

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

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# PHA Plans

5 Year Plan for Fiscal Years 2004 - 2008  
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: FAYETTE COUNTY HOUSING AUTHORITY**

**PHA Number: PA 015**

**PHA Fiscal Year Beginning 07/2004**

**Public Access to Information**

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

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

**Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2004 - 2008**  
[24 CFR Part 903.5]

**A. Mission**

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

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

**B. Goals**

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

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

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- FCHA reached 99% in rental vouchers utilization in January 2002 and plans to apply for 25-50 additional rental vouchers if available.
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: (PHAS score)
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction:

- Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

The Housing Authority submitted demolition applications for 255 units at four developments, which were approved. In August 2003, the Housing Authority also received HOPE VI funding to demolish these units. In December 2003, the Housing Authority submitted three demolition applications to demolish 108 units, and have received approval from SAC for this work. This second phase of demolition will complete the demolition at Lemon Wood Acres and Dunlap Creek Village completely. At Lemon Wood Acres, this will pave the way for the mixed finance project that the Authority is proposing, which will consist of a total of 55 rental units and 25 homeownership. In April, the Authority will be submitting it's development plan to HUD for approval. Bierer Wood Acres – The Master Plan proposes a development of seniors and family units in a diverse mix of building types in a layout that integrates each type into the surrounding neighborhood. The senior units (totaling between approximately 110 and 140 units) are placed near the northern end of the site, adjacent to the Uniontown Hospital, in a variety of building types consisting of one- and two-bedroom units. These units will be located in: a Congregate Seniors building (40 units); and apartment building (30-40 units); single story garden apartments (20-30 units); and 14 –16 duplex homes (28-32 units). Senior units are clustered near the Hospital to enhance marketing efforts to draw seniors who may require an increasing frequency and level of medical care as they age. Twenty to 25 family duplex units (40-50 units) from 2 – 4 bedrooms are located in the southern portion of the site along streets extended from the adjacent neighborhood. This effort is intended to draw together the adjacent blocks with these units and remove the border between the private market housing and the affordable housing. All phases of this development will be funded by a mix of sources from the Housing Authority, Pennsylvania Housing Finance Agency funds, the private market, and local governmental agencies.

- PHA Goal: Increase assisted housing choices  
Objectives:
  - Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords

- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

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

- PHA Goal: Provide an improved living environment
  - Objectives:
    - Implement measures to de-concentrate poverty by bringing higher income public housing households into lower income developments:
    - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
    - Implement public housing security improvements:
    - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
    - Other: (list below)

FCHA received approval from HUD for complete Elderly and Near Elderly Designation at 4 developments, and partial Elderly and Near Elderly Designation at 3 developments..

Flat rents were revised in December 2001 conforming with the current Market rents at the jurisdiction.

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
  - Objectives:
    - Increase the number and percentage of employed persons in assisted families:
    - Provide or attract supportive services to improve assistance recipients' employability:
    - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
    - Other: (list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)

**Other PHA Goals and Objectives: (list below)**

.

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

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**Troubled Agency Plan**

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

[24 CFR Part 903.7 9 (r)]

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

Fayette County Housing Authority is committed to provide housing in accordance to HUD's and all other applicable performance standards. FCHA has adopted and implemented all of the requirements of the Quality Housing and Work Responsibility Act. We are also emphasizing in a Demolition Application that was forwarded to HUD's SAC on December 2003 for Demolition of 108 units at three developments and was approved.

Our focus continues to be the enhancement in the quality of existing programs.

**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.

## Table of Contents

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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
- FY 2004 Capital Fund Program Annual Statement (**attachment pa015a002**)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart Attachment
- FY 2004 – 2008 Capital Fund Program 5 Year Action Plan (**attachment pa015a003**)
- 
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

**Attachments:**

- pa015a001 – Annual Plan**
- pa015a004 – P&E Report 2001**
- pa015a005 – P&E Report 2002**
- pa015a006 – P&E Report 2003**
- pa015a007 – 2003 Bonus P&E Report**
- pa015a008 – Replacement Housing Factor P&E Report 2002**
- pa015a009 – Replacement Housing Factor P&E Report 2003**
- pa015a010 – Reasonable Accommodation Policy – Public Housing**
- pa015a011 – Reasonable Accommodation Police – Section 8**

**pa015a012 – Section 8 Homeownership Program**

**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
	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
	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
		Policies
	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 checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures	Annual Plan: Grievance

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Applicable Plan Component
	<input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	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
N/A	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
	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 checked="" 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	Annual Plan: Community

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	resident services grant) grant program reports	Service & Self-Sufficiency
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>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford-ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access-ibility</b>	<b>Size</b>	<b>Loca-tion</b>
Income <= 30% of AMI	4557	5	3	5	5	5	5
Income >30% but <=50% of AMI	1647	2	2	2	2	5	2
Income >50% but <80% of AMI	396	1	1	1	1	1	1

