

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

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# McKeesport Housing Authority Agency Plan

## PHA Plans

Annual Plan for Fiscal Year 2004

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

## PHA Plan Agency Identification

**PHA Name: McKeesport Housing Authority**

**PHA Number: Pa-005**

**PHA Fiscal Year Beginning: (04/2004)**

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

**Annual PHA Plan**  
**PHA Fiscal Year 2002**  
 [24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

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

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

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### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

#### Required Attachments:

- Admissions Policy for Deconcentration **(Discussed in Plan)**
- FY 2004 Capital Fund Program Annual Statement **(pa005a03.xls)**
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- Statement of progress in meeting Five Year Goals and Objectives **(Discussed in Plan)**
- Membership of Resident Advisory Board **(Discussed in Plan)**
- Resident Membership of the PHA Governing Board **(Listed in Plan)**
- Section 8 Homeownership Capacity Statements **(Discussed in Plan)**
- Implementation of Public Housing Resident Community Service Requirements **(Discussed in Plan)**
- Description of Pet Policy **(Discussed in Plan)**

#### Optional Attachments:

- PHA Management Organizational Chart **(Discussed in Plan)**
- FY 2000 Capital Fund Program 5 Year Action Plan **(pa005b03.xls)**
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) **(Discussed in Plan)**
- Other (List below, providing each attachment name)
  - P & E Report CFP 2000 **(pa005d03.xls)**
  - P & E Report CFP 2001 **(pa005e03.xls)**
  - P & E Report CFP 2002 **(pa005f03.xls)**
  - P & E Report CFP 2003 **(pa005c03.xls)**
  - P & E Report RHF 1999 **(pa005g03.xls)**
  - P & E Report RHF 2000 **(pa005h03.xls)**
  - P & E Report RHF 2001 **(pa005i03.xls)**
  - P & E Report RHF 2002 **(pa005j03.xls)**
  - P & E Report CGP Replacement Reserve **(pa005k03.xls)**
  - Annual Statement CFP 2003 Bonus Funding **(pa005l03.xls)**
  - Annual Statement RHF 2003 **(pa005m03.xls)**
  - Narrative addressing 1997 MOA **(pa005n03.xls)**

### Supporting Documents Available for Review

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Tenant Selection, Admissions Policies, and <b>Community Service requirements</b>
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Administrative Plan	
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
X	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
X	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application.	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

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

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

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1080	5	5	4	N/A	4	N/A
Income >30% but <=50% of AMI	436	5	5	4	N/A	4	N/A
Income >50% but <80% of AMI	196	3	5	4	N/A	4	N/A
Elderly	490	4	N/A	N/A	N/A	N/A	N/A
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Black	1281	N/A	N/A	N/A	N/A	N/A	N/A
White	445	N/A	N/A	N/A	N/A	N/A	N/A
Hispanic	9	N/A	N/A	N/A	N/A	N/A	N/A

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: **2000-2004**
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

**Survey of housing and social service providers**

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

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

<b>Housing Needs of Families on the Waiting List</b>			
<b>As of November 1, 2002</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	72		184
Extremely low income <=30% AMI	58	80.5	
Very low income (>30% but <=50% AMI)	14	19.5	
Low income (>50% but <80% AMI)	0	0	
Families with children	23	32	
Elderly families	3	4	
Families with Disabilities	20	28	
White	26	36	
Black	42	58	
Hispanic	1	1	
Other	3	4	
Characteristics by Bedroom Size (Public Housing Only)			
EFF	0	0	10
1BR	49	68	66
2 BR	16	22	83
3 BR	7	10	18
4 BR	0	0	7
5 BR	0	0	
5+ BR	0	0	



<b>Housing Needs of Families on the Waiting List</b> <b>As of November 1, 2002</b>	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes:	
How long has it been closed (# of months)?	
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes	

<b>Housing Needs of Families on the Waiting List</b> <b>As of November 1, 2002</b>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	341	98	98
Extremely low income <=30% AMI	251	74	
Very low income (>30% but <=50% AMI)	86	25	
Low income (>50% but <80% AMI)	4	1	
Families with children	205	60	
Elderly families	11	3	
Families with Disabilities	11	3	
White	117	34	
Black	213	62	
Hispanic	1	0	
Other	10	3	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

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

**(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

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

Select all that apply

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

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Use replacement housing factor funds to deconcentrate housing communities.**

**Need: Specific Family Types: Families at or below 30% of median****Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

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

**Employ admissions preferences aimed at families who are working**

**Need: Specific Family Types: Families at or below 50% of median****Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

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

**Need: Specific Family Types: The Elderly****Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

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

**Apply for Designation Funds for Disabled**

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

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

Select if applicable

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

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community

- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2002 grants)</b>		
a) Public Housing Operating Fund	\$3,364,883	
b) Public Housing Capital Fund	2,599,359	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	2,403,485	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
Comp Grant (Capital Fund)	455,258	Capital Imp/New units
CGP RHF Funds	1,326,762	PA 5-5
<b>3. Public Housing Dwelling Rental Income</b>	1,960,380	PH Operations

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
Excess Utilities	36,500	PH Operations
Cap. Fund Ops/commissions	76,400	PH Operations
<b>4. Other income</b> (list below)		
Interest Income - Operations	42,000	PH Operations
Interest Income – Capital Fund	5,000	PA 5-5
<b>4. Non-federal sources</b> (list below)		
Section 202 Management Fee	32,000	Mgt. Operations
<b>Total resources</b>	12,302,027	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

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

##### **(1) Eligibility**

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

- When families are within a certain number of being offered a unit: (state number)

**When the applicant reaches number 10 on the waiting list.**

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

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

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

**Credit Reports**

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

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

**(2)Waiting List Organization**

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

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

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

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

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

**NOT APPLICABLE**

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

N/A

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously? If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office  
 All PHA development management offices  
 Management offices at developments with site-based waiting lists

- At the development to which they would like to apply  
 Other (list below)

### **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One  
 Two  
 Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

a. Income targeting:

- Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

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

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)



Former Federal preferences:

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

Other preferences: (select below)

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

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

- Date and Time **(4)**

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) **(1)**
- 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 **(2)**
- 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 **(3)**

Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

- The PHA-resident lease  
 The PHA's Admissions and (Continued) Occupancy policy  
 PHA briefing seminars or written materials  
 Other source (list) **Rent delinquency Policy**  
**Lease and Grievance Policy**

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

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

**(6) Deconcentration and Income Mixing**

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

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

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

**NOT APPLICABLE**

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

- Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- Other (list policies and developments targeted below)
- d.  Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)

### NOT APPLICABLE

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)
- f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:
- g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)
- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

## **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Eligibility**

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation

- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)

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

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

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

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Criminal or drug-related activity
- Other (describe below)

**Previous Landlord complaints, housekeeping, lienable delinquent utilities  
Landlord request only for criminal/drug activity**

## **(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office
- Other (list below)

## All PHA Rental Offices

### (3) Search Time

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

If yes, state circumstances below:

**Illness, difficulty finding unit , difficulty finding an accessible unit and unforeseen circumstances.**

### (4) Admissions Preferences

- a. Income targeting

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

- b. Preferences

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

Former Federal preferences

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

Other preferences (select all that apply)

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

Other preference(s) (list below)

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

Date and Time (4)

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) (1)  
 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 (2)  
 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 (3)  
 Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

Date and time of application  
 Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

**NOT APPLICABLE**

This preference has previously been reviewed and approved by HUD  
 The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

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

**(5) Special Purpose Section 8 Assistance Programs**

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan  
 Briefing sessions and written materials  
 Other (list below)

- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

**NOT APPLICABLE**

- Through published notices  
 Other (list below)

**4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

**A. Public Housing**

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

**(1) Income Based Rent Policies**

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

- a. Use of discretionary policies: (select one)

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

---or---

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

- b. Minimum Rent

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

- \$0

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

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

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

1. **The family has lost eligibility for, or is awaiting an eligibility determination for, a federal, state or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled for public benefits but for Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;**
2. **The family would be evicted as a result of the imposition of the minimum rent requirement;**
3. **The income of the family has decreased because of changed circumstance, including loss of employment;**
4. **A death in the family has occurred; or**
5. **Other valid reason approved by the MHA on a case-by-case basis.**

**Families will be eligible for the hardship exemption only if the hardship is reported in writing to the MHA. The MHA will exempt the family beginning the month following the month in which the exemption was requested. Verification will be conducted and the MHA will determine eligibility based upon the above-listed factors and HUD regulations.**

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

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

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

**The MHA has adopted Flat Rents for all units of public housing.**

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

- For the earned income of a previously unemployed household member  
 For increases in earned income



- Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

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

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

**NOT APPLICABLE**

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

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

**NOT APPLICABLE**

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

f. Rent re-determinations:

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

- Never  
 At family option  
 Any time the family experiences an income increase  
 Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) **\$100.00 a month**  
 Other (list below)

### **Change in Family composition**

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

### **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing  
 Survey of rents listed in local newspaper  
 Survey of similar unassisted units in the neighborhood  
 Other (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 below 100% of FMR  
 100% of FMR  
 Above 100% but at or below 110% of FMR  
 Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply) **NOT APPLICABLE**

- 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) **NOT APPLICABLE**

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

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

- Annually
- Other (list below)

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

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

## **(2) Minimum Rent**

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

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

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

1. **The family has lost eligibility for, or is awaiting an eligibility determination for, a federal, state or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled for public benefits but for Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;**
2. **The family would be evicted as a result of the imposition of the minimum rent requirement;**
3. **The income of the family has decreased because of changed circumstance, including loss of employment;**
4. **A death in the family has occurred; or**
5. **Other valid reason approved by the MHA on a case-by-case basis.**

**Families will be eligible for the hardship exemption only if the hardship is reported in writing to the MHA. The MHA will exempt the family beginning the month following the month in which the exemption was requested. Verification will be conducted and the MHA will determine eligibility based upon the above-listed factors and HUD regulations.**

