.**

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: IN36P04150105 PHA FY: 07/01/05			Activities for Year: <u>3</u> FFY Grant: IN36P04150106 PHA FY: 07/01/06		
See Annual Statement	IN41-1	Landscaping/Concrete	20,000.00	IN41-1	Landscaping/Concrete	20,000.00
		Doors/Wood Trim	2,000.00		Doors/Wood Trim	3,250.00
		Bath Remodeling/Rehab Unit	7,000.00		Bath Remodels?Rehab Unit	7,000.00
		Cabinets/Counter Tops	3,000.00		Cabinets/Counter Tops	3,000.00
		Water Heaters	381.00		Water Heaters	375.00
		Replacement Light & Wall Fixtures	1,000.00		Replacement Light & Wall Fixtures	1,000.00
		Paint	2,000.00		Painting	2,400.00
		Floor Tile	2,500.00		Floor Tile	2,000.00
		Window Replacement	1,500.00		Window Replacement	3,500.00
		B'ment Wall Repair/Window Well	4,500.00		B'ment Wall Repair/Window Well	3,750.00
		Roof Repair/Replacement	2,500.00		Roof Repair/Replacement	5,000.00
		Best Lock	1,000.00		Best Lock	500.00
		HVAC	12,000.00		HVAC	12,000.00
		Ranges/Refrigerators	2,500.00		Ranges/Refrigerators	3,000.00
	IN41-2	Landscaping/Concrete	20,000.00	IN41-2	Landscaping/Concrete	20,000.00
		Doors/Wood Trim	2,000.00		Doors/Wood Trim	3,250.00
		Bath Remodeling/Rehab Unit	7,000.00		Bath Remodels/Rehab Unit	7,000.00
		Cabinets/Counter Tops	3,000.00		Cabinets/Counter Tops	3,000.00
		Water Heaters	381.00		Water Heaters	375.00
		Replacement Light & Wall Fixtures	1,000.00		Replacement Light & Wall Fixtures	1,000.00
		Paint	2,000.00		Painting	2,400.00
		Floor Tile	2,500.00		Floor Tile	2,000.00
		Window Replacement	1,500.00		Window Replacement	3,500.00
		B'ment Wall Repair/Window Well	4,500.00		B'ment Wall Repair/Window Well	3,750.00
		Roof Repair/Replacement	2,500.00		Roof Repair/Replacement	5,000.00
		Best Lock	1,000.00		Best Lock	500.00

		HVAC	12,000.00		HVAC	12,000.00
		Ranges/Refrigerators	2,500.00		Ranges/Refrigerators	3,000.00

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

Activities for Year 1	Activities for Year : <u>2</u> Continued FFY Grant: IN36P04150105 PHA FY: 07/01/05			Activities for Year: <u>3</u> Continue FFY Grant: IN36P04150106 PHA FY: 07/01/06		
See Annual Statement	IN41-3	HVAC	2,000.00	IN41-3	HVAC	2,000.00
		Carpet	3,000.00		Carpet	2,500.00
		Painting	2,000.00		Painting	2,400.00
		Re-glaze Bathtubs	500.00		Re-glaze Bathtubs	500.00
		Floor Tile	1,000.00		Floor Tile	1,000.00
		Closet Doors	1,000.00		Apt/Kit Remodel	75,000.00
		Apt/Kit Remodel	100,000.00		Ranges/Refrigerators	8,000.00
		Ranges/Refrigerators	10,500.00			
	IN41-4	HVAC	4,500.00	IN41-4	HVAC	4,500.00
		Carpet	2,500.00		Carpet(includes common areas)	12,750.00
		Painting	1,500.00		Painting	2,400.00
		Re-glaze Bathtubs	500.00		Re-glaze Bathtubs	500.00
		Tile and Floor Repair	2,000.00		Tile and Floor Repair	1,500.00
		Closet Doors	3,000.00		Remodeling	10,000.00
		Replace Common Area Carpet	3,000.00		Ranges/Range Hoods//Refrigerators	4,500.00
		Ranges/Range Hoods/Refrigerators	1,000.00	IN41-5	HVAC	4,500.00
	IN41-5	HVAC	4,500.00		Carpet(includes common areas)	12,750.00
		Carpet	2,500.00		Painting	2,400.00
		Painting	1,500.00		Re-glaze Bathtubs	500.00
		Re-glaze Bathtubs	500.00		Tile and Floor Repair	1,500.00
		Tile and Floor Repair	2,000.00		Remodeling	10,000.00
		Closet Doors	3,000.00		Ranges Range Hoods//Refrigerators	5,000.00
		Replace Common Area Carpet	,000.00			

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

Activities for Year 1	Activities for Year : <u>4</u> FY Grant: IN36P04150107 PHA FY: 07/01/07			Activities for Year: <u>5</u> FFY Grant: IN36P04150108 PHA FY: 07/01/08		
See Annual Statement	IN41-1	Landscaping/Concrete	15,000.00	IN41-1	Concrete Work	15,000.00
		Doors/Wood Trim	3,000.00		Tree removal/trimming	6,000.00
		Bath Remodels	2,000.00		Mail boxes - locking	3,200.00
		Cabinets/Counter Tops	3,000.00		Doors/Wood Trim	3,000.00
		Water Heaters	375.00		Bath Remodels	3,000.00
		Replacement Light & Wall Fixtures	1,000.00		Rehab unit – contract labor	7,000.00
		Painting	2,400.00		Cabinets/Counter Tops	3,000.00
		Floor Tile	3,000.00		Water Heaters	375.00
		Window Replacement	1,500.00		Replacement Light & Wall Fixtures	1,000.00
		B'ment Wall Repair/Window Well	4,000.00		Painting	3,000.00
		Roof Repair/Replacement	5,000.00		Floor Tile	3,000.00
		Best Lock	500.00		Window Replacement	2,000.00
		HVAC	8,000.00		B'ment Wall Repair/Window Well	3,000.00
		Ranges/Refrigerators	3,000.00		Roof Repair/Replacement	5,000.00
					Gutters and Downspouts	5,000.00
	IN41-2	Landscaping/Concrete	15,000.00		Best Lock	500.00
		Doors/Wood Trim	3,000.00		HVAC	9,000.00
		Bath Remodels	2,000.00		Ranges/Refrigerators	3,000.00
		Cabinets/Counter Tops	3,000.00	IN41-2	Concrete Work	15,000.00
		Water Heaters	375.00		Doors/Wood Trim	3,000.00
		Replacement Light & Wall Fixtures	1,000.00		Bath Remodels	3,000.00
		Painting	2,400.00		Rehab unit – contract labor	7,000.00

	Floor Tile	3,000.00	Cabinets/Counter Tops	3,000.00
	Window Replacement	1,500.00	Water Heaters	375.00
	B'ment Wall Repair/Window Well	4,000.00	Replacement Light & Wall Fixtures	1,000.00
	Roof Repair/Replacement	5,000.00	Painting	3,000.00
	Best Lock	500.00	Floor Tile	3,000.00

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>4 continued</u> FFY Grant: IN36P04150107 PHA FY: 07/01/07			Activities for Year: <u>5 continued</u> FFY Grant: IN36P04150108 PHA FY: 07/01/08		
See Annual Statement	IN41-2 Continued	HVAC	8,000.00	IN41-2 Continued	Window Replacement	2,000.00
		Ranges/Refrigerators	3,000.00		B'ment Wall Repair/Window Well	3,000.00
					Roof Repair/Replacement	5,000.00
	IN41-3	HVAC	2,000.00		Best Lock	500.00
		Carpet	4,000.00		HVAC	9,000.00
		Painting	2,400.00		Ranges/Refrigerators	3,000.00
		Re-glaze Bathtubs	1,500.00	IN41-3	Re-seal parking lot	1,600.00
		Floor Tile	1,000.00		HVAC	2,000.00
		Apt/Kit Remodel	87,000.00		Carpet	4,000.00
		Ranges/Refrigerators	5,000.00		Painting	2,400.00
					Re-glaze Bathtubs	500.00
	IN41-4	HVAC	4,500.00		Floor Tile	1,000.00
		Carpet	3,500.00		Apt/Kit Remodel	70,000.00
		Painting	2,400.00		Ranges/Refrigerators	8,000.00
		Re-glaze Bathtubs	2,000.00	IN41-4	Re-seal parking lot	1,600.00
		Tile and Floor Repair	2,500.00		HVAC	4,500.00
		Remodeling	15,000.00		Carpet	3,500.00
		Ranges/Range Hoods//Refrigerators	2,500.00		Painting	2,400.00
					Re-glaze Bathtubs	500.00
	IN41-5	HVAC	4,500.00		Tile and Floor Repair	2,500.00

		Carpet	3,500.00		Remodeling	3,000.00
		Painting	2,400.00		Ranges/Range Hoods//Refrigerators	2,500.00
		Re-glaze Bathtubs	1,500.00	IN41-5	Re-seal parking lot	3,200.00
		Tile and Floor Repair	2,500.00		Replace vinyl siding under windows	10,000.00
		Remodeling	15,000.00		HVAC	4,500.00
		Ranges/Range Hoods//Refrigerators	2,500.00		Carpet	3,500.00
					Painting	2,400.00
					Re-glaze Bathtubs	500.00

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

Activities for Year 1	Activities for Year : <u>4 continued</u> FFY Grant: IN36P04150107 PHA FY: 07/01/07			Activities for Year: <u>5 continued</u> FFY Grant: IN36P04150108 PHA FY: 07/01/08		
See Annual Statement	IN41HA-Wide	Operations	58,312.00	IN41-5 Continued	Tile and Floor Repair	2,500.00
		Section 3	6,000.00		Remodeling	3,000.00
		Staff Training	15,000.00		Ranges/Range Hoods//Refrigerators	2,500.00
		Computer Software	1,500.00	IN41HA-Wide	Operations	71,512.00
		Salary/Fringes/Travel/Sundry	48,500.00		Section 3	6,000.00
		Audit	5,000.00		Staff Training	15,000.00
		A/E Services	15,000.00		Computer Software	1,500.00
		Office Equipment	12,000.00		Salary/Fringes/Travel/Sundry	48,500.00
		Maintenance Equipment	3,000.00		Audit	5,000.00
		Maintenance Vehicle	20,000.00		A/E Services	15,000.00
		Contingency	10,000.00		Administration Bldg–Roof Flashing	11,000.00
					Office Equipment	2,000.00
					Maintenance Equipment	2,000.00
					Contingency	10,000.00

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:

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

**HOUSING AUTHORITY OF THE
CITY OF MARION, IN**

601 South Adams Street
Marion, IN 46953
765.664.5194

April 8, 2004

RE: Community Service Implementation

To Whom It May Concern:

Marion Housing Authority implemented the Community Service requirements by communicating with all working public housing residents to inform each household of the new mandate from the Quality Housing and Work Responsibility Act of 1998 regarding Community Service. An explanation of the requirement was included in this correspondence. All non-working public housing residents received a similar communication with one exception, included was an additional paragraph informing them of a meeting that was taking place and they were required to attend.

Meetings were held and Community Service requirements were discussed. A listing, of local agencies that were willing to work with community service participants including the agencies address, phone number, point of contact, and if possible, a description of what services will be rendered, was given out to everyone along with a descriptive way to communicate with these agencies. All who attended also received copies of the verification forms that these agencies were to fill out and the participant was to return after they performed their required hours. Individuals who did not attend the meeting were given another date to come in and discuss the requirements.

Disabled individuals signed a certification stating that due to their disability, they were unable to perform community service.

Reminders are sent out quarterly to participants, reminding them to turn in their community service verifications. All hours reported are being entered into a spreadsheet and kept in the computer, the verifications that are turned in are date stamped and filed into the participating individual's file.

If you have any questions, please contact me at (765) 664-5194, ext. 112.

Sincerely,

Marion Housing Authority

Angel Sweat

Angel Sweat
Occupancy Assistant/Community Service Coordinator

Cc: File
Acs

Chapter 16

COMMUNITY SERVICE

[24 CFR Part 960 Subpart F and 24 CFR 903.7(l)]

INTRODUCTION

A. REQUIREMENT

Each adult resident of the PHA shall:

Contribute 8 hours per month of community service (not including political activities) within the community in which that adult resides; or

Participate in an economic self-sufficiency program (defined below) for 8 hours per month; or

Perform 8 hours per month of combined activities (community service and economic self-sufficiency program)

B. EXEMPTIONS

The PHA shall provide an exemption from the community service requirement for any individual who:

Is 62 years of age or older;

Is a blind or disabled individual, as defined under section 216[i][I] or 1614 of the Social Security Act, and who is unable to comply with this section, or is a primary caretaker of such individual;

Is engaged in a work activity as defined in section 407[d] of the Social Security Act;

Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program; or

Is in a family receiving assistance under a State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such program.

The PHA will re-verify exemption status annually except in the case of an individual who is 62 years of age or older.

The PHA will permit residents to change exemption status during the year if status changes.

C. DEFINITION OF ECONOMIC SELF-SUFFICIENCY PROGRAM

For purposes of satisfying the community service requirement, participating in an economic self-sufficiency program is defined, in addition to the exemption definitions described above, by HUD as: Any program designed to encourage, assist, train or facilitate economic independence of assisted families or to provide work for such families.

These economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as substance abuse or mental health treatment).

In addition to the HUD definition above, the PHA definition includes any of the following:

Participating in the Family Self-Sufficiency Program and being current in the steps outlined in the Individual Training and Services Plan.

Other activities as approved by the PHA on a case-by-case basis.

The PHA will give residents the greatest choice possible in identifying community service opportunities.

The PHA will consider a broad range of self-sufficiency opportunities.

D. ANNUAL DETERMINATIONS

For each public housing resident subject to the requirement of community service, the PHA shall, at least 30 days before the expiration of each lease term, review and determine the compliance of the resident with the community service requirement.

Such determination shall be made in accordance with the principles of due process and on a nondiscriminatory basis.

The PHA will verify compliance annually. If qualifying activities are administered by an organization other than the PHA, the PHA will obtain verification of family compliance from such third parties.

Family members will not be permitted to self-certify that they have complied with community service requirements.

E. NONCOMPLIANCE

If the PHA determines that a resident subject to the community service requirement has not complied with the requirement, the PHA shall notify the resident of such noncompliance, and that:

The determination of noncompliance is subject to the administrative grievance procedure under the PHA's Grievance Procedures; and

Unless the resident enters into an agreement to comply with the community service requirement, the resident's lease will not be renewed, and

The PHA may not renew or extend the resident's lease upon expiration of the lease term and shall take such action as is necessary to terminate the tenancy of the household, unless the PHA enters into an agreement, before the expiration of the lease term, with the resident providing for the resident to cure any noncompliance with the community service requirement, by participating in an economic self-sufficiency program for or contributing to community service as many additional hours as the resident needs to comply in the aggregate with such requirement over the 12-month term of the lease.

The head of household and the noncompliant adult must sign the agreement to cure.

Ineligibility for Occupancy for Noncompliance

The PHA shall not renew or extend any lease, or provide any new lease, for a dwelling unit for any household that includes an adult member who was subject to the community service requirement and failed to comply with the requirement.

F. PHA RESPONSIBILITY

The PHA will ensure that all community service programs are accessible for persons with disabilities.

The PHA will ensure that:

The conditions under which the work is to be performed are not hazardous;

The work is not labor that would be performed by the PHA's employees responsible for essential maintenance and property services; or

The work is not otherwise unacceptable.

