PHA Plans

U.S. Department of Housing and Urban Development

OMB No. 2577-0226 (exp 05/31/2006)

Streamlined 5-Year/Annual Version

Office of Public and Indian Housing

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 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. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined 5-Year Plan for Fiscal Years 2004 - 2008 Streamlined Annual Plan for Fiscal Year 2004

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

Streamlined Five Year PHA Plan Agency Identification

PHA Name: LOGAN COUNTY METROPOLITAN HOUSING **AUTHORITY** PHA Number: OH072 PHA Fiscal Year Beginning: 01/2004 **PHA Programs Administered:** X Public Housing and Section 8 | | Section 8 Only **Public Housing Only** Number of public housing units: 100 Number of S8 units: Number of public housing units: Number of \$8 units: 296 PHA Consortia: (check box if submitting a joint PHA Plan and complete table) PHA **Participating PHAs** Program(s) Included in Programs Not in # of Units Code the Consortium the Consortium Each Program Participating PHA 1: Participating PHA 2: **Participating PHA 3: Public Access to Information** Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply) X Main administrative office of the PHA PHA development management offices PHA local offices Display Locations For PHA Plans and Supporting Documents The PHA Plans and attachments (if any) are available for public inspection at: (select all that apply) Main administrative office of the PHA X 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)

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

Streamlined Five-Year PHA Plan PHA FISCAL YEARS 2004 - 2008

[24 CFR Part 903.12]

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|----------|----|-----|----------------|-----|
| Α. | 1 | / 1 | CCI | on |
| Γ | T▲ | 11 | \mathbf{oot} | VII |

| 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. |

X The PHA's mission is:

- 1. The mission of LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is to promote adequate, affordable housing, economic opportunity, and a suitable living environment for the families we serve, without discrimination.
- 2. The LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is committed to providing quality, affordable housing in a safe environment. Through partnerships with our residents and other groups we will provide opportunities for those we serve to become self-sufficient.
- 3. The mission of the LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is to be the area's affordable housing of choice. We provide and maintain safe, quality housing in a cost-effective manner. By partnering with others, we offer rental assistance and other related services to our community.
- 4. The LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is committed to providing quality, affordable housing and services in an efficient and creative manner.
- 5. The mission of the LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is to serve the citizens of Logan county by:
- Providing affordable housing opportunities in a safe environment.
- Revitalizing and maintaining neighborhoods and a strong urban core.
- Forming effective partnerships to maximize social and economic opportunities.

The mission shall be accomplished by a fiscally responsible, creative organization committed to excellence in public service.

- 6. Our mission is to provide quality housing to eligible people in a professional, fiscally prudent manner and be a positive force in our community by working with others to assist these families with appropriate supportive services.
- 7. The mission of the Housing Authority of the County of Logan is to assist low-income families with safe, decent, and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives. The Housing Authority is committed to operating in an efficient, ethical, and professional manner. The Housing Authority will create and maintain partnerships with its clients and appropriate community agencies in order to accomplish this mission.
- 8. The mission of the Housing Authority of Logan County is to be the leader in making excellent affordable housing available for low and moderate-income persons through effective management and the wise

stewardship of public funds. We will also partner with our residents and others to enhance the quality of life in our communities.

- 9. The LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is committed to excellence in offering quality affordable housing options and opportunities for the residents of Logan County..
- 10. The LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is committed to building better neighborhoods by providing comprehensive housing opportunities for qualified individuals and families through creative and professional service in partnership with the greater community.

B. Goals

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

| X | PHA Object X X X | Goal: Expand the supply of assisted housing tives: 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 (list below) |
|---|-------------------------------------|---|
| X | PHA O Object X X X X | Goal: Improve the quality of assisted housing tives: Improve public housing management: (PHAS score) 93 Improve voucher management: (SEMAP score) 74 Increase customer satisfaction: Concentrate on efforts to improve specific management functions: Maintain full occupancy in Public Housing and Housing Choice Voucher |
| | Progra | ams. |
| | X | Renovate or modernize public housing units: Demolish or dispose of obsolete public housing: Provide replacement public housing: Provide replacement vouchers: Other: (list below) |
| X | PHA (| Goal: Increase assisted housing choices |
| | Objec X X X X X III | 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: (list below) |

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

| X | PHA Objec | Goal: Provide an improved living environment |
|-----|---------------|--|
| | | 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: |
| | X | Implement public housing security improvements: |
| | | Designate developments or buildings for particular resident groups (elderly, persons with disabilities) |
| | | Other: (list below) |
| | G | |
| | Strategiduals | gic Goal: Promote self-sufficiency and asset development of families and |
| X | | Goal: Promote self-sufficiency and asset development of assisted households |
| | Objec | |
| | X | Increase the number and percentage of employed persons in assisted families: |
| | X | Provide or attract supportive services to improve assistance recipients' employability: |
| | X | Provide or attract supportive services to increase independence for the elderly or families with disabilities. |
| | | Other: (list below) |
| HUD | Strates | gic Goal: Ensure Equal Opportunity in Housing for all Americans |
| X | PHA | Goal: Ensure equal opportunity and affirmatively further fair housing |
| | Objec | etives: |
| | X | Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: |
| | X | 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: |
| | X | Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: |
| | | Other: (list below) |
| | | |

Other PHA Goals and Objectives: (list below)

Streamlined Annual PHA Plan

PHA Fiscal Year 2004

[24 CFR Part 903.12(b)]

Table of Contents

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

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| | | |

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50077, <u>PHA Certifications of Compliance with the PHA Plans and Related</u>
<u>Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</u>

<u>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</u>
For PHAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions;

Form SF-LLL & SF-LLLa, <u>Disclosure of Lobbying Activities.</u>

Executive Summary (optional)

[903.7(r)]. If desired, provide a brief overview of the contents of the streamlined 5-Year/Annual Plan.

1. Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

A. 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 PHA's Waiting Lists | | | | | |
|--|---|----------------------------|-------------------------------|--|--|
| Waiting list type: (select one) | | | | | |
| l <u> </u> | Section 8 tenant-based assistance | | | | |
| Public Housing | | | | | |
| X Combined Section 8 and | | | | | |
| | | al waiting list (optional) | | | |
| If used, identify which | ch development/subjuris # of families | % of total families | Annual Turnover | | |
| Waiting list total | 356 | % of total families | 135 | | |
| Extremely low income | 56 | 16 | 133 | | |
| <=30% AMI | 30 | 10 | | | |
| Very low income | 300 | 84 | | | |
| (>30% but <=50% AMI) | | | | | |
| Low income | 0 | 0 | | | |
| (>50% but <80% AMI) | | | | | |
| Families with children | 325 | 91 | | | |
| Elderly families | 23 | 1 | | | |
| Families with Disabilities | 8 | 1 | | | |
| Race/ethnicity | WHITE | 92 | | | |
| Race/ethnicity | AFRICAN/AMER. | 5 | | | |
| Race/ethnicity | HISPANIC | 3 | | | |
| Race/ethnicity | | | | | |
| | T | 1 | | | |
| Characteristics by Bedroom | | | | | |
| Size (Public Housing Only) | 27.4 | NY A | 27.4 | | |
| 1BR | NA | NA | NA | | |
| 2 BR | NA 24 | NA | NA 10 | | |
| 3 BR | 34 | 10 | 10 | | |
| 4 BR | 33 | | 4 | | |
| 5 BR | NA | NA | NA NA | | |
| 5+ BR | NA | NA | NA | | |
| If yes: | Is the waiting list closed (select one)? X No Yes | | | | |
| _ | closed (# of months)? | | | | |
| | | e PHA Plan year? No | ☐ Yes | | |
| | | · — | st, even if generally closed? | | |
| □ No □ Yes | 1 | | , | | |

B. Strategy for Addressing Needs

It will the strategy of the Logan County Metropolitan Housing Authority to continue to aid as many low to very low income families with affordable, decent and safe housing, while working with families to help them achieve homeownership and self sufficiency.

(1) Strategies

Select all that apply

Need: Shortage of affordable housing for all eligible populations

| Strateg | Strategy 1. Maximize the number of affordable units available to the PHA within its | | |
|------------|---|--|--|
| | t resources by: | | |
| Select al | l that apply | | |
| | Employ effective maintenance and management policies to minimize the number of | | |
| 3 7 | public housing units off-line | | |
| X | Reduce turnover time for vacated public housing units | | |
| X | 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 | | |
| X | Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction | | |
| X | Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required | | |
| X | 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) | | |
| | gy 2: Increase the number of affordable housing units by: | | |
| Select al | l that apply | | |
| X | Apply for additional section 8 units should they become available Leverage affordable housing resources in the community through the creation of mixed - | | |
| finance | housing | | |
| X | Pursue housing resources other than public housing or Section 8 tenant-based assistance. | | |
| | Other: (list below) | | |
| Need: | Specific Family Types: Families at or below 30% of median | | |

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

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/ethnicity's shown to have disproportionate housing needs

| PHA Nan HA Code | | | |
|--|---|--|--|
| | Other: (list below) | | |
| | gy 2: Conduct activities to affirmatively further fair housing | | |
| X X | 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) | | |
| _ | factors listed below, select all that influenced the PHA's selection of the strategies it will: | | |
| X X —————————————————————————————————— | 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 903.12 (b), 903.7 (c)] List on the following table 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 | \$257,458 | |
| b) Public Housing Capital Fund | | |
| c) HOPE VI Revitalization | 0 | |
| d) HOPE VI Demolition | 0 | |
| e) Annual Contributions for Section 8 Tenant- Based Assistance | \$1,273,596 | |
| f) Resident Opportunity and Self-Sufficiency Grants | 0 | |
| g) Community Development Block Grant | \$30,000 | Micro- enterprises program |
| h) HOME | 0 | |
| Other Federal Grants (list below) | 0 | |
| 2. Prior Year Federal Grants (unobligated funds only) (list below) | ¢172 222 | Dublic housing immercements |
| CFP 501-03 | \$172,222 | Public housing improvements |
| 3. Public Housing Dwelling Rental Income | \$119,616 | |
| 4. Other income (list below) | | |
| 4. Non-federal sources (list below) | | |
| Total resources | \$1,852,892 | |

3. PHA Policies Governing Eligibility, Selection, and Admissions [24 CFR Part 903.12 (b), 903.7 (b)]

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) |

- b. Where may interested persons apply for admission to public housing?
- X PHA main administrative office

Site-based waiting lists

Other (describe)

PHA development site management office

Other (list below)

- c. Site-Based Waiting Lists-Previous Year
 - 1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to d.

| Site-Based Waiting Lists | | | | |
|--|----------------|--|---|---|
| Development Information: (Name, number, location) | Date Initiated | Initial mix of Racial, Ethnic or Disability Demographics | Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL | Percent change between initial and current mix of Racial, Ethnic, or Disability demographics |
| | | | | |

d.

| 2. What is the number of site based waiting list developments to which families may apply at one time? |
|--|
| 3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? |
| 4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below: |
| Site-Based Waiting Lists – Coming Year |
| 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) X One Two Three or More |
| b. X 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 X 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) X Emergencies X Over-housed X Under-housed X 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 X 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 comin 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)

| that rep If you g through | e PHA will employ admissions preferences, please prioritize by placing a "1" in the space presents your first priority, a "2" in the box representing your second priority, and so on. give equal weight to one or more of these choices (either through an absolute hierarchy or a point system), place the same number next to each. That means you can use "1" more ce, "2" more than once, etc. |
|---------------------------------|---|
| ☐ Da | ate and Time |
| | Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden |
| | 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. Rela | tionship 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) Occ | <u>cupancy</u> |
| of oo X X | t reference materials can applicants and residents use to obtain information about the rules ecupancy 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 (list) |
| appl | |
| X | At an annual reexamination and lease renewal |
| X X | Any time family composition changes At family request for revision |

| PHA Name: HA Code: | 5-1 | ear Plan for Fiscal Years: 20 20 | Annual Plan for FY 20 |
|---|--|--|--|
| Other (list) | | | |
| (6) Deconcentration | and Income | Mixing | |
| a. Yes X No: | development | A have any general occupancy (f is covered by the deconcentration yes, continue to the next question | rule? If no, this section is |
| b. Yes No: | 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? In no, this section is complete. If yes, list these developments on the following table: | | of all such developments? If |
| | Deconcer | ntration Policy for Covered Developm | nents |
| 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)] |
| | | | |
| | | | |
| 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) X 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 X More general screening than criminal and drug-related activity: If the family had participated in assisted housing in the past and if they owe monies. Other (list below) | | | |
| b. X Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes? | | | |
| c. X Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? | | | |
| d. Yes X No: D | | access FBI criminal records from (either directly or through an NC | = |
| e. Indicate what kinds of information you share with prospective landlords? (select all that apply) | | | |

| HA Code: | |
|---|---|
| | drug-related activity cribe below) Housekeeping habits. |
| (2) Waiting List (| <u>Organization</u> |
| waiting list me None X Federal put Federal mo Federal pro | he following program waiting lists is the section 8 tenant-based assistance rged? (select all that apply) blic housing derate rehabilitation ject-based certificate program ral or local program (list below) |
| (select all that | administrative office |
| | Does the PHA give extensions on standard 60-day period to search for a unit? stances below: Hard to house families, i.e. large families. Medical, |
| (4) Admissions Pr | <u>references</u> |
| a. Income targetin | g |
| Yes X 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) |
| | llowing admission preferences does the PHA plan to employ in the coming at apply from either former Federal preferences or other preferences) |
| Inaccessibi | Displacement (Disaster, Government Action, Action of Housing Owner, lity, Property Disposition) domestic violence |