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Elderly	2224	3	2	3	5	2	5
Families with Disabilities	556	3	2	3	5	2	5
Race/Ethnicity	1703	NA	NA	NA	NA	NA	NA

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:
- 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) **In house data**

### **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>
--

### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance  
 Public Housing  
 Combined Section 8 and Public Housing  
 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	86		150
Extremely low income <=30% AMI	67	77.91%	
Very low income (>30% but <=50% AMI)	15	17.44%	
Low income (>50% but <80% AMI)	4	4.65%	
Families with children	17	19.76%	
Elderly families	15	17.45%	
Families with Disabilities	11	12.79%	
Race/ethnicity White	65	75.58%	
Race/ethnicity Black	20	23.26 %	
Race/ethnicity Indian	1	1.16%	

<b>Housing Needs of Families on the Waiting List</b>			
Race/ethnicity	0	0	
Hispanic			
Non Hispanic	86	100%	
Other (Single Person)	43	50%	
1BR	63	73.26%	51
2 BR	16	18.60%	46
3 BR	7	8.14%	44
4 BR	0	0%	9
5 BR	0	0%	0
5+ BR	0	0%	0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>Housing Needs of Families on the Waiting List</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/sub jurisdiction:	



### Housing Needs of Families on the Waiting List

	# of families	% of total families	Annual Turnover
Waiting list total	687		100
Extremely low income <=30% AMI	541	78.7 %	
Very low income (>30% but <=50% AMI)	135	19.7 %	
Low income (>50% but <80% AMI)	11	1.6 %	
Families with children	432	62.9%	
Elderly families	79	11.5%	
Families with Disabilities	176	25.6%	
Race/ethnicity White	566	82.39%	
Race/ethnicity Black	118	17.18%	
Race/ethnicity Indian	3	0.43%	
Race/ethnicity Asian Pacific	0	0%	
Race/ethnicity Hispanic	3	0.44%	
Non Hispanic	684	99.56%	
Characteristics by			

Housing Needs of Families on the Waiting List			
Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
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)? N/A Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes N/A 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)  
Apply for 25-50 additional Section 8 Vouchers. Actual utilization rate at 99% with an Open Waiting List of 669 applicants.

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

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

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based Section 8 assistance

- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

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

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

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- 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)  
FCHA received approval for elderly designation in 2003.

**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) Adopted Reasonable Accommodation Policy for Public Housing and Section 8 Housing.

**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	4,775,756	PH Operations
b) Public Housing Capital Fund	3,000,000	Capital Improvements
c) HOPE VI Revitalization		
d) HOPE VI Demolition	746,416	Demolition
e) Annual Contributions for Section 8 Tenant-Based Assistance	3,989,860	Rental Assistance
f) Resident Opportunity and Self-Sufficiency Grants	<b>166,667</b>	<b>Public Housing</b>

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)		
<b>FSS</b>	<b>40,000</b>	<b>Sec.8</b>
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
2002 Capital Funds	583,355.25	PH Capital Improve
2002 Hope VI	827,684	Demolition
2003 Capital Fund	3,034,724	PH Capital Improvements
<b>3. Public Housing Dwelling Rental Income</b>		
<b>Dwelling Rent</b>	1,275,000	PH Operations
<b>4. Other income (list below)</b>		
Financial Income	170,000	PH Operations
Miscellaneous Income	5,000	PH Operations
<b>4. Non-federal sources (list below)</b>		
HSDf County Block Grant	131,584	Resident Services
Senior AAA	513,381	County Resident Services
<b>Total resources</b>	<b>19,259,427.25</b>	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>

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

[24 CFR Part 903.7 9 (c)]

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

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

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

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe) At time of application and for a second time when they reach the top of the waiting list

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

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



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

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

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

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

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

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

Mail in applications

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

1. How many site-based waiting lists will the PHA operate in the coming year? 19

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)? N/A  
If yes, how many lists? 19

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

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

In all of the above according to our ACOP, since transfers have preference over new admissions.

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)

- Income Tiers
- A residency preference is granted to applicants who live or work in the Fayette County geographical area.

2. 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.

- 1 Date and Time
2. Residents who live or work in the jurisdiction
3. Income Tier
4. Involuntary Displacement

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

PHA staff

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

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

**(6) Deconcentration and Income Mixing**

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

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

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

- Adoption of site-based waiting lists  
If selected, list targeted developments below:  
19 developments
- 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)  
Income Tiers

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

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

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

### **Development and Demolition**

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 and address

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

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

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



- PHA main administrative office  
 Other (list below)

### **(3) Search Time**

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

If yes, state circumstances below:

After review of justification, if the family documents their efforts and additional time can reasonably be expected to result in success, the Housing Authority will grant two (2) thirty-day extensions, giving a total of 120 days.