HOUSING AUTHORITY OF THE CITY OF MARION, INDIANA
601 South Adams Street * Marion, Indiana 46953
Telephone (765) 664-5194 * FAX (765) 668-3045

G. PHA IMPLEMENTATION OF COMMUNITY SERVICE REQUIREMENT

The PHA will administer its own community service program, with cooperative relationships with other entities.

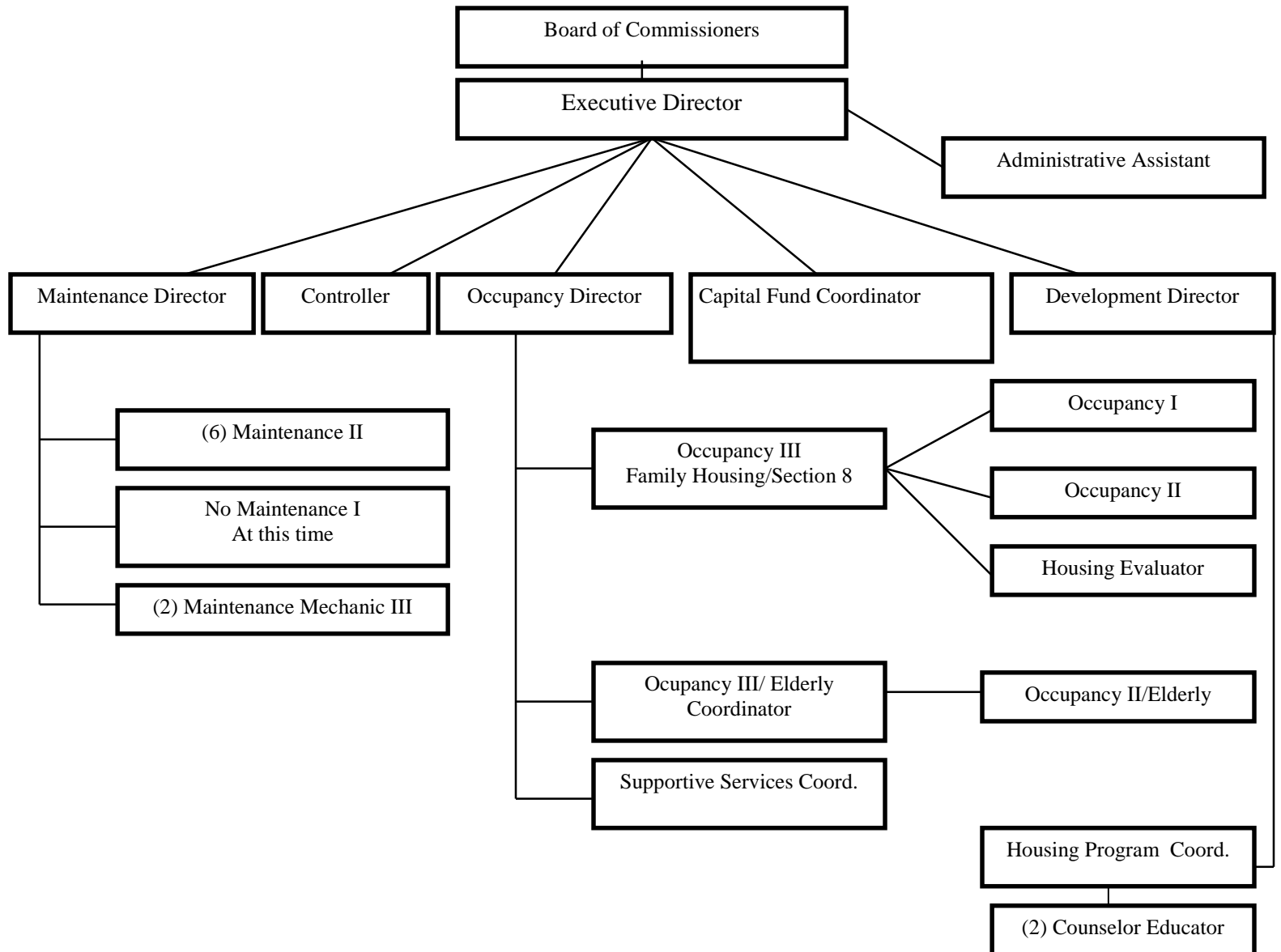
The PHA will provide to residents a brochure of community service and volunteer opportunities available throughout the community.



TDD (765) 668-3044*FAX (765) 668-3045
Equal Opportunity Housing*Equal Opportunity Employer



ORGANIZATIONAL CHART – MARION HOUSING AUTHORITY



Resident Membership on Board of Commissioners

The Marion Housing Authority meets the exemption category set out in 24 CFR Part 964 .425 Subpart E.

The Authority, at the request of the Mayor, provided the Mayor of the City of Marion a list of the Resident Advisory Board Members and he selected one of the members to serve on the Housing Authority Board of Commissioners.

Beginning February 2001, Kay Zirkle, one of the members of the Resident Advisory Board and a resident in public housing began serving on the Board of Commissioners.

Progress Statement in Meeting 5 Year Goals

I. HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

A. PHA goal: Expand the supply of assisted housing.

Progress:

1. Completed construction of 36 new construction lease/purchase units (Springhill: 100% low-income tax credit project) and leased all units.

B. Improve the quality of assisted housing.

Progress:

- a. Completed an extensive physical needs assessment of our Hilltop Towers Section VIII New Construction site.
 - b. Completed the rehabilitation of 11 units of homeowner occupied residences.
 - c. Tested and remediated mold in 14 units of public housing.
 - d. Installed dehumidifiers in basements of single family public housing homes to prevent mold problems.
 - e. Developed mold remediation protocols and educational materials for residents and staff.
1. Family Housing:
 - a. Total modernization of bathrooms by installing new tubs and surrounds, vanities, vanity mirrors, new toilets, towel racks, new floors, all new plumbing hardware
 - b. New exterior doors
 - c. new windows
 - d. smoke detectors
 - e. new ranges and refrigerators
 - f. upgrade closet doors
 - g. replace electrical panels
 - h. Completed mold remediation in several family units.
 - i. Established a Risk Management Program and met 6 of 9 goals.
 2. Tenant and landlord education:
 - a. Provided education regarding lead-based paint to future homeowners, tenants, landlords, contractors
 - b. Provided a maintenance education program for all 36 families occupying the lease purchase project currently constructing.

- c. Created a Daily Home Management education program for families who are not meeting the housekeeping requirements of their lease.

C. Increase assisted housing choices.

Progress:

1. Have assisted approximately 15 families with down payment assistance and closing costs.
2. provided education about home inspections, maintenance, and lead-based paint, foreclosure counseling, consumer credit counseling.
3. continue home-buyers club for applicants not qualified to purchase a home with conventional financing for 6 months or more
4. purchased new affordable home; repaired and leased house to another low-income client who will purchase.
5. Developed and implemented a neighborhood impact program in Central Marion to rehab 11 home occupied by low-income homeowners.

II. HUD Strategic Goal: Improve community quality of life and economic vitality.

A. PHA goal: Provide and improve living environment.

Progress:

1. Made arrangements for Dental Express bus to come to all four family housing sites
2. Twin City Healthcare has been providing lunch and taking blood pressure one-time a month
3. MGH provided free flu shots on site
4. Continue to provide a senior service coordinator for Hilltop Towers.

III. HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals.

A. Promote self-sufficiency and asset development of assisted households.

Progress:

1. Provided matched savings 6:1 for 75 very low income participants through the IDA program. 8 participants withdrew money to purchase a home, 11 withdrew to attend an accredited education program and 4 withdrew their savings to start a business.
2. Continued contract with Consumer Credit Counseling Services of Indiana to serve as a branch office. 140 families are actively being served as of January 2004.
3. 14 low income families purchased a home with down payment/closing cost assistance administered by the Authority, an

- additional 6 families purchased a home after attending homeownership counseling and received assistance from an agency other than ours.
4. Continue to work with two organizations to provide supportive services to families with a preference (Division of Family Children and Hands of Hope)
 5. Currently assisting 46 on the family self-sufficiency program and graduated 5 participants

IV. HUD Strategic Goal: To ensure equal opportunity in housing for all Americans.

A. Ensure equal opportunity and affirmatively further fair housing.

Progress:

1. Attending fair housing training by occupancy staff
2. Hosted a public forum for diverse input into the Indiana Consolidated Plan process
3. Provided education about our programs to minority organizations in the community
4. Sponsored a booth at local Cinco de Mayo festival
5. Participated in the senior fair by providing information about our programs.
6. Promote housing opportunities by placing information in minority frequented businesses and organizations in community
7. Utilized pharmacy bags, which reach 25,000 seniors each year, billboards and WMRI the local radio station to advertise our housing programs.

B. Participate in redevelopment of existing neighborhoods as part of urban renewal efforts

Progress:

1. Due to the number of requests from homeowners with very low incomes in central Marion, development of a housing conservation program is underway administered by the MHA
2. Currently administering a grant from Federal Home Loan Bank to assist 11 or more homeowners with housing rehabilitation grants, in existing neighborhoods.

**HOUSING AUTHORITY OF THE CITY OF MARION
601 SOUTH ADAMS STREET
MARION, INDIANA 46953
(765) 664-5194**

Resident Advisory Board Members

1/2004

Christine Shrader and Harold Douglas - Riverside Apartments

Kay Zirkle – Martin Boots

Betty Bradford and Rosemary Edwards – Norman Manor

Bonnie Lawson and Cynthia Horton – Hilltop Towers

Shaun Butcher – Family Housing



Executive Summary of Preliminary Estimated Costs

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name			Federal Fiscal Year		
Marion Housing Authority			09/30/2003		
Development Number/ Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long-Term Viability (Y/N)	Percentage of Vacant Units
					0.0%
Total Preliminary Estimated Hard Cost for Physical Needs			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Management Needs			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Administration			\$		
Total Preliminary Estimated Cost for HA-Wide Other			\$		
Grand Total of HA Needs			\$		0.00
Signature of Executive Director			Date		
			4/8/2004		

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name <u>Marion Housing Authority</u>		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			\$	-
Per Unit Hard Cost				
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared				
Source(s) of Information:				

HA Name Marion Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name		DOFA Date or Construction Date	
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution	
		0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___		
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

			Cost	Urgency of Need (1-5)
--	--	--	------	--------------------------

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		

Source(s) of Information:

HA Name Marion Housing Authority	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number
-------------------------------------	---

Development Number	Development Name		DOFA Date or Construction Date	
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 5+ _____	

General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
--	----	---

Per Unit Hard Cost	
--------------------	--

Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Date Assessment Prepared	
--------------------------	--

Source(s) of Information:	
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Physical Needs Assessment Comprehensive Grant Program (CGP)

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

HA Name Marion Housing Authority	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number
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Development Number	Development Name	DOFA Date or Construction Date
--------------------	------------------	-----------------------------------

Development Type: <input type="checkbox"/> Rental	Occupancy Type: <input type="checkbox"/> Family	Structure Type: <input type="checkbox"/> Detached/Semi-Detached	Number of Buildings	Number of Vacant Units
--	--	--	---------------------	------------------------

<input type="checkbox"/> Rental	<input type="checkbox"/> Family	<input type="checkbox"/> Detached/Semi-Detached	Current Bedroom Distribution 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 5+ ____	Total Current Units
<input type="checkbox"/> Turnkey III - Vacant	<input type="checkbox"/> Elderly	<input type="checkbox"/> Row		
<input type="checkbox"/> Turnkey III - Occupied	<input type="checkbox"/> Mixed	<input type="checkbox"/> Walk-Up		
<input type="checkbox"/> Mutual Help		<input type="checkbox"/> Elevator		
<input type="checkbox"/> Section 23, Bond Financed				
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

HA Name		<input type="checkbox"/> Original	
Marion Housing Authority		<input type="checkbox"/> Revision Number	
Development Number	Development Name	DOFA Date or Construction Date	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
<input type="checkbox"/> Rental	<input type="checkbox"/> Family	<input type="checkbox"/> Detached/Semi-Detached	Number of Vacant Units
<input type="checkbox"/> Turnkey III - Vacant	<input type="checkbox"/> Elderly	<input type="checkbox"/> Row	
<input type="checkbox"/> Turnkey III - Occupied	<input type="checkbox"/> Mixed	<input type="checkbox"/> Walk-Up	Current Bedroom Distribution
			0 ____ 1 ____ 2 ____
			Total Current

- Turnkey III - Occupied
- Mutual Help
- Section 23, Bond Financed

Mixed

- Walk-Up
- Elevator

3 _____ 4 _____ 5 _____
5+ _____

Units

General Description of Needed Physical Improvements

Cost

Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$ -
Per Unit Hard Cost	
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Assessment Prepared	
Source(s) of Information:	

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original		
Marion Housing Authority		<input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 5+ _____	Total Current Units
General Description of Needed Physical Improvements			Urgency of	

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original	
Marion Housing Authority		<input type="checkbox"/> Revision Number	
Development Number	Development Name	DOFA Date or Construction Date	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
<input type="checkbox"/> Rental	<input type="checkbox"/> Family	<input type="checkbox"/> Detached/Semi-Detached	
<input type="checkbox"/> Turnkey III - Vacant	<input type="checkbox"/> Elderly	<input type="checkbox"/> Row	Current Bedroom Distribution
<input type="checkbox"/> Turnkey III - Occupied	<input type="checkbox"/> Mixed	<input type="checkbox"/> Walk-Up	0 ____ 1 ____ 2 ____
<input type="checkbox"/> Mutual Help		<input type="checkbox"/> Elevator	3 ____ 4 ____ 5 ____
<input type="checkbox"/> Section 23, Bond Financed			5+ ____
General Description of Needed Physical Improvements		Number of Vacant Units	Total Current Units
			100
		Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Marion Housing Authority				
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution	
0 ____	1 ____	2 ____		
3 ____	4 ____	5 ____		
5+ ____				
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Marion Housing Authority				
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 5+ ____	
General Description of Needed Physical Improvements				Urgency of Need (1-5)
				Cost

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original		
Marion Housing Authority		<input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 5+ ____	
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment
Comprehensive Grant Program (CGP)
 HA-Wide Nondwelling Structures and Equipment

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name Marion Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number	
Development Number	Development Name		DOFA Date or Construction Date
HA-Wide Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed		Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator
		Number of Buildings	Number of Vacant Units
		Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	Total Current Units
General Description of Needed Physical Improvements HA-Wide Nondwelling Structures and Equipment		Cost	Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed HA Wide Nondwelling Structures & Equipment		\$	-
Per Unit Hard Cost			
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared			
Source(s) of Information:			

Management Needs Assessment Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name Marion Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number	
General Description of Needed Physical Improvements		Urgency of Need (1-5)	Preliminary Estimated HA-Wide Cost
Total Preliminary Estimated HA-Wide Cost			\$ -
Date Assessment Prepared			
Source(s) of Information			

Five-Year Action Plan
Part I: Summary
Comprehensive Grant Program (CGP)



HA Name: Marion Housing Authority		Locality: (City/County & State) Marion, IN County of: Grant				<input type="checkbox"/> Original <input type="checkbox"/> Revision No.
A.	Development Number/Name	Work Stmt. for Year 1 FFY: <u>12/31/95</u>	Work Statement for Year 2 FFY: <u>12/31/1996</u>	Work Statement for Year 3 FFY: <u>12/31/1997</u>	Work Statement for Year 4 FFY: <u>12/31/1998</u>	Work Statement for Year 5 FFY: <u>12/31/1999</u>
		See Annual Statement				
B.	Physical Improvements Subtotal					
C.	Management Improvements					
D.	HA-Wide Nondwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Replacement					
J.	Mod Used for Replacement					
K.	Total CGP Funds					
L.	Total Non-CGP Funds					
M.	Grand Total					