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

**NOT APPLICABLE**

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

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

### **B. HUD Programs Under PHA Management**

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

**NOT APPLICABLE**

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

### **C. Management and Maintenance Policies**

#### **NOT APPLICABLE**

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

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

### **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

#### **NOT APPLICABLE**

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

#### **A. Public Housing**

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

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

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

### **B. Section 8 Tenant-Based Assistance**

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

### **A. Capital Fund Activities**

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

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

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) **(pa005a01)**

-or-

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

**(2) Optional 5-Year Action Plan**

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) (**pa005b01.xls**)

-or-

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

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

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

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

**NOT APPLICABLE**

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development  
 Revitalization Plan submitted, pending approval  
 Revitalization Plan approved  
 Activities pursuant to an approved Revitalization Plan underway

Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

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

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

**Development between Market Street and Jenny Lind Street.**

**8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

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

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	<b>Harrison Village</b>
1b. Development (project) number:	<b>PA 5-5</b>
2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<u>(04/01/04)</u>
5. Number of units affected:	<b>100</b>
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development



## 7. Timeline for activity:

- a. Actual or projected start date of activity: **06/30/04**  
 b. Projected end date of activity: **06/30/07**

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

[24 CFR Part 903.7 9 (i)]

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

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

## 2. Activity Description

- a) **MHA will apply for future funding to support designated housing for non-elderly persons with disabilities.**  
 b) **MHA will set aside accessible units for use by those families requiring features of accessibility, regardless of age, in accordance with our 504 plan.**

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

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	<b>McKeesport Towers</b>
1b. Development (project) number:	<b>PA 5-7</b>
2. Designation type:	
	Occupancy by only the elderly <input checked="" type="checkbox"/>
	Occupancy by families with disabilities <input type="checkbox"/>
	Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	

Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation <b>approved</b> , submitted, or planned for submission: <b>10/23/2000</b>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input checked="" type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: <b>200 units</b> 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

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

<b>Conversion of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to

block 5.)
<p>4. Status of Conversion Plan (select the statement that best describes the current status)</p> <p><input type="checkbox"/> Conversion Plan in development</p> <p><input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY)</p> <p><input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY)</p> <p><input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway</p>
<p>5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)</p> <p><input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____)</p> <p><input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)</p> <p><input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)</p> <p><input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent</p> <p><input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units</p> <p><input type="checkbox"/> Other: (describe below)</p>

**10 (B) Voluntary Conversion Initial Assessments**

- a. How many of the PHA’s developments are subject to the Required Initial Assessments? **(8)**
- b. How many of the PHA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **(1)**
- c. How many Assessments were conducted for the PHA’s covered developments? **(8)**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

**No developments appropriate for conversion based on the Required Initial Assessments:**

Development Name	Number of Units

- a. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **NOT APPLICABLE**

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

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

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

(DD/MM/YYYY)

5. Number of units affected:  
 6. Coverage of action: (select one)  
 Part of the development  
 Total development

## **B. Section 8 Tenant Based Assistance**

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.

### 2. Program Description:

#### a. Size of Program

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

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

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

#### b. PHA-established eligibility criteria

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

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (1)]

**NOT APPLICABLE**

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

## **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 12/05/00

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

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

- Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following

table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

**(2) Family Self Sufficiency program/s**

**NOT APPLICABLE**

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

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

**C. Welfare Benefit Reductions**

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

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

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

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

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

**NOT APPLICABLE**

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

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

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

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

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

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

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



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

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

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

### **C. Coordination between PHA and the police**

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

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

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

### **D. Additional information as required by PHDEP/PHDEP Plan**

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

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2002 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename:

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

### **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

**NOT APPLICABLE**

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

### **NOT APPLICABLE**

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

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
3.
  - Not applicable
  - Private management
  - Development-based accounting
  - Comprehensive stock assessment
  - Other: (list below)
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
  - Attached at Attachment (File name)
  - Provided below:  
**The MHA held its Resident Advisory Board Meeting on November 20, 2003 with all members present. They agreed to the PHA plan as submitted with no changes required.**
3. In what manner did the PHA address those comments? (select all that apply)
  - Considered comments, but determined that no changes to the PHA Plan were necessary.
  - The PHA changed portions of the PHA Plan in response to comments

- List changes below:  
 Other: (list below)

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

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

### 3. Description of Resident Election Process

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

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

#### b. Eligible candidates: (select one)

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

#### c. Eligible voters: (select all that apply)

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

### **C. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: (provide name here) **City of McKeesport**
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

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

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
- a) **504 Needs Review**
  - b) **PHA participation on the City's Human Relations Board**
  - c) **Acquisition of scattered site property to fulfill 1997 MOA.**

#### **D. Other Information Required by HUD**

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

- (1) From time to time, the Annual Plan and/or the Five Year Plan may require revisions. Board of Commissioner's formal approval of revisions to the Annual Plan and/or Five Year Plan will only be required when the proposed changes constitute a "substantial deviation" or a "significant amendment or modification" to the approved plan.

The McKeesport Housing Authority's definition of "substantial deviation" and "significant amendment or modification" is as follows:

**Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require the formal approval of the Board of Commissioners.**

- (2) Statement of progress in meeting five year goals and objectives

**The MHA has adopted the following goals that have been/will be implemented during the five-year plan period. Goals that have been implemented will continue to be monitored to determine if adjustments are required.**

- a) **Goal: Minimize occupancy losses.**
  - 1. Established flat rents.
  - 2. Implemented tagging system for delinquent renters (extra notification to residents who are delinquent).
  - 3. Post and notify delinquent residents of outside funding sources for help in paying delinquent rent.
  - 4. Off-peak Rent Office hours for working families to pay rent.

**b) Goal: Implement a comprehensive marketing strategy.**

The McKeesport Housing Authority has implemented a comprehensive marketing plan 01/2001. This plan includes advertising in the local newspaper and newsletters with target population. A representative of the Housing Authority visits senior groups, social service organizations, and participate in housing fairs throughout Allegheny County.

The plan includes changing the current ads to reflect positive changes in public housing. Brochures and pamphlets are being developed to be distributed during presentations that will reflect changes/improvements in its communities.

The Housing Authority will also hold open houses at its developments that prospective tenants may visit and inquire about the units and programs available.

The Housing Authority has presented marketing ideas to its current residents to generate referrals. A survey of the current tenants provided several avenues in which to generate referrals.

The target audience for the quarterly newspaper has been expanded in efforts of attracting prospective tenants.

**c) Goal: Improve the quality and appearance of the public housing stock.**

- 1) Extensive modernization to all communities is in progress.
- 2) Additional manpower utilized on cleaning of outside grounds.
- 3) Welcome signs and beautification of common areas have been added.

**d) Goal: Provide quality management and maintenance services in order to further PHA's objectives.**

- 1) Management inspections yearly to resolve maintenance and housekeeping issues.
- 2) Monthly community Forums staffed by Management, Maintenance, and other departments to hear out resident complaints and issues and resolve resident problems before they go too far.
- 3) Installed video cameras at all locations to deter crime and give residents a more secure feeling.

**e) Goal: Perform an assessment of resident needs.**

- 1) Hold monthly Community Forums at all locations staffed by Resident Initiatives Coordinator, Management, and Maintenance to discuss resident needs and wants. Open forum for residents to speak directly with staff.

- 2) The Authority currently conducts needs assessments for its residents for the Public Housing Drug elimination Program on a yearly basis.
- 3) The Housing Authority also conducted needs assessments in the areas of family needs, educational, recreational and social concerns. As a result of a survey conducted, the McKeesport Housing Authority has implemented on-site medical services to meet the needs of its residents. The results of the surveys will be a priority in the development of programs at each of the sites.

**(f) Goal: Implement energy conservation measures.**

Modernization improvements include the installation of energy efficient HVAC and water heating components in affected public housing units.

**(3) Resident membership of the PHA Governing Board**

The Resident Member of MHA's Board of Directors is Ms. Yvonne Bray. Ms. Bray was appointed by MHA's Board of Directors. She was appointed to a five-year term in 2000. Her term expires in 2004.

**(a) Membership of Resident Advisory Board**

Lorraine Baker  
501 Pirl Street, Apt. 8-B  
McKeesport, PA 15132  
Phone: 412-678-2205

Phylis Brown  
1501 Union Street  
McKeesport, PA 15132  
Phone: 412-672-6817

Michael Ferguson  
E. R. Crawford Village  
Apt. 53 D  
McKeesport, PA 15132  
Phone: 412-672-6721

Mary James  
Isbir Manor  
Apartment 17-2A  
McKeesport, PA 15132  
Phone: 412-672-2563

William Stephens  
E.R. Crawford Village  
Apartment 11A  
McKeesport, PA 15132  
Phone: 412-678-1940

**(4) Section 8 Homeownership Capacity Statement**

McKeesport Housing Authority will establish a minimum homeowner down payment requirement of at least 3 percent of the purchase price. Of this amount, at least 1 percent of the purchase price must come from the buyer's personal resources.

In accordance with PIH Notice 2000-43, MHA's capacity is established through its compliance with this regulatory measure which can be found at 24 CFR 982.625(d)(1).

(5) Description of Pet Policy

MHA's pet policy defines the types of pets that public housing residents are permitted to keep. Certain restrictions are placed on the number, types and sizes of animals that are permitted. Residents are required to pre-register their pets with the Authority. Pet registrations must be updated annually. Pet owners must identify three local persons who agree to take responsibility for the pet in the event that the resident moves, becomes ill or dies. All pet owners are required to pay a special security deposit to the Authority. The policy defines how MHA will deal with violations of the pet policy, as well as circumstances involving the death of pets and the performance of maintenance work in dwelling units housing a pet.