5-Year Plan for Fiscal Years: 20__ - 20__

PHA Name:

Homelessness

Annual Plan for FY 20__

| HA Code | |
|-----------------------------|---|
| | 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) (list below) |
| that re If you throug | the PHA will employ admissions preferences, please prioritize by placing a "1" in the space presents your first priority, a "2" in the box representing your second priority, and so on, give equal weight to one or more of these choices (either through an absolute hierarchy or h a point system), place the same number next to each. That means you can use "1" more nce, "2" more than once, etc. |
| | Date and Time |
| Forme | r 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) (list below) |
| | nong applicants on the waiting list with equal preference status, how are applicants ed? (select one) Date and time of application Drawing (lottery) or other random choice technique |

5-Year Plan for Fiscal Years: 20__ - 20__

PHA Name:

Annual Plan for FY 20__

| 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 | |
| (5) Special I ul pose Section o Assistance I Tograms | |
| 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 | 4 |
| contained? (select all that apply) | _ |
| X The Section 8 Administrative Plan | |
| X 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? | |
| X Through published notices | |
| Other (list below) | |
| | |
| | |
| 4. PHA Rent Determination Policies | |
| [24 CFR Part 903.12(b), 903.7(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 | |
| (1) Income Based Rent Policies Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, | |
| (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. | |
| Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, | |
| Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, | |
| 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. | |
| 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 of the following two) The PHA will not employ any discretionary rent-setting policies for income-based rent | in |
| 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 of the following two) | in |

| X | HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2)) The PHA <u>employs</u> discretionary policies for determining income-based rent (If selected continue to question b.) |
|---------|--|
| o. M | inimum Rent |
| 1. Wl | hat amount best reflects the PHA's minimum rent? (select one) S0 X \$1-\$25 \$26-\$50 |
| 2. | Yes X No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? |
| 3. If y | yes to question 2, list these policies below: |
| e. R | ents set at less than 30% of adjusted income |
| 1. 🗌 | Yes X No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income? |
| | yes to above, list the amounts or percentages charged and the circumstances under which nese will be used below: |
| | Thich of the discretionary (optional) deductions and/or exclusions policies does the PHA lan 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) |
| | iling rents |
| | To you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select ne) |

| X | Yes for all developments |
|------------|---|
| | Yes but only for some developments |
| | No |
| 2. Fo | r which kinds of developments are ceiling rents in place? (select all that apply) |
| X \[\] | 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) |
| | lect the space or spaces that best describe how you arrive at ceiling rents (select all that ply) |
| X | Market comparability study Fair market rents (FMR) 95 th 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. Ren | t re-determinations: |
| | ween income reexaminations, how often must tenants report changes in income or family sition to the PHA such that the changes result in an adjustment to rent? (select all that |
| X change | 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 (list below)Any time the family experiences an income increase or ein household size. |
| (ISAs) | Yes x No: Does the PHA plan to implement individual savings accounts for residents as an alternative to the required 12 month disallowance of earned income and phasing in increases in the next year? |

(2) Flat Rents

| na Code: |
|--|
| a. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.) X The section 8 rent reasonableness study of comparable housing X Survey of rents listed in local newspaper X Survey of similar unassisted units in the neighborhood Other (list/describe below) 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 below100% 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) X 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) X Success rates of assisted families |

5-Year Plan for Fiscal Years: 20__ - 20__

PHA Name:

X

Rent burdens of assisted families

Annual Plan for FY 20__

| PHA Name: HA Code: | 5-Year Plan for Fiscal Years: 20 20 | Annual Plan for FY 20 |
|--|--|---|
| Other (list be | low) | |
| (2) Minimum Rent | | |
| a. What amount best \$0 X \$1-\$25 \$26-\$50 | t reflects the PHA's minimum rent? (select one) | |
| b. Yes X No: Ha | as the PHA adopted any discretionary minimum policies? (if yes, list below) | ent hardship exemption |
| 5. Capital Impro | ovement Needs | |
| [24 CFR Part 903.12(b), Exemptions from Compo Component 6. | 903.7 (g)] onent 5: Section 8 only PHAs are not required to complete | this component and may skip to |
| A. Capital Fund | Activities | |
| Exemptions from sub-con | mponent 5A: PHAs that will not participate in the Capital at PHAs must complete 5A as instructed. | Fund Program may skip to |
| (1) Capital Fund Pr | rogram | |
| a. X Yes No | Does the PHA plan to participate in the Capital upcoming year? If yes, complete items 12 and 15 Fund Program tables). If no, skip to B. | _ |
| b. Yes X No: | Does the PHA propose to use any portion of its incurred to finance capital improvements? If so its annual and 5-year capital plans the development improvements will be made and show both how financing will be used and the amount of the arservice the debt. (Note that separate HUD apprefinancing activities.). | o, the PHA must identify in nent(s) where such we the proceeds of the noual payments required to |
| B. HOPE VI and (Non-Capital Fu | d Public Housing Development and Repnd) | olacement Activities |
| | ponent 5B: All PHAs administering public housing. Ident velopment or replacement activities not described in the Ca | |
| (1) Hope VI Revital | ization | |

| HA Code: | |
|---|--|
| a. Yes X No: | Has the PHA received a HOPE VI revitalization grant? (if no, skip to next component; if yes, provide responses to questions on chart below 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) Development name: Development (project) number: 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 |
| c. Yes No: | Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name/s below: |
| d. Yes No: | 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: |
| e. Yes No: | 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: |
| 6. Demolition an | d Disposition |
| [24 CFR Part 903.12(b), Applicability of compon | 903.7 (h)] ent 6: Section 8 only PHAs are not required to complete this section. |
| a. Yes X No: | Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI)of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If "No", skip to component 7; if "yes", complete one activity description for each development on the following chart.) |
| | Demolition/Disposition Activity Description |
| 1a. Development name | e: |
| 1b. Development (pro | |
| 2. Activity type: Dem | osition |
| 3. Application status (| |
| Approved | |
| _ | nding approval |
| Planned applied. Date application ap | proved, submitted, or planned for submission: (DD/MM/YY) |
| | I |

5-Year Plan for Fiscal Years: 20__ - 20__

PHA Name:

Annual Plan for FY 20__

7. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program [24 CFR Part 903.12(b), 903.7(k)(1)(i)]

(1) X 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 the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

(2) Program Description

| a. | Size | of | Program |
|----|------|----|---------|
|----|------|----|---------|

X 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, what is the maximum number of participants this fiscal year? 20

b. PHA established eligibility criteria

Yes X 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:

c. What actions will the PHA undertake to implement the program this year (list)?

