

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2004

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

**PHA Plan
Agency Identification**

PHA Name: Housing Authority of Mayfield

PHA Number: KY040

PHA Fiscal Year Beginning: (mm/yyyy) 01/01/2004

PHA Plan Contact Information:

Name: Donald E. Costello, Jr.

Phone: 270-247-6391

TDD:

Email (if available): don.costello@mayfieldhousing.org

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

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

**Annual PHA Plan
Fiscal Year 2004**

[24 CFR Part 903.7]

i. Table of Contents

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

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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

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

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$400,000

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment C

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

The Housing Authority intends to develop its housing replacement plan during FY 2004; no plan is yet available for review. Once the housing replacement plan is developed it will undergo the required review process.

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: HAW 1b. Development (project) number: KY040
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application planned for submission: <u>(10/31/04)</u>
5. Number of units affected: 16 6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

7. Relocation resources (select all that apply)

- Section 8 for units
- Public housing for 16 units
- Preference for admission to other public housing or section 8
- Other housing for units (describe below)

8. Timeline for activity:

- a. Actual or projected start date of activity:10/31/2004
- b. Actual or projected start date of relocation activities:04/01/2005
- c. Projected end date of activity:12/31/2005

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

The Housing Authority intends to developed it Section 8 Homeownership Program during FY2004, no plan is yet available for review at this time. Actual implementation of the Section 8 Home Ownership plan in all likelihood will not happen until FY2005

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. The comments were general in nature and all were supportive of our efforts to modernize, develop scattered site public housing, homeownership programs and supportive housing for elderly.

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

The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment _____.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment _____.

Other: (list below) Made no changes as all comments were supportive of the plan developed by staff

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) Commonwealth of Kentucky

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

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

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

3. PHA Requests for support from the Consolidated Plan Agency

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

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) No comments or actions were made.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan: Adding an item to the plan not listed within the plan

B. Significant Amendment or Modification to the Annual Plan: Adding an item to the plan not listed within the plan

Attachment A
Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
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
	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> ·? Baseline law enforcement services for public housing developments assisted under the PHDEP plan; ·? Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); ·? Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; ·? Coordination with other law enforcement efforts; ·? Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and ·? All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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 Mayfield 312 Brookside Dr Mayfield KY 42066	Grant Type and Number Capital Fund Program: KY36P040501-04 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
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Original Annual Statement

 Reserve for Disasters/ Emergencies

 Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending:

 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	30,000			
3	1408 Management Improvements				
4	1410 Administration	40,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	24,000			
8	1440 Site Acquisition	10,000			
9	1450 Site Improvement	3,500			
10	1460 Dwelling Structures	241,000			
11	1465.1 Dwelling Equipment—Nonexpendable	3,500			
12	1470 Nondwelling Structures	10,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	10,000			
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of Mayfield		Grant Type and Number Capital Fund Program #: KY36P040501-04 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HAW	Operations	1406		30,000				
HAW	Admin	1410		40,000				
HAW	A&E	1430		24,000				
HAW	Site Work	1450		3,500				
HAW	Unit Mod/Replacement	1460		241,000				
HAW	Office/Maint. Bldg Replacement	1470		10,000				
HAW	Mower/Equipment Replacement	1475		7,000				
HAW	Vehicle Replacement	1475		18,000				
HAW	Appliance Replacement	1465		3,500				
HAW	Relocation	1495.1		10,000				
HAW	Site Acquisition	1440		10,000				

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 Mayfield	Grant Type and Number Capital Fund Program #: KY36P040501-04 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2004
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
All	09/30/2006			09/30/2008			

Capital Fund Program Five-Year Action Plan

Part I: Summary

A Name using Authority of Mayfield		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2005	Work Statement for Year 3 FFY Grant: PHA FY: 2006	Work Statement for Year 4 FFY Grant: PHA FY: 2007	Work Statement for Year 5 FFY Grant: PHA FY: 2008
	Annual Statement				
001		250,000	250,000	250,000	250,000
002		250,000	250,000	250,000	250,000
003		35,000	35,000	35,000	35,000
004		25,000	25,000	25,000	25,000
W		200,000	200,000	200,000	200,000
P Funds Listed for ear planning		760,000	760,000	760,000	760,000
placement Housing ctor Funds					