# Annual Statement / Performance and Evaluation Report

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

PHA Name:  <b>McKeesport Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <span style="float: right;"><b>PA28P00550104</b></span> Replacement Housing Factor Grant No:
--	--

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 Act
		Original	Revised	Obligated
1	Total Non-CFP Funds			
2	1406 Operations	259,936.00	-	-
3	1408 Management Improvements	297,639.00	-	-
4	1410 Administration	259,936.00	-	-
5	1411 Audit	-	-	-
6	1415 Liquidated Damages	-	-	-
7	1430 Fees and Costs	200,000.00	-	-
8	1440 Site Acquisition	-	-	-
9	1450 Site Improvement	30,000.00	-	-
10	1460 Dwelling Structures	1,486,848.00	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-
12	1470 Nondwelling Structures	-	-	-
13	1475 Nondwelling Equipment	5,000.00	-	-
14	1485 Demolition	50,000.00	-	-
15	1490 Replacement Reserve	-	-	-
16	1492 Moving to Work Demonstration	-	-	-
17	1495.1 Relocation Costs	10,000.00	-	-
18	1499 Development Activities	-	-	-
19	1501 Collateralization or Debt Service	-	-	-
20	1502 Contingency	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 2,599,359.00	\$ -	\$ -
22	Amount of line 21 Related to LBP Activities	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	350,000.00	-	-
24	Amount of line 21 Related to Security - Soft Costs	200,000.00	-	-
25	Amount of line 21 Related to Security - Hard Costs	30,000.00	-	-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-



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

PHA Name: <b>McKeesport Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>PA28P00550104</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
<b>PA 5-5</b>	<b>Complete rehab of three story</b>	<b>1460.00</b>	<b>6</b>	<b>1,416,848.00</b>			
<b>Harrison</b>	<b>walk-ups. Buildings 8, 12, 13, 14, &amp; 15</b>	<b>1450.00</b>	<b>1</b>	<b>30,000.00</b>			
<b>Village</b>	<b>Conversion from walk-ups to town-</b>	<b>1485.00</b>	<b>1</b>	<b>50,000.00</b>			
	<b>houses. Phase I</b>						
	<b>Renovations will include 504 compli-</b>						
	<b>ance work.</b>						
	<b>Relocation Costs</b>	<b>1495.10</b>	<b>10</b>	<b>10,000.00</b>			
<b>PA 5-1 &amp; 4</b>	<b>Roof Replacement</b>	<b>1460.00</b>	<b>3</b>	<b>50,000.00</b>			
<b>Crawford</b>							
<b>Village</b>							
<b>PA-5-6 &amp; 7</b>	<b>Hard to Rent Efficiency Renovations</b>	<b>1460.00</b>	<b>20</b>	<b>20,000.00</b>			
	<b>- carpet, wall partitions, floors</b>						
<b>PA 5-5</b>	<b>A &amp; E Fees</b>	<b>1430.00</b>		<b>200,000.00</b>			

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

PHA Name:		Grant Type and Number			Federal FY of Grant:		
<b>McKeesport Housing Authority</b>		Capital Fund Program Grant No: <b>PA28P00550104</b>			<b>2004</b>		
		Replacement Housing Factor Grant No:					
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
	<b>Management Improvements</b>						
1.	Community policing program, Tenant Outreach programs, Security systems, and cameras.	1408.00		200,000.00			
2.	Employee training and MAP program.	1408.00		25,000.00			
3.	Resident Initiaves Coordinator	1408.00		52,639.00			
4.	Site Preservation and Computer Eqt	1475.00		5,000.00			
5.	Consulting Services	1408.00		20,000.00			
	<b>Operations</b>						
PHA Wide	Operating Costs	1406.00		259,936.00			
	<b>Administration</b>						
1.	Executive Director	1410.00	1	42,800.00			
2.	Deputy Executive Director	1410.00	1	36,000.00			
3.	Clerical/Administ. Support	1410.00	2	26,770.00			
4.	Modernization Inspectors	1410.00	3	57,705.00			
5.	Accountant/Fiscal Asst.	1410.00	2	34,622.00			
6.	Benefits for all positions.	1410.00		62,039.00			

Status of Work



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

PHA Name:		Grant Type and Number					Federal FY of Grant:
<b>McKeesport Housing Authority</b>		Capital Fund Program Grant No:			<b>PA28P00550104</b>		<b>2004</b>
		Replacement Housing Factor Grant No:					
Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA 5-5 Walk-up Rehab	12/31/2004			12/31/2005			
PA 5-1 & 4 Roof Replacement	12/31/2004			12/31/2005			
PA 5-6 & Hard to Rent Effic.	12/31/2004			12/31/2005			
Relocation Costs	12/31/2004			12/31/2005			
PHA Wide Architect Fees	12/31/2004			12/31/2005			
<b>Operations</b>							
1. Operating Costs	9/30/2004			12/31/2004			
<b>Management Improvements</b>							
1. Community security/outreach	9/30/2004			12/31/2005			
2. MAP/STP Training	9/30/2004			12/31/2005			
3. Resident Initiaves Coordinator	9/30/2004			12/31/2005			
4. Grounds equipment	9/30/2004			12/31/2005			
5. Consulting Services	9/30/2004			12/31/2005			
<b>Administration</b>							
1. Executive Director	9/30/2004			12/31/2005			
2. Dep. Executive Director	9/30/2004			12/31/2005			
3. Clerical Support	9/30/2004			12/31/2005			
4. Moderniz. Inspectors	9/30/2004			12/31/2005			
5. Accountant/Fiscal Asst.	9/30/2004			12/31/2005			
6. Benefits for all positions	9/30/2004			12/31/2005			

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name <b>McKeesport Housing Authority</b>		2901 Brownlee Avenue McKeesport, PA 15132		<input checked="" type="checkbox"/> Original 5-Year F <input type="checkbox"/> Revision No.	
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: <b>2004</b> PHA FY: <b>3/31/2005</b>	Work Statement for Year 3 FFY Grant: <b>2005</b> PHA FY: <b>3/31/2006</b>	Work Statement for Year 4 FFY Grant: <b>2006</b> PHA FY: <b>3/31/2007</b>	Work Statement for Year 5 FFY Grant: <b>2007</b> PHA FY: <b>3/31/2008</b>
	<b>Annual Statement</b>				
PA 5-1 Crawford Village		\$ -	\$ -	\$ 1,444,487.00	\$ 1,369,487.00
PA 5-4 Crawford Village				50,000.00	125,000.00
PA 5-5 Harrison Village		1,553,539.00	1,528,539.00	25,000.00	-
PA 5-6 Isbir Manor/Steelview Manor		25,000.00	-	25,000.00	-
PA 5-7 McKeesport Towers		20,000.00	50,000.00	50,000.00	50,000.00
PA 5-3 Crawford Village					50,000.00
PHA Wide		1,000,820.00	1,020,820.00	1,004,872.00	1,004,872.00
CFP Funds Listed for 5-year planning		2,599,359.00	2,599,359.00	2,599,359.00	2,599,359.00
Replacement Housing Factor Funds		394,097.00	394,097.00	394,097.00	394,097.00



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

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: <u>2005</u> PHA FY: <u>3/31/2006</u>			Activities for Year: <u>3</u> FFY Grant: <u>2006</u> PHA FY: <u>3/31/2007</u>	
See Annual Statement	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories
	PA 5-5 Harrison Village	Complete rehab - of three story walk-up to townhouses & site imp.	\$1,443,539.00	PA 5-5 Harrison Village	Complete rehab - of three story walk-up to townhouses & site imp.
		Demolition Costs	100,000.00		Relocation Costs
		Relocation Costs	10,000.00		
	PA 5-6 Steelview/Isbir	Renovations - kitchens,	25,000.00	PA 5-7 McKeesport	Re-caulk/Re-seal
		showers, & 504 compl.		Towers	Ext. wall restoration
		& Ionization systems			
				PA 5-6 Steelview/Isbir &	Hard to rent - Apartment
	PA 5-6 Steelview/Isbir &	Hard to rent units	20,000.00	PA 5-7 Mck. Towers	renovations.
	PA 5-7 Mck. Towers	Interior renovations			
					Community Space Eqt.
	PHA-Wide	Ranges/Refrigerators	35,000.00		Ranges/Refrigerators
				PA 5-6 & 7	Parking Lots & other
				Steelview, Isbir &	site improvements
	PHA-Wide	Community Space Eqt.	10,000.00	McKeesport Towers	
	PHA Wide	A & E Fees	200,000.00	PHA Wide	A & E Fees
PHA Wide - Mgt. Improv.	Community policing	215,948.00	PHA Wide - Mgt. Improv.	Community policing	
	program above base-			program above base-	
	line protection, security			line protection, security	
	cameras/systems, and			cameras/systems, and	
	community outreach			community outreach	
PHA Wide	Office Furniture/Eqt.	10,000.00	PHA Wide	Office Furniture/Eqt.	
	Consulting Services	10,000.00		Consulting Services	
<b>Total CFP Estimated Cost</b>			\$ 2,079,487.00		



<b>Estimated Cost</b>
\$1,518,539.00
10,000.00
25,000.00
20,000.00
10,000.00
35,000.00
25,000.00
200,000.00
215,948.00
10,000.00
10,000.00
\$ 2,079,487.00