Continue to promote the program and to look for perspective program participants that may Be interested in pursuing homeownership. On initial applications ask families if they are Interested in the homeownership program so when selected we will be able to assist the Family in realizing the goal of homeownership.

(3) 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): a. X Establishing a minimum homeowner down payment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's

resources.

| b. X 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. |
| c. Partnering with a qualified agency or agencies to administer the program (list name(s) and |
| years of experience below). |

d. Demonstrating that it has other relevant experience (list experience below).

8. Civil Rights Certifications

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans, which is submitted to the Field Office in hard copy—see Table of Contents.

9. Additional Information [24 CFR Part 903.12 (b), 903.7 (r)]

A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 2004 - 2008. Logan MHA progress report for goals and objectives established in in 2003 - 2007 5 year plan.

PHA Goal: Improve the quality of assisted housing.

Objectives:

Improve Public Housing Management: (PHAS score)

Attained High Performer in 2003

Improve voucher management : (SEMAP score)

Work in process.

Improve customer satisfaction:

Continued high resident satisfaction score.

Concentrate on efforts to improve specific management functions.

Management - Maximum PHAS score

Financial - Substantially Improved.

PHA Goal: Expand the supply of assisted housing.

Objective:

Reduce Public housing vacancies & unit turnovers.

46 public housing vacancies in 2001

35 public housing vacancies in 2002

20 vacancies thus far in 2003

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

a. Substantial Deviation from the 5-Year Pan:

Because the 5 year plan is reviewed & amended annually Logan MHA does not anticipate any substantial deviation from this plan.

b. Significant Amendment or Modification to the Annual Plan Logan MHA does not anticipate any significant amendments to its annual Plan. Any modifications will be done on an annual basis.

C. Other Information

| [24 CFR Part 903.13, 903.15] |
|--|
| (1) Resident Advisory Board Recommendations |
| a. Yes X No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? If yes, provide the comments below: |
| b. 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) |
| (2) Resident Membership on PHA Governing Board |
| The governing board of each PHA is required to have at least one member who is directly assisted by the PHA, unless the PHA meets certain exemption criteria. Regulations governing the resident board member are found at 24 CFR Part 964, Subpart E. |
| a. Does the PHA governing board include at least one member who is directly assisted by the PHA this year? |
| X Yes No: |
| If yes, complete the following: |
| Name of Resident Member of the PHA Governing Board: Sandra Meyer |
| Method of Selection: X Appointment The term of appointment is (include the date term expires): |
| Feb. 20, 2003 to September 15, 2003. Appointed by Mayor of Bellefontaine to |

| | Complete the term of former board member. Ms. Meyer elected not to be Re-appointed. Now searching for replacement resident member. Election by Residents (if checked, complete next sectionDescription of Resident Election Process) |
|----------------------------|--|
| | iption of Resident Election Process nation 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) The Authority reviews all adult members of Public Housing And recommends them for selection by appointing official. |
| Eligib | le 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) |
| Eligib | le 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) |
| | ne PHA governing board does not have at least one member who is directly assisted 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): |
| Date o | of next term expiration of a governing board member: July 15, 2004 |
| for the Russel Appoi | and title of appointing official(s) for governing board (indicate appointing official e next available position): Logan County Commissioners, Jack Reser, John Bayliss, ll Forsythe nting officials for next available position. mon Please Court of Logan County - Mark O'Connor - Judge |

PHA Name: HA Code:

> Mayor of the City of Bellefontaine - Robert Lentz (2 positions) Probate Court of Logan County - Michael Brady - Judge

(3) PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

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

Consolidated Plan jurisdiction: STATE OF OHIO

| | · |
|---|---|
| | PHA has taken the following steps to ensure consistency of this PHA Plan with the blidated Plan for the jurisdiction: (select all that apply): |
| X | The PHA has based its statement of needs of families on its waiting list on the needs expressed in the Consolidated Plan/s. |
| X | The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. |
| X | 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) |
| | Other: (list below) |
| | |

b. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: To provide funding for a flexible, community-wide approach to the improvement and provision of affordable housing for low and moderate-income persons, and to help develop local administrative capacity.

(4) (Reserved)

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

10. Project-Based Voucher Program

| a. | Yes X No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If yes, answer the following questions. |
|----|--|
| b. | Yes X No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? |
| | If yes, check which circumstances apply: Low utilization rate for vouchers due to lack of suitable rental units Access to neighborhoods outside of high poverty areas Other (describe below:) |

c. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

11. List of Supporting Documents Available for Review for Streamlined Five-Year/ Annual PHA Plans

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 | Supporting Document | Related Plan Component | | | | |
| & | | | | | | |
| On Display | | | | | | |
| X | PHA Certifications of Compliance with the PHA Plans and Related Regulations | Standard 5 Year and | | | | |
| | and Board Resolution to Accompany the Standard Annual, Standard Five-Year, | Annual Plans; streamlined | | | | |
| | and Streamlined Five-Year/Annual Plans. | 5 Year Plans | | | | |
| X | State/Local Government Certification of Consistency with the Consolidated Plan. | 5 Year 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. Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which | 5 Year and Annual Plans Annual Plan: | | | | |
| | the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists. | 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), | Annual Plan: Eligibility, | | | | |
| | which includes the Tenant Selection and Assignment Plan [TSAP] and the Site- | Selection, and Admissions | | | | |
| | Based Waiting List Procedure. | Policies | | | | |
| | Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. Check here if included in the public housing A&O Policy. | Annual Plan: Eligibility, Selection, and Admissions | | | | |

