

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2004

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDINACCORDANCEWITH
INSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan
AgencyIdentification**

PHAName:HousingAuthorityofMorehead

PHANumber: KY032

PHAFiscalYearBeginning:(mm/yyyy) 01/2004

PHAPlanContactInformation:

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TDD: 1-800-648-6056
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PublicAccessInformation

**Informationregardinganyactivitiesoutlinedinth isplancanbeobtainedbycontacting:
(selectallthatapply)**

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices

DisplayLocationsForPHAPlansandSupportingDocuments

ThePHAPlans(includinga ttachments)areavailableforpublicinspectionat:(selectallthatapply)

- MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices
- Mainadministrativeofficeofthelocal,countyorStat egovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- MainbusinessofficeofthePHA
- PHAdevelopmentmanagementoffices
- Other(listbelow)

PHAProgramsAdministered :

- PublicHousingandSection8 Section8Only PublicHousingOnly

Annual PHA Plan
Fiscal Year 2004
 [24CFR 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 a 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 filename in parentheses in the space to the right of the title.

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ii. Executive Summary

[24CFR Part 903.79(r)]

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

Nomajor changes in policies/procedure are contemplated during the upcoming Agency Plans year. The 5 -year Capital Funds Program will be continued as shown in attachments B and G.

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcoveredinother sections of this Update.

TheHousingAuthorityofMorehead(HAM)madenomajorchangesinitspoliciesand/or proceduresduringthecurrentAgencyPlans(i.e.,FYBJanuary1,2003)year.Itdideliminatethe referencetoanduseof“CeilingRents”(whichhadnoadversebearingonapplicants/residents,since HAMhadadoptedanidenticaldefinitionfor“FlatRents”).Italsocontinuedits5-YearCapital FundsProgrambycompletingPhaseIrenovationsofthe40one-bedroomunitsatHeritagePlace (KY32-02)andstartingandcompletingphysicalrenovations(e.g.,newwindows,screendoor, interiordoors,handrilonexteriorsteps/risers,etc.)atRawcelHeights(KY32-01)andconstruction ofanewMaintenanceBuildingalsoatRawcelHeights(toservebothRawcelHeightsandHeritage Place.)

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A. Yes No: IsthePHAeligibletoparticipateintheCFPinthefiscalyearcoveredbythis PHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)CapitalFundProgramgrantfor theupcomingyear?\$350,000,approximatelysameasFFY2002CFPgrant.

C. Yes No DoesthePHAplantoparticipateintheCapitalFundPrograminthe upcomingyear?Ifyes,completetherestofComponent7.Ifno,skiptonextcomponent.

D.CapitalFundProgramGrantSubmissions

(1)CapitalFundProgram5-YearActionPlan

TheCapitalFundProgram5-YearActionPlanisprovidedasAttachment C

(2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachment B

3.DemolitionandDisposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethissection.

1. Yes No: DoesthePHAplantopconductanydemolitionordispositionactivities (pursuanttosection18oftheU.S.HousingActof1937(42U.S.C.1437p)) intheplanFiscalYear?(If“No”,skiptonextcomponent;if“yes”, completeoneactivitydescriptionforeachdevelopment.)

2.ActivityDescription

Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities)
1a.Developmentname:

1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24CFR Part 903.79 (k)]

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

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

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

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

5.SafetyandCrimePrevention:PHDEPPlan ProgramcancelledbyCongress inFFY20 02Thus,thissectionisNOTAPPLICABLEanymore.

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmaykiptothenextcomponentPHAseligibleforPHDEP fundsmustprovideaPHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfu nds.

A. Yes No: IsthePHAeligibletoparticipateinthePHDEPinthefiscalyearcoveredby thisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)PHDEPgrantfortheupcoming year? \$ _____ N /A _____

C. Yes No Does the PHA planto participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skiptonext component.

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

6.OtherInformation

[24CFRPart903.79(r)]

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

1. Yes No: Did the PHA receive any comments on the PHA Plan from the eResident Advisory Board/s? *The only comment/question received during the July 11, 2003 joint meeting between the Resident Council members, PHA Representative and the Agency Plans Consultant was "when" will the actual Phase II construction work begin on the 60 efficiency units in Heritage Place (KY32 -02.)*

2. If yes, the comments are Attached at Attachment (Filename)

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

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

Yes No: below

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

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____. *Comment (Question) stated in 6.A.1. above required no change/modification in these plans.*

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

Commonwealth of Kentucky (State Plan) Kentucky Housing Corporation

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. (lists such initiatives below)
The HAM will continue to offer decent, safe and affordable housing to eligible low income families/individuals, while making physical improvements to its housing complexes. This will be done by use of both capital and operational funded items. Thus, we will offer improved living conditions to current and future residents.
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) The State Consolidated Plan sets forth the following, with which the HAM's activities are consistent: "Expand the supply of safe, decent, sanitary and affordable housing for very low and low income families through... rehabilitation..."