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

Activities for Year: <u>4</u> FFY Grant: <u>2007</u> PHA FY: <u>3/31/2008</u>			Activities for Year: <u>5</u> FFY Grant: <u>2008</u> PHA FY: <u>3/31/2009</u>		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PA 5-1 Crawford Village	Renovations of interior, roof, site work, & 504 .	\$1,444,487.00	PA 5-1 Crawford Village	Renovations of interior, roof, site work, & 504 .	\$1,369,487.00
PA 5-7 McKeesport Towers	504 Compliance Units	50,000.00	PA 5-1, 3 & 4 PHA Wide	Landscaping/Site Imp. Ranges/Refrigerators	50,000.00
PA 5-4 Crawford Village	Roof Replacements	50,000.00	PA 5-4 Crawford Village	Renovations of interior, roof, site work, & 504 .	125,000.00
PA 5-6 Steelview/Isbir & PA 5-7 Mck. Towers	Hard to rent - Apartment renovations: carpeting, partition walls, ceramic tile floors, vertical blinds.	25,000.00	PA 5-6 Steelview/Isbir & PA 5-7 Mck. Towers	Hard to rent - Apartment renovations.	25,000.00
			PA 5-1 & 5-4	Relocation Costs	10,000.00
PA 5-5 Harrison Village	Renovations - kitchens, showers, exterior renov.	25,000.00			
PA 5-6 Steelview/Isbir	Renovations - kitchens, showers	25,000.00			
PA 5-1 & 5-5 PHA Wide	Relocation Costs A & E Fees	10,000.00 200,000.00	PHA Wide	A & E Fees	200,000.00
PHA Wide - Mgt. Improv.	Community policing program above base-line protection, security cameras/systems, and community outreach	230,000.00	PHA Wide - Mgt. Improv.	Community policing program above base-line protection, security cameras/systems, and community outreach	230,000.00
PHA Wide	Office Furniture/Eqt. Consulting Services	10,000.00 10,000.00	PHA Wide	Office Furniture/Eqt. Consulting Services	10,000.00 10,000.00
<b>Total CFP Estimated Cost</b>		<b>\$ 2,079,487.00</b>			<b>\$ 2,079,487.00</b>



# Annual Statement / Performance and Evaluation Report

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

PHA Name:  <b>McKeesport Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <span style="float: right;"><b>PA28P00550103</b></span> Replacement Housing Factor Grant No:
--	--

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. )

Performance and Evaluation Report for Period Ending **09/30/2003**     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Act
		Original	Revised	Obligated
1	Total Non-CFP Funds			
2	1406 Operations	259,936.00	-	259,936.00
3	1408 Management Improvements	445,606.00	-	-
4	1410 Administration	259,936.00	-	259,936.00
5	1411 Audit	-	-	-
6	1415 Liquidated Damages	-	-	-
7	1430 Fees and Costs	130,000.00	-	-
8	1440 Site Acquisition	-	-	-
9	1450 Site Improvement	50,000.00	-	-
10	1460 Dwelling Structures	1,433,881.00	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-
12	1470 Nondwelling Structures	-	-	-
13	1475 Nondwelling Equipment	10,000.00	-	-
14	1485 Demolition	-	-	-
15	1490 Replacement Reserve	-	-	-
16	1492 Moving to Work Demonstration	-	-	-
17	1495.1 Relocation Costs	10,000.00	-	-
18	1499 Development Activities	-	-	-
19	1501 Collateralization or Debt Service	-	-	-
20	1502 Contingency	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 2,599,359.00	\$ -	\$ 519,872.00
22	Amount of line 21 Related to LBP Activities	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	250,000.00	-	-
24	Amount of line 21 Related to Security - Soft Costs	215,204.00	-	-
25	Amount of line 21 Related to Security - Hard Costs	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-

Federal FY of Grant:

2003

Actual Cost

Expended	
	213,872.00
	-
	-
	-
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	-
	-
	-
	-
	-
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	-
\$	213,872.00
	-
	-
	-
	-
	-





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

PHA Name:		Grant Type and Number			Federal FY of Grant:		
<b>McKeesport Housing Authority</b>		Capital Fund Program Grant No: <b>PA28P00550103</b>			<b>2003</b>		
		Replacement Housing Factor Grant No:					
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
	<b>Management Improvements</b>						
1.	Community policing program, Tenant Outreach programs, Security systems, and cameras.	1408.00		243,704.00			
2.	Employee training and MAP program.	1408.00		129,263.00			
3.	Resident Initiaves Coordinator	1408.00		52,639.00			
4.	Site Preservation and Computer Eqt	1475.00		10,000.00			
5.	Consulting Services	1408.00		20,000.00			
	<b>Operations</b>						
PHA Wide	Operating Costs	1406.00		259,936.00		259,936.00	213,872.00
	<b>Administration</b>						
1.	Executive Director	1410.00	1	42,800.00		42,800.00	
2.	Deputy Executive Director	1410.00	1	36,000.00		36,000.00	
3.	Clerical/Administ. Support	1410.00	2	26,770.00		26,770.00	
4.	Modernization Inspectors	1410.00	3	57,705.00		57,705.00	
5.	Accountant/Fiscal Asst.	1410.00	2	34,622.00		34,622.00	
6.	Benefits for all positions.	1410.00		62,039.00		62,039.00	





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

PHA Name:		Grant Type and Number					Federal FY of Grant:
<b>McKeesport Housing Authority</b>		Capital Fund Program Grant No:			<b>PA28P00550103</b>		<b>2003</b>
		Replacement Housing Factor Grant No:					
Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA 5-5 3 Story Walk-up Rehab	12/31/2004			12/31/2005			
PA 5-6 Boiler Replacement	12/31/2004			12/31/2005			
PHA-Wide Hard to Rent Effic.	12/31/2004			12/31/2005			
Relocation Costs	12/31/2004			12/31/2005			
PHA Wide Architect Fees	12/31/2004			12/31/2005			
<b>Operations</b>							
1. Operating Costs	9/30/2003			12/31/2003			
<b>Management Improvements</b>							
1. Community security/outreach	9/30/2003			12/31/2004			
2. MAP/STP Training	9/30/2003			12/31/2004			
3. Resident Initiaves Coordinator	9/30/2003			12/31/2004			
4. Grounds equipment	9/30/2003			12/31/2004			
5. Consulting Services	9/30/2003			12/31/2004			
<b>Administration</b>							
1. Executive Director	9/30/2003			12/31/2004			
2. Dep. Executive Director	9/30/2003			12/31/2004			
3. Clerical Support	9/30/2003			12/31/2004			
4. Moderniz. Inspectors	9/30/2003			12/31/2004			
5. Accountant/Fiscal Asst.	9/30/2003			12/31/2004			
6. Benefits for all positions	9/30/2003			12/31/2004			

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

PHA Name:  <b>McKeesport Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <span style="float: right;"><b>PA28P00550100</b></span> Replacement Housing Factor Grant No:
--	--

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. )

Performance and Evaluation Report for Period Ending **09/30/2002**     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Act
		Original	Revised	Obligated
1	Total Non-CFP Funds			
2	1406 Operations	267,467.00	267,467.00	267,467.00
3	1408 Management Improvements	380,697.00	547,791.41	547,791.41
4	1410 Administration	267,467.00	267,467.00	267,467.00
5	1411 Audit	-	-	-
6	1415 Liquidated Damages	-	-	-
7	1430 Fees and Costs	144,000.00	15,976.40	15,976.40
8	1440 Site Acquisition	-	-	-
9	1450 Site Improvement	-	21,084.67	21,084.67
10	1460 Dwelling Structures	1,190,000.00	1,241,452.57	1,241,452.57
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-
12	1470 Nondwelling Structures	425,000.00	8,568.11	8,568.11
13	1475 Nondwelling Equipment	-	287,328.37	287,328.37
14	1485 Demolition	-	-	-
15	1490 Replacement Reserve	-	-	-
16	1492 Moving to Work Demonstration	-	-	-
17	1495.1 Relocation Costs	-	17,495.47	17,495.47
18	1499 Development Activities	-	-	-
19	1501 Collateralization or Debt Service	-	-	-
20	1502 Contingency	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 2,674,631.00	\$ 2,674,631.00	\$ 2,674,631.00
22	Amount of line 21 Related to LBP Activities	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	150,000.00		-
24	Amount of line 21 Related to Security - Soft Costs	125,000.00	347,433.04	347,433.04
25	Amount of line 21 Related to Security - Hard Costs	35,000.00		-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-

Federal FY of Grant:

2000

ual Cost

Expended
267,467.00
547,791.41
267,467.00
-
-
15,976.40
-
21,084.67
1,241,452.57
-
8,568.11
287,328.37
-
-
-
17,495.47
-
-
-
\$ 2,674,631.00
-
-
347,433.04
-
-

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

PHA Name:		Grant Type and Number			Federal FY of Grant:		
<b>McKeesport Housing Authority</b>		Capital Fund Program Grant No: <b>PA28P00550100</b> Replacement Housing Factor Grant			<b>2000</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
PA 5-1 Crawford Village	Renovation of management office.	1470.00	1	275,000.00	6,884.84	6,884.84	6,884.84
	Complete rehab of row houses. Replace entry doors front/rear	1460.00	10	550,000.00	86,228.30	86,228.30	86,228.30
PA 5-2 Harrison Village	Renovation of management office.	1470.00	1	150,000.00	1,683.27	1,683.27	1,683.27
	Complete rehab of row houses.	1460.00	10	510,000.00	286,902.65	286,902.65	286,902.65
	Relocation	1495.10	20		17,495.47	17,495.47	17,495.47
PA 5- 6 & 7 Steelview Isbir Manor McKeesport Towers	Renovation of hard to rent efficiencies Carpet, partion walls, floors Lobby Corridor contract completion Hall floors, community room, lighting	1460.00	5	130,000.00	676,401.14	676,401.14	676,401.14
					129,169.98	129,169.98	129,169.98
PHA Wide	A & E Fees	1430.00		144,000.00	15,976.40	15,976.40	15,976.40
PA 5-1, 3, 4 CV FSC & PHA - Wide	Retaining walls and Tree Removal Computer & Communication Eqt. plus Office Equipment/Furniture	1450.00	3		21,084.67	21,084.67	21,084.67
		1475.00			287,328.37	287,328.37	287,328.37
PA 5-3, 4, 5	REAC emergencies - Smoke Detect. Severely damaged vacant units	1460.00	40		62,750.50	62,750.50	62,750.50