| | List of Supporting Documents Available for Review | |
|-------------|--|---|
| Applicable | Supporting Document | Related Plan Component |
| & O- Dil | | |
| On Display | | Policies |
| X | Section 8 Administrative Plan | Annual Plan: Eligibility, |
| A | Section o Administrative Figure | Selection, and Admissions |
| | | Policies |
| X | Public housing rent determination policies, including the method for setting public | Annual Plan: Rent |
| | housing flat rents. X Check here if included in the public housing A & O Policy. | Determination |
| X | Schedule of flat rents offered at each public housing development. | Annual Plan: Rent |
| 37 | X Check here if included in the public housing A & O Policy. | Determination |
| X | Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment | Annual Plan: Rent Determination |
| | standard policies. | Determination |
| | X Check here if included in Section 8 Administrative Plan. | |
| X | Public housing management and maintenance policy documents, including policies | Annual Plan: Operations |
| | for the prevention or eradication of pest infestation (including cockroach | and Maintenance |
| | infestation). | |
| X | Results of latest Public Housing Assessment System (PHAS) Assessment (or other | Annual Plan: Management |
| V | applicable assessment). | 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 policies governing any Section 8 special housing types | Annual Plan: Operations |
| | X check here if included in Section 8 Administrative Plan | and Maintenance |
| | Consortium agreement(s). | Annual Plan: Agency |
| | | Identification and |
| | | Operations/ Management |
| X | Public housing grievance procedures | Annual Plan: Grievance |
| 37 | X Check here if included in the public housing A & O Policy. | Procedures |
| X | Section 8 informal review and hearing procedures. X Check here if included in Section 8 Administrative Plan. | Annual Plan: Grievance Procedures |
| X | The Capital Fund/Comprehensive Grant Program Annual Statement /Performance | Annual Plan: Capital |
| A | and Evaluation Report for any active grant year. | Needs |
| X | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP | Annual Plan: Capital |
| | grants. | Needs |
| | Approved HOPE VI applications or, if more recent, approved or submitted HOPE | Annual Plan: Capital |
| | VI Revitalization Plans, or any other approved proposal for development of public | Needs |
| V | housing. | A 1.D1 C 1: 1 |
| X | Self-evaluation, Needs Assessment and Transition Plan required by regulations | Annual Plan: Capital |
| | implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA). | Needs |
| | Approved or submitted applications for demolition and/or disposition of public | Annual Plan: Demolition |
| | housing. | and Disposition |
| | Approved or submitted applications for designation of public housing (Designated | Annual Plan: Designation |
| | Housing Plans). | of Public Housing |
| | Approved or submitted assessments of reasonable revitalization of public housing | Annual Plan: Conversion |
| | and approved or submitted conversion plans prepared pursuant to section 202 of the | of Public Housing |
| | 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or | |
| | Section 33 of the US Housing Act of 1937. | Annual Dlan: Valuntam: |
| | Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion. | Annual Plan: Voluntary Conversion of Public |
| | iquila by 110D for voluntary Conversion. | Housing |
| | | |
| | Approved or submitted public housing homeownership programs/plans. | Annual Plan: |

| List of Supporting Documents Available for Review | | | | | | |
|---|--|--|--|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component | | | | |
| X | Policies governing any Section 8 Homeownership program | Annual Plan: | | | | |
| A | (Section _ATTACH. A of the Section 8 Administrative Plan) | Homeownership | | | | |
| X | Public Housing Community Service Policy/Programs | Annual Plan: Community | | | | |
| | X Check here if included in Public Housing A & O Policy | Service & Self-Sufficiency | | | | |
| | Cooperative 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 | | | | |
| X | 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 for public housing. | Annual Plan: Community Service & Self-Sufficiency | | | | |
| X | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing. | Annual Plan: Community Service & Self-Sufficiency | | | | |
| X | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). X Check here if included in the public housing A & O Policy. | Pet Policy | | | | |
| X | The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings. | Annual Plan: Annual Audit | | | | |
| | Consortium agreement(s), if a consortium administers PHA programs. | Joint PHA Plan for Consortia | | | | |
| | Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in | Joint PHA Plan for | | | | |
| | compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection | Consortia | | | | |
| | Other supporting documents (optional). List individually. | (Specify as needed) | | | | |

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

| Annu | al Statement/Performance and Evaluation Re | eport | | | | |
|------|---|--|-----------------------|-------------------|----------|--|
| Capi | tal Fund Program and Capital Fund Program | Replacement Hous | ing Factor (CFP/CFP) | RHF) Part I: Sumn | nary | |
| | ame: Logan County Metro. Housing Authority. | Grant Type and Number Capital Fund Program Grant No: OH16-P072-501-04 Replacement Housing Factor Grant No: | | | | |
| | inal Annual Statement Reserve for Disasters/ Emerg | _ | ` | :) | | |
| | formance and Evaluation Report for Period Ending: | | and Evaluation Report | | | |
| Line | Summary by Development Account | | timated Cost | Total Act | | |
| | | 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 | \$ 25,000 | | | | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | | | | | |
| 10 | 1460 Dwelling Structures | | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | \$122,222 | | | | |
| 12 | 1470 Nondwelling Structures | | | | | |
| 13 | 1475 Nondwelling Equipment | \$25,000 | | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1490 Replacement Reserve | | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | | |
| 17 | 1495.1 Relocation Costs | | | | | |
| 18 | 1499 Development Activities | | | | | |
| 19 | 1501 Collaterization or Debt Service | | | | | |
| 20 | 1502 Contingency | | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | \$172,222 | | | | |
| 22 | Amount of line 21 Related to LBP Activities | N/A | | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | N/A | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | N/A | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | N/A | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | \$117,222 | | | | |