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

Part I: Summary (Continuation)
Comprehensive Grant Program (CGP)



A. Development Number/Name	Work Stmt. for Year 1 FFY: 12/31/95	Work Statement for Year 2 FFY: 12/31/1996	Work Statement for Year 3 FFY: 12/31/1997	Work Statement for Year 4 FFY: 12/31/1998	Work Statement for Year 5 FFY: 12/31/1999
	See Annual Statement				
Totals This Page					

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

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Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

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OMB Approval No. 22577-0157 (exp. 7/31/98)

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Statement for Year 1 FFY: <u>12/31/1995</u>	FFY: <u>12/31/1996</u>			FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost

See
Annual
Statement

Subtotal of Estimated Cost			Subtotal of Estimated Cost

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY: 12/31/1995	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost

See Annual Statement					
	Subtotal of Estimated Cost			Subtotal of Estimated Cost	

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>1</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>2</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

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OMB Approval No. 22577-0157 (exp. 7/31/98)



Comprehensive Grant Program (CGP)



Work Statement for Year 1 FFY: 12/31/1995	Work Statement for Year 1 FFY: 12/31/1996			Work Statement for Year 2 FFY: 12/31/1997		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

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OMB Approval No. 22577-0157 (exp. 7/31/98)

Five-Year Action Plan Part III: Supporting Pages Management Needs Work Statement(s) Comprehensive Grant Program (CGP)

Work Statement	Work Statement for Year 1 FFY: 12/31/1995		Work Statement for Year 2 FFY: 12/31/1995	

for Year 1 FFY: <u>12/31/1995</u>	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

**Local Government Statement
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 4-5

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant. Responses to the collection are required by Section 14(e)(1)(E) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

As Chief Executive Officer of the unit of general local government/Indian tribe know as _____,

in which the (name of Public Housing Agency(PHA) or Indian Housing Authority(IHA)) _____

operates,

I certify to the following:

1. The HA developed the Comprehensive Plan/Annual Statement in consultation with local government officials/ Indian tribal officials and with residents of the developments covered by the Comprehensive Plan/Annual Statement, in accordance with the requirements of the Comprehensive Grant Program;

2a. For PHAs, the Comprehensive Plan/Annual Statement is consistent with the unit of general local government's assessment of its low-income housing needs (as evidenced by its Consolidated Plan under 24 CFR Part 91, if applicable), and that the unit of general local government will cooperate in providing resident programs and services; or

2b. For IHAs, the Comprehensive Plan/Annual Statement is consistent with the appropriate governing body's assessment of its low-income housing needs and that the appropriate governing body will cooperate in providing resident programs and services; and

3. The HA's proposed drug and crime elimination activities are coordinated with and supportive of local strategies and neighborhood improvement programs, if applicable. Under the Cooperation Agreement, the local/tribal government is providing public services and facilities of the same character and to the same extent to Public and Indian housing as are furnished to other dwellings and residents of the locality. Where additional on-duty police are being funded under the Comprehensive Grant Program, such police will only provide additional security and protective services over and above those for which the local/tribal government is contractually obligated to provide under the Cooperation Agreement.

Note: The Comprehensive Plan includes the Action Plan.

Name of Chief Executive Officer:

Signature of Chief Executive Officer and Date:

Warning: HUD will prosecute false claims and statements. conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)

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form **HUD-52835** (10/96)

**HA Board Resolution Approving
Comprehensive Plan or Annual Statement
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 4-6

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires as a condition to receive a CGP grant, each Housing Authority(HA) certify that it has complied with statutory, regulatory and other HUD requirements. This information is essential to determine HA compliance, or intent to comply, with CGP requirements. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

Acting on behalf of the Board of commissioners of the below-named Housing Authority(HA), as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive Plan Submitted on _____ | <input type="checkbox"/> Amendments to Comprehensive Plan Submitted on _____ |
| <input type="checkbox"/> Action Plan/Annual Statement Submitted on _____ | <input type="checkbox"/> Amendments to Action Plan/Annual Statement submitted on _____ |

I certify on behalf of the: (HA Name) Marion Housing Authority that;

- | | |
|---|--|
| <p>1. The HA will comply with all policies, procedures, and requirements prescribed by HUD for modernization, including implementation of the modernization in a timely, efficient, and economical manner;</p> <p>2. The HA has established controls to ensure that any activity funded by the CGP is not also funded by any other HUD program, thereby preventing duplicate funding of any activity.</p> <p>3. The HA will not provide to any development more assistance under the CGP than is necessary to provide affordable housing, after taking into account other government assistance provided;</p> <p>4. The proposed physical work will meet the modernization and energy conservation standards under 24 CFR 968.115 or CFR 950.610;</p> <p>5. The proposed activities, obligations and expenditures in the Annual Statement are consistent with the proposed or approved Comprehensive Plan of the HA;</p> <p>6. The HA will comply with applicable nondiscrimination and equal opportunity requirements under 24 CFR 5.105(a) or 24 CFR 950.115;</p> <p>7. The HA will take appropriate affirmative action to award modernization contracts to minority and women's business enterprises under 24 CFR 5.105(a) or 24 CFR 950.115(e); or the IHA will, to the greatest extent feasible, give preference to the award of modernization contracts to Indian organizations and Indian-owned economic enterprises under 24 CFR 950.175;</p> <p>8. The HA has provided HUD or the responsible entity with any documentation that the Department needs to carry out its review under the National Environmental Policy Act (NEPA) and other related authorities in accordance with 24 CFR 968.110(c), (d) and (m) or 24 CFR 950.120(a),(b), and (h), and will not obligate, in any manner, the expenditure of CGP funds, or otherwise undertake the activities identified in its Comprehensive Plan/Annual Statement, until the HA receives written notification from HUD indicating that the Department has complied with its responsibilities under NEPA and other related authorities;</p> | <p>9. The HA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 950.120(c) and (d);</p> <p>10. The HA will comply with the relocation assistance and real property acquisition requirements under 24 CFR 968.108 or 24 CFR 950.117;</p> <p>11. The HA will comply with the requirements for physical accessibility under 24 CFR 968.110(a) or 24 CFR 950.115(d);</p> <p>12. The HA will comply with the requirements for access to records and audits under 24 CFR 968.145 or 24 CFR 950.120(e);</p> <p>13. The HA will comply with the uniform administrative requirements under 24 CFR 968.135 or 24 CFR 950.120(f);</p> <p>14. The HA will comply with lead-based paint testing and abatement requirements under 24 CFR 968.110(k) or 24 CFR 950.120(g);</p> <p>15. The HA has complied with the requirements governing local/tribal government and resident participation in accordance with 24 CFR 968.315(b) and (c), 968.325(d) and 968.330 or 24 CFR 950.652(b) and (c) 950.656(d) and 950.658m and has given full consideration to the priorities and concerns of local/tribal government and residents, including any comments which were ultimately not adapted, in preparing the Comprehensive Plan/Annual Statement and any amendments thereto;</p> <p>16. The HA will comply with special requirements of 24 CFR 968.102 or 24 CFR 950.602 with respect to a Turnkey III development; and</p> <p>17. The PHA will comply with special requirements of 24 CFR 968.101(b)(3) with respect to a Section 23 leased housing bond-financed development.</p> <p>18. The modernization work will promote housing that is modest in design and cost, but still blends in with the surrounding community.</p> |
|---|--|

Attested By: Board Chairman's Name:	(Seal)
Board Chairman's Signature & Date: X	

Warning: HUD will prosecute false claims and statements. conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)

Annual Statement / Performance and Evaluation Report
 Capital Fund Program (CFP) Part I: Summary

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-1

HA Name: Marion Housing Authority
 Comprehensive Grant Number: IN36P04150103
 FFY of Grant Approval: 09/30/2003

- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Program Year Ending

Quarter Ending
3/31/2004

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)	22,049.00	35,646.82	23,725.71	13,725.71
3	1408 Management Improvements	21,000.00	21,000.00	13,777.95	9,777.95
4	1410 Administration	48,500.00	48,500.00	48,500.00	12,247.44
5	1411 Audit	5,300.00	5,300.00		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000.00	8,760.00	8,760.00	
8	1440 Site Acquisition				
9	1450 Site Improvement	54,977.00	54,977.00	54,977.00	54,977.00
10	1460 Dwelling Structures	172,370.00	173,458.00	114,353.85	88,745.05
11	1465.1 Dwelling Equipment-Nonexpendable	13,000.00	13,000.00	7,371.00	7,371.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	30,000.00	27,554.18	24,209.56	24,209.56
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Cost				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)	6,000.00			
19	Amount of Annual Grant (Sum of lines 2-18)	388,196.00	388,196.00	295,675.07	211,053.71
20	Amount of line 19 Related to LBP Testing				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

Sum of Lines 20-23 DO NOT Sum of Lines 20-23 DO NOT nSum of Lines 20-23 DO NOT match Line 19



Annual Statement / Performance and Evaluation Report
 Capital Fund Program (CFP) Part II: Supporting Pages

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

OMB

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
IN41-1 12th/Upton St Houck St	Concrete/Grading	1450		46,000.00	46,000.00	46,000.00	46,000.00
	Doors/Trim	1460		3,500.00	3,000.00	1,832.95	1,704.98
	Bathroom Remodeling - Family	1460		2,500.00	2,875.00	2,875.00	2,875.00
	Cabinets/CT - Family	1460		3,000.00	3,000.00	1,067.70	1,015.00
	Water Heaters	1460		375.00	495.25	495.25	117.85
	Replacement Light & Wall Fixtures	1460		1,500.00	1,500.00	357.00	357.00
	Painting	1460		4,000.00	4,000.00	3,887.10	3,887.10
	Floor Tile	1460		4,300.00	3,500.00	2,669.81	740.64
	Windows (includes blinds)	1460		3,000.00	2,879.75	1,124.16	799.14
	Siding/Soffits/Gutters/Window Wells	1460		20,000.00	18,920.00	18,920.00	18,920.00
	Insulation/Caulking	1460		10,000.00	11,800.00	11,800.00	11,800.00
	Basement Wall Repair	1460		-	-	-	-
	Roof Repair/Replacement	1460		1,500.00	1,500.00	-	-
	Dead Bolt-Best Lock	1460		-	-	-	-
	Carpet (1 unit)	1460		2,000.00	-	-	-
	HVAC (3 housing unit)	1460		11,500.00	13,500.00	10,663.16	7,218.37
Ranges/Refrigerators	1465		2,500.00	2,500.00	2,500.00	2,500.00	
IN41-2 Coulton Ct Curfman Rd/ North Court	Concrete/Grading	1450		7,000.00	7,000.00	7,000.00	7,000.00
	Doors/Trim	1460		3,500.00	1,400.00	544.06	302.56
	Bathroom Remodeling - Family	1460		2,500.00	2,125.00	1,788.19	1,572.42
	Cabinets/CT - Family	1460		3,000.00	3,000.00	1,538.50	1,538.50
	Water Heaters	1460		375.00	392.05	392.05	-
	Replacement Light & Wall Fixtures	1460		1,500.00	1,482.95	499.04	491.84
	Painting	1460		4,000.00	4,000.00	2,616.93	2,405.25
	Floor Tile	1460		4,300.00	3,500.00	2,089.21	280.09
	Windows (includes blinds)	1460		3,000.00	3,000.00	38.31	38.31
	Siding/Soffits/Gutters/Window Wells	1460		20,000.00	23,555.00	23,555.00	7,080.57
	Insulation/Caulking	1460		10,000.00	11,800.00	11,800.00	11,800.00
	Basement Wall Repair	1460		5,020.00	4,233.00	4,233.00	4,233.00
	Roof Repair/Replacment	1460		1,500.00	1,500.00	-	-
	Dead Bolt-Best Lock	1460		-	-	-	-
	Carpet (1 unit)	1460		2,000.00	-	-	-
	HVAC (3 housing unit)	1460		11,500.00	13,500.00	7,218.37	7,218.37
Ranges/Refrigerators	1465		2,500.00	2,500.00	2,500.00	2,500.00	
Page Totals				197,370.00			

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report
 Capital Fund Program (CFP) Part II: Supporting Pages

OMB

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
IN41-3 Norman Manor Apts	Seal Parking Lot	1450		867.00	867.00	867.00	867.00
	HVAC	1460		2,000.00	2,000.00	-	-
	Carpet Replacement	1460		2,400.00	2,400.00	1,361.44	1,361.44
	Painting	1460		2,000.00	2,000.00	323.18	323.18
	Re-glaze bathtubs	1460		400.00	400.00	-	-
	Smoke Detectors (replacements)	1460		2,000.00	1,998.28	162.72	162.72
	Floor Tile	1460		1,000.00	1,000.00	-	-
	Ranges/Refrigerators	1465		5,000.00	5,000.00	1,185.50	1,185.50
IN41-4 Riverside Apts	HVAC	1460		5,000.00	5,000.00	-	-
	Carpet Replacement	1460		2,400.00	2,400.00	-	-
	Painting	1460		2,000.00	2,000.00	-	-
	Re-glaze bathtubs	1460		500.00	500.00	-	-
	Smoke Detectors (replacements)	1460		500.00	501.72	501.72	501.72
	Tile and Floor Repair	1460		1,200.00	1,200.00	-	-
	Ranges/Refrigerators	1465		1,500.00	1,500.00	1,185.50	1,185.50
IN41-5 Martin Boots Apts	Seal Parking Lot	1450		1,110.00	1,110.00	1,110.00	1,110.00
	HVAC	1460		5,000.00	5,000.00	-	-
	Carpet Replacement	1460		2,400.00	2,400.00	-	-
	Painting	1460		2,000.00	2,000.00	-	-
	Re-glaze bathtubs	1460		500.00	500.00	-	-
	Smoke Detectors (replacements)	1460		500.00	500.00	-	-
	Tile and Floor Repair	1460		1,200.00	1,200.00	-	-
	Ranges/Refrigerators	1465		1,500.00	1,500.00	-	-
IN41-ALL	Operations	1406		22,049.00	35,646.82	23,725.71	13,725.71
	Section 3	1408		6,000.00	6,000.00	6,000.00	2,000.00
	Staff Training	1408		15,000.00	15,000.00	7,777.95	7,777.95
	Salary/Fringe Benefits/Travel/Sundry	1410		48,500.00	48,500.00	48,500.00	12,247.44
	Audit	1411		5,300.00	5,300.00	-	-
	A/E Services	1430		15,000.00	8,760.00	8,760.00	-
	Vehicle (Maintenance truck)	1475		25,000.00	22,554.18	22,554.18	22,554.18
	Office Equipment	1475		3,000.00	3,000.00	-	-
	Maintenance Equipment	1475		2,000.00	2,000.00	1,655.38	1,655.38
	Contingency	1502		6,000.00	-	-	-
Page Totals				190,826.00	189,738.00	125,670.28	66,657.72

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part II: Supporting Pages

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
Page Totals				-	-	-	-

Signature of Executive Director and Date:
X

Signature of Public Housing Director/Office of Native American Programs Administrator & Data
X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
Page Totals				-	-	-	-

Signature of Executive Director and Date:
X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:
X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

Status of Proposed Work ²
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Status of Proposed Work ²

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form HUD-52837 (10/96)
ref Handbook 7485.3

Approval No. 22577-0157 (exp. 7/31/98)

Status of Proposed Work ²

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

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
IN41-1 12th/Upton St Houck St	9/16/2005			9/16/2007			
IN41-2 Coulton Ct Curfman Rd/ North Court	9/16/2005			9/16/2007			
IN41-3 Norman Manor Apts	9/16/2005			9/16/2007			
IN41-4 Riverside Apts	9/16/2005			9/16/2007			
IN41-5 Martin Boots Apts	9/16/2005			9/16/2007			
IN41-ALL	9/16/2005			9/16/2007			