If the family includes a person with disabilities and the family requires an extension due to the disability, the Housing Authority will grant an extension allowing the family the full 120 days search time or longer if required as a documented reasonable accommodation with HUD approval.

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

- a. Income targeting

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

- b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

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

Former Federal preferences

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

- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

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

A residency preference is granted to applicants who live in the Fayette County geographical area.

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.

1. Date and Time
2. Residency
3. Income Tiers
4. Involuntary Displacement

Former Federal preferences

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

Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

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

A residency preference is granted to applicants who live in the Fayette County geographical area.

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

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

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

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

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

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

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

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

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

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

- Through published notices  
 Other (list below)

### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

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

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

#### **(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

The Minimum Rent shall be \$50 per month, but a hardship exemption shall be granted to residents who can document that they are unable to pay the \$50 because of a long-term hardship (over 90 days). Examples under which residents would qualify for the hardship exemption to the minimum rent would include but not be limited to the following:

- The family has lost eligibility for or is applying for an eligibility determination for a Federal, State or local assistance program;
- The family would be evicted as result of the imposition of the minimum rent requirements;
- The income of the family has decreased because of changed circumstances, including loss of employment;

- A death in the family has occurred; or
- Other circumstances as determined by FCHA

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

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

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

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 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)\_\_\_\_\_
- Other (list below)

Residents are required to report interim increases in income if they have been granted interim rent reductions. FCHA wishes to encourage families to improve their economic circumstances, changes in family income between reexaminations will not result in a rent change. However, residents are required to report all changes in income to the housing manager within 10 days of the occurrence.

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)

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

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

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

Housing Authority can pay up to 120% of FMR for reasonable accommodations necessary and completed by landlord. This is approved on a case by case basis.

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)

FCHA will consider vacancy rates and rents in the market area, size and quality of units leased under the program, rents for units leased under the program, success rates of voucher holders in finding units, and the percentage of annual income families are paying for rent under the Voucher Program. Also, the Housing Authority has adopted a payment standard of up to 120% for reasonable accommodations necessary and completed by the landlord. This will be done on a case by case basis.

## **(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)

The FCHA has set the minimum rent as \$50.00. However, if the family requests a hardship exemption, the FCHA will suspend the minimum rent for the family beginning the month following the family's hardship request. The suspension will continue until the FCHA can determine whether hardship exists and whether the hardship is of a temporary or long-term nature. During suspension, the family will not be required to pay a minimum rent and the Housing Assistance Payment will be increased accordingly.

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

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

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached. (forwarded to the Field Office with additional required certifications)
- 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.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	1261	150-175
Section 8 Vouchers	898	110
Section 8 Certificates	N/A	N/A
Section 8 Mod Rehab	5	2
Special Purpose Section 8 Certificates/Vouchers	17	11

(list individually) SRO		
Other Federal Programs(list individually)		
FSS	97	10

### C. Management and Maintenance Policies

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

Public Housing Maintenance and Management: (list below)

- Admission and Continued Occupancy Policy (ACOP)
- Residential Lease
- Maintenance/Preventive Maintenance Plan
- Grievance Policy
- Pest Eradication Policy
- Facilities Use
- House Rules
- Crime Tracking
- Pet Policy
- Rent Collection

Section 8 Management: (list below)

- Section 8 Administrative Plan
- Related HUD Forms (request for Tenancy etc)
- HQS Guidebook and Checklist
- Inspections Procedures

FCHA Management

- Drug Free Policy
- Procurement Policy
- Disposition Policy
- Hazardous Materials
- EEO

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

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

If yes, list additions to federal requirements below:

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

Other (list below)

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

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

**7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

**A. Capital Fund Activities**

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

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

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment **pa015a002**

-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 **pa015a003**

-or-

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

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

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

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

1. Development name:

2. Development (project) number:

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

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

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

- 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:

Lemon Wood Acres  
FCHA and developer partner will apply for April 2004 PHFA,sTax credits.

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]



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

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

## 2. Activity Description

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

FCHA submitted a Demolition Application to the SAC on December, 2003, addressing the activities listed below. Demolition works have been scheduled in the Capital Fund table attached to this Plan. However, FCHA will be applying for HOPE VI Demolition funds for this objective. For further information on the proposed demolition, please refer to the application forwarded to the Field Office.