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

Activities for Year :_2_			Activities for Year: _3_		
FFY Grant: PHA FY: 2005			FFY Grant: PHA FY: 2006		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
040-001	<i>Unit Mod/Replacement</i>	200,000	<i>040-001</i>	<i>Unit Mod/Replacement</i>	200,000
	<i>Site Work</i>	50,000		<i>Site Work</i>	50,000
040-002	Unit Mod/Replacement	200,000	040-002	Unit Mod/Replacement	200,000
	Site Work	50,000		Site Work	50,000
040-003	Unit Mod	30,000	040-003	Unit Mod	30,000
	Site Work	5,000		Site Work	5,000
040-004	Unit Mod	20,000	040-004	Unit Mod	20,000
	Site Work	5,000		Site Work	5,000
HAW	Operations	20,000	HAW	Operations	20,000
	Administration	20,000		Administration	20,000
	A&E	30,000		A&E	30,000
	Equip/Vehicle Replace	20,000		Equip/Vehicle Replace	20,000
	Computer System	5,000		Computer System	5,000
	Office/Maint Bldg Replacement	100,000		Office/Maint Bldg Replacement	100,000
	Appliance Replace	5,000		Appliance Replace	5,000
Total CFP Estimated Cost		\$760,000			\$760,000

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year : <u> 4 </u> FFY Grant: PHA FY: 2007			Activities for Year: <u> 5 </u> FFY Grant: PHA FY: 2008		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
040-001	<i>Unit Mod/Replacement</i>	200,000	<i>040-001</i>	<i>Unit Mod/Replacement</i>	200,000
	<i>Site Work</i>	50,000		<i>Site Work</i>	50,000
040-002	Unit Mod/Replacement	200,000	040-002	Unit Mod/Replacement	200,000
	Site Work	50,000		Site Work	50,000
040-003	Unit Mod	30,000	040-003	Unit Mod	30,000
	Site Work	5,000		Site Work	5,000
040-004	Unit Mod	20,000	040-004	Unit Mod	20,000
	Site Work	5,000		Site Work	5,000
HAW	Operations	20,000	HAW	Operations	20,000
	Administration	20,000		Administration	20,000
	A&E	30,000		A&E	30,000
	Equip/Vehicle Replace	20,000		Equip/Vehicle Replace	20,000
	Computer System	5,000		Computer System	5,000
	Office/Maint Bldg Replacement	100,000		Office/Maint Bldg Replacement	100,000
	Appliance Replace	5,000		Appliance Replace	5,000
Total CFP Estimated Cost		\$760,000			\$760,000

Required Attachment _D_: Resident Member on the PHA Governing Board

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

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

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 4 Yr 12/31/2003

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

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

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Author Bym, Mayor, City of Mayfield

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

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

Ms. Bobbie Holmes, 710 Anderson Av, Mayfield, KY 42066

Ms Racine Owens, 921 Loudocia Dr., Mayfield, KY 42066

Ms. Carol Hendly, 141 John Boyd Ct, Mayfield, KY 42066

Ms Dorothy, Moser, 2048 Marion Cr, Mayfield, KY 42066

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Housing Authority of Mayfield	Grant Type and Number Capital Fund Program Grant No: KY36P04050101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 5)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	45,997	46,461.99	46,461.99	46,461.99
3	1408 Management Improvements	5,250	5,250	5,250	5,250
4	1410 Administration	41,640.22	41,640.22	41,640.22	41,640.22
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	57,700.43	57,700.43	57,700.43	57,700.43
8	1440 Site Acquisition				
9	1450 Site Improvement	18,446.19	18,446.19	18,446.19	18,446.19
10	1460 Dwelling Structures	148,381.55	148,530.40	148,530.40	148,530.40
11	1465.1 Dwelling Equipment—Nonexpendable	9,885.96	9,885.96	9,885.96	9,885.96
12	1470 Nondwelling Structures	48,133.65	48,133.65	48,133.65	48,133.65
13	1475 Nondwelling Equipment	70,958	70,344.16	70,344.16	70,344.16
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	446,393	446,393	446,393	446,393
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of Mayfield		Grant Type and Number Capital Fund Program Grant No: KY36P04050101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Rev 5								
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
40-1 & 2	Gas main repairs	1450		14,500	14,500	14,500	14,500	Complete
HAW	Rehab of units	1460		16,529.49	16,529.49	16,529.49	16,529.49	Complete
40-1 & 2	Replace electrical service ent.	1460		96,627.64	96,776.92	96,776.92	96,776.92	Complete
HAW	Concrete repair/replacement (FA)	1450		3,946.19	3,946.19	3,946.19	3,946.19	Complete
40-3	Community building up grade (FA)	1470		18,133.65	18,133.65	18,133.65	18,133.65	Complete
40-4	Window replacement (FA)	1460		31,420.42	31,420.42	31,420.42	31,420.42	Complete
40-4	Exterior door replacement (FA)	1460		3,804	3,803.57	3,803.57	3,803.57	Complete
HAW	Admin	1410		41,637.22	41,640.22	41,640.22	41,640.22	Complete
HAW	Vehicle replacement	1475		29,958	29,957.71	29,957.71	29,957.71	Complete
HAW	Appliance replacement	1465	1	9,885.96	9,885.96	9,885.96	9,885.96	Complete
HAW	Operations	1406		45,997	46,461.99	46,461.99	46,461.99	Complete
HAW	Training, safety, software, etc	1408		5,250	5,250	5,250	5,250	Complete
HAW	A&E and environmental	1430		57,700.43	57,700.43	47,700.43	57,700.43	Complete
HAW	Computer & copier replacement	1475	10	41,000	40,386.45	40,386.45	40,386.45	Complete
HAW	Relocation	1495	1	0	0	0	0	N/A
40-1	Community/Computer Cent (FA)	1470		30,000	30,000	30,000	30,000	Complete