Signature of Executive Director and Date:
X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:
X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

**Comprehensive Grant Program
(CGP) Amendment**

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

APPENDIX 8-2

To Consolidated Annual Contributions Contract or
To Mutual Help Consolidated Annual Contributions Contract

OMB Approval No. 22577-0157 (exp. 7/31/98)

Public reporting burden for this collection of information is estimated to average 0.1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Whereas, (Public Housing Agency/Indian Housing Authority) Marion Housing Authority

(herein called the "PHA/IHA")

and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions Contract(s) (ACC) Number(s) _____

dated _____ ; and/or Mutual Help Consolidated ACC(s) Number(s) _____,

dated _____ (herein called the "ACCs");

Whereas, HUD has agreed to provide comprehensive grant assistance, upon execution of this Amendment, to the PHA/IHA in the amount to be specified below for the purpose of assisting the PHA/IHA in financing improvements to the physical condition of existing public/Indian housing developments and upgrades to the management and operation of such developments in order to ensure that such developments continue to be available to serve low-income families: \$ _____ for Fiscal Year 1997 to be referred to under (the formula amount of comprehensive grant funds now being approved):

Comprehensive Grant Number _____, PHA/IHA Tax Identification Number (TIN) _____,

Whereas, HUD and the PHA/IHA are entering into this Comprehensive Grant Program Amendment Number _____,

Now Therefore, the ACCs are amended as follows:

1. The ACCs are amended to provide comprehensive grant assistance in the amounts specified above for modernization of PHA/IHA developments (including section 23 leased-housing bond financed, Mutual Help and Turnkey III). This amendment is a part of the ACCs.
2. The modernization work shall be carried out in accordance with all HUD regulations and other requirements applicable to the Comprehensive Grant Program.
3. In accordance with the HUD regulations, the Comprehensive Plan has been adopted by the PHA/IHA, and approved by HUD, and may be amended from time to time. The modernization work shall be carried out as described in the Comprehensive Plan, including the Action Plan.
4. Subject to the provisions of Part II of the ACCs, and to assist in the modernization, HUD agrees to disburse to the PHA/IHA from time to time as needed, up to the amount of funding assistance specified above.
5. The PHA/IHA shall continue to operate each development (for section 23 leased-housing bond financed, after the expiration of the respective lease terms, the PHA shall continue to operate each development) as low-income housing in compliance with the ACCs, as amended, the United States Housing Act of 1937 (the "Act") and all HUD regulations and requirements for a period of twenty years after the last disbursement of comprehensive grant assistance.

However, the provisions of Section 308(B) and (C) of the ACC (Article 14.2 of the Mutual Help Consolidated ACC) shall remain in effect for so long as HUD determines there is any outstanding indebtedness of the PHA/IHA to HUD which arose in connection with any development(s) under the ACCs and which is not eligible for forgiveness, and provided further that, for a period of ten years following the last payment of operating subsidy to the PHA/IHA, no disposition of any development covered by this amendment shall occur unless approved by HUD.

6. Section 404 of Part II of the ACC (Article 4.2 of the Mutual Help Consolidated ACC) shall not be applicable to the Comprehensive Grant.
7. If the PHA/IHA does not comply with any of its obligations under this Amendment, HUD may direct the PHA/IHA to terminate all work described in the Annual Statement. In such case the PHA/IHA shall only incur additional costs with HUD approval.

8. Implementation or use of funding assistance provided under this Amendment is subject to attached corrective action order(s)

(mark one) Yes No

9. The Grantee acknowledges its responsibility for adherence to this Amendment by subgrantees to which it makes funding assistance hereunder available.

The parties have caused this Amendment to be effective as of the date of execution on behalf of the United States, as stated below.

U.S. Department of Housing and Urban Development

By: _____ Date: _____

PHA/IHA Executive Director

By: _____ Date: _____

Title: _____

Title: _____

**Comprehensive Grant Program
(CGP) Amendment**

To (form HUD-53012) the Consolidated Annual Contributions Contract

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

APPENDIX 8-2

Whereas, (Housing Authority) Marion Housing Authority (herein called the "HA")

and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions Contract(s) (ACC) Number(s) _____

dated _____ ;

Whereas, HUD has agreed to provide CGP assistance, upon execution of this Amendment, to the HA in the amount to be specified below for the purpose of assisting the HA in financing improvements to the physical condition of existing public/Indian housing developments and upgrades to the management and operation of such developments in order to ensure that such developments continue to be available

to serve low-income families: \$ _____ for Fiscal Year 19 _____ to be referred to under
(the formula amount of comprehensive grant funds now being approved):

Comprehensive Grant Number _____, HA Tax Identification Number (TIN) _____,

Whereas, HUD and the HA are entering into this CGP Amendment Number _____,

Now Therefore, the ACCs are amended as follows:

1. The ACCs are amended to provide CGP assistance in the amount specified above for modernization of HA developments (including section 23 leased-housing bond financed, Mutual Help and Turnkey III). This amendment is a part of the ACCs.
2. The modernization work shall be carried out in accordance with all HUD regulations and other requirements applicable to the Comprehensive Grant Program.
3. In accordance with the HUD regulations, the Comprehensive Plan has been adopted by the HA and approved by HUD, and may be amended from time to time. The modernization work shall be carried out as described in the Annual Statement.
4. Subject to the provisions of Part II of the ACCs, and to assist in the modernization, HUD agrees to disburse to the HA from time to time as needed, up to the amount of funding assistance specified above.
5. The HA shall continue to operate each development (for section 23 leased-housing bond financed, after the expiration of the respective lease terms, the HA shall continue to operate each development) as low-income housing in compliance with the ACCs, as amended, the United States Housing Act of 1937 (the

"Act") and all HUD regulations and requirements for a period of twenty years after the last disbursement of CGP assistance. However, the provisions of Section 7 of the ACC shall remain in effect for so long as HUD determines there is any outstanding indebtedness of the HA to HUD which arose in connection with any development(s) under the ACCs and which is not eligible for forgiveness, and provided further that, for a period of ten years following the last payment of operating subsidy to the HA, no disposition of any development covered by this amendment shall occur unless approved by HUD.

6. If the HA does not comply with any of its obligations under this Amendment, HUD may direct the HA to terminate all work described in the Annual Statement. In such case the HA shall only incur additional costs with HUD approval.

7. Implementation or use of funding assistance provided under this Amendment is subject to attached corrective action order(s)

(mark one) Yes No

8. The HA acknowledges its responsibility for adherence to this Amendment by subgrantees to which it makes funding assistance hereunder available.

The parties have caused this Amendment to be effective as of the date of execution on behalf of the United States, as stated below.

U.S. Department of Housing and Urban Development		HA Executive Director	
By: _____	Date: _____	By: _____	Date: _____
Title: _____		Title: _____	

Annual Statement/Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 11-1

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Part I: Summary

HA Name: Marion Housing Authority 601 S. Adams Street Marion, IN 46953	Submission: (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement/Revision No. <input type="checkbox"/> Performance & Evaluation for Program Year Ending: _____
---	--

Section 1: Replacement Reserve Status	Estimated	Actual
Must be completed each year there is a balance in the replacement reserve.		
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 +(or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal report	Estimated Cost		Actual Cost
Complete this section if there is withdrawal/expenditure activity.	Column 1 Original	Column 2 Revised	Column 3 Expended
Summary by Account (6200 subaccount)			
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income			
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of Executive Director & Date: X	Signature of the Field Office Manager & Date: X
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**Annual Statement / Performance and Evaluation Report
on Replacement Reserve**

Part II: Supporting Pages
Comprehensive Grant Program (CGP)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ^{1/}
			Original	Revised ^{1/}	Funds Obligated ^{1/}	Funds Expended ^{1/}	

^{1/} To be completed at the end of the program year.
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Certification for a Drug-Free Workplace

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

OMB Approval No. 22577-0044 (exp. 7/31/98)
OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-2

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for gathering information, completing and reviewing the collection of information, completing HUD forms and reporting. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority(HA) certify to the provisions of a drug-free workplace as a condition of assistance. Responses to the collection are required by the Drug-Free Workplace Act of 1988. The information requested does not lend itself to confidentiality.

HA Name:

Marion Housing Authority

Program/Activity Receiving Federal Grant Funding: (mark one)

Operating Subsidy

Sec.23 Leased Housing

Development

CIAP

CGP

HOPE VI

Other (specify)

If Operating Subsidy or Section 23,
enter the HA's Fiscal Year Ending date
in which funds are expected to be obligated:

7/31/1995

If Development, CIAP, CGP, HOPE VI, or
Other, enter the Federal Fiscal Year in
which the funds are expected to be reserved:

7/31/1998

Acting on behalf of the above named PHA/IHA as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

1. I certify that the above named PHA/IHA will provide a drug-free workplace by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the PHA's/IHA's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- b. Establishing a drug-free awareness program to inform employees about the following:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The PHA's/IHA's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- c. Making it a requirement that each employee of the PHA/IHA be given a copy of the statement required by paragraph a.;
- d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment with the PHA/IHA, the employee will do the following:
 - (1) Notifying the HUD Field Office within ten days after receiving notice under subparagraph d. (2) from an employee or otherwise receiving actual notice of such conviction;
- e. Notifying the HUD Field Office within ten days after receiving notice under subparagraph d. (2) from an employee or otherwise receiving actual notice of such conviction;
- f. Taking one of the following actions within 30 days of receiving notice under subparagraph d. (2) with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The PHA/IHA shall list in the space provided below the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. (If more space is needed, attach additional page(s) the same size as this form. Identify each sheet with the PHA/IHA name and address, and the program/activity receiving grant funding.)

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001,1010,1012; 31 U.S.C. 3729,3802)

Name, Title & Signature of Authorized HA Official & Date:

X

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form HUD-50070 (10/96)

ref Handbook 7417.1, 7475.13, 7485.1 & 3

Certification for Contracts, Grants, Loans and Cooperative Agreements

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

OMB Approval No. 22577-0044 (exp. 7/31/98)
OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-3

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for gathering information, completing and reviewing the collection of information, completing HUD forms and reporting. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority(HA) certify that no Federally appropriated funds have been or will be used to influence Federal employees, Members of Congress, and Congressional staff regarding specific grants or contracts. Responses to the collection are required by the FY 1990 Department of the Interior and Related Agencies Appropriations Act (P.L. 102-121). The information requested does not lend itself to confidentiality.

HA Name: Marion Housing Authority 601 S. Adams Street Marion, IN 46953	If other than Operating Subsidy or Section 23, enter the Federal Fiscal Year in which the funds are expected to be reserved;	If Operating Subsidy or Section 23, enter HA's Fiscal Year Ending date in which funds are expected to be obligated:								
Program/Activity Receiving Federal Grant over \$100,000: (mark one) <table border="0"> <tr> <td><input type="checkbox"/> Operating Subsidy</td> <td><input type="checkbox"/> CGP</td> </tr> <tr> <td><input type="checkbox"/> Development</td> <td><input type="checkbox"/> CIAP</td> </tr> <tr> <td><input type="checkbox"/> Drug Elimination Grants</td> <td><input type="checkbox"/> HOPE VI</td> </tr> <tr> <td><input type="checkbox"/> Sec.23 Leased Housing</td> <td><input type="checkbox"/> Other (specify)</td> </tr> </table> <p style="text-align: center;">Adjustments</p>			<input type="checkbox"/> Operating Subsidy	<input type="checkbox"/> CGP	<input type="checkbox"/> Development	<input type="checkbox"/> CIAP	<input type="checkbox"/> Drug Elimination Grants	<input type="checkbox"/> HOPE VI	<input type="checkbox"/> Sec.23 Leased Housing	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Operating Subsidy	<input type="checkbox"/> CGP									
<input type="checkbox"/> Development	<input type="checkbox"/> CIAP									
<input type="checkbox"/> Drug Elimination Grants	<input type="checkbox"/> HOPE VI									
<input type="checkbox"/> Sec.23 Leased Housing	<input type="checkbox"/> Other (specify)									

Acting on behalf of the above-named HA as its Authorized Official, I make the following certifications to the Department of Housing and Urban Development (HUD):

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

a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure of Lobbying Activities, in accordance with its instructions.

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

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001,1010,1012; 31 U.S.C. 3729,3802)

Name of Authorized HA Official:	Title:
Signature: X	Date:

**Actual Modernization
Cost Certificate**

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

OMB Approval No. 2577-0044 (Exp. 7/31/98)
OMB Approval No. 2577-0157 (Exp. 7/31/98)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

APPENDIX 10-1

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name	Modernization Project Number
Marion Housing Authority	IN36P04150103

The HA hereby certifies to the Department of Housing & Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the CIAP Grant, is as shown below:

A. Original Funds Approved	\$	
B. Revised Funds Approved	\$	
C. Funds Advanced	\$	
D. Funds Expended (Actual Modernization Cost)	\$	
E. Amount to be Recaptured (A-D)	\$	0.00
F. Excess of Funds Advanced (C-D)	\$	0.00

- That all modernization work in connection with the CIAP Grant has been completed;
- That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
- That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
- That the time in which such liens could be filed has expired.

Signature of Executive Director & Date:

X

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date

X

The audited costs agree with the costs shown above.

Verified: (Designated HUD Official)

Date

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date

X

HAB, INC.
 Computer Software, Consulting, & Financial Management Services
 Insurance and Health Care Management LP
INSURANCE FORMS
 04/2015/2015

INSURANCE FORMS are designed to assist you in processing your information, and the ability to quickly collect and submit forms to facilitate the underwriting process. To make any other form (INSURANCE FORMS) available, go to the system from within the HAB, INC. FORMS.

Check out our new [INSURANCE FORMS](#)!