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

PHA Name:		Grant Type and Number				Federal FY of Grant:	
<b>McKeesport Housing Authority</b>		Capital Fund Program Grant No: <b>PA28P00550100</b> Replacement Housing Factor Grant				<b>2000</b>	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
	<b>Operations</b>						
	Operating Costs	1406.00		267,467.00	267,467.00	267,467.00	267,467.00
	<b>Administration</b>						
1.	Executive Director	1410.00	1	32,548.00	32,548.00	32,548.00	32,548.00
2.	Deputy Executive Director	1410.00	1	46,180.00	46,180.00	46,180.00	46,180.00
3.	Comptroller	1410.00	1	25,488.00	30,488.00	30,488.00	30,488.00
4.	Clerical Support	1410.00	1	34,344.00	42,696.05	42,696.05	42,696.05
5.	Modernization Inspector	1410.00	1	34,776.00	44,776.00	44,776.00	44,776.00
6.	Accounting Staff	1410.00	1	17,712.00	37,712.00	37,712.00	37,712.00
7.	Security Supervisor/Dir. Of Mgt.	1410.00	1	76,419.00	32,419.00	32,419.00	32,419.00
8.	Sundry	1410.00	1		647.95	647.95	647.95







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

<b>PHA Name:</b> <b>McKeesport Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>PA28P00550100</b> Replacement Housing Factor Grant No:					<b>Federal FY of Grant:</b> <b>2000</b>
Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA 5-1	3/31/2001	3/31/2002	3/30/2001	3/31/2002	3/31/2003	6/30/2001	Major office renovation has been postponed
PA 5-2	3/31/2001	3/31/2002	6/30/2001	3/31/2002	3/31/2003	12/31/2002	Architect drawings and resident input.
PA 5-7	3/31/2001	3/31/2002	3/31/2002	3/31/2002	3/31/2003	9/30/2002	Change orders caused delays
PA 5-3,4,5,6		3/31/2002	3/31/2002	3/31/2002	3/31/2003	9/30/2002	REAC emergencies & large amt. of vacancies
<b>Operations</b>							
1.	9/30/2000		9/30/2000	12/31/2000		9/30/2001	Availability of LOCCS.
<b>Management Improvements</b>							
1.	9/30/2000		9/30/2000	6/30/2000	3/31/2002	12/31/2002	Reallocation of Drug elimination activities.
2.	9/30/2000		9/30/2000	6/30/2000	3/31/2002	12/31/2002	Reallocation of Drug elimination activities.
3.	9/30/2000		9/30/2000	6/30/2000	3/31/2002	12/31/2002	Reallocation of Drug elimination activities.
4.	9/30/2000		9/30/2000	6/30/2000	3/31/2002	12/31/2002	Reallocation of Drug elimination activities.
<b>Administration</b>							
1.	9/30/2000			9/30/2001	3/31/2002	3/31/2002	Salary reallocation
2.	9/30/2000			9/30/2001	3/31/2002	3/31/2002	Salary reallocation
3.	9/30/2000			9/30/2001	3/31/2002	3/31/2002	Salary reallocation
4.	9/30/2000			9/30/2001	3/31/2002	3/31/2002	Salary reallocation
5.	9/30/2000			9/30/2001	3/31/2002	3/31/2002	Salary reallocation
6.	9/30/2000			9/30/2001	3/31/2002	3/31/2002	Salary reallocation
7.	9/30/2000			9/30/2001	3/31/2002	3/31/2002	Salary reallocation
8.	9/30/2000			9/30/2001	3/31/2002	3/31/2002	Salary reallocation

**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>McKeesport Housing Authority</b>	Comprehensive Grant Number <b>PA28P00550100</b>
	FFY of Grant Approval <b>2000</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

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

A. Original Funds Approved	<b>\$ 2,674,631.00</b>
B. Revised Funds Approved	<b>2,674,631.00</b>
C. Funds Advanced	<b>2,674,631.00</b>
D. Funds Expended (Actual Modernization Cost)	<b>2,674,631.00</b>
E. Amount to be Recaptured (A-D)	<b>-</b>
F. Excess of Funds Advanced (C-D)	<b>\$ -</b>

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

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

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

Signature <i>John H. Kooser Jr.</i> , Executive Director	Date <b>03/03/2004</b>
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**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
<b>X</b>	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
<b>X</b>	

Approved (Field Office Manager)	Date
<b>X</b>	

**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

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

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

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

HA Name: <b>McKeesport Housing Authority</b>	Modernization Project Number: <b>PA28P00550100</b>
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The HA hereby certifies to the Department of Housing and Urban Development as follows:

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

A. Original Funds Approved	\$	<b>2,674,631.00</b>
B. Funds Disbursed	\$	<b>2,674,631.00</b>
C. Funds Expended (Actual Modernization Cost)	\$	<b>2,674,631.00</b>
D. Amount to be Recaptured (A - C)	\$	-
E. Excess of Funds Disbursed (B - C)	\$	-

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

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

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

Signature of Executive Director & Date:

X *John H. Kooser Jr.*, Executive Director

**3/3/2004**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

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

Date:

X

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

Date:

X

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

Date:

X



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

PHA Name:  <b>McKeesport Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <span style="float: right;"><b>PA28P00550101</b></span> Replacement Housing Factor Grant No:
--	--

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. \_\_\_\_\_)

Performance and Evaluation Report for Period Ending **09/30/2003**     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Act
		Original	Revised	Obligated
1	Total Non-CFP Funds			
2	1406 Operations	273,567.00	273,567.00	273,567.00
3	1408 Management Improvements	334,539.00	479,294.53	479,294.53
4	1410 Administration	273,567.00	273,567.00	273,567.00
5	1411 Audit	-	-	-
6	1415 Liquidated Damages	-	-	-
7	1430 Fees and Costs	144,000.00	18,426.29	18,426.29
8	1440 Site Acquisition	-	-	-
9	1450 Site Improvement	-	-	-
10	1460 Dwelling Structures	1,710,000.00	1,640,817.57	1,640,817.57
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-
12	1470 Nondwelling Structures	-	3,255.00	3,255.00
13	1475 Nondwelling Equipment	-	46,745.61	46,745.61
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)	\$ 2,735,673.00	\$ 2,735,673.00	\$ 2,735,673.00
22	Amount of line 21 Related to LBP Activities	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	-	70,000.00	70,000.00
24	Amount of line 21 Related to Security - Soft Costs	-	194,537.13	194,537.13
25	Amount of line 21 Related to Security - Hard Costs	-	12,627.61	12,627.61
26	Amount of line 21 Related to Energy Conversation Measures	-		

Federal FY of Grant:

2001

Actual Cost

Expended
273,567.00
479,294.53
273,567.00
-
-
18,426.29
-
-
1,640,817.57
-
3,255.00
46,745.61
-
-
-
-
-
-
-
\$ 2,735,673.00
-
70,000.00
194,537.13
12,627.61

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

PHA Name:		Grant Type and Number				Federal FY of Grant:	
<b>McKeesport Housing Authority</b>		Capital Fund Program Grant No: <b>PA28P00550101</b> Replacement Housing Factor Grant N				<b>2001</b>	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
PA 5-1 Crawford Village	Complete rehab of row houses. (Divisions 2-16)	1460.00	10	350,000.00			
PA 5-2 Harrison Village	Complete rehab of row houses. Rent Office interior renovations (Divisions 2-16)	1460.00 1470.00	20 1	1,100,000.00	1,398,064.60 3,255.00	1,398,064.60 3,255.00	1,398,064.60 3,255.00
PA 5-7 McKeesport Towers	Renovation of hard to rent efficiencies (Divisions 2-16)	1460.00	10	260,000.00	241,939.15	241,939.15	241,939.15
PHA Wide	REAC Emergency Cited Items	1460.00			813.82	813.82	813.82
	Computer & Modern. Equipment	1475.00			46,745.61	46,745.61	46,745.61
	A & E Fees	1430.00		144,000.00	18,426.29	18,426.29	18,426.29
	<b>Management Improvements</b>						
1.	Community policing program, Tenant Outreach programs, Security systems, and cameras.	1408.00		215,420.00	207,164.74	207,164.74	207,164.74
2.	MAP & STP tenant training programs.	1408.00		69,119.00	187,860.03	187,860.03	187,860.03
3.	Resident Initiaves Elderly and Family.	1408.00		50,000.00	84,269.76	84,269.76	84,269.76













**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>McKeesport Housing Authority</b>	Comprehensive Grant Number <b>PA28P00550101</b>
	FFY of Grant Approval <b>2000</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

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

A. Original Funds Approved	<b>\$ 2,735,673.00</b>
B. Revised Funds Approved	<b>2,735,673.00</b>
C. Funds Advanced	<b>2,735,673.00</b>
D. Funds Expended (Actual Modernization Cost)	<b>2,735,673.00</b>
E. Amount to be Recaptured (A-D)	<b>-</b>
F. Excess of Funds Advanced (C-D)	<b>\$ -</b>

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

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

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

Signature <i>John H. Kooser Jr.</i> , Executive Director	Date <b>03/03/2004</b>
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**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)  <b>X</b>	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)  <b>X</b>	Date
--	------

Approved (Field Office Manager)  <b>X</b>	Date
---	------

**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

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

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

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

HA Name: <b>McKeesport Housing Authority</b>	Modernization Project Number: <b>PA28P00550101</b>
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The HA hereby certifies to the Department of Housing and Urban Development as follows:

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

A. Original Funds Approved	\$	<b>2,735,673.00</b>
B. Funds Disbursed	\$	<b>2,735,673.00</b>
C. Funds Expended (Actual Modernization Cost)	\$	<b>2,735,673.00</b>
D. Amount to be Recaptured (A - C)	\$	-
E. Excess of Funds Disbursed (B - C)	\$	-

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

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

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

Signature of Executive Director & Date:

**X** **Executive Director** **3/3/2004**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

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

**X**

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)	Date:
-------------------------------------	-------

**X**

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

# Annual Statement / Performance and Evaluation Report

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

PHA Name:  <b>McKeesport Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <span style="float: right;"><b>PA28P00550102</b></span> Replacement Housing Factor Grant No:
--	--