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:

The Housing Authority of Morehead (HAM) has chosen the following as its definition of Substantial Deviation from its Annual Plan:

- a.) Redirection of more than 20% of its operating budget funds from any budgeted/scheduled activity to another activity or:
- b.) A major change in program direction (e.g., new or different housing selection preference criterion, new or change to deductions from income-based rents, additional effort to enhance deconcentration opportunities, changes in the basis of determining Flat rent amounts, etc.) that requires action on the part of the Board of Commissioners; or

c.) Increasing or decreasing the total number of HAM employees by more than 10% from that authorized on the January 1st of each fiscal year.

However, NONE of these changes will be considered a Substantial Deviation IF those changes result from Government (i.e., Federal, State, or Local) action over which the HAM exercises no control.

B. Significant Amendment or Modification to the Annual Plan:

The HAM has chosen to use the HUD definition of Significant Amendment or Modification. Specifically, it will consider the following to be such modifications/amendments:

- a.) Change to rent or admission policies or organization of its waiting list.
- b.) Addition of non-emergency work items (not included in the current Annual Statement or 5 Year Action Plan) or change in use of the replacement reserve funds under the Capital Grant Funds Program and
- c.) Any change with regard to demolition or disposition, designation of projects/buildings (for the elderly/disabled or families with disabilities), home ownership programs or conversion activities.

However, NONE of these changes will be considered a Substantial Deviation IF those changes result from Government (i.e., Federal, State, or Local) action over which the HAM exercises no control.

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 Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI revitalization plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	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, 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
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	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
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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents - Community Services requirements implementation Plan & Decarceration Analysis	(specify as needed)

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:

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

Elected

Appointed

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

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

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

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

Other (explain):

B. Date of next term expiration of a governing board member: 2-09-04

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Brad Collins, Mayor of the City of Morehead

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.)

Pearl Netherly, KY32 -01, Rawcel Heights
Dennis Wilson, KY32 -02, Heritage Place
Kim McClurg, KY32 -03, Triplett View
Renee White, KY32 -04, Divide Hill

Attachment F. 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)]
Rawcel Heights	30	None	The HAM will use "skipovers" to select lower income tenants.

Annual Statement/Performance and Evaluation Report Attachment B. Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR HF) Part I: Summary					
PHAName: Housing Authority of Morehead		Grant Type and Number Capital Fund Program Grant No: KY36P03250104 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004	
<input checked="" type="checkbox"/> 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	\$5,000.			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$39,000.			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$280,000.			
11	1465.1 Dwelling Equipment — Nonexpendable	\$14,000.			
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	\$12,000.			
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$350,000.			
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 Attachment B.
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part II: Supporting Pages

PHAName: Housing Authority of Morehead		Grant Type and Number Capital Fund Program Grant No: Ky36P03250104 Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Admin.-Agency Pln/Advert&Copy cost	1410	Various	\$5,000.				
HA -Wide	Fees&Costs -hire A&E/Mod Mgr.	1430	2	\$39,000.				
KY32 -02	Dwelling Structures	1460						
Heritage Place	Upgrade Kitchens&Bath(including ABS soil wastel lines) plumbing& Electrical.		28 DUs	\$280,000.				
HA-Wide	Dwelling Equipment -Nonexpendable Ranges&Refrigerat ors	1465	Various	\$14,000.				
KY32 -02	Relocation Costs as needed during Bathroom renovations	1495	As needed	\$12,000.				

CapitalFundProgramFive -YearActionPl anAttachmentC.
PartI:Summary

PHANameHousingAuthorityofMorehead		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA-Wide	Year1	WorkStatementfor Year2 FFYGrant:2005 PHAFYB:1 -01-05	WorkStatementfor Year3 FFYGrant:2006 PHAFYB:1 -01-06	WorkStatementforYear 4 FFYGrant:2007 PHAFYB:1 -01-07	WorkStatementforYear 5 FFYGrant:2008 PHAFYB:1 -01-08
	Annual Statement				
KY32 -01,RawcelHeights		None	\$10,000.	None	\$109,000.
KY32 -02,HeritagePlace		None	\$177,000.	None	\$80,000.
KY32 -03,TriplettPlace		None	None	None	\$40,000.
KY32 -04,DivideHill		None	\$ 78,000.	\$304,000.	None
PHA-Wide		\$350,000	\$85,000.	\$46,000.	\$121,000.
CFPFundsListedfor5 -year planning		\$350,000	\$350,000.	\$350,000.	\$350,000.
ReplacementHousingFactor Funds					