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 1000 N. 1st Street, Suite 1000, Phoenix, AZ 85004

Insurance Form
 Insurance Form - 1 page.pdf

Company	Policy	Effective Date	Expiration Date	Policy Type	Policy Status	Policy Description	Policy Number	Policy Class	Policy Code	Policy Rate	Policy Amount	Policy Deductible	Policy Co-insurance	Policy Exclusions	Policy Conditions	Policy Endorsements	Policy Riders	Policy Attachments	Policy Notes	Policy Comments	
Company A	Policy A	01/01/2015	12/31/2015	General Liability	Active	General Liability	123456789	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company B	Policy B	01/01/2015	12/31/2015	General Liability	Active	General Liability	987654321	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company C	Policy C	01/01/2015	12/31/2015	General Liability	Active	General Liability	567890123	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company D	Policy D	01/01/2015	12/31/2015	General Liability	Active	General Liability	345678901	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company E	Policy E	01/01/2015	12/31/2015	General Liability	Active	General Liability	234567890	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company F	Policy F	01/01/2015	12/31/2015	General Liability	Active	General Liability	123456789	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company G	Policy G	01/01/2015	12/31/2015	General Liability	Active	General Liability	987654321	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company H	Policy H	01/01/2015	12/31/2015	General Liability	Active	General Liability	567890123	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company I	Policy I	01/01/2015	12/31/2015	General Liability	Active	General Liability	345678901	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company J	Policy J	01/01/2015	12/31/2015	General Liability	Active	General Liability	234567890	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company K	Policy K	01/01/2015	12/31/2015	General Liability	Active	General Liability	123456789	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company L	Policy L	01/01/2015	12/31/2015	General Liability	Active	General Liability	987654321	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company M	Policy M	01/01/2015	12/31/2015	General Liability	Active	General Liability	567890123	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company N	Policy N	01/01/2015	12/31/2015	General Liability	Active	General Liability	345678901	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company O	Policy O	01/01/2015	12/31/2015	General Liability	Active	General Liability	234567890	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company P	Policy P	01/01/2015	12/31/2015	General Liability	Active	General Liability	123456789	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company Q	Policy Q	01/01/2015	12/31/2015	General Liability	Active	General Liability	987654321	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company R	Policy R	01/01/2015	12/31/2015	General Liability	Active	General Liability	567890123	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company S	Policy S	01/01/2015	12/31/2015	General Liability	Active	General Liability	345678901	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company T	Policy T	01/01/2015	12/31/2015	General Liability	Active	General Liability	234567890	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company U	Policy U	01/01/2015	12/31/2015	General Liability	Active	General Liability	123456789	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company V	Policy V	01/01/2015	12/31/2015	General Liability	Active	General Liability	987654321	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company W	Policy W	01/01/2015	12/31/2015	General Liability	Active	General Liability	567890123	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company X	Policy X	01/01/2015	12/31/2015	General Liability	Active	General Liability	345678901	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company Y	Policy Y	01/01/2015	12/31/2015	General Liability	Active	General Liability	234567890	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
Company Z	Policy Z	01/01/2015	12/31/2015	General Liability	Active	General Liability	123456789	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000

Executive Summary of Preliminary Estimated Costs

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name			Federal Fiscal Year		
Marion Housing Authority			10/01/2003		
Development Number/ Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long-Term Viability (Y/N)	Percentage of Vacant Units
					0.0%
Total Preliminary Estimated Hard Cost for Physical Needs			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Management Needs			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Administration			\$		
Total Preliminary Estimated Cost for HA-Wide Other			\$		
Grand Total of HA Needs			\$		0.00
Signature of Executive Director			Date		
			4/8/2004		

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name <u>Marion Housing Authority</u>		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			\$	-
Per Unit Hard Cost				
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared				
Source(s) of Information:				

HA Name Marion Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements			\$	-
Per Unit Hard Cost				
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared				
Source(s) of Information:				

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

HA Name Marion Housing Authority	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number
-------------------------------------	---

Development Number	Development Name		DOFA Date or Construction Date	
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 5+ _____	

General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements \$ _____

Per Unit Hard Cost _____

Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared _____

Source(s) of Information: _____

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

HA Name Marion Housing Authority	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number	
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Development Number	Development Name	DOFA Date or Construction Date
--------------------	------------------	-----------------------------------

Development Type: <input type="checkbox"/> Rental	Occupancy Type: <input type="checkbox"/> Family	Structure Type: <input type="checkbox"/> Detached/Semi-Detached	Number of Buildings	Number of Vacant Units
--	--	--	---------------------	------------------------

<input type="checkbox"/> Rental	<input type="checkbox"/> Family	<input type="checkbox"/> Detached/Semi-Detached	Current Bedroom Distribution 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 5+ ____	Total Current Units
<input type="checkbox"/> Turnkey III - Vacant	<input type="checkbox"/> Elderly	<input type="checkbox"/> Row		
<input type="checkbox"/> Turnkey III - Occupied	<input type="checkbox"/> Mixed	<input type="checkbox"/> Walk-Up		
<input type="checkbox"/> Mutual Help		<input type="checkbox"/> Elevator		
<input type="checkbox"/> Section 23, Bond Financed				
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

HA Name Marion Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number	
Development Number	Development Name	DOFA Date or Construction Date	
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up	Number of Buildings <hr/> Current Bedroom Distribution 0 ____ 1 ____ 2 ____
			Number of Vacant Units <hr/> Total Current

- Turnkey III - Occupied
- Mutual Help
- Section 23, Bond Financed

Mixed

- Walk-Up
- Elevator

3 _____ 4 _____ 5 _____
5+ _____

Units

General Description of Needed Physical Improvements

Cost

Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$ -
Per Unit Hard Cost	
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Assessment Prepared	
Source(s) of Information:	

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original		
Marion Housing Authority		<input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution	
		0 _____ 1 _____ 2 _____		
		3 _____ 4 _____ 5 _____		
		5+ _____		
General Description of Needed Physical Improvements			Urgency of	

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original	
Marion Housing Authority		<input type="checkbox"/> Revision Number	
Development Number	Development Name	DOFA Date or Construction Date	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
<input type="checkbox"/> Rental	<input type="checkbox"/> Family	<input type="checkbox"/> Detached/Semi-Detached	
<input type="checkbox"/> Turnkey III - Vacant	<input type="checkbox"/> Elderly	<input type="checkbox"/> Row	Current Bedroom Distribution
<input type="checkbox"/> Turnkey III - Occupied	<input type="checkbox"/> Mixed	<input type="checkbox"/> Walk-Up	0 ____ 1 ____ 2 ____
<input type="checkbox"/> Mutual Help		<input type="checkbox"/> Elevator	3 ____ 4 ____ 5 ____
<input type="checkbox"/> Section 23, Bond Financed			5+ ____
General Description of Needed Physical Improvements		Number of Vacant Units	Total Current Units
			100
		Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Marion Housing Authority				
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution	
0 ____ 1 ____ 2 ____		3 ____ 4 ____ 5 ____		
5+ ____				
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Marion Housing Authority				
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 5+ ____	
General Description of Needed Physical Improvements				Urgency of Need (1-5)
				Cost

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original		
Marion Housing Authority		<input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 5+ ____	
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment
Comprehensive Grant Program (CGP)
 HA-Wide Nondwelling Structures and Equipment

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name Marion Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number	
Development Number	Development Name		DOFA Date or Construction Date
HA-Wide Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed		Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator
		Number of Buildings	Number of Vacant Units
		Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	Total Current Units
General Description of Needed Physical Improvements HA-Wide Nondwelling Structures and Equipment		Cost	Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed HA Wide Nondwelling Structures & Equipment		\$	-
Per Unit Hard Cost			
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared			
Source(s) of Information:			

Management Needs Assessment

Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name Marion Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number	
General Description of Needed Physical Improvements		Urgency of Need (1-5)	Preliminary Estimated HA-Wide Cost
Total Preliminary Estimated HA-Wide Cost			\$ -
Date Assessment Prepared			
Source(s) of Information			

Five-Year Action Plan
Part I: Summary
Comprehensive Grant Program (CGP)



HA Name: Marion Housing Authority		Locality: (City/County & State) Marion, IN County of: Grant				<input type="checkbox"/> Original <input type="checkbox"/> Revision No.
A.	Development Number/Name	Work Stmt. for Year 1 FFY: <u>12/31/95</u>	Work Statement for Year 2 FFY: <u>12/31/1996</u>	Work Statement for Year 3 FFY: <u>12/31/1997</u>	Work Statement for Year 4 FFY: <u>12/31/1998</u>	Work Statement for Year 5 FFY: <u>12/31/1999</u>
		See Annual Statement				
B.	Physical Improvements Subtotal					
C.	Management Improvements					
D.	HA-Wide Nondwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Replacement					
J.	Mod Used for Replacement					
K.	Total CGP Funds					
L.	Total Non-CGP Funds					
M.	Grand Total					

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

Part I: Summary (Continuation)
Comprehensive Grant Program (CGP)



A. Development Number/Name	Work Stmt. for Year 1 FFY: 12/31/95	Work Statement for Year 2 FFY: 12/31/1996	Work Statement for Year 3 FFY: 12/31/1997	Work Statement for Year 4 FFY: 12/31/1998	Work Statement for Year 5 FFY: 12/31/1999
	<p>See Annual Statement</p>				
Totals This Page					

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		



Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

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form HUD-52834 (10/96)
 ref Handbook 7485.3

OMB Approval No. 22577-0157 (exp. 7/31/98)

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Statement for Year 1 FFY: <u>12/31/1995</u>	FFY: <u>12/31/1996</u>			FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost

See
Annual
Statement

Subtotal of Estimated Cost				Subtotal of Estimated Cost	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY: 12/31/1995	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost

See Annual Statement					
	Subtotal of Estimated Cost			Subtotal of Estimated Cost	

**Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)**



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>1</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>2</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		



Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY: 12/31/1995	Work Statement for Year 1 FFY: 12/31/1996			Work Statement for Year 2 FFY: 12/31/1997		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

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Page ___ of ___

form HUD-52834 (10/96)

ref Handbook 7485.3

OMB Approval No. 22577-0157 (exp. 7/31/98)

Five-Year Action Plan Part III: Supporting Pages Management Needs Work Statement(s) Comprehensive Grant Program (CGP)

Work Statement	Work Statement for Year 1 FFY: 12/31/1995		Work Statement for Year 2 FFY: 12/31/1995	

for Year 1 FFY: <u>12/31/1995</u>	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

**Local Government Statement
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 4-5

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant. Responses to the collection are required by Section 14(e)(1)(E) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

As Chief Executive Officer of the unit of general local government/Indian tribe know as _____,

in which the (name of Public Housing Agency(PHA) or Indian Housing Authority(IHA)) _____

operates,

I certify to the following:

1. The HA developed the Comprehensive Plan/Annual Statement in consultation with local government officials/ Indian tribal officials and with residents of the developments covered by the Comprehensive Plan/Annual Statement, in accordance with the requirements of the Comprehensive Grant Program;

2a. For PHAs, the Comprehensive Plan/Annual Statement is consistent with the unit of general local government's assessment of its low-income housing needs (as evidenced by its Consolidated Plan under 24 CFR Part 91, if applicable), and that the unit of general local government will cooperate in providing resident programs and services; or

2b. For IHAs, the Comprehensive Plan/Annual Statement is consistent with the appropriate governing body's assessment of its low-income housing needs and that the appropriate governing body will cooperate in providing resident programs and services; and

3. The HA's proposed drug and crime elimination activities are coordinated with and supportive of local strategies and neighborhood improvement programs, if applicable. Under the Cooperation Agreement, the local/tribal government is providing public services and facilities of the same character and to the same extent to Public and Indian housing as are furnished to other dwellings and residents of the locality. Where additional on-duty police are being funded under the Comprehensive Grant Program, such police will only provide additional security and protective services over and above those for which the local/tribal government is contractually obligated to provide under the Cooperation Agreement.

Note: The Comprehensive Plan includes the Action Plan.

Name of Chief Executive Officer:

Signature of Chief Executive Officer and Date:

Warning: HUD will prosecute false claims and statements. conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)

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form **HUD-52835** (10/96)

**HA Board Resolution Approving
Comprehensive Plan or Annual Statement
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 4-6

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires as a condition to receive a CGP grant, each Housing Authority(HA) certify that it has complied with statutory, regulatory and other HUD requirements. This information is essential to determine HA compliance, or intent to comply, with CGP requirements. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

Acting on behalf of the Board of commissioners of the below-named Housing Authority(HA), as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive Plan Submitted on _____ | <input type="checkbox"/> Amendments to Comprehensive Plan Submitted on _____ |
| <input type="checkbox"/> Action Plan/Annual Statement Submitted on _____ | <input type="checkbox"/> Amendments to Action Plan/Annual Statement submitted on _____ |

I certify on behalf of the: (HA Name) Marion Housing Authority that;

- | | |
|---|--|
| <p>1. The HA will comply with all policies, procedures, and requirements prescribed by HUD for modernization, including implementation of the modernization in a timely, efficient, and economical manner;</p> <p>2. The HA has established controls to ensure that any activity funded by the CGP is not also funded by any other HUD program, thereby preventing duplicate funding of any activity.</p> <p>3. The HA will not provide to any development more assistance under the CGP than is necessary to provide affordable housing, after taking into account other government assistance provided;</p> <p>4. The proposed physical work will meet the modernization and energy conservation standards under 24 CFR 968.115 or CFR 950.610;</p> <p>5. The proposed activities, obligations and expenditures in the Annual Statement are consistent with the proposed or approved Comprehensive Plan of the HA;</p> <p>6. The HA will comply with applicable nondiscrimination and equal opportunity requirements under 24 CFR 5.105(a) or 24 CFR 950.115;</p> <p>7. The HA will take appropriate affirmative action to award modernization contracts to minority and women's business enterprises under 24 CFR 5.105(a) or 24 CFR 950.115(e); or the IHA will, to the greatest extent feasible, give preference to the award of modernization contracts to Indian organizations and Indian-owned economic enterprises under 24 CFR 950.175;</p> <p>8. The HA has provided HUD or the responsible entity with any documentation that the Department needs to carry out its review under the National Environmental Policy Act (NEPA) and other related authorities in accordance with 24 CFR 968.110(c), (d) and (m) or 24 CFR 950.120(a),(b), and (h), and will not obligate, in any manner, the expenditure of CGP funds, or otherwise undertake the activities identified in its Comprehensive Plan/Annual Statement, until the HA receives written notification from HUD indicating that the Department has complied with its responsibilities under NEPA and other related authorities;</p> | <p>9. The HA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 950.120(c) and (d);</p> <p>10. The HA will comply with the relocation assistance and real property acquisition requirements under 24 CFR 968.108 or 24 CFR 950.117;</p> <p>11. The HA will comply with the requirements for physical accessibility under 24 CFR 968.110(a) or 24 CFR 950.115(d);</p> <p>12. The HA will comply with the requirements for access to records and audits under 24 CFR 968.145 or 24 CFR 950.120(e);</p> <p>13. The HA will comply with the uniform administrative requirements under 24 CFR 968.135 or 24 CFR 950.120(f);</p> <p>14. The HA will comply with lead-based paint testing and abatement requirements under 24 CFR 968.110(k) or 24 CFR 950.120(g);</p> <p>15. The HA has complied with the requirements governing local/tribal government and resident participation in accordance with 24 CFR 968.315(b) and (c), 968.325(d) and 968.330 or 24 CFR 950.652(b) and (c) 950.656(d) and 950.658m and has given full consideration to the priorities and concerns of local/tribal government and residents, including any comments which were ultimately not adapted, in preparing the Comprehensive Plan/Annual Statement and any amendments thereto;</p> <p>16. The HA will comply with special requirements of 24 CFR 968.102 or 24 CFR 950.602 with respect to a Turnkey III development; and</p> <p>17. The PHA will comply with special requirements of 24 CFR 968.101(b)(3) with respect to a Section 23 leased housing bond-financed development.</p> <p>18. The modernization work will promote housing that is modest in design and cost, but still blends in with the surrounding community.</p> |
|---|--|

Attested By: Board Chairman's Name:	(Seal)
Board Chairman's Signature & Date: X	

Warning: HUD will prosecute false claims and statements. conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)



Annual Statement / Performance and Evaluation Report
 Capital Fund Program (CFP) Part I: Summary

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-1

HA Name: Marion Housing Authority	Comprehensive Grant Number: IN36P04150203	FFY of Grant Approval: 10/01/03
---	---	---

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Program Year Ending

Quarter Ending
3/31/2004

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)	10,000.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	12,645.00			
10	1460 Dwelling Structures	38,700.00			
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Cost				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)	6,021.00			
19	Amount of Annual Grant (Sum of lines 2-18)	77,366.00			
20	Amount of line 19 Related to LBP Testing				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Operations are greater than 10%

Signature of Executive Director and Date: X	Signature of Public Housing Director/Office of Native American Programs Administrator & Date: X
---	---