<b>Demolition/Disposition Activity Description</b>
1a. Development name: <b>Bierer Wood Acres</b>
1b. Development (project) number: <b>PA 15-1</b>
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <b><u>March 2002</u></b>
5. Number of units affected: 106
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity:

- a. Actual or projected start date of activity:) **4-30-04**  
 b. Projected end date of activity: **7/30/04**

<b>Demolition/Disposition Activity Description</b>
1a. Development name: <b>Lemon Wood Acres</b> 1b. Development (project) number: <b>PA 15-4</b>
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <b><u>December 2003</u></b>
5. Number of units affected: <b>75</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: <b>6-30-04</b> b. Projected end date of activity <b>10-30-04</b>

<b>Demolition/Disposition Activity Description</b>
1a. Development name: <b>Scattered Sites</b> 1b. Development (project) number: <b>PA 15-22</b>
2. Activity type: Demolition <input checked="" type="checkbox"/>

Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <b><u>December 2003</u></b>
5. Number of units affected: 2
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: <b>6/30/04</b> b. Projected end date of activity: <b>7/30/04</b>

<b>Demolition/Disposition Activity Description</b>
1a. Development name: <b>Dunlap Creek Village</b> 1b. Development (project) number: <b>PA 15-7</b>
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <b><u>November 2002</u></b>
5. Number of units affected: 69
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

<p>7. Timeline for activity:</p> <p>a. Actual or projected start date of activity: <b>3-30-04</b></p> <p>b. Projected end date of activity: <b>7/30/04</b></p>
--

<b>Demolition/Disposition Activity Description</b>
<p>1a. Development name: <b>Dunlap Creek Village</b></p> <p>1b. Development (project) number: <b>PA 15-7</b></p>
<p>2. Activity type: Demolition <input checked="" type="checkbox"/></p> <p style="padding-left: 40px;">Disposition <input type="checkbox"/></p>
<p>3. Application status (select one)</p> <p style="padding-left: 40px;">Approved <input checked="" type="checkbox"/></p> <p style="padding-left: 40px;">Submitted, pending approval <input type="checkbox"/></p> <p style="padding-left: 40px;">Planned application <input type="checkbox"/></p>
<p>4. Date application approved, submitted, or planned for submission: <b><u>December 2003</u></b></p>
<p>5. Number of units affected: 31</p>
<p>6. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>
<p>7. Timeline for activity:</p> <p>a. Actual or projected start date of activity: <b>6/30/04</b></p> <p>b. Projected end date of activity: <b>9/30/04</b></p>

<b>Demolition/Disposition Activity Description</b>
1a. Development name: <b>Snowden Terrace</b>
1b. Development (project) number: <b>PA 15-9</b>
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <b>November 2002</b>
5. Number of units affected: 5
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: <b>3-30-04</b> b. Projected end date of activity: <b>4/30/04</b>

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

[24 CFR Part 903.7 9 (i)]

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

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities

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

2. Activity Description

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

<b>Designation of Public Housing Activity Description</b>
1a. Development name: <b>Mulligan Manor</b>
1b. Development (project) number: <b>PA 15-11</b>
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and near elderly <input checked="" 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 approved, submitted, or planned for submission: <u>(12/23/03)</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: <b>65</b>
7. Coverage of action (select one) <input type="checkbox"/> Part of the development

Total development

**Designation of Public Housing Activity Description**

1a. Development name: **White Swan Apartments**

1b. Development (project) number: **PA 15-12**

2. Designation type:

Occupancy by only the elderly

Occupancy by families with disabilities

Occupancy by only elderly families and families with disabilities

Occupancy by elderly and near elderly

3. Application status (select one)

Approved; included in the PHA's Designation Plan

Submitted, pending approval

Planned application

4. Date this designation approved, submitted, or planned for submission: (12/23/03)

5. If approved, will this designation constitute a (select one)

New Designation Plan

Revision of a previously-approved Designation Plan?

6. Number of units affected: 78

7. Coverage of action (select one)

Part of the development

Total development

**Designation of Public Housing Activity Description**

1a. Development name: **Marshall Manor**

1b. Development (project) number :**PA 15-13**

2. Designation type:

Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and nearly elderly <input checked="" 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 approved, submitted, or planned for submission: <u>(12/23/03)</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 100 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>
1a. Development name: <b>Belle Vernon Apartments</b> 1b. Development (project) number: <b>PA 15-16</b>
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and near elderly <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/>



Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (12/23/03)
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 150 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>
1a. Development name: <b>South Hill Terrace</b>
1b. Development (project) number: <b>PA 15-5</b>
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and near elderly <input checked="" 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 approved, submitted, or planned for submission: (12/23/03)
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?