Annual Statement/Performance and Evaluation Report Attachment G Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR HF) Part I: Summary					
PHAName: Housing Authority of Morehead		Grant Type and Number KY36P03250102 Capital Fund Program Grant No: 501 -02 Replacement Housing Factor Grant No:		Federal FY of Grant: FFY2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-03 <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	\$2,244.34		\$2,244.34	\$2,244.34
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 39,000.00		\$39,000.00	\$31,710.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$27,650.00		\$27,650.00	\$27,650.00
10	1460 Dwelling Structures	\$197,614.66		\$197,614.66	\$197,614.66
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures	\$87,600.00		\$87,600.00	\$41,095.89
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 –20)	\$354,109.00		\$354,109.00	\$300,314.89
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 Attachment G. Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) <i>*Note: total value of FFY2002 Construction Contract is \$315,281.00 balance (\$2,416.34 funded from FFY2001 residuals.)</i> Part II: Supporting Pages								
PHAName: Housing Authority of Morehead		Grant Type and Number CFP KY36P03250102 Capital Fund Program Grant No: 501 -02 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 As of Nov. 8, 2002		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWide	<i>Administration</i> -Agency Plans & costs to advertising & copying 4 this CFP.	1410	Various	\$2,244.34		\$2,244.34	\$2,244.34	Completed
PHAWide	<i>Fees & Costs</i> - Hire A & E and Mod Mgr.	1430	2	\$39,000.00		\$39,000.00	\$31,710.00	In Process
KY32 -01-	<i>*Site Improvements</i> - Underground drains	1450	LS	\$21,000.00		\$21,000.00	\$21,000.00	Completed
Rawcel Heights	Sidewalk replacements & Handrails	1450	500 SF & 5	\$6,650.00		\$6,650.00	\$6,650.00	Completed
KY32 -01	*Dwellings Structures	1460						
	1. Interior renovations - Electrical & drs.		30 units	\$82,198.00		\$82,198.00	\$82,198.00	Completed
	2. Replace Windows		158	\$97,413.66		\$97,413.66	\$97,413.66	Completed
	3. Replace Screen Doors		60	\$13,253.00		\$13,253.00	\$13,253.00	Completed
	4. Add Bldg. Downspouts Boots		60	\$4,750.00		\$4,750.00	\$4,750.00	Completed
KY32 -01	*Non-Dwelling Structures	1470						
	1. Construct New Maint. Bldg.		1					
	Note: Maint. Bldg enlarged & enhanced			\$87,600.00		\$87,600.00	\$41,095.89	In Progress

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

PHAName:HousingAuthorityof Morehead		GrantTypeandNumberCFOKY36P03250102 CapitalFundProgramNo:501 -02 ReplacementHousingFactorNo:					FederalFYo fGrant:2002
Development Number Name/HA- Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
PHA –Wide	06-30-04		12-31-02	06-30-06			

Annual Statement/Performance and Evaluation Report Attachment G.
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part I: Summary

PHAName: Housing Authority of Morehead	Grant Type and Number Capital Fund Program Grant No: KY36P03250103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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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 -CFPFunds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$39,000.			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$247,357.			
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	\$5,000.			
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$291,357.			
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	\$15,000.			

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

PHA Name: Housing Authority of Morehead		Grant Type and Number Capital Fund Program Grant No: KY36P03250103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
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	
PHA - Wide	Fees & Costs - hire A & E and Mod Mgr.	1430	2	\$39,000.				
KY -32-02	Dwelling Structures - Upgrade Kitchens and Baths with new plumbing and lighting fixtures and replace interior ABS Soil Lines.	1460	As many DUs as possible	\$247,357.				
KY32 -02	Relocation Costs - support kitchen & bath upgrades as necessary	1495.1	As necessary	\$5,000.				

Annual Statement/Performance and Evaluation Report Attachment G. Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of Morehead			Grant Type and Number Capital Fund Program No: KY36P03250103 Replacement Housing Factor No:			Federal FY of Grant: 2003	
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	
PHA -Wide	09/05			09/07			

AttachmentH.

Report on the Progress in Meeting the Five -Year Goals/Objectives

Fourth Year (FY began 1 -1-2003) GOALS AND OBJECTIVES are as below. The actual accomplishments or facts are shown below in **ALL BOLD CAPITAL LETTERS** IMMEDIATELY FOLLOWING THE APPLICABLE GOAL/OBJECTIVE .