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

% of line 19



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

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

OMB

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
IN41-1 12th/Upton St Houck St	Concrete/water meter pit repair	1450		750.00			
	Siding/Soffits/Gutters	1460		7,630.00			
	HVAC	1460		5,250.00			
IN41-2 Coulton Ct Curfman Rd/ North Court	Concrete/water meter pit repair	1450		750.00			
	Siding/Soffits/Gutters	1460		13,870.00			
	HVAC	1460		5,250.00			
IN41-3 Norman Manor Apts	Direct alarm feed to 911	1460		500.00			
IN41-4 Riverside Apts	Outdoor Gas grill	1450		1,000.00			
	Landscaping	1450		9,145.00			
	Direct alarm feed to 911	1460		500.00			
	Replace water softner	1460		1,600.00			
IN41-5 Martin Boots	Outdoor Gas grill	1450		1,000.00			
	Direct alarm feed to 911	1460		500.00			
	Replace water softner	1460		1,600.00			
	Interior common area renovations	1460		2,000.00			
IN41-ALL	Window replacement - Admin Bldg	1475		10,000.00			
	Operations	1406		10,000.00			
	Contingency	1502		6,021.00			
Page Totals				77,366.00			

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Data

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

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

OMB

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
Page Totals				-	-	-	-

Signature of Executive Director and Date:
X

Signature of Public Housing Director/Office of Native American Programs Administrator & Data
X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part II: Supporting Pages

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
Page Totals				-	-	-	-

Signature of Executive Director and Date:
X

Signature of Public Housing Director/Office of Native American Programs Administrator & Data
X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
Page Totals				-	-	-	-

Signature of Executive Director and Date:
X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:
X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

Status of Proposed Work ²

te:

form HUD-52837 (10/96)
ref Handbook 7485.3

Status of Proposed Work ²

te:

form HUD-52837 (10/96)
ref Handbook 7485.3

Approval No. 22577-0157 (exp. 7/31/98)

Status of Proposed Work ²

--

te:



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

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
IN41-1 12th/Upton St Houck St	2/13/2006			2/13/2008			
IN41-2 Coulton Ct Curfman Rd/ North Court	2/13/2006			2/13/2008			
IN41-3 Norman Manor Apts	2/13/2006			2/13/2008			
IN41-4 Riverside Apts	2/13/2006			2/13/2008			
IN41-5 Martin Boots Apts	2/13/2006			2/13/2008			
IN41-ALL	2/13/2006			2/13/2008			

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

**Comprehensive Grant Program
(CGP) Amendment**

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

APPENDIX 8-2

To Consolidated Annual Contributions Contract or
To Mutual Help Consolidated Annual Contributions Contract

OMB Approval No. 22577-0157 (exp. 7/31/98)

Public reporting burden for this collection of information is estimated to average 0.1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Whereas, (Public Housing Agency/Indian Housing Authority) Marion Housing Authority

(herein called the "PHA/IHA")

and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions Contract(s) (ACC) Number(s) _____

dated _____ ; and/or Mutual Help Consolidated ACC(s) Number(s) _____,

dated _____ (herein called the "ACCs");

Whereas, HUD has agreed to provide comprehensive grant assistance, upon execution of this Amendment, to the PHA/IHA in the amount to be specified below for the purpose of assisting the PHA/IHA in financing improvements to the physical condition of existing public/Indian housing developments and upgrades to the management and operation of such developments in order to ensure that such developments continue to be available to serve low-income families: \$ _____ for Fiscal Year 1997 to be referred to under (the formula amount of comprehensive grant funds now being approved):

Comprehensive Grant Number _____, PHA/IHA Tax Identification Number (TIN) _____,

Whereas, HUD and the PHA/IHA are entering into this Comprehensive Grant Program Amendment Number _____,

Now Therefore, the ACCs are amended as follows:

1. The ACCs are amended to provide comprehensive grant assistance in the amounts specified above for modernization of PHA/IHA developments (including section 23 leased-housing bond financed, Mutual Help and Turnkey III). This amendment is a part of the ACCs.
2. The modernization work shall be carried out in accordance with all HUD regulations and other requirements applicable to the Comprehensive Grant Program.
3. In accordance with the HUD regulations, the Comprehensive Plan has been adopted by the PHA/IHA, and approved by HUD, and may be amended from time to time. The modernization work shall be carried out as described in the Comprehensive Plan, including the Action Plan.
4. Subject to the provisions of Part II of the ACCs, and to assist in the modernization, HUD agrees to disburse to the PHA/IHA from time to time as needed, up to the amount of funding assistance specified above.
5. The PHA/IHA shall continue to operate each development (for section 23 leased-housing bond financed, after the expiration of the respective lease terms, the PHA shall continue to operate each development) as low-income housing in compliance with the ACCs, as amended, the United States Housing Act of 1937 (the "Act") and all HUD regulations and requirements for a period of twenty years after the last disbursement of comprehensive grant assistance.

However, the provisions of Section 308(B) and (C) of the ACC (Article 14.2 of the Mutual Help Consolidated ACC) shall remain in effect for so long as HUD determines there is any outstanding indebtedness of the PHA/IHA to HUD which arose in connection with any development(s) under the ACCs and which is not eligible for forgiveness, and provided further that, for a period of ten years following the last payment of operating subsidy to the PHA/IHA, no disposition of any development covered by this amendment shall occur unless approved by HUD.

6. Section 404 of Part II of the ACC (Article 4.2 of the Mutual Help Consolidated ACC) shall not be applicable to the Comprehensive Grant.
7. If the PHA/IHA does not comply with any of its obligations under this Amendment, HUD may direct the PHA/IHA to terminate all work described in the Annual Statement. In such case the PHA/IHA shall only incur additional costs with HUD approval.

8. Implementation or use of funding assistance provided under this Amendment is subject to attached corrective action order(s)

(mark one) Yes No

9. The Grantee acknowledges its responsibility for adherence to this Amendment by subgrantees to which it makes funding assistance hereunder available.

The parties have caused this Amendment to be effective as of the date of execution on behalf of the United States, as stated below.

U.S. Department of Housing and Urban Development

By: _____ Date: _____

PHA/IHA Executive Director

By: _____ Date: _____

Title: _____

Title: _____

**Comprehensive Grant Program
(CGP) Amendment**

To (form HUD-53012) the Consolidated Annual Contributions Contract

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

APPENDIX 8-2

Whereas, (Housing Authority) Marion Housing Authority (herein called the "HA")

and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions Contract(s) (ACC) Number(s) _____

dated _____ ;

Whereas, HUD has agreed to provide CGP assistance, upon execution of this Amendment, to the HA in the amount to be specified below for the purpose of assisting the HA in financing improvements to the physical condition of existing public/Indian housing developments and upgrades to the management and operation of such developments in order to ensure that such developments continue to be available to serve low-income families: \$ _____ for Fiscal Year 19____ to be referred to under (the formula amount of comprehensive grant funds now being approved): _____

Comprehensive Grant Number _____, HA Tax Identification Number (TIN) _____,

Whereas, HUD and the HA are entering into this CGP Amendment Number _____,

Now Therefore, the ACCs are amended as follows:

1. The ACCs are amended to provide CGP assistance in the amount specified above for modernization of HA developments (including section 23 leased-housing bond financed, Mutual Help and Turnkey III). This amendment is a part of the ACCs.
2. The modernization work shall be carried out in accordance with all HUD regulations and other requirements applicable to the Comprehensive Grant Program.
3. In accordance with the HUD regulations, the Comprehensive Plan has been adopted by the HA and approved by HUD, and may be amended from time to time. The modernization work shall be carried out as described in the Annual Statement.
4. Subject to the provisions of Part II of the ACCs, and to assist in the modernization, HUD agrees to disburse to the HA from time to time as needed, up to the amount of funding assistance specified above.
5. The HA shall continue to operate each development (for section 23 leased-housing bond financed, after the expiration of the respective lease terms, the HA shall continue to operate each development) as low-income housing in compliance with the ACCs, as amended, the United States Housing Act of 1937 (the

"Act") and all HUD regulations and requirements for a period of twenty years after the last disbursement of CGP assistance. However, the provisions of Section 7 of the ACC shall remain in effect for so long as HUD determines there is any outstanding indebtedness of the HA to HUD which arose in connection with any development(s) under the ACCs and which is not eligible for forgiveness, and provided further that, for a period of ten years following the last payment of operating subsidy to the HA, no disposition of any development covered by this amendment shall occur unless approved by HUD.

6. If the HA does not comply with any of its obligations under this Amendment, HUD may direct the HA to terminate all work described in the Annual Statement. In such case the HA shall only incur additional costs with HUD approval.

7. Implementation or use of funding assistance provided under this Amendment is subject to attached corrective action order(s)

(mark one) Yes No

8. The HA acknowledges its responsibility for adherence to this Amendment by subgrantees to which it makes funding assistance hereunder available.

The parties have caused this Amendment to be effective as of the date of execution on behalf of the United States, as stated below.

U.S. Department of Housing and Urban Development
By: _____ Date: _____
Title: _____

HA Executive Director
By: _____ Date: _____
Title: _____

Annual Statement/Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 11-1

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Part I: Summary

HA Name: Marion Housing Authority 601 S. Adams Street Marion, IN 46953	Submission: (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement/Revision No. <input type="checkbox"/> Performance & Evaluation for Program Year Ending: _____
---	--

Section 1: Replacement Reserve Status	Estimated	Actual
Must be completed each year there is a balance in the replacement reserve.		
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 +(or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal report	Estimated Cost		Actual Cost
Complete this section if there is withdrawal/expenditure activity.	Column 1 Original	Column 2 Revised	Column 3 Expended
Summary by Account (6200 subaccount)			
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income			
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of Executive Director & Date: X	Signature of the Field Office Manager & Date: X
---	---

**Annual Statement / Performance and Evaluation Report
on Replacement Reserve**

**Part II: Supporting Pages
Comprehensive Grant Program (CGP)**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ^{1/}
			Original	Revised ^{1/}	Funds Obligated ^{1/}	Funds Expended ^{1/}	

^{1/} To be completed at the end of the program year.
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Certification for a Drug-Free Workplace

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

OMB Approval No. 22577-0044 (exp. 7/31/98)
OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-2

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for gathering information, completing and reviewing the collection of information, completing HUD forms and reporting. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority(HA) certify to the provisions of a drug-free workplace as a condition of assistance. Responses to the collection are required by the Drug-Free Workplace Act of 1988. The information requested does not lend itself to confidentiality.

HA Name:

Marion Housing Authority

Program/Activity Receiving Federal Grant Funding: (mark one)

Operating Subsidy

Sec.23 Leased Housing

Development

CIAP

CGP

HOPE VI

Other (specify)

If Operating Subsidy or Section 23,
enter the HA's Fiscal Year Ending date
in which funds are expected to be obligated:

7/31/1995

If Development, CIAP, CGP, HOPE VI, or
Other, enter the Federal Fiscal Year in
which the funds are expected to be reserved:

7/31/1998

Acting on behalf of the above named PHA/IHA as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

1. I certify that the above named PHA/IHA will provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the PHA's/IHA's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

- (1) Abide by the terms of the statement; and
- (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

b. Establishing a drug-free awareness program to inform employees about the following:
(1) The dangers of drug abuse in the workplace;
(2) The PHA's/IHA's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

e. Notifying the HUD Field Office within ten days after receiving notice under subparagraph d. (2) from an employee or otherwise receiving actual notice of such conviction;

c. Making it a requirement that each employee of the PHA/IHA be given a copy of the statement required by paragraph a.;

f. Taking one of the following actions within 30 days of receiving notice under subparagraph d. (2) with respect to any employee who is so convicted:
(1) Taking appropriate personnel action against such an employee, up to and including termination; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment with the PHA/IHA, the employee will do the following:

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The PHA/IHA shall list in the space provided below the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. (If more space is needed, attach additional page(s) the same size as this form. Identify each sheet with the PHA/IHA name and address, and the program/activity receiving grant funding.)

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001,1010,1012; 31 U.S.C. 3729,3802)

Name, Title & Signature of Authorized HA Official & Date:

X

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form HUD-50070 (10/96)

ref Handbook 7417.1, 7475.13, 7485.1 & 3

Certification for Contracts, Grants, Loans and Cooperative Agreements

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

OMB Approval No. 22577-0044 (exp. 7/31/98)
OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-3

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for gathering information, completing and reviewing the collection of information, completing HUD forms and reporting. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority(HA) certify that no Federally appropriated funds have been or will be used to influence Federal employees, Members of Congress, and Congressional staff regarding specific grants or contracts. Responses to the collection are required by the FY 1990 Department of the Interior and Related Agencies Appropriations Act (P.L. 102-121). The information requested does not lend itself to confidentiality.

HA Name: Marion Housing Authority 601 S. Adams Street Marion, IN 46953	If other than Operating Subsidy or Section 23, enter the Federal Fiscal Year in which the funds are expected to be reserved;	If Operating Subsidy or Section 23, enter HA's Fiscal Year Ending date in which funds are expected to be obligated:								
Program/Activity Receiving Federal Grant over \$100,000: (mark one) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Operating Subsidy</td> <td><input type="checkbox"/> CGP</td> </tr> <tr> <td><input type="checkbox"/> Development</td> <td><input type="checkbox"/> CIAP</td> </tr> <tr> <td><input type="checkbox"/> Drug Elimination Grants</td> <td><input type="checkbox"/> HOPE VI</td> </tr> <tr> <td><input type="checkbox"/> Sec.23 Leased Housing</td> <td><input type="checkbox"/> Other (specify)</td> </tr> </table> <p style="text-align: center;">Adjustments</p>			<input type="checkbox"/> Operating Subsidy	<input type="checkbox"/> CGP	<input type="checkbox"/> Development	<input type="checkbox"/> CIAP	<input type="checkbox"/> Drug Elimination Grants	<input type="checkbox"/> HOPE VI	<input type="checkbox"/> Sec.23 Leased Housing	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Operating Subsidy	<input type="checkbox"/> CGP									
<input type="checkbox"/> Development	<input type="checkbox"/> CIAP									
<input type="checkbox"/> Drug Elimination Grants	<input type="checkbox"/> HOPE VI									
<input type="checkbox"/> Sec.23 Leased Housing	<input type="checkbox"/> Other (specify)									

Acting on behalf of the above-named HA as its Authorized Official, I make the following certifications to the Department of Housing and Urban Development (HUD):

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

a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure of Lobbying Activities, in accordance with its instructions.

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

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001,1010,1012; 31 U.S.C. 3729,3802)

Name of Authorized HA Official:	Title:
Signature: X	Date:

**Actual Modernization
Cost Certificate**

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

OMB Approval No. 2577-0044 (Exp. 7/31/98)
OMB Approval No. 2577-0157 (Exp. 7/31/98)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

APPENDIX 10-1

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name	Modernization Project Number
Marion Housing Authority	IN36P04150203

The HA hereby certifies to the Department of Housing & Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the CIAP Grant, is as shown below:

A. Original Funds Approved	\$	
B. Revised Funds Approved	\$	
C. Funds Advanced	\$	
D. Funds Expended (Actual Modernization Cost)	\$	
E. Amount to be Recaptured (A-D)	\$	0.00
F. Excess of Funds Advanced (C-D)	\$	0.00

- That all modernization work in connection with the CIAP Grant has been completed;
- That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
- That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
- That the time in which such liens could be filed has expired.

Signature of Executive Director & Date:

X

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date

X

The audited costs agree with the costs shown above.