6. Number of units affected: 20
7. Coverage of action (select one)
<input checked="" type="checkbox"/> Part of the development
<input type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>
1a. Development name: <b>Snowden Terrace</b>
1b. Development (project) number: <b>PA 15-9</b>
2. Designation type:
Occupancy by only the elderly <input type="checkbox"/>
Occupancy by families with disabilities <input type="checkbox"/>
Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
Occupancy by elderly and near elderly <input checked="" 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 approved, submitted, or planned for submission: <u>(12/23/03)</u>
5. If approved, will this designation constitute a (select one)
<input checked="" type="checkbox"/> New Designation Plan
<input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 5
7. Coverage of action (select one)
<input checked="" type="checkbox"/> Part of the development
<input type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>
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1a. Development name: <b>East View Terrace</b>
1b. Development (project) number: <b>PA 15-10</b>
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and near elderly <input checked="" 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 approved, submitted, or planned for submission: <u>(12/23/03)</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 12
7. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
<b>Designation of Public Housing Activity Description</b>
1a. Development name: <b>Clarence Hess Terrace</b>
1b. Development (project) number: <b>PA 15-15</b>
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and near elderly <input checked="" type="checkbox"/>

<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: <u>(12/23/03)</u></p>
<p>5. If approved, will this designation constitute a (select one)</p> <p><input checked="" type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>7. Number of units affected: 11</p> <p>7. Coverage of action (select one)</p> <p><input checked="" type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>

## **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.)

As required by HUD's June 22, 2001 Final Rule: Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments, FCHA conducted an initial assessment for each of its 17 family developments to determine the viability of conversion.

In its assessment, FCHA considered the implications of converting the public housing units to tenant-based assistance and concluded that the conversion is not viable because the conversion would be inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion. The assessment also concluded that Fayette County does not have enough affordable housing that meets HQS requirements making inappropriate the conversion.

FCHA's conducted the required initial assessment in 17 family developments; four elderly developments were not subject to the initial assessment.

#### 2. Activity Description

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

**Conversion of Public Housing Activity Description**

1a. Development name: N/A

1b. Development (project) number:

2. What is the status of the required assessment?

- Assessment underway
- Assessment results submitted to HUD
- Assessment results approved by HUD (if marked, proceed to next question)
- Other (explain below)

3.  Yes  No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)

4. Status of Conversion Plan (select the statement that best describes the current status)

- Conversion Plan in development
- Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- Conversion Plan approved by HUD on: (DD/MM/YYYY)
- Activities pursuant to HUD-approved Conversion Plan underway

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

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

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

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

<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)	<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (1)]

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.

**NOT APPLICABLE. NO HOPE VI COMMUNITIES**

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

1. Cooperative agreements:

Yes  No: Has the PHA 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? 7/8/03



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)
Resident Owned Business\ PH residents owned business for painting and ground work	16	Specific Criteria	FCHA Program dept.	Public Housing
Ross (RSDM)	50	Specific Criteria	FCHA Program dept.	Public Housing

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

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: 02/01/04)
Public Housing	<b>9</b>	<b>9</b>
Section 8	<b>88</b>	<b>59</b>

- 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)  
PHA continues in conversation with the TANF Agency of jurisdiction to enter into a Cooperative Agreement

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

FCHA adopted a Community Service Policy on October 1, 2000. Program is not active as per changes prompted by Congress 2002 Appropriation Act.

### 13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

2. What information or data did the PHA 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)

, Bierer Wood Acres, South Hill Terrace,  
, Snowden Terrace, East View Terrace, Fort Mason Village, **Gibson Terrace**

**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)  
Demolition and Conversion

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

, Bierer Wood Acres, South Hill Terrace, , Snowden Terrace, East View Terrace,  
**Fort Mason Village, Gibson Terrace**

**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)

, Bierer Wood Acres, South Hill Terrace, , Snowden Terrace,  
**Gibson Terrace, Fort Mason Village**

**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.

**NOT REQUIRED TO COMPLETE**

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

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

FCHA submitted its Pet Policy with FY 2001 Annual plan.

**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 package submitted to the Field Office.

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

- 1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
- 2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
- 3.  Yes  No: Were there any findings as the result of that audit?
- 4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
- 5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?

If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- Attached at Attachment (File name)  
 Provided below:

Meeting with Resident Advisory Board:

On November 20, 2003, Mr. Walters opened the meeting by explaining to the RAB Board that the Fayette County Housing Authority was going to modify their Annual Plan to add disposition of property at PA 15-7, Dunlap Creek Village, and part of the process to modify the plan, the Housing Authority must meet with the Resident Council and request their comments on this modification. John Hodge of Marshall Manor asked who benefits from homeownership, and does it apply to a certain age group? Mr. Walters explained that homeownership program. He stated that homeownership does not apply to a certain age group, but is by income guidelines. Florabell Loverdi of Mulligan Manor asked if Lemon Wood Acres and Dunlap Creek Village will be known as their current names? Mr. Walters told her that we are working on a revitalization plan for Lemon Wood Acres, and will be re-naming it to Laurel Highlands Estates. If the Housing Authority decides to do a revitalization plan for Dunlap Creek Village it will be renamed as well. Florabell said that the name changes will make a difference. Mary Wertz and Bernice Windom felt that the plans that the Housing Authority has for Lemon Wood Acres and Dunlap Creek Village is a good idea, and that the Housing Authority should do what we think is best. February 10, 2004, Tom Marra attended the RAB Board Meeting and explained that the Housing Authority will soon be submitting the Annual and Five-Year Plan, and will need to include the wants and needs of residents. Several suggestions such as the need for additional washers and dryers at Mulligan Manor and the addition of a window at South Hill Terrace activity center are things that should be given to the manager in writing. On March 2, 2004, March 3, 2004 and March 5, 2004, the Housing Authority held meetings with residents of all communities. Mr. Walters opened all meetings. He explained the 504 handicap accessibility work that would be started within the next several months. Mr. Walters talked about the Annual and Five Year Plan submission for 2004 submission. The meeting was then opened to everyone in attendance for their input and question. The following are tenant comments and suggestions: Rebecca Gray of 191 Coolspring Street asked when the units are in compliance with 504 handicap accessibility would a wheelchair go over the top of the doorway? Mr. Walters explained that it would. Ester Jenkins of Cemetery Road asked what would happen to the units on Cemetery Road? Mr. Walters explained that the construction would be a gut rehab and the sheds will be taken out. Phil Wheeler for Clarence Wheeler of 42 Cemetery Road asked about this unit being handicap accessible? Mr. Walters explained to him that the unit is not 504 handicap accessible. Dave Huston, Director of Programs noted that councils should meet with residents to further discuss needs and wants. Those requests could be sent to Technical Services Department at the main office or directed to the Programs Department to be added to the Annual & Five Year Plan. On April 8, 2004, the Board of Commissioners held a public hearing for comments on the Annual and Five Year Plan. There were no comments, and the Board of Directors approved the Annual and Five Year Plan unanimously.

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)  
No modifications were required, RAB unanimously approved activities included in the Plan as presented.



**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.)

Nancy Sutton, Resident on the Board appointed by Fayette County Board of Commissioners. Ms. Sutton term end on 12/31/05

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)

Fayette County, Pennsylvania

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)

**D. Other Information Required by HUD**

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

## **Attachments**

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

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b>						
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements	262,100.00				
4	1410 Administration	303,000.00				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	305,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	188,000.00				
10	1460 Dwelling Structures	1,349,000.00				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	537,900.00				
13	1475 Nondwelling Equipment	55,000.00				
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs	30,000.00				
18	1499 Development Activities					
19	1501 Collaterization or Debt Service					