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

| PHA Name: Logan County Metro. Housing Authority | | Grant Type and Number Capital Fund Program Grant No: OH16-P072-501-04 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. | Quantit y | Total Estim | nated Cost | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligate d | Funds Expended | |
| 72-01,02 | Replace water heaters, as req'd | 1460 | lot | \$2,500 | | | | |
| 72-01,02 | Replace window sashes, as req'd | 1460 | lot | \$2,500 | | | | |
| 72-02 | Replace patio doors w/3' door and small window to side, enclose | 1460 | 60 | 117,222 | | | | |
| Pha wide | Acquire vehicle for director/staff | 1475 | 1 | 25,000 | | | | |
| PHA Wide | Professional Services (Architect - Consultant) | 1430 | | \$25,000 | | | | |
| | Total Estimated 2004 Grant | | | 172,222 | | | | |
| | C of A | 1430 | | 25,000 | | | | |
| | Summary of Accounts | | | • | | | | |
| | | 1460 | | 122,222 | | | | |
| | | 1475 | | 25,000 | | | | |
| | | total | | 172,222 | | | | |
| | | | | | | | | |
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12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) | | | | | | | | | |
|---|---|--|--|----------------------|---------|------------------------|-------------------|-------------------|--|
| Part II: Supportin | g Pages | | | | | | | | |
| PHA Name: Logan County Metro. Housing Authority Grant Type and Number Capital Fund Program Grant No: OH16-P072-501-04 Replacement Housing Factor Grant No: | | | | 501-04 | | Federal FY | of Grant: 2004 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. Quantit y Total Estimated Cost | | Total Estimated Cost | | Total A | Actual Cost | Status of Work | |
| | | | | Original | Revised | Funds Obligate d | Funds Expended | | |
| | | | | | | | | | |

| Annual Statement | t/Performa | ance and I | Evaluatio | n Report | | | |
|------------------------------------|---------------|-----------------|--|------------------|--------------------|----------------------------------|---------------------------|
| Capital Fund Pro | gram and | Capital F | und Prog | ram Replac | ement Hous | ing Factor | · (CFP/CFPRHF) |
| Part III: Impleme | entation S | chedule | | | | | |
| PHA Name:Logan County Authority | Metro. Housin | Capita | Type and Numal Fund Program cement Housin | m No: OH16-P072- | | | Federal FY of Grant: 2004 |
| Development Number | | Fund Obligate | | | ll Funds Expended | Reasons for Revised Target Dates | |
| Name/HA-Wide Activities | (Qua | arter Ending Da | ate) | (Qi | uarter Ending Date | () | |
| | Original | Revised | Actual | Original | Revised | Actual | |
| 72-01 | 9/30/06 | | | 9/30/08 | | | |
| SCATTERED | | | | | | | |
| 72-01 | 9/30/06 | | | 9/30/08 | | | |
| SCATTERED | | | | | | | |
| PHA WIDE | 9/30/06 | | | 9/30/08 | | | |
| | | | | | | | |
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| Capital Fund Program Five-Y Part I: Summary | ear Action | ı Plan | | | |
|--|---------------------|----------------------------|----------------------------|--|----------------------------|
| PHA Name Logan County Metropolit Authority | an Housing | | | XOriginal 5-Year Plan ☐Revision No: | |
| Development Number/Name/HA-Wide | Year 1 | Work Statement for Year 2 | Work Statement for Year 3 | Work Statement for Year 4 | Work Statement for Year 5 |
| | | FFY Grant: PHA FY: 2005 | FFY Grant: PHA FY: 2006 | FFY Grant: PHA FY: 2007 | FFY Grant: PHA FY: 2008 |
| OH072-01 & 02, SCATTERED SITES | Annual Statement | \$113,000 | \$240,000 | \$186,000 | \$241,000 |
| Physical Improvements subtotal | | \$113,000 | \$240,000 | \$186,000 | \$241,000 |
| Management Improvements | | \$ 5,000 | \$ 5,000 | \$ 5,00 | \$ 5,000 |
| HA-Wide Non-dwelling structures & Equipment | | \$ 64,000 | | \$ 30,000 | \$ 8,000 |
| Administration | | | | | |
| Other | | \$ 25,000 | \$ 25,000 | \$ 25,000 | \$ 25,000 |
| Operations | | | | | |
| Demolitions | | | | | |
| Replacement Reserve | | | | | |
| Mod used for Development | | | | | |
| Total CFP Funds | | \$207,000 | \$270,000 | \$246,000 | \$279,000 |
| CFP Funds Listed for 5-year planning | | \$207,000 | \$270,000 | \$246,000 | \$279,000 |
| Replacement Housing Factor Funds | | N/A | N/A | N/A | N/A |

| Activities for | pporting Pages—Work | vities for Year :_2 | | | Activities for Year: _3 | | | | |
|----------------|---|--|-------------------|---|--|-------------------|--|--|--|
| Year 1 | | FFY Grant: | | FFY Grant: | | | | | |
| | | PHA FY: 2005 | | PHA FY: 2006 | | | | | |
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost | | | |
| See | OH072-01, OH072- 02,SCATTERED SITES | | \$113,000 | OH072-01, OH072-02 SCATTERED SITES | | \$240,000 | | | |
| Annual | | Replace bathroom exhaust fans | \$ 30,000 | | Replace Hot Water Heaters, as req'd | \$ 2,500 | | | |
| Statement | | Replace water heaters, as req'd | \$ 3,000 | | Replace Window sashes, as req'd | \$ 2,500 | | | |
| | | Replace window sashes as req'd | \$ 3,000 | | Replace Roofing as req'd | \$ 10,000 | | | |
| | | Repair foundations on 5 units | \$ 35,000 | | Replace Exterior Siding, fascia & soffit, as req'd | \$10,000 | | | |
| | | Misc. Concrete Repairs, as needed | \$ 20,000 | | Replace Exterior crawl space Access doors | \$25,000 | | | |
| | | Replace or Add Landscaping, as req'd | \$ 10,000 | | Replace Interior Doors (Phase ii 072-02) | \$190,000 | | | |
| | | Repair Porches | \$12,000 | | | | | | |
| | PHA WIDE (Total is physical improvements) | | \$ 45,000 | PHA WIDE | | | | | |
| | | Replace Maintenance Vehicle w/commercial grade truck | \$ 40,000 | | Professional Services (Consultant, Architect) | \$25,000 | | | |
| | | Acq. Skidsteer loader for landscaping & snow removal | \$24,000 | | | | | | |
| | | Replace windows in Adm. Office Building | \$15,000 | | | | | | |

| | Replace roof on Admin. Office building | \$15,000 | | |
|---------------------|---|-----------|----------------|-----------|
| | Replace furnace/Air Conditioning in Admin. Office bldg. | \$15,000 | | |
| | Professional Services (Consultant, Architect) | \$25,000 | | |
| Staff training | | \$5,000 | Staff Training | \$5,000 |
| | | | | |
| Total CFP Estimated | Cost | \$158,000 | | \$240,000 |