Verified: (Designated HUD Official)

Date

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date

X

Executive Summary of Preliminary Estimated Costs

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name			Federal Fiscal Year		
Marion Housing Authority			10/01/2004		
Development Number/ Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long-Term Viability (Y/N)	Percentage of Vacant Units
					0.0%
Total Preliminary Estimated Hard Cost for Physical Needs			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Management Needs			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Administration			\$		
Total Preliminary Estimated Cost for HA-Wide Other			\$		
Grand Total of HA Needs			\$		0.00
Signature of Executive Director			Date		
			4/8/2004		

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name <u>Marion Housing Authority</u>		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			\$	-
Per Unit Hard Cost				
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared				
Source(s) of Information:				

HA Name Marion Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements			\$	-
Per Unit Hard Cost				
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared				
Source(s) of Information:				

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

HA Name Marion Housing Authority	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number
-------------------------------------	---

Development Number	Development Name		DOFA Date or Construction Date	
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 5+ _____	

General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
--	----	---

Per Unit Hard Cost	
--------------------	--

Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Date Assessment Prepared	
--------------------------	--

Source(s) of Information:

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

HA Name Marion Housing Authority	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number
-------------------------------------	---

Development Number	Development Name	DOFA Date or Construction Date
--------------------	------------------	-----------------------------------

Development Type: <input type="checkbox"/> Rental	Occupancy Type: <input type="checkbox"/> Family	Structure Type: <input type="checkbox"/> Detached/Semi-Detached	Number of Buildings	Number of Vacant Units
--	--	--	---------------------	------------------------

<input type="checkbox"/> Rental	<input type="checkbox"/> Family	<input type="checkbox"/> Detached/Semi-Detached	Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	Total Current Units
<input type="checkbox"/> Turnkey III - Vacant	<input type="checkbox"/> Elderly	<input type="checkbox"/> Row		
<input type="checkbox"/> Turnkey III - Occupied	<input type="checkbox"/> Mixed	<input type="checkbox"/> Walk-Up		
<input type="checkbox"/> Mutual Help		<input type="checkbox"/> Elevator		
<input type="checkbox"/> Section 23, Bond Financed				
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

HA Name Marion Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number	
Development Number	Development Name	DOFA Date or Construction Date	
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up	Number of Buildings <hr/> Current Bedroom Distribution 0 ___ 1 ___ 2 ___ Total Current

- Turnkey III - Occupied
- Mutual Help
- Section 23, Bond Financed

Mixed

- Walk-Up
- Elevator

3 ___ 4 ___ 5 ___
5+ ___

Units

General Description of Needed Physical Improvements

Cost

Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$ -
Per Unit Hard Cost	
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Assessment Prepared	
Source(s) of Information:	

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original		
Marion Housing Authority		<input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	Total Current Units
General Description of Needed Physical Improvements			Urgency of	

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original	
Marion Housing Authority		<input type="checkbox"/> Revision Number	
Development Number	Development Name	DOFA Date or Construction Date	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
<input type="checkbox"/> Rental	<input type="checkbox"/> Family	<input type="checkbox"/> Detached/Semi-Detached	
<input type="checkbox"/> Turnkey III - Vacant	<input type="checkbox"/> Elderly	<input type="checkbox"/> Row	Current Bedroom Distribution
<input type="checkbox"/> Turnkey III - Occupied	<input type="checkbox"/> Mixed	<input type="checkbox"/> Walk-Up	0 ____ 1 ____ 2 ____
<input type="checkbox"/> Mutual Help		<input type="checkbox"/> Elevator	3 ____ 4 ____ 5 ____
<input type="checkbox"/> Section 23, Bond Financed			5+ ____
General Description of Needed Physical Improvements		Number of Vacant Units	Total Current Units
			100
		Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Marion Housing Authority				
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution	
		0 ____ 1 ____ 2 ____		
		3 ____ 4 ____ 5 ____		
		5+ ____		
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Marion Housing Authority				
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 5+ ____	
General Description of Needed Physical Improvements				Urgency of Need (1-5)
				Cost

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original		
Marion Housing Authority		<input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 5+ ____	
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment
Comprehensive Grant Program (CGP)
 HA-Wide Nondwelling Structures and Equipment

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name Marion Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number	
Development Number	Development Name		DOFA Date or Construction Date
HA-Wide Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed		Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator
		Number of Buildings	Number of Vacant Units
		Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	Total Current Units
General Description of Needed Physical Improvements HA-Wide Nondwelling Structures and Equipment		Cost	Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed HA Wide Nondwelling Structures & Equipment		\$	-
Per Unit Hard Cost			
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared			
Source(s) of Information:			

Management Needs Assessment

Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name Marion Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number	
General Description of Needed Physical Improvements		Urgency of Need (1-5)	Preliminary Estimated HA-Wide Cost
Total Preliminary Estimated HA-Wide Cost			\$ -
Date Assessment Prepared			
Source(s) of Information			

Five-Year Action Plan
Part I: Summary
Comprehensive Grant Program (CGP)



HA Name: Marion Housing Authority		Locality: (City/County & State) Marion, IN County of: Grant			<input type="checkbox"/> Original <input type="checkbox"/> Revision No.
A. Development Number/Name	Work Stmt. for Year 1 FFY: <u>12/31/95</u>	Work Statement for Year 2 FFY: <u>12/31/1996</u>	Work Statement for Year 3 FFY: <u>12/31/1997</u>	Work Statement for Year 4 FFY: <u>12/31/1998</u>	Work Statement for Year 5 FFY: <u>12/31/1999</u>
	See Annual Statement				
B. Physical Improvements Subtotal					
C. Management Improvements					
D. HA-Wide Nondwelling Structures and Equipment					
E. Administration					
F. Other					
G. Operations					
H. Demolition					
I. Replacement					
J. Mod Used for Replacement					
K. Total CGP Funds					
L. Total Non-CGP Funds					
M. Grand Total					

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

Part I: Summary (Continuation)
Comprehensive Grant Program (CGP)



A. Development Number/Name	Work Stmt. for Year 1 FFY: 12/31/95	Work Statement for Year 2 FFY: 12/31/1996	Work Statement for Year 3 FFY: 12/31/1997	Work Statement for Year 4 FFY: 12/31/1998	Work Statement for Year 5 FFY: 12/31/1999
	See Annual Statement				
Totals This Page					

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		



Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

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form HUD-52834 (10/96)

ref Handbook 7485.3

OMB Approval No. 22577-0157 (exp. 7/31/98)

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Statement for Year 1 FFY: <u>12/31/1995</u>	FFY: <u>12/31/1996</u>			FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost

See
Annual
Statement

Subtotal of Estimated Cost				Subtotal of Estimated Cost	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY: 12/31/1995	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost

See Annual Statement					
	Subtotal of Estimated Cost			Subtotal of Estimated Cost	

**Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)**



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>1</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>2</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		



Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY: 12/31/1995	Work Statement for Year 1 FFY: 12/31/1996			Work Statement for Year 2 FFY: 12/31/1997		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

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Page ___ of ___

form HUD-52834 (10/96)

ref Handbook 7485.3

OMB Approval No. 22577-0157 (exp. 7/31/98)

Five-Year Action Plan Part III: Supporting Pages Management Needs Work Statement(s) Comprehensive Grant Program (CGP)

Work Statement	Work Statement for Year 1 FFY: 12/31/1995		Work Statement for Year 2 FFY: 12/31/1995	
	Development Number/Name/General Description of Major Work Categories	Quantity	Development Number/Name/General Description of Major Work Categories	Quantity

for Year 1 FFY: <u>12/31/1995</u>	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

**Local Government Statement
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 4-5

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant. Responses to the collection are required by Section 14(e)(1)(E) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

As Chief Executive Officer of the unit of general local government/Indian tribe know as _____,

in which the (name of Public Housing Agency(PHA) or Indian Housing Authority(IHA)) _____

operates,

I certify to the following:

1. The HA developed the Comprehensive Plan/Annual Statement in consultation with local government officials/ Indian tribal officials and with residents of the developments covered by the Comprehensive Plan/Annual Statement, in accordance with the requirements of the Comprehensive Grant Program;

2a. For PHAs, the Comprehensive Plan/Annual Statement is consistent with the unit of general local government's assessment of its low-income housing needs (as evidenced by its Consolidated Plan under 24 CFR Part 91, if applicable), and that the unit of general local government will cooperate in providing resident programs and services; or

2b. For IHAs, the Comprehensive Plan/Annual Statement is consistent with the appropriate governing body's assessment of its low-income housing needs and that the appropriate governing body will cooperate in providing resident programs and services; and

3. The HA's proposed drug and crime elimination activities are coordinated with and supportive of local strategies and neighborhood improvement programs, if applicable. Under the Cooperation Agreement, the local/tribal government is providing public services and facilities of the same character and to the same extent to Public and Indian housing as are furnished to other dwellings and residents of the locality. Where additional on-duty police are being funded under the Comprehensive Grant Program, such police will only provide additional security and protective services over and above those for which the local/tribal government is contractually obligated to provide under the Cooperation Agreement.

Note: The Comprehensive Plan includes the Action Plan.

Name of Chief Executive Officer:

Signature of Chief Executive Officer and Date:

Warning: HUD will prosecute false claims and statements. conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)

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form **HUD-52835** (10/96)

**HA Board Resolution Approving
Comprehensive Plan or Annual Statement
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 4-6

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires as a condition to receive a CGP grant, each Housing Authority(HA) certify that it has complied with statutory, regulatory and other HUD requirements. This information is essential to determine HA compliance, or intent to comply, with CGP requirements. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

Acting on behalf of the Board of commissioners of the below-named Housing Authority(HA), as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive Plan Submitted on _____ | <input type="checkbox"/> Amendments to Comprehensive Plan Submitted on _____ |
| <input type="checkbox"/> Action Plan/Annual Statement Submitted on _____ | <input type="checkbox"/> Amendments to Action Plan/Annual Statement submitted on _____ |

I certify on behalf of the: (HA Name) Marion Housing Authority that;

- | | |
|---|--|
| <p>1. The HA will comply with all policies, procedures, and requirements prescribed by HUD for modernization, including implementation of the modernization in a timely, efficient, and economical manner;</p> <p>2. The HA has established controls to ensure that any activity funded by the CGP is not also funded by any other HUD program, thereby preventing duplicate funding of any activity.</p> <p>3. The HA will not provide to any development more assistance under the CGP than is necessary to provide affordable housing, after taking into account other government assistance provided;</p> <p>4. The proposed physical work will meet the modernization and energy conservation standards under 24 CFR 968.115 or CFR 950.610;</p> <p>5. The proposed activities, obligations and expenditures in the Annual Statement are consistent with the proposed or approved Comprehensive Plan of the HA;</p> <p>6. The HA will comply with applicable nondiscrimination and equal opportunity requirements under 24 CFR 5.105(a) or 24 CFR 950.115;</p> <p>7. The HA will take appropriate affirmative action to award modernization contracts to minority and women's business enterprises under 24 CFR 5.105(a) or 24 CFR 950.115(e); or the IHA will, to the greatest extent feasible, give preference to the award of modernization contracts to Indian organizations and Indian-owned economic enterprises under 24 CFR 950.175;</p> <p>8. The HA has provided HUD or the responsible entity with any documentation that the Department needs to carry out its review under the National Environmental Policy Act (NEPA) and other related authorities in accordance with 24 CFR 968.110(c), (d) and (m) or 24 CFR 950.120(a),(b), and (h), and will not obligate, in any manner, the expenditure of CGP funds, or otherwise undertake the activities identified in its Comprehensive Plan/Annual Statement, until the HA receives written notification from HUD indicating that the Department has complied with its responsibilities under NEPA and other related authorities;</p> | <p>9. The HA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 950.120(c) and (d);</p> <p>10. The HA will comply with the relocation assistance and real property acquisition requirements under 24 CFR 968.108 or 24 CFR 950.117;</p> <p>11. The HA will comply with the requirements for physical accessibility under 24 CFR 968.110(a) or 24 CFR 950.115(d);</p> <p>12. The HA will comply with the requirements for access to records and audits under 24 CFR 968.145 or 24 CFR 950.120(e);</p> <p>13. The HA will comply with the uniform administrative requirements under 24 CFR 968.135 or 24 CFR 950.120(f);</p> <p>14. The HA will comply with lead-based paint testing and abatement requirements under 24 CFR 968.110(k) or 24 CFR 950.120(g);</p> <p>15. The HA has complied with the requirements governing local/tribal government and resident participation in accordance with 24 CFR 968.315(b) and (c), 968.325(d) and 968.330 or 24 CFR 950.652(b) and (c) 950.656(d) and 950.658m and has given full consideration to the priorities and concerns of local/tribal government and residents, including any comments which were ultimately not adapted, in preparing the Comprehensive Plan/Annual Statement and any amendments thereto;</p> <p>16. The HA will comply with special requirements of 24 CFR 968.102 or 24 CFR 950.602 with respect to a Turnkey III development; and</p> <p>17. The PHA will comply with special requirements of 24 CFR 968.101(b)(3) with respect to a Section 23 leased housing bond-financed development.</p> <p>18. The modernization work will promote housing that is modest in design and cost, but still blends in with the surrounding community.</p> |
|---|--|

Attested By: Board Chairman's Name: Board Chairman's Signature & Date: X	(Seal)
---	--------

Warning: HUD will prosecute false claims and statements. conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)



Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-1

HA Name: Marion Housing Authority	Comprehensive Grant Number: IN36P04150104	FFY of Grant Approval: 10/01/04
--------------------------------------	--	------------------------------------

- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Program Year Ending

Quarter Ending

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)	93,112.00			
3	1408 Management Improvements	21,000.00			
4	1410 Administration	53,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	40,000.00			
10	1460 Dwelling Structures	178,250.00			
11	1465.1 Dwelling Equipment--Nonexpendable	14,500.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	22,300.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Cost				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)	34,900.00			
19	Amount of Annual Grant (Sum of lines 2-18)	465,562.00			
20	Amount of line 19 Related to LBP Testing				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Operations are greater than 10%

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

% of line 19



Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
IN41-1 12th/Upton St Houck St	Concrete/Grading	1450	4	12,000.00			
	Basement Wall Repair	1450		5,000.00			
	Doors/Wood Trim	1460		3,500.00			
	Bathroom Remodels	1460		5,000.00			
	Cabinets/Countertops	1460		3,000.00			
	Water Heaters	1460		375.00			
	Replacement Light & Wall Fixtures	1460		750.00			
	Painting	1460		3,000.00			
	Floor Tile	1460		1,500.00			
	Window Replacement	1460		1,500.00			
	Roof Repair/Replacement	1460		2,500.00			
	Carpet	1460		2,000.00			
	HVAC	1460		14,000.00			
	Rehab Unit - Contract Labor	1460		7,000.00			
Ranges/Refrigerators	1465	3,000.00					
IN41-2 Coulton Ct Curfman Rd/ North Court	Concrete/Grading	1450	4	12,000.00			
	Fence	1450		6,000.00			
	Basement Wall Repair	1450		5,000.00			
	Doors/Wood Trim	1460		3,500.00			
	Bathroom Remodels	1460		5,000.00			
	Cabinets/Countertops	1460		3,000.00			
	Water Heaters	1460		375.00			
	Replacement Light & Wall Fixtures	1460		750.00			
	Painting	1460		3,000.00			
	Floor Tile	1460		1,500.00			
	Window Replacement	1460		1,500.00			
	Roof Repair/Replacement	1460		2,500.00			
	Carpet	1460		2,000.00			
	HVAC	1460		14,000.00			
Rehab Unit - Contract Labor Costs	1460	7,000.00					
Ranges/Refrigerators	1465	3,000.00					
IN41-3 Norman Manor Apts	HVAC	1460		2,000.00			
	Carpet	1460		2,500.00			
	Painting	1460		2,000.00			
	Re-glaze Bathtubs	1460		500.00			
Page Totals				141,250.00			