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. **2** )  
 Performance and Evaluation Report for Period Ending **09/30/2003**     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Act
		Original	Revised	Obligated
1	Total Non-CFP Funds			
2	1406 Operations	259,936.00	259,936.00	259,936.00
3	1408 Management Improvements	445,606.00	431,524.47	431,524.47
4	1410 Administration	259,936.00	259,936.00	259,936.00
5	1411 Audit	-	-	-
6	1415 Liquidated Damages	-	-	-
7	1430 Fees and Costs	130,000.00	43,967.32	43,967.32
8	1440 Site Acquisition	-	-	-
9	1450 Site Improvement	88,933.00	70,415.58	70,415.58
10	1460 Dwelling Structures	1,291,000.00	1,458,202.99	1,458,202.99
11	1465.1 Dwelling Equipment - Nonexpendable	78,948.00	73,968.54	73,968.54
12	1470 Nondwelling Structures	5,000.00	791.60	791.60
13	1475 Nondwelling Equipment	30,000.00	-	-
14	1485 Demolition	-	-	-
15	1490 Replacement Reserve	-	-	-
16	1492 Moving to Work Demonstration	-	-	-
17	1495.1 Relocation Costs	10,000.00	616.50	616.50
18	1499 Development Activities	-	-	-
19	1501 Collateralization or Debt Service	-	-	-
20	1502 Contingency	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 2,599,359.00	\$ 2,599,359.00	\$ 2,599,359.00
22	Amount of line 21 Related to LBP Activities	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	120,000.00	-	-
24	Amount of line 21 Related to Security - Soft Costs	215,204.00	293,355.03	293,355.03
25	Amount of line 21 Related to Security - Hard Costs	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-

Federal FY of Grant:

2002

ual Cost

Expended
259,936.00
431,524.47
259,936.00
-
-
43,967.32
-
70,415.58
1,458,202.99
73,968.54
791.60
-
-
-
-
616.50
-
-
-
\$ 2,599,359.00
-
-
293,355.03
-
-

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

PHA Name:		Grant Type and Number				Federal FY of Grant:	
<b>McKeesport Housing Authority</b>		Capital Fund Program Grant No: <b>PA28P00550102</b>				<b>2002</b>	
		Replacement Housing Factor Grant No:					
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
PA 5-2 Harrison Village	Complete rehab of rowhouses (Divisions 2-16) Relocation Costs	1460.00	10	500,000.00	813,019.81	813,019.81	813,019.81
PA 5-6	Boiler Replacement SVM/Isbir Electric main panel replacement	1460.00 1460.00	2 1	190,000.00	- 6,909.60	- 6,909.60	- 6,909.60
PA 5-7 McKeesport Towers	Renovation of hard to rent efficiencies, kitchens, showers, tile floors, blinds, 504 Compliance	1460.00 1470.00	40 1	151,000.00	366,109.18 791.60	366,109.18 791.60	366,109.18 791.60
PA 5-1 Crawford Village	Entry door replacement, interior renovations, 504 Compliance	1460.00	13	286,000.00	272,164.40	272,164.40	272,164.40
PHA Wide	Landscaping/Site Improvements	1450.00	5	88,933.00	70,415.58	70,415.58	70,415.58
PHA Wide	Dwelling Equipment/REAC repairs	1465.10	5	68,948.00	73,968.54	73,968.54	73,968.54
PA 5-5 Harrison Village	Rehab of kitchens and renovations (Divisions 2-16) and appliances	1460.00 1465.10	5 5	22,000.00 10,000.00	- -	- -	- -
PHA Wide	504 Compliance 505 Compliance	1460.00 1470.00	3 1	120,000.00 5,000.00	- -	- -	- -
PA 5-8	Renovations (Divisions 2-16)	1460.00	1	22,000.00	-	-	-
PHA Wide	A & E Fees	1430.00		130,000.00	43,967.32	43,967.32	43,967.32

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

PHA Name:		Grant Type and Number			Federal FY of Grant:		
<b>McKeesport Housing Authority</b>		Capital Fund Program Grant No: <b>PA28P00550102</b>			<b>2002</b>		
		Replacement Housing Factor Grant No:					
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
	<b>Management Improvements</b>						
1.	Community policing program, Tenant Outreach programs, Security systems, and cameras.	1408.00		243,704.00	293,355.03	293,355.03	293,355.03
2.	Employee training and MAP program.	1408.00		129,263.00	138,169.44	138,169.44	138,169.44
3.	Resident Initiaves Coordinator	1408.00		52,639.00	-	-	
4.	Site Preservation and Computer Eqt	1475.00		30,000.00	-	-	-
5.	Consulting Services	1408.00		20,000.00	-	-	
	<b>Operations</b>						
PHA Wide	Operating Costs	1406.00		259,936.00	259,936.00	259,936.00	259,936.00
	<b>Administration</b>						
1.	Executive Director	1410.00	1	42,800.00	42,800.00	42,800.00	42,800.00
2.	Deputy Executive Director	1410.00	1	36,000.00	36,000.00	36,000.00	36,000.00
3.	Clerical/Administ. Support	1410.00	2	26,770.00	26,770.00	26,770.00	26,770.00
4.	Modernization Inspectors	1410.00	3	57,705.00	57,705.00	57,705.00	57,705.00
5.	Accountant/Fiscal Asst.	1410.00	2	34,622.00	34,622.00	34,622.00	34,622.00
6.	Benefits for all positions.	1410.00		62,039.00	62,039.00	62,039.00	62,039.00

Status of Work
Moved to a later year.
Move nurse's station
Moved to a later year.
Moved to a later year.





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

PHA Name:		Grant Type and Number					Federal FY of Grant:
<b>McKeesport Housing Authority</b>		Capital Fund Program Grant No: <b>PA28P00550102</b>					<b>2002</b>
		Replacement Housing Factor Grant No:					
Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA 5-1 Rowhouse Rehab	12/31/2003		9/30/2003	12/31/2004		9/30/2003	
PA 5-6 Boiler replacement	12/31/2003		9/30/2003	12/31/2004		9/30/2003	
PA 5-7 Hard to rent Efficiencies	12/31/2003		9/30/2003	12/31/2004		9/30/2003	
PA 5-4 Roof and renovations	12/31/2003		9/30/2003	12/31/2004		9/30/2003	
PHA Wide landscaping	12/31/2003		9/30/2003	12/31/2004		9/30/2003	
PHA Wide entrance systems	12/31/2003		9/30/2003	12/31/2004		9/30/2003	
PA 505 kitchens and renovat.	12/31/2003		9/30/2003	12/31/2004		9/30/2003	
PHA Wide 504 compliance	12/31/2003		9/30/2003	12/31/2004		9/30/2003	
PA 5-8 renovations	12/31/2003		9/30/2003	12/31/2004		9/30/2003	
Relocation Costs	12/31/2003		9/30/2003	12/31/2004		9/30/2003	
PHA Wide Architect Fees	12/31/2003		9/30/2003	12/31/2004		9/30/2003	
<b>Operations</b>							
1. Operating Costs	9/30/2002		9/30/2002	12/31/2002		9/30/2002	
<b>Management Improvements</b>							
1. Community security/outreach	9/30/2002		9/30/2002	12/31/2003		9/30/2003	
2. MAP/STP Training	9/30/2002		9/30/2002	12/31/2003		9/30/2003	
3. Resident Initiaves Coordinator	9/30/2002		9/30/2002	12/31/2003		9/30/2003	
4. Grounds equipment	9/30/2002		9/30/2002	12/31/2003		9/30/2003	
5. Consulting Services	9/30/2002		9/30/2002	12/31/2003		9/30/2003	
<b>Administration</b>							
1. Executive Director	9/30/2002		9/30/2002	12/31/2003		3/31/2003	
2. Dep. Executive Director	9/30/2002		9/30/2002	12/31/2003		3/31/2003	
3. Clerical Support	9/30/2002		9/30/2002	12/31/2003		3/31/2003	
4. Moderniz. Inspectors	9/30/2002		9/30/2002	12/31/2003		3/31/2003	
5. Accountant/Fiscal Asst.	9/30/2002		9/30/2002	12/31/2003		3/31/2003	
6. Benefits for all positions	9/30/2002		9/30/2002	12/31/2003		3/31/2003	

**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>McKeesport Housing Authority</b>	Comprehensive Grant Number <b>PA28P00550102</b>
	FFY of Grant Approval <b>2002</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

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

A. Original Funds Approved	<b>\$ 2,599,359.00</b>
B. Revised Funds Approved	<b>2,599,359.00</b>
C. Funds Advanced	<b>2,599,359.00</b>
D. Funds Expended (Actual Modernization Cost)	<b>2,599,359.00</b>
E. Amount to be Recaptured (A-D)	-
F. Excess of Funds Advanced (C-D)	<b>\$ -</b>

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

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

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

Signature <i>John H. Kooser Jr., Executive Director</i>	Date <b>03/03/2004</b>
--	---------------------------

**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)  <b>X</b>	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)  <b>X</b>	Date
--	------

Approved (Field Office Manager)  <b>X</b>	Date
---	------

**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

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

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

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

HA Name: <b>McKeesport Housing Authority</b>	Modernization Project Number: <b>PA28P00550102</b>
---	---

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

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

A. Original Funds Approved	\$	<b>2,599,359.00</b>
B. Funds Disbursed	\$	<b>2,599,359.00</b>
C. Funds Expended (Actual Modernization Cost)	\$	<b>2,599,359.00</b>
D. Amount to be Recaptured (A - C)	\$	-
E. Excess of Funds Disbursed (B - C)	\$	-

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

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

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

Signature of Executive Director & Date:

X *John H. Kooser Jr.*, Executive Director

**3/3/2004**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

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

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)	Date:
X	

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

# Annual Statement / Performance and Evaluation Report

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

PHA Name:  <b>McKeesport Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No:  Replacement Housing Factor Grant No: <span style="float: right;"><b>PA28R00550199</b></span>
--	--