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	3,030,000.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	1,519,000.00			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA. 15-3 Gibson Terrace	Conversion and 504 Upgrades 10 units							
	1. Demo work	1460	3 bldgs	60,000.00				
	2. Doors/Windows/interior/exterior	1460	10 units	50,000.00				
	3. Framing	1460	3 bldgs	36,000.00				
	4. Roofing/Metals	1460	3 bldgs	85,000.00				
	5. Masonry/brick/block	1460	3 bldgs	150,000.00				
	6. Interior finishes-drywall/paint/trim/flooring/shelving	1460	10 units	50,000.00				
	7. Kitchens	1460	10 units	50,000.00				
	8. Bathrooms	1460	10 units	30,000.00				
	9. Electrical upgrades	1460	10 units	95,000.00				
	10. Plumbing upgrades	1460	10 units	80,000.00				
	11. HVAC upgrades	1460	10 units	90,000.00				
	12. Concrete/Paving/Railings	1450	L.S	40,000.00				
	13. Landscape/Drainage	1450	L.S	30,000.00				
	14. Asbestos Testing/Oversight	1460	L.S	20,000.00				
	15. Relocation	1495	L.S	30,000.00				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA. 15-5 South Hills Terrace	Conversion of one 2 story to 1-2br/1-3br 1-4br and 2-1br units 504 upgrades	1460						
	1. Demo bld.to slab	1460	1 bldg	10,000.00				
	2. Roof	1460	1	20,000.00				
	3. Electrical upgrades	1460	5 units	40,000.00				
	4. Plumbing upgrades	1460	5units	30,000.00				
	5. Bathrooms	1460	5 units	20,000.00				
	6. Kitchen	1460	5units	25,000.00				
	7. Windows/Doors	1460	5 units	12,000.00				
	8. Framing	1460	1bldg	20,000.00				
	9. HVAC upgrades	1460	5 units	35,000.00				
	10. Drywall/ Finishes/Interior	1460	5 units	40,000.00				
	11. Concrete / Paving	1450	L.S	40,000.00				
	12. Landscaping / Drainage	1450	L.S	22,000.00				
	13. Asbestos testing	1460	L.S	3,000.00				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA. 15-11 Mulligan Manor	1. Replace Roof Top HVAC Units and fans	1470	2	30,000.00				
	2. Replace Roof	1470	L.S	100,000.00				
	2. Replace HVAC units	1460	65	100,000.00				
PA. 15-12 White Swan Apts.								
	1. Replace Water Service	1470	L.S	25,000.00				
	2. Replace Sprinkler System/ Fire / Security System	1470	L.S	50,900.00				
	3. Replace Main Drains in Building	1470	L.S	50,000.00				
	4. Replace Entrance Doors / Locks	1470	8	25,000.00				
	5. Replace Main Roof	1470	L.S	50,000.00				
	6. Trash Compacter	1470	1	15,000.00				
	7. Concrete	1470	L.S	15,000.00				
	8. Electrical Upgrades	1470	L.S	10,000.00				
	9. Plumbing Upgrades	1470	L.S	15,000.00				
	10. Asbestos Abatement	1470	L.S	15,000.00				
PA. 15-13 Marshall Manor	1. Replace Elevator Door equipment both Cars. Operator / Rollers / Tracks.	1470	2	30,000.00				
	2. Replace nurse call system	1470	1	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: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-15, Clarence Hess	504 Upgrades							
	1. Kitchens	1460	3 units	21,000.00				
	2. Bathrooms	1460	3 units	15,000.00				
	3. Electrical Upgrades	1460	3 units	40,000.00				
	4. Plumbing Upgrades	1460	3 units	22,000.00				
	5. Windows	1460	3 units	9,000.00				
	6. Doors	1460	3 units	12,000.00				
	7. Int. Finishes/drywall/paint/flooring	1460	3 units	42,000.00				
	8. Roofing	1460	3 units	37,000.00				
	9. Concrete	1450	3 units	26,000.00				
	10.Landscape Drainage	1450	3.units	12,000.00				
15-15 Com. Room	1. Bathrooms	1470	2	9,000.00				
	2. Kitchen	1470	1	4,000.00				
	3. Electrical Upgrades	1470	1	13,000.00				
	4. Plumbing Upgrades	1470	1	12,000.00				
	5. HVAC Upgrades	1470	1	19,500.00				
	6. Interior Finishes	1470	1	12,500.00				
	7. Doors / Windows	1470	1	12,000.00				
	8. Concrete / Paving / Railings	1450	L.S	18,000.00				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Mgmt. Improve	1. Staff Training / Travel	1408		30,000.00				
	2. Resident Initiatives	1408		80,000.00				
	3. Computer Software	1408		35,000.00				
	4. Applications / Planning Services	1408		117,100				
Administration	1. Mod. Salary & Benefits	1410		295,000.00				
	2. Advertisements	1410		8,000.00				
Fees & Costs	1. Architectural & Engineering	1430		200,000.00				
	2. Financial Consultants	1430		80,000.00				
	3. Mod. Legal Costs	1430		25,000.00				
Non Dwel. Equip.	1. Computer Hardware	1475		30,000.00				
	2. Office Equip.	1475		25,000.00				
HA-Wide	1. Relocation	1495		30,000.00				

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

PHA Name: Fayette County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program No: PA28P01550204 Replacement Housing Factor No:	Federal FY of Grant: 2004
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Pa. 15-3 Gibson Terrace	7-31-06			7-31-07			
PA. South Hills Terrace	7-31-06			7-31-07			
PA. 15-11 Mulligan Manor	7-31-06			7-31-07			
PA. 15-12 White Swan	7-31-06			7-31-07			
PA. 15-13 Marshall Manor	7-31-06			7-31-07			
PA. 15-15 Clarence Hess	7-31-06			7-31-07			
HA Wide	7-31-06			7-31-07			



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name Fayette County Housing Authority		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2005 PHA FY: 7/01/05	Work Statement for Year 3 FFY Grant: 2006 PHA FY: 7/01/06	Work Statement for Year 4 FFY Grant: 2007 PHA FY: 7/01/07	Work Statement for Year 5 FFY Grant: 2008 PHA FY: 7/01/08
	Annual Statement				
Admin. Building		180,000.00			600,000.00
15-1 Biererwood Acres			1,525,000.00		
15-2 Crossland		330,000.00			
15-3 Gibson Terr.					800,000.00
15-5 South Hills		115,000.00			
15-7 Dunlap Creek				175,000.000	
15-11 Mulligan Manor.				100,000.00	
15-12 White Swan			310,000.00	195,000.00	
15-13 Marshall Manor			250,000.00		
15-15 Clarence Hess					616,000.00
15-16 Belle Vernon				375,000.00	
15-17 Sembower				1,470,000.00	
15-24 Lemont Heights		1,820,000.00			
HA-Wide		555,000.00	915,000.00	685,000.00	984,000.00
CFP Funds Listed for 5-year planning		3,000,000.00	3,000,000.00	3,000,000.00	3,000,000.00