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 Mayfield		Grant Type and Number Capital Fund Program No: KY36P04050101 Replacement Housing Factor No:				Federal FY of Grant: 2001	
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	
All	6-30-2003	9-30-2003		12-31-2004	9-30-2005		To meet requirements

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Housing Authority of Mayfield	Grant Type and Number Capital Fund Program Grant No: KY36P04050102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	50,000	39,000	39,000	1,555
3	1408 Management Improvements				
4	1410 Administration	40,000	40,000	40,000	33,405
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,000	35,000	35,000	35,000
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000	50,000	0	0
10	1460 Dwelling Structures	212,595.01	212,595.01	212,595	38,331
11	1465.1 Dwelling Equipment—Nonexpendable	2,000	2,000	2,000	2,000
12	1470 Nondwelling Structures	4,000	4,000	4,000	3,970
13	1475 Nondwelling Equipment	29,404.99	35,017.99	29,404.99	29,404.99
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	8,000	8,000	4,824	4,824
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	425,613	425,613	366823.99	148,489.99
22	Amount of line 21 Related to LBP Activities				

23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of Mayfield		Grant Type and Number Capital Fund Program Grant No: KY36P04050102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HAW	Operations	1406		50,000	39,000	39,000	1,555	Open
HAW	Admin	1410		40,000	40,000	40,000	33,405	Open
HAW	A&E	1430		24,000	35,000	35,000	35,000	Closed
HAW	Site work related to mod and maintenance	1450		50,000	50,000	0	0	
HAW	Unit modernization	1460		172,595.01	172,595.01	172,595	37,409	UC
40-3, 40-4	Roof Replacement	1460		40,000	40,000	40,000	922	UC
HAW	Office improvement	1475		5,613	5,613	0	0	
HAW	Vehicle replacement	1475		23,505	23,505	23,505	23,505	Complete
HAW	Lawn mower replacement	1475		5,899.99	5,899.99	5,899.99	5,899.99	Complete
HAW	Relocation	1495		8,000	8,000	4,824	4,824	UC
HAW	Appliance replacement	1465 1		2,000	2,000	2,000	2,000	Complete
HAW	Building repairs	1470		4,000	4,000	4,000	3,970	U C

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 Mayfield	Grant Type and Number Capital Fund Program No: KY36P04050102 Replacement Housing Factor No:	Federal FY of Grant: <p style="text-align: center;">2002</p>
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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	
ALL	06/2004			06/2006			

ATTACHMENT H

DECONCENTRATION

The Housing Authority of Mayfield has two family sites, 40-001 containing 90 unit and 40-002 containing. The other two sites service elderly/disabled exclusively and are not considered in the deconcentration review for FY2004.

The average family income for both family sites is \$9,612.63. Site 40-001's average family income is \$9,473.86 or 99% of the total average. Site 40-002 has an average family income of \$9,869.51 or 103% of the total average income. The average incomes of both sites are not out side the allowable 85 to 115% deviation the Housing authority of Mayfield will not change any of its admissions policies in regards to deconcentration.