| _ | gram Five-Year Action | n Plan | | | | |
|---|-----------------------|-----------------------|---|------------|--|--|
| Part II: Supporting Pages—Work Activities | | | | | | |
| Activi | ties for Year :_4 | | Activities for Year: _5 | | | |
| FFY Grant: | | | FFY Grant: | | | |
|] | PHA FY: 2007 | | PHA FY: 2008 | | | |
| Development Name/Number | Major Work | Estimated Cost | st Development Name/Number Major Work Estimated C | | | |
| _ | Categories | | _ | Categories | | |

| 0Н072-01,ОН07202, | | \$186,000 | ОН072-01, ОН072-02, | | \$241,000 |
|-------------------|--|-----------|---------------------|---|-----------|
| Scattered Sites | | | Scattered Sites | | |
| | Replace Hot Water Heaters, as Req's | \$ 3,000 | | Replace Dryer vents with vandal proof type | \$ 15,000 |
| | Replace Window sashes, as req'd | \$ 3,000 | | Replace Hot water Heaters, as req'd | \$3,000 |
| | Replace Kitchen Cabinets, Countertops & sinks 072-02 | \$180,000 | | Replace window sashes, as req'd | \$ 3,000 |
| | | | | Replace roofs, ridge vents etc. (phase I 072- 01) | \$220,000 |
| PHA WIDE | | | | | |
| | Replace Authority Passenger Van | \$ 30,000 | PHA WIDE | | \$ 8,000 |
| | Professional Services (Consultant, Architect) | \$25,000 | | Security System for Admin. Office Complex | \$ 8,000 |
| | | | | Professional Services (Consultant, architect) | \$25,000 |
| Sstaff Training | | \$ 5,000 | Staff Training | | \$ 5,000 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total CFP I | Estimated Cost | \$186,000 | | | \$249,000 |

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

| | Tame: Logan County Metropolitan Housing Authority General County Metropolitan Housing Authority | Replacement Housing | Grant No:OH16-P072-501-0 Factor Grant No: | | Federal FY of Grant: 2002 | |
|------|--|---------------------|--|-------------------|------------------------------------|--|
| | erformance and Evaluation Report for Period Ending: | | | | | |
| Line | Summary by Development Account | | Estimated Cost | Total Actual Cost | | |
| | | Original | Revised | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations | \$22,000 | \$22,000 | \$22,000 | \$22,000 | |
| 3 | 1408 Management Improvements | \$15,000 | \$15,000 | \$ 0.00 | \$ 0.00 | |
| 4 | 1410 Administration | \$ 827 | \$ 555.73 | \$ 270.30 | \$ 270.30 | |
| 5 | 1411 Audit | | | | | |
| 5 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | \$30,000 | \$23,210 | \$23,210 | \$ 7,125 | |
| } | 1440 Site Acquisition | | | \$ 0.00 | \$ 0.00 | |
|) | 1450 Site Improvement | \$ 0.00 | \$35,000 | \$ 0.00 | \$ 0.00 | |
| 10 | 1460 Dwelling Structures | \$81,000 | \$95,061.27 | \$85,779.42 | \$55,035.42 | |
| 1 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 Nondwelling Structures | \$60,000 | \$26,000 | \$28,191.49 | \$28,191.49 | |
| 3 | 1475 Nondwelling Equipment | \$13,000 | \$ 5,000 | \$ 4,204.87 | \$ 4,204.87 | |
| 4 | 1485 Demolition | | | | | |
| 5 | 1490 Replacement Reserve | | | | | |
| 6 | 1492 Moving to Work Demonstration | | | | | |
| 7 | 1495.1 Relocation Costs | | | | | |
| .8 | 1499 Development Activities | | | | | |
| 19 | 1501 Collaterization or Debt Service | | | | | |
| 20 | 1502 Contingency | | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | \$22L,827 | \$221,827 | \$163,856.08 | \$116,827.08 | |
| 22 | Amount of line 21 Related to LBP Activities | N/A | | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | N/A | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | N/A | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | N/.A | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | \$60,780 | \$58,532.40 | \$57,678,.27 | \$57,678.27 | |

| PHA Name: Logan Cou Authority | nty Metropolitan Housing | | Grant Type and Number Capital Fund Program Grant No: OH16-P072-501-02 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2002 072-501-02 Revision #2 | | |
|--|--|---------------|--|----------------------|---------|--------------------|--|--|--|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quant ity | Total Estimated Cost | | Total Actual Cost | | Status of Work | |
| | | | | | Revised | Funds Obligated | Funds Expended | | |
| 72-01 | Replace vinyl siding, as reqd. | 1460 | lot | 10,000 | 0.00 | 0.00 | 0.00 | Deferred 5 year plan | |
| РНА | Admin. Office Parking Lot paving/Landscaping (501- 01)& area lighting, fencing or barricade on boundary line | 1450 | Lump | 0.00 | 35,000 | 0.00 | 0.00 | Partial cost of:Deferred to 5 yr. Plar (after city does street/curbs) | |
| PHA | OPERATING SUBSIDY | 1406 | | 22,000 | 22,000 | 22,000 | 22,000 | Obligated | |
| | Consultant | 1430 | | 15,000 | 15,000 | 15,000 | 7,125 | Contract | |
| | Architect/Engineer | 1430 | | 15,000 | 8,210 | 8,210 | 0.00 | Contract - parking lot | |
| PHA | Administrative Costs | 1410 | | 827 | 555.73 | 270.30 | 270.30 | | |
| РНА | Computer System Upgrades | 1408 | | 15,000 | 15,000 | 0.00 | 0.00 | Deferred Balance | |
| 72-01,02 | Replace Hot Water Heaters, as reqd | 1460 | 8 appro x. | 5,500 | 9,000 | 6,414.31 | 6,414.31 | On-Going | |

| Part II: Supportin | | | | | | | | | |
|---|---|---------------|--|----------------------|---------|--------------------|--|-------------------|--|
| PHA Name: Logan County Metropolitan Housing Authority | | | Capital Fund Program Grant No: OH16-P072-501-02 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2002 072-501-02 Revision #2 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quant ity | Total Estimated Cost | | Total Actual Cost | | Status of Work | |
| | | | | | Revised | Funds Obligated | Funds Expended | | |
| 72-01,02 | Replace Window Sashes, as reqd | 1460 | Lot | 3,000 | 3,000 | 1,303.84 | 1,303.84 | In process | |
| 72-01-,02 | Replace Entrance Doors | 1460 | 100 | 40,000 | 48,780 | 48,780 | 45,897 | In Process | |
| 72-01,02 | Replace Shed Doors, access grates | 1460 | 50 | 17,500 | 27,861 | 27,861 | 0.00 | In Process | |
| 72-01-,02 | Flooring replacement, as reqd | 1460 | Lot | 5,000 | 5,000 | 0.00 | 0.00 | | |
| РНА | Maint. Bldg. Rehab, shelving, New Furnace, shower stall, etc. | 1470 | Log (in- house) | 0.00 | 0.00 | 0.00 | 0.00 | Moved to 501-01 | |