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

OMB

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
IN41-4 Riverside Apts	Smoke Detector Replacements	1460		1,000.00			
	Floor Tile	1460		1,000.00			
	Renovate 2 apartments	1460		30,000.00			
	Renovate Arts/Craft Room	1460		15,000.00			
	Ranges/Refrigerators	1465		2,500.00			
	HVAC	1460		4,500.00			
	Carpet	1460		3,000.00			
	Painting	1460		2,000.00			
	Re-glaze Bathtubs	1460		500.00			
	Elevator (re-build)	1460		3,000.00			
IN41-5 Martin Boots Apts	Water Heater (replacement)	1460		5,000.00			
	Ranges/Range Hoods/Refrigerators	1465		3,000.00			
	HVAC	1460		4,500.00			
	Carpet	1460		3,000.00			
	Painting	1460		2,000.00			
	Re-glaze Bathtubs	1460		500.00			
	Elevator (re-build)	1460		3,000.00			
	Water Heater (replacement)	1460		5,000.00			
	Ranges/Range Hoods/Refrigerators	1465		3,000.00			
	IN41-ALL	Operations	1406		93,112.00		
	Section 3	1408		6,000.00			
	Staff Training	1408		15,000.00			
	Salary/Fringes/Travel Sundry	1410		48,500.00			
	Audit	1410		5,000.00			
	A/E Services	1430		8,000.00			
	Seal Exterior Administration Building	1475		12,000.00			
	Maintenance Equipment	1475		3,300.00			
	Office Equipment	1475		7,000.00			
	Contingency	1502		34,900.00			
Page Totals				324,312.00	-	-	-

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part II: Supporting Pages

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
Page Totals				-	-	-	-

Signature of Executive Director and Date:
X

Signature of Public Housing Director/Office of Native American Programs Administrator & Data
X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
Page Totals				-	-	-	-

Signature of Executive Director and Date:
X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:
X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

Status of Proposed Work ²
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A #			A1408	4	#							
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form HUD-52837 (10/96)
ref Handbook 7485.3

Approval No. 22577-0157 (exp. 7/31/98)

Status of Proposed Work ²

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Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
IN41-1 12th/Upton St Houck St	6/30/2006			6/30/2008			
IN41-2 Coulton Ct Curfman Rd/ North Court	6/30/2006			6/30/2008			
IN41-3 Norman Manor Apts	6/30/2006			6/30/2008			
IN41-4 Riverside Apts	6/30/2006			6/30/2008			
IN41-5 Martin Boots Apts	6/30/2006			6/30/2008			
IN41-ALL	6/30/2006			6/30/2008			

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

**Comprehensive Grant Program
(CGP) Amendment**

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

APPENDIX 8-2

To Consolidated Annual Contributions Contract or
To Mutual Help Consolidated Annual Contributions Contract

OMB Approval No. 22577-0157 (exp. 7/31/98)

Public reporting burden for this collection of information is estimated to average 0.1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Whereas, (Public Housing Agency/Indian Housing Authority) Marion Housing Authority

(herein called the "PHA/IHA")

and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions Contract(s) (ACC) Number(s) _____

dated _____ ; and/or Mutual Help Consolidated ACC(s) Number(s) _____,

dated _____ (herein called the "ACCs");

Whereas, HUD has agreed to provide comprehensive grant assistance, upon execution of this Amendment, to the PHA/IHA in the amount to be specified below for the purpose of assisting the PHA/IHA in financing improvements to the physical condition of existing public/Indian housing developments and upgrades to the management and operation of such developments in order to ensure that such developments continue to be available to serve low-income families: \$ _____ for Fiscal Year 1997 to be referred to under (the formula amount of comprehensive grant funds now being approved):

Comprehensive Grant Number _____, PHA/IHA Tax Identification Number (TIN) _____,

Whereas, HUD and the PHA/IHA are entering into this Comprehensive Grant Program Amendment Number _____,

Now Therefore, the ACCs are amended as follows:

1. The ACCs are amended to provide comprehensive grant assistance in the amounts specified above for modernization of PHA/IHA developments (including section 23 leased-housing bond financed, Mutual Help and Turnkey III). This amendment is a part of the ACCs.
2. The modernization work shall be carried out in accordance with all HUD regulations and other requirements applicable to the Comprehensive Grant Program.
3. In accordance with the HUD regulations, the Comprehensive Plan has been adopted by the PHA/IHA, and approved by HUD, and may be amended from time to time. The modernization work shall be carried out as described in the Comprehensive Plan, including the Action Plan.
4. Subject to the provisions of Part II of the ACCs, and to assist in the modernization, HUD agrees to disburse to the PHA/IHA from time to time as needed, up to the amount of funding assistance specified above.
5. The PHA/IHA shall continue to operate each development (for section 23 leased-housing bond financed, after the expiration of the respective lease terms, the PHA shall continue to operate each development) as low-income housing in compliance with the ACCs, as amended, the United States Housing Act of 1937 (the "Act") and all HUD regulations and requirements for a period of twenty years after the last disbursement of comprehensive grant assistance.

However, the provisions of Section 308(B) and (C) of the ACC (Article 14.2 of the Mutual Help Consolidated ACC) shall remain in effect for so long as HUD determines there is any outstanding indebtedness of the PHA/IHA to HUD which arose in connection with any development(s) under the ACCs and which is not eligible for forgiveness, and provided further that, for a period of ten years following the last payment of operating subsidy to the PHA/IHA, no disposition of any development covered by this amendment shall occur unless approved by HUD.

6. Section 404 of Part II of the ACC (Article 4.2 of the Mutual Help Consolidated ACC) shall not be applicable to the Comprehensive Grant.
7. If the PHA/IHA does not comply with any of its obligations under this Amendment, HUD may direct the PHA/IHA to terminate all work described in the Annual Statement. In such case the PHA/IHA shall only incur additional costs with HUD approval.

8. Implementation or use of funding assistance provided under this Amendment is subject to attached corrective action order(s)

(mark one) Yes No

9. The Grantee acknowledges its responsibility for adherence to this Amendment by subgrantees to which it makes funding assistance hereunder available.

The parties have caused this Amendment to be effective as of the date of execution on behalf of the United States, as stated below.

U.S. Department of Housing and Urban Development

By: _____ Date: _____

PHA/IHA Executive Director

By: _____ Date: _____

Title: _____

Title: _____

**Comprehensive Grant Program
(CGP) Amendment**

To (form HUD-53012) the Consolidated Annual Contributions Contract

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

APPENDIX 8-2

Whereas, (Housing Authority) Marion Housing Authority (herein called the "HA")

and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions Contract(s) (ACC) Number(s) _____

dated _____ ;

Whereas, HUD has agreed to provide CGP assistance, upon execution of this Amendment, to the HA in the amount to be specified below for the purpose of assisting the HA in financing improvements to the physical condition of existing public/Indian housing developments and upgrades to the management and operation of such developments in order to ensure that such developments continue to be available

to serve low-income families: \$ _____ for Fiscal Year 19 _____ to be referred to under
(the formula amount of comprehensive grant funds now being approved):

Comprehensive Grant Number _____, HA Tax Identification Number (TIN) _____,

Whereas, HUD and the HA are entering into this CGP Amendment Number _____,

Now Therefore, the ACCs are amended as follows:

1. The ACCs are amended to provide CGP assistance in the amount specified above for modernization of HA developments (including section 23 leased-housing bond financed, Mutual Help and Turnkey III). This amendment is a part of the ACCs.
2. The modernization work shall be carried out in accordance with all HUD regulations and other requirements applicable to the Comprehensive Grant Program.
3. In accordance with the HUD regulations, the Comprehensive Plan has been adopted by the HA and approved by HUD, and may be amended from time to time. The modernization work shall be carried out as described in the Annual Statement.
4. Subject to the provisions of Part II of the ACCs, and to assist in the modernization, HUD agrees to disburse to the HA from time to time as needed, up to the amount of funding assistance specified above.
5. The HA shall continue to operate each development (for section 23 leased-housing bond financed, after the expiration of the respective lease terms, the HA shall continue to operate each development) as low-income housing in compliance with the ACCs, as amended, the United States Housing Act of 1937 (the

"Act") and all HUD regulations and requirements for a period of twenty years after the last disbursement of CGP assistance. However, the provisions of Section 7 of the ACC shall remain in effect for so long as HUD determines there is any outstanding indebtedness of the HA to HUD which arose in connection with any development(s) under the ACCs and which is not eligible for forgiveness, and provided further that, for a period of ten years following the last payment of operating subsidy to the HA, no disposition of any development covered by this amendment shall occur unless approved by HUD.

6. If the HA does not comply with any of its obligations under this Amendment, HUD may direct the HA to terminate all work described in the Annual Statement. In such case the HA shall only incur additional costs with HUD approval.

7. Implementation or use of funding assistance provided under this Amendment is subject to attached corrective action order(s)

(mark one) Yes No

8. The HA acknowledges its responsibility for adherence to this Amendment by subgrantees to which it makes funding assistance hereunder available.

The parties have caused this Amendment to be effective as of the date of execution on behalf of the United States, as stated below.

U.S. Department of Housing and Urban Development		HA Executive Director	
By: _____	Date: _____	By: _____	Date: _____
Title: _____		Title: _____	

Annual Statement/Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 11-1

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Part I: Summary

HA Name: Marion Housing Authority 601 S. Adams Street Marion, IN 46953	Submission: (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement/Revision No. <input type="checkbox"/> Performance & Evaluation for Program Year Ending: _____
---	--

Section 1: Replacement Reserve Status	Estimated	Actual
Must be completed each year there is a balance in the replacement reserve.		
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 +(or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal report	Estimated Cost		Actual Cost
Complete this section if there is withdrawal/expenditure activity.			
Summary by Account (6200 subaccount)	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income			
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of Executive Director & Date:	Signature of the Field Office Manager & Date:
X	X

**Annual Statement / Performance and Evaluation Report
on Replacement Reserve**

Part II: Supporting Pages
Comprehensive Grant Program (CGP)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ^{1/}
			Original	Revised ^{1/}	Funds Obligated ^{1/}	Funds Expended ^{1/}	

^{1/} To be completed at the end of the program year.
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Certification for a Drug-Free Workplace

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

OMB Approval No. 22577-0044 (exp. 7/31/98)
OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-2

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for gathering information, completing and reviewing the collection of information, completing HUD forms and reporting. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority(HA) certify to the provisions of a drug-free workplace as a condition of assistance. Responses to the collection are required by the Drug-Free Workplace Act of 1988. The information requested does not lend itself to confidentiality.

HA Name:

Marion Housing Authority

Program/Activity Receiving Federal Grant Funding: (mark one)

Operating Subsidy

Sec.23 Leased Housing

Development

CIAP

CGP

HOPE VI

Other (specify)

If Operating Subsidy or Section 23,
enter the HA's Fiscal Year Ending date
in which funds are expected to be obligated:

7/31/1995

If Development, CIAP, CGP, HOPE VI, or
Other, enter the Federal Fiscal Year in
which the funds are expected to be reserved:

7/31/1998

Acting on behalf of the above named PHA/IHA as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

1. I certify that the above named PHA/IHA will provide a drug-free workplace by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the PHA's/IHA's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- b. Establishing a drug-free awareness program to inform employees about the following:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The PHA's/IHA's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- c. Making it a requirement that each employee of the PHA/IHA be given a copy of the statement required by paragraph a.;
- d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment with the PHA/IHA, the employee will do the following:
 - (1) Notifying the HUD Field Office within ten days after receiving notice under subparagraph d. (2) from an employee or otherwise receiving actual notice of such conviction;
- e. Notifying the HUD Field Office within ten days after receiving notice under subparagraph d. (2) from an employee or otherwise receiving actual notice of such conviction;
- f. Taking one of the following actions within 30 days of receiving notice under subparagraph d. (2) with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The PHA/IHA shall list in the space provided below the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. (If more space is needed, attach additional page(s) the same size as this form. Identify each sheet with the PHA/IHA name and address, and the program/activity receiving grant funding.)

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001,1010,1012; 31 U.S.C. 3729,3802)

Name, Title & Signature of Authorized HA Official & Date:

X

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form HUD-50070 (10/96)

ref Handbook 7417.1, 7475.13, 7485.1 & 3

Certification for Contracts, Grants, Loans and Cooperative Agreements

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

OMB Approval No. 22577-0044 (exp. 7/31/98)
OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-3

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for gathering information, completing and reviewing the collection of information, completing HUD forms and reporting. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority(HA) certify that no Federally appropriated funds have been or will be used to influence Federal employees, Members of Congress, and Congressional staff regarding specific grants or contracts. Responses to the collection are required by the FY 1990 Department of the Interior and Related Agencies Appropriations Act (P.L. 102-121). The information requested does not lend itself to confidentiality.

HA Name: Marion Housing Authority 601 S. Adams Street Marion, IN 46953	If other than Operating Subsidy or Section 23, enter the Federal Fiscal Year in which the funds are expected to be reserved;	If Operating Subsidy or Section 23, enter HA's Fiscal Year Ending date in which funds are expected to be obligated:								
Program/Activity Receiving Federal Grant over \$100,000: (mark one) <table border="0"> <tr> <td><input type="checkbox"/> Operating Subsidy</td> <td><input type="checkbox"/> CGP</td> </tr> <tr> <td><input type="checkbox"/> Development</td> <td><input type="checkbox"/> CIAP</td> </tr> <tr> <td><input type="checkbox"/> Drug Elimination Grants</td> <td><input type="checkbox"/> HOPE VI</td> </tr> <tr> <td><input type="checkbox"/> Sec.23 Leased Housing</td> <td><input type="checkbox"/> Other (specify)</td> </tr> </table> <p style="text-align: center;">Adjustments</p>			<input type="checkbox"/> Operating Subsidy	<input type="checkbox"/> CGP	<input type="checkbox"/> Development	<input type="checkbox"/> CIAP	<input type="checkbox"/> Drug Elimination Grants	<input type="checkbox"/> HOPE VI	<input type="checkbox"/> Sec.23 Leased Housing	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Operating Subsidy	<input type="checkbox"/> CGP									
<input type="checkbox"/> Development	<input type="checkbox"/> CIAP									
<input type="checkbox"/> Drug Elimination Grants	<input type="checkbox"/> HOPE VI									
<input type="checkbox"/> Sec.23 Leased Housing	<input type="checkbox"/> Other (specify)									

Acting on behalf of the above-named HA as its Authorized Official, I make the following certifications to the Department of Housing and Urban Development (HUD):

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

a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure of Lobbying Activities, in accordance with its instructions.

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

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001,1010,1012; 31 U.S.C. 3729,3802)

Name of Authorized HA Official:	Title:
Signature: X	Date:

**Actual Modernization
Cost Certificate**

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

OMB Approval No. 2577-0044 (Exp. 7/31/98)
OMB Approval No. 2577-0157 (Exp. 7/31/98)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

APPENDIX 10-1

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name	Modernization Project Number
Marion Housing Authority	IN36P04150104

The HA hereby certifies to the Department of Housing & Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the CIAP Grant, is as shown below:

A. Original Funds Approved	\$	
B. Revised Funds Approved	\$	
C. Funds Advanced	\$	
D. Funds Expended (Actual Modernization Cost)	\$	
E. Amount to be Recaptured (A-D)	\$	0.00
F. Excess of Funds Advanced (C-D)	\$	0.00

- That all modernization work in connection with the CIAP Grant has been completed;
- That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
- That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
- That the time in which such liens could be filed has expired.

Signature of Executive Director & Date:

X

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date

X

The audited costs agree with the costs shown above.

Verified: (Designated HUD Official)

Date

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date

X