1. Two of every five new residents will be selected from the extremely low (i.e., 30% and below) income range of applicants for Housing Authority of Morehead projects. **THE HAM ADMITTED 67% (46 OF 69) NEW FAMILIES/INDIVIDUALS IN THIS INCOME RANGED DURING THE 12 MONTHS ENDED JUNE 30, 2003.**
2. HAM will attempt to improve living conditions by undertaking capital improvements within its financial means. Each year, to the extent that capital and operating funds are available, necessary and/or meaningful capital improvements will be undertaken. For example, in the fiscal year beginning January 1, 2002, the HAM will complete various interior upgrades (such as new light fixtures, doors), new window installation, screen doors, handrails on certain steps/risers, and underground drains from building downspouts at Rawcel Heights (KY 32 -01). Additionally, it will construct a new maintenance building at Rawcel Heights for use here and at Heritage Place (KY 32-02). **ALL THESE RENOVATIONS/IMPROVEMENTS WERE COMPLETED DURING THE SPRING AND SUMMER OF CALENDAR YEAR 2003.**
3. Safe and secure housing for all HAM residents will be a continuing goal, which will be measured by residents satisfaction. To help facilitate knowledge and any necessary improvements in this area, meetings between the members of the resident council and the Executive Director and/or Resident Coordinator will be held at least quarterly to discuss applicable issues. The Chief of Police or his designee will also be invited to attend these meetings. Collectively, the HAM, its residents and Police Department will strive to implement necessary changes, corrections and/or measures that are realistic and obtainable within the financial resources available to all parties. Should additional outside funding be necessary, the HAM will attempt to secure any applicable funding through the HUD Crime Grant Funding mechanism. **THE 2002 HUD CUSTOMER SERVICE & SATISFACTION SURVEY REVEALED AN 86.8% SCORE IN THE "SAFETY" AREA. ADDITIONALLY, BASED ON COMMENTS RECEIVED FROM MEMBERS OF THE RESIDENT COUNCIL AND THE CHIEF OF POLICE DURING THE ON-SITE REVIEW PORTION OF THIS AGENCY PLANS PREPARATION, IT APPEARS THAT NO MAJOR "SECURITY PROBLEMS" EXIST AT ANY HAM PROPERTY. ONE UNITEACH INDIVIDUAL HILL (KY 32 -04) AND TRIPLETT VIEW (KY 32 -03) IS OCCUPIED BY A CITY POLICEMAN. FURTHER, THE LOCAL POLICE DEPARTMENT HAS CONTINUED ITS REGULAR PATROLLING OF THE PUBLIC HOUSING PROJECTS.**
4. The HAM will strive to assure that each of its Developments, i.e., KY 32 -1, Rawcel Heights, KY 32 -2, Heritage Place, KY 32 -3, Triplett View, and KY 32 -4, Divide Hill (AKA C.B. Cornett Manor) resident populations consist, income wise, of families whose incomes are

representative of the total characteristics of the HAMintotal. This shall be measured by the three income ranges, i.e., those families whose income is: a) below 30% of the median family income (MFI) for Rowan County; b) between 30 and 50% of the MFI and c) between 51 and 80% of the MFI.

THIS OBJECTIVE WAS WRITTEN IN ANTICIPATION THAT HUD'S DECONCENTRATION RULE WOULD REQUIRE THE ABOVE. HOWEVER, THE FINAL DECONCENTRATION RULE IS ADDRESSED TO "HOUSING" IN EACH GENERAL OCCUPANCY PROJECT/DEVELOPMENT RESIDENTS WHOSE AVERAGE INCOMES ARE COMPARABLE (WITHIN ALLOWABLE "VARIANCE" PARAMETERS) OF ALL GENERAL OCCUPANCY COMPLEXES. DURING FFY 2003, THE HAM HAD TO ADDRESS VARIANCES IN KY 32 -04 (DIVIDE HILL) AND AS OF JUNE 30, 2003, THAT PROJECT'S AVERAGE FAMILY INCOME WAS WITHIN THE ALLOWABLE VARIANCE OF THE AVERAGE INCOME OF ITS THREE COMBINED GENERAL OCCUPANCY PROJECTS.

- 5. While not specifically stated as a Goal and/or Objective in its written Plans, the PHA established, through its first year ACOPP revisions, a "goal" to attract more working families to become residents of HAM. DURING THE TWELVE MONTH PERIOD ENDED JUNE 30, 2003, THE HAM ADMITTED TWELVE (12) FAMILIES/INDIVIDUALS WHO WERE WORKING (OF THE 69 NEW ADMISSIONS OR 17%). WHILE NOT AS GOOD A PERCENTAGE OF WORKING FAMILIES TO TOTAL ADMISSIONS, I.E., AS THOSE ADMITTED DURING THE PAST YEAR (12 OF 40 OR 30%), IT IS STILL A GOOD ACHIEVEMENT. MOREOVER, ALL TWELVE (12) OF THESE WORKING FAMILIES WERE STILL IN OCCUPANCY ON JUNE 30, 2003. THUS, HAM BELIEVES THAT IT WAS SUCCESSFUL ON THIS GOAL.**