| PHA Name: Logan County Metropolitan Housing Authority | | Grant Type and N Capital Fund Prog Replacement Hous | ram Grant | | 072-501-02 | Federal FY of Grant: 2002 072-501-02 Revision #2 | | |
|---|---|---|--------------|----------------------|------------|--|-------------------|-------------------|
| | General Description of Major Work Categories | Dev. Acct No. | Quant ity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | | Revised | Funds Obligated | Funds Expended | |
| | Sub-Total Grant Budget | | | 148,827 | 189,406.73 | 129,839.45 | 83,010.45 | |

| PART II: Supporting PHA Name: Logan Cou Authority | nty Metropolitan Housing | Grant Type and Number Capital Fund Program Grant No: OH16-P072-501-02 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2002 072-501-02 Revision #2 | | |
|---|---|--|--------------|-----------|-------------|--|-------------------|-------------------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quant ity | Total Est | imated Cost | Total Actual Cost | | Status of Work |
| | | | | | Revised | Funds Obligated | Funds Expended | |
| | Admin. Office Bldg. Rehab- Convert Community Rm. To Office & Meeting Room | 1470 | | 25,000 | 0.00 | 0.00 | 0.00 | Deferred move to 501-03 |
| | Original Maintenance Building Rehab-Convert to Community Room Center | 1470 | | 35,000 | 26,000 | 28,191.49 | 28,191.49 | Complete |

| Capital Fund Prog Part II: Supportin | | - | ement I | Housing F | Factor (CFI | P/CFPRHF) | | | |
|--|---|--|--|---|---|--|--|------------------------|--|
| PHA Name: Logan Cou Authority | nty Metropolitan Housing | | Capital Fund Program Grant No: OH16-P072-501-02 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2002 072-501-02 Revision #2 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quant ity | Total Estimated Cost | | Total Actual Cost | | Status of Work | |
| | | | | | Revised | Funds Obligated | Funds Expended | | |
| | Purchase Furniture for Offices and Remodeled Community Room | 1475 | | 13,000 | 5,000 | 4,204.87 | 4,204.87 | Community Room Done | |
| | Misc. Hardware for new doors | 1460 | | 0.00 | 1,420.27 | 1,420.27 | 1,420.27 | Done | |
| | Summary of Account Codes: | 1406 1408 1410 1430 1440 | | 22,000 15,000 827 30,000 0.00 | 22,000 15,000 555.73 23,210 0.00 | 22,000 0.00 270.30 23,210 0.00 | 22,000 0.00 270.30 7,125 0.00 | | |
| | | 1450 1460 1470 1475 totals | | 0.00 81,000 60,000 13,000 221,827 | 35,000 95,061.27 26,000 5,000 221,827 | 0.00 85,779.42 28,191.49 4,204.87 163,656.08 | 0.00 55,035.42 28,191.49 4,204.87 116,627.08 | | |

| PHA Name: Logan County Metropolitan Housing Authority | | Grant Type and Number Capital Fund Program Grant No: OH16-P072-501-02 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2002 072-501-02 Revision #2 | | |
|---|---|--|--------------|-----------|-------------|--|-------------------|-------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quant ity | Total Est | imated Cost | Total Actual Cost | | Status of Work |
| | | | | | Revised | Funds Obligated | Funds Expended | |
| | | | | | | | | |
| | | | | | | | | |
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| Annual Statement/Performance and Evaluation Report | | | | | | | | |
|---|---|---------|---|--|------------|------------|----------------------------------|--|
| Capital Fund Pro | _ | _ | und Prog | gram Replac | ement Hous | ing Factor | (CFP/CFPRHF) | |
| Part III: Impleme | | | | | | | | |
| PHA Name:Logan County Metropolitan Housing Authority | | | Grant Type and Number Capital Fund Program No:OH16-P072-501-02 Replacement Housing Factor No: | | | | Federal FY of Grant: 2002 | |
| 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 | | |
| 72-01 | 5/31/04* | | | 12/31/05 | | | | |
| 72-02 | 5/31/04* | | | 12/31/05 | | | | |
| Pha | 5/31/04* | | | 12/31/05 | | | | |
| | *Per HUD ltr 8/1/02 (Not Qtr. | | | | | | | |
| | End) | | | | | | | |
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| Capital Fund Program Five-Y Part I: Summary | ear Action | n Plan | | | |
|--|---------------------|--|--|--|--|
| PHA Name | | | | ☐Original 5-Year Plan☐Revision No: | |
| Development Number/Name/HA-Wide | Year 1 | Work Statement for Year 2 FFY Grant: PHA FY: | Work Statement for Year 3 FFY Grant: PHA FY: | Work Statement for Year 4 FFY Grant: PHA FY: | Work Statement for Year 5 FFY Grant: PHA FY: |
| | Annual Statement | | | | |
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| CFP Funds Listed for 5-year planning | | | | | |
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| Replacement Housing Factor Funds | | | | | |

| | ital Fund Program Fiv | | | | | | | |
|----------------|-----------------------|-------------------|-------------|----------------------|------------|-----------|--|--|
| | pporting Pages—Work | | | 1 | | | | |
| Activities for | Acti | vities for Year : | | Activities for Year: | | | | |
| Year 1 | | FFY Grant: | | | FFY Grant: | | | |
| | | PHA FY: | | PHA FY: | | | | |
| | Development | Major Work | Estimated | Development | Major Work | Estimated | | |
| | Name/Number | Categories | Cost | Name/Number | Categories | Cost | | |
| See | | | | | | | | |
| Annual | | | | | | | | |
| Statement | | | | | | | | |
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| | Total CFP Estimated | 1 Cost | \$ | | | \$ | | |

| Capital Fund Pro Part II: Supporting Page | gram Five-Year Acti s—Work Activities | on Plan | | | | | |
|--|--|-----------------------|-------------------------|--------------------------|-----------------------|--|--|
| | ities for Year : | | Activities for Year: | | | | |
| FFY Grant: PHA FY: | | | FFY Grant: PHA FY: | | | | |
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost | | |
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| Total CFP Estimated Cost \$ | | | | | \$ | | |