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. **1**)  
 Performance and Evaluation Report for Period Ending **09/30/2003**     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Act
		Original	Revised	Obligated
1	Total Non-CFP Funds			
2	1406 Operations	-	-	-
3	1408 Management Improvements	-	-	-
4	1410 Administration	-	-	-
5	1411 Audit	-	-	-
6	1415 Liquidated Damages	-	-	-
7	1430 Fees and Costs	-	-	-
8	1440 Site Acquisition	-	-	-
9	1450 Site Improvement	-	-	-
10	1460 Dwelling Structures	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-
12	1470 Nondwelling Structures	-	-	-
13	1475 Nondwelling Equipment	-	-	-
14	1485 Demolition	-	-	-
15	1490 Replacement Reserve	-	-	-
16	1492 Moving to Work Demonstration	-	-	-
17	1495.1 Relocation Costs	-	-	-
18	1499 Development Activities	143,313.00	143,313.00	-
19	1501 Collateralization or Debt Service	-	-	-
20	1502 Contingency	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 143,313.00	\$ 143,313.00	\$ -
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 Conversation Measures	-	-	-











# Annual Statement / Performance and Evaluation Report

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

PHA Name:  <b>McKeesport Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No:  Replacement Housing Factor Grant No: <span style="float: right;"><b>PA28R00550100</b></span>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. **1** )  
 Performance and Evaluation Report for Period Ending **09/30/2003**     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Act
		Original	Revised	Obligated
1	Total Non-CFP Funds			
2	1406 Operations	-	-	-
3	1408 Management Improvements	-	-	-
4	1410 Administration	-	-	-
5	1411 Audit	-	-	-
6	1415 Liquidated Damages	-	-	-
7	1430 Fees and Costs	-	-	-
8	1440 Site Acquisition	-	-	-
9	1450 Site Improvement	-	-	-
10	1460 Dwelling Structures	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-
12	1470 Nondwelling Structures	-	-	-
13	1475 Nondwelling Equipment	-	-	-
14	1485 Demolition	-	-	-
15	1490 Replacement Reserve	-	-	-
16	1492 Moving to Work Demonstration	-	-	-
17	1495.1 Relocation Costs	-	-	-
18	1499 Development Activities	390,225.00	390,225.00	-
19	1501 Collateralization or Debt Service	-	-	-
20	1502 Contingency	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 390,225.00	\$ 390,225.00	\$ -
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 Conversation Measures	-	-	-









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**Federal FY of Grant:**

**2000**

Reasons for Revised Target Dates

The revised Implementation Schedule agrees to the time-line devised for the RHF Plan submitted in October 2003.

# Annual Statement / Performance and Evaluation Report

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

PHA Name:  <b>McKeesport Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No:  Replacement Housing Factor Grant No: <span style="float: right;"><b>PA28R00550101</b></span>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. **1**)

Performance and Evaluation Report for Period Ending **09/30/2003**     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Act
		Original	Revised	Obligated
1	Total Non-CFP Funds			
2	1406 Operations	-	-	-
3	1408 Management Improvements	-	-	-
4	1410 Administration	-	-	-
5	1411 Audit	-	-	-
6	1415 Liquidated Damages	-	-	-
7	1430 Fees and Costs	-	-	-
8	1440 Site Acquisition	-	-	-
9	1450 Site Improvement	-	-	-
10	1460 Dwelling Structures	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-
12	1470 Nondwelling Structures	-	-	-
13	1475 Nondwelling Equipment	-	-	-
14	1485 Demolition	-	-	-
15	1490 Replacement Reserve	-	-	-
16	1492 Moving to Work Demonstration	-	-	-
17	1495.1 Relocation Costs	-	-	-
18	1499 Development Activities	399,127.00	399,127.00	-
19	1501 Collateralization or Debt Service	-	-	-
20	1502 Contingency	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 399,127.00	\$ 399,127.00	\$ -
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 Conversation Measures	-	-	-











# Annual Statement / Performance and Evaluation Report

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

PHA Name:  <b>McKeesport Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No:  Replacement Housing Factor Grant No: <span style="float: right;"><b>PA28R00550102</b></span>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. **1**)  
 Performance and Evaluation Report for Period Ending **09/30/2003**     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Act
		Original	Revised	Obligated
1	Total Non-CFP Funds			
2	1406 Operations	-	-	-
3	1408 Management Improvements	-	-	-
4	1410 Administration	-	-	-
5	1411 Audit	-	-	-
6	1415 Liquidated Damages	-	-	-
7	1430 Fees and Costs	-	-	-
8	1440 Site Acquisition	-	-	-
9	1450 Site Improvement	-	-	-
10	1460 Dwelling Structures	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-
12	1470 Nondwelling Structures	-	-	-
13	1475 Nondwelling Equipment	-	-	-
14	1485 Demolition	-	-	-
15	1490 Replacement Reserve	-	-	-
16	1492 Moving to Work Demonstration	-	-	-
17	1495.1 Relocation Costs	-	-	-
18	1499 Development Activities	394,097.00	-	-
19	1501 Collateralization or Debt Service	-	-	-
20	1502 Contingency	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 394,097.00	\$ -	\$ -
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 Conversation Measures	-	-	-





Status of Work
Demolition of structures may be needed.

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

PHA Name:	Grant Type and Number					Federal FY of Grant:	
<b>McKeesport Housing Authority</b>	Capital Fund Program Grant No:					<b>2002</b>	
	Replacement Housing Factor Grant No: <b>PA28R00550102</b>						
Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Scattered Sites	12/31/2003	3/15/2006		12/31/2004	3/31/2008		The revised Implementation Schedule agrees to the time-line devised for the RHF Plan submitted in October 2003.



# Annual Statement/Performance and Evaluation Report on Replacement Reserve

## Comprehensive Grant Program (CGP)

See page 3 for Instructions and Public Reporting burden statement

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0157  
(exp. 3/31/2002)

### Part I: Summary

HA Name:

**Housing Authority of the City of McKeesport**  
**2901 Brownlee Avenue**  
**McKeesport, PA 15132**

Submission: (mark one)

Original Annual Statement

Revised Annual Statement/Revision No.

1

Performance & Evaluation for Program Year Ending:

09/30/2003

Section 1: Replacement Reserve Status	Must be completed each year there is balance in the replacement reserve.	Estimated	Actual
1. Replacement Reserve Interest Earned (account 6200/1420.7 equals line 17 of section 2 below)		170,000.00	171,969.14
2. Replacement Reserve Withdrawal (equals line 16 of section 2 below)		3,107,660.57	2,278,660.57
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		(2,937,660.57)	(2,106,691.43)
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		-	-
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		2,937,797.96	2,937,797.96
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + (or-) line 3) (account 2830)		137.39	831,106.53

Section 2: Replacement Reserve Withdrawal Report Summary by Account (6200 subaccount)	Estimated Cost		Actual Cost
	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations	-	-	-
3. 1408 Management Improvements	-	-	-
4. 1410 Administration	-	-	-
5. 1415 Liquidated Damages	-	-	-
6. 1430 Fees and Costs	-	45,752.72	45,752.72
7. 1440 Site Acquisition	-	-	-
8. 1450 Site Improvements	450,000.00	-	-
9. 1460 Dwelling Structures	700,000.00	2,191,817.85	2,191,817.85
10. 1465 Dwelling Equipment-Nonexpendable	-	41,090.00	41,090.00
11. 1470 Nondwelling Structures	-	-	-
12. 1475 Nondwelling Equipment	-	-	-
13. 1485 Demolition	-	-	-
14. 1495 Relocation Costs	-	-	-
15. 1498 Mod Used for Development	850,000.00	829,000.00	-
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)	2,000,000.00	3,107,660.57	2,278,660.57
17. 1420.7 Replacement Reserve Interest Income	(85,000.00)	(170,000.00)	(171,969.14)
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)	1,915,000.00	2,937,660.57	2,106,691.43
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance		111,879.00	111,879.00
21. Amount of line 16 related to Emergencies			

Signature of the Executive Director	Date	Signature of the Field Office Manager	Date:
<i>x John H. Kooser, Jr.</i>	03/03/2004	X	

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

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

**Part II: Supporting Pages**

Comprehensive Grant Program (CGP)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 1/
			Original	Revised 1/	Funds Obligated 1/	Funds Expended 1/	
			PA 5-2 Harrison Village	Complete Rehab of Row Houses	1460.00 1450.00	700,000.00 450,000.00	
PA 5-6 Steelview & Isbir Manor	Boiler Replacement	1460.00 1460.00		192,039.94 146,383.46	192,039.94 146,383.46	192,039.94 146,383.46	
PHA Wide	Ranges/Refrigerators	1465.00		41,090.00	41,090.00	41,090.00	
PA 5-2,6,7	Architectural/Engineering Fees	1430.00		45,752.72	45,752.72	45,752.72	
PA 5-7 McKeesp. Towers	Renovate efficiencies: Partition wall, vertical blinds, floors, showers plus 2 504 Compliant units	1460.00		40,847.41	40,847.41	40,847.41	
PA 5-1 Crawford Village	Replace all front/back entry doors, rehab 40 units, plus 2 - 504 Compliant units	1460.00		449,846.17	449,846.17	449,846.17	
Scattered Site units	Land acquisition, construction of new units.	1498.00	850,000.00	829,000.00			

1/ To be completed at the end of the program year.

# Annual Statement / Performance and Evaluation Report

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

PHA Name:  <b>McKeesport Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <span style="float: right;"><b>PA28P00550203</b></span> Replacement Housing Factor Grant No:
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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 Act
		Original	Revised	Obligated
1	Total Non-CFP Funds			
2	1406 Operations	49,086.00	-	-
3	1408 Management Improvements	29,700.00	-	-
4	1410 Administration	49,086.00	-	-
5	1411 Audit	-	-	-
6	1415 Liquidated Damages	-	-	-
7	1430 Fees and Costs	25,000.00	-	-
8	1440 Site Acquisition	-	-	-
9	1450 Site Improvement	10,000.00	-	-
10	1460 Dwelling Structures	297,989.00	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-
12	1470 Nondwelling Structures	-	-	-
13	1475 Nondwelling Equipment	5,000.00	-	-
14	1485 Demolition	15,000.00	-	-
15	1490 Replacement Reserve	-	-	-
16	1492 Moving to Work Demonstration	-	-	-
17	1495.1 Relocation Costs	10,000.00	-	-
18	1499 Development Activities	-	-	-
19	1501 Collateralization or Debt Service	-	-	-
20	1502 Contingency	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 490,861.00	\$ -	\$ -
22	Amount of line 21 Related to LBP Activities	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	70,000.00	-	-
24	Amount of line 21 Related to Security - Soft Costs	40,000.00	-	-
25	Amount of line 21 Related to Security - Hard Costs	12,000.00	-	-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-



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

PHA Name: <b>McKeesport Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>PA28P00550203</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
PA 5-5 Harrison Village	Complete rehab of three story walk-ups. Buildings 8, 12, 13, 14, & 15 Conversion from walk-ups to town-houses. Phase I Renovations will include 504 compliance work.	1460.00	6	277,989.00			
	Relocation Costs	1495.10	10	10,000.00			
PA 5-1 & 4 Crawford Village	Roof Replacement	1460.00	3	15,000.00			
PA-5-6 & 7	Hard to Rent Efficiency Renovations - carpet, wall partitions, floors	1460.00	20	5,000.00			
PA 5-5	A & E Fees	1430.00		25,000.00			

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

PHA Name: <b>McKeesport Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>PA28P00550203</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
	<b>Management Improvements</b>						
1.	Community policing program, Tenant Outreach programs, Security systems, and cameras.	1408.00		20,000.00			
2.	Employee training and MAP program.	1408.00		2,500.00			
3.	Resident Initiaves Coordinator	1408.00		5,200.00			
4.	Site Preservation and Computer Eqt	1475.00		5,000.00			
5.	Consulting Services	1408.00		2,000.00			
	<b>Operations</b>						
PHA Wide	Operating Costs	1406.00		49,086.00			
	<b>Administration</b>						
1.	Executive Director	1410.00	1	8,500.00			
2.	Deputy Executive Director	1410.00	1	7,000.00			
3.	Clerical/Administ. Support	1410.00	2	5,600.00			
4.	Modernization Inspectors	1410.00	3	8,000.00			
5.	Accountant/Fiscal Asst.	1410.00	2	5,500.00			
6.	Benefits for all positions.	1410.00		14,486.00			



Status of Work



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

<b>PHA Name:</b> <b>McKeesport Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>PA28P00550203</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> <b>2003</b>	
Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA 5-5 Walk-up Rehab	12/31/2004			12/31/2005			
PA 5-1 & 4 Roof Replacement	12/31/2004			12/31/2005			
PA 5-6 & Hard to Rent Effic.	12/31/2004			12/31/2005			
Relocation Costs	12/31/2004			12/31/2005			
PHA Wide Architect Fees	12/31/2004			12/31/2005			
<b>Operations</b>							
1. Operating Costs	9/30/2004			12/31/2004			
<b>Management Improvements</b>							
1. Community security/outreach	9/30/2004			12/31/2005			
2. MAP/STP Training	9/30/2004			12/31/2005			
3. Resident Initiaves Coordinator	9/30/2004			12/31/2005			
4. Grounds equipment	9/30/2004			12/31/2005			
5. Consulting Services	9/30/2004			12/31/2005			
<b>Administration</b>							
1. Executive Director	9/30/2004			12/31/2005			
2. Dep. Executive Director	9/30/2004			12/31/2005			
3. Clerical Support	9/30/2004			12/31/2005			
4. Moderniz. Inspectors	9/30/2004			12/31/2005			
5. Accountant/Fiscal Asst.	9/30/2004			12/31/2005			
6. Benefits for all positions	9/30/2004			12/31/2005			

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

PHA Name:  <b>McKeesport Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No:  Replacement Housing Factor Grant No: <b>PA28R00550203</b>
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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 Act
		Original	Revised	Obligated
1	Total Non-CFP Funds			
2	1406 Operations	-	-	-
3	1408 Management Improvements	-	-	-
4	1410 Administration	-	-	-
5	1411 Audit	-	-	-
6	1415 Liquidated Damages	-	-	-
7	1430 Fees and Costs	-	-	-
8	1440 Site Acquisition	-	-	-
9	1450 Site Improvement	-	-	-
10	1460 Dwelling Structures	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-
12	1470 Nondwelling Structures	-	-	-
13	1475 Nondwelling Equipment	-	-	-
14	1485 Demolition	-	-	-
15	1490 Replacement Reserve	-	-	-
16	1492 Moving to Work Demonstration	-	-	-
17	1495.1 Relocation Costs	-	-	-
18	1499 Development Activities	324,258.00	-	-
19	1501 Collateralization or Debt Service	-	-	-
20	1502 Contingency	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 324,258.00	\$ -	\$ -
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 Conversation Measures	-	-	-

Federal FY of Grant:	
2003	
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**Annual Statement / Performance and Evaluation Report  
 Capital fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name: <b>McKeesport Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No <b>PA28R00550203</b>			Federal FY of Grant: <b>2003</b>		
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Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
<b>Scattered</b>	<b>Site Acquisition</b>	<b>1499.00</b>	<b>1</b>	<b>25,000.00</b>			
<b>Sites</b>	<b>Site Improvements</b>	<b>1499.00</b>	<b>1</b>	<b>20,000.00</b>			
	<b>Construction of townhouses</b>	<b>1499.00</b>	<b>4</b>	<b>239,258.00</b>			
	<b>Tenant Relocation</b>	<b>1499.00</b>	<b>20</b>	<b>20,000.00</b>			
	<b>Removal of existing structures</b>	<b>1499.00</b>	<b>5</b>	<b>20,000.00</b>			



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

<b>PHA Name:</b> <b>McKeesport Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>PA28R00550203</b>					<b>Federal FY of Grant:</b> <b>2003</b>
Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Scattered Sites	9/30/2005			12/31/2006			

**McKeesport Housing Authority - PA005**  
**Narrative Addressing September 8, 1997 Memorandum of Agreement**  
**FFY 2004 Agency Plan**

The McKeesport Housing Authority signed a Memorandum of Agreement on September 8, 1997 along with the U.S. Department of Housing and Urban Development, The New Hope Tenant Council, and The City of McKeesport. The agreement requires the McKeesport Housing Authority to construct a minimum of 20 and a maximum of 40 new housing units on parcels of land known as the St. Mary's site.

The Authority's Agency Plan details our commitment in fulfilling the MOA commitment in the following attached Replacement Housing Factor (RHF) fund and Comprehensive Grant Replacement Reserve files: **pa005g03.xls**, **pa005h03.xls**, **pa005i03.xls**, **pa005j03.xls**, **pa005k03.xls**, and **pa005m03.xls**.

On December 29, 2003 the Authority received approval of its Replacement Housing Factor plans from the HUD Central Office, Office of Capital Improvements. The plans include approval for the first 5 year allocation of RHF funds, and an additional five (5) year increment of funds.

The pertinent milestones and related Authority progress in achieving the goals of the RHF Plans are as follows:

**1st 5-Year Increment Milestones:**

	<b>Milestone Date</b>	<b>Authority Progress</b>
Selection of an Architect	January 29, 2004	January 29, 2004
Submission of Demolition and Conversion application	March 31, 2004	On Schedule
Site Control/Acquisition	April 2, 2004	On Schedule for St. Mary's Site
Submission of Development Proposal for eight 2BR & 3 BR units	April 5, 2004	On Schedule
Completion of drawings/construction specifications	December 30, 2005	On Schedule
Award of construction contracts	March 15, 2006	On Schedule
Completion and date of full availability (DOFA) of the eight units	February 29, 2008	On Schedule
Project completion deadline	March 31, 2008	On Schedule

**2nd 5-Year Increment Milestones:**

	<b>Milestone Date</b>	<b>Authority Progress</b>
Selection of an Architect	January 29, 2004	January 29, 2004
Submission of Demolition and Conversion application	March 31, 2004	On Schedule
Site Control/Acquisition	April 2, 2004	On Schedule for St. Mary's Site, upper Locust Street will take 6-9 months
Submission of Development Proposal for fifteen 2BR & 3 BR units	April 5, 2004	On Schedule
Completion of drawings/construction specifications	December 30, 2005	On Schedule
Award of construction contracts	March 15, 2006	On Schedule
Completion and date of full availability (DOFA) of the eight units	February 29, 2008	On Schedule
Project completion deadline	March 31, 2008	On Schedule

The McKeesport Housing will use the following resources to fulfill the MOA commitment:

<b>Grant Number</b>	<b>Year</b>	<b>Amount</b>	<b>Amount</b>
RHF Grant PA28P00550199	1999		\$ 143,313
RHF Grant PA28P00550100	2000		390,225
RHF Grant PA28P00550101	2001		399,127
RHF Grant PA28P00550102	2002		394,097
RHF Grant PA28P00550103	2003		324,258
RHF Grant PA28P00550104	2004		324,258
RHF Grant PA28P00550105	2005		324,258
RHF Grant PA28P00550106	2006		324,258
RHF Grant PA28P00550107	2007		324,258
RHF Grant PA28P00550108	2008		324,258
<b>Total RHF Grant Funds</b>			<b>\$ 3,272,310</b>
Comp. Grant Reserve Funds			(estimated) 750,000
Receivable due from Architect Professional Liability Insurance			(estimated) 500,000 *
Receivable due from Boston Plumbing's Bonding Company			(estimated) 50,000 *
* Funds spent from CGP Replacement Reserve to complete PA 5-2 renovations due to Architectural design errors and plumbing contractor declaring bankruptcy.			
Irwin Bank & Trust - Loan Commitment (leveraged funds)			525,000
Total Funds Available for Development			5,097,310
			/
TDC Cost of Detached/Semi-detached 3 BR Unit			201,334
<b>Number of units possible using TDC Cost</b>			<b>25.0</b>
Note: In addition to the above RHF Plans, the Housing Authority has already acquired one scattered site house, and has rented it to a former Harrison Village tenant. The house is subsidized under the Section 8 program. The Authority plans on offering to sell the unit to the tenant based upon her good rental history.			