Replacement Housing  
Factor Funds

**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: 2005 PHA FY: 7/1/05			Activities for Year: <u>3</u> FFY Grant: 2006 PHA FY: 7/01/06		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See				PA 15-1, Bierer Wood Acres	Development activities	\$1,525,000.00
Annual Statement	PA 15-2, Crossland Place	Replace roofs	\$80,000.00	Management Improvements	504 Compliance Staff Training/Travel	\$30,000.00
		Rehab community room and make 504 compliant	\$250,000.00		Resident Initiatives	\$100,000.00
	PA. 15-5 South Hills Terrace				Computer Software	\$40,000.00
		Replace sewer lines	\$115,000.00		Application/Planning Services	\$150,000.00
	PA.15-24 Lemont Heights	Total rehab of 24 units	\$1,820,000.00	Administration	Mod. Salary/Benefits	\$300,000.00
		Roof replacement, doors				
		Windows,exterior siding				
		Interior finishes				
		Kitchens,bathrooms				
		Electrical,plumbing				
		HVAC				
		Relocation				
		playground				
		2 units 504				
	Admin. Office	504 Upgrades	\$180,000.00			
<b>Total CFP Estimated Cost</b>			\$ Continued			\$ Continued





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

Activities for Year 1	Activities for Year :_4_ FFY Grant: 2007 PHA FY: 7/01/07			Activities for Year: _5_ FFY Grant: 2008 PHA FY: 7/01/08		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
See	PA.15-12 White Swan Apts.	Replace HVAC Units in all apts. 78	\$195,000.00	Administration Building	Rehab Electrical, Plumbing,interior, Parking	\$600,000.00
Annual	PA. 15-16 Belle Vernon Apts.	Replace HVAC Units in all Apts 150	\$200,000.00			
		Replace Roof	\$175,000.00			
Statement	PA. 15-11 Mulligan Manor	Replace HVAC Units in all Apts. 65	\$100,000.00	Management Improvements	Staff Training/Travel	\$30,000.00
	PA. 15-17Sembower Terrace	Rehab all 32 units roofs, doors,widows exterior siding interior finishes	\$1,470,000.00		Resident Initiatives	\$76,000.00
		Landscape drainage			Computer Software	\$50,000.00
		Plumbing upgrades electrical upgrades			Application/Planning Services	\$150,000.00
		Kitchens /bathrooms		Administration	Mod. Salary/Benefits	\$300,000.00
					Bid Advertisements	\$5,000.00
				Fees and Costs	A&E Services	\$150,000.00
					Financial Consultants	\$68,000.00
					Construction Manager	\$60,000.00
					Mod. Legal Costs	\$15,000.00
				Non-Dwelling Equipment	Computer Hardware	\$40,000.00
					Vehicles	\$40,000.00
			Cont.			Cont.

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

Activities for Year 1	Activities for Year :_4__ FFY Grant: 2007 PHA FY: 7/01/07			Activities for Year: _5__ FFY Grant: 2008 PHA FY: 7/01/08		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
See	PA 15-7, Dunlap Creek Village	Development activities	\$175,000.00	PA.15-3 Gibson Terrace	Roof replacement,exterior siding, windows,floors	\$800,000.00
Annual Statement	Management Improvements	Staff training/Travel	\$30,000.00		Paving,plumbing, Electrical	
		Resident Initiatives	\$80,000.00	PA.15-15Clarence Hess	Roof replacement Concrete, Plumbing,Electrical,	\$616,000.00
		Computer Software	\$25,000.00		Landscape/Drainage	
		Application/Planning Services	\$150,000.00		Exterior siding,Kitchens Bathrooms	
					Interior Finishes	
	Administration	Mod. Salary/Benefits	\$300,000.00			
		Bid Advertisements	\$5,000.00			
	Fees and Costs	Mod. Legal Costs	\$15,000.00			
	Non-Dwelling	Computer Hardware Office Equipment	\$50,000.00			
	HA-Wide	Relocation	\$20,000.00			
	<b>Total CFP Estimated Cost</b>		\$3,000,000.00			\$3,000,000.00



## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0.00	110,000.00	110,000.00	110,000.00
3	1408 Management Improvements	295,000.00	341,408.43	341,408.43	306,588.39
4	1410 Administration	333,100.00	55,321.48	55,321.48	54,208.36
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	285,000.00	413,219.81	413,219.81	397,283.78
8	1440 Site Acquisition				
9	1450 Site Improvement	190,000.00	367,016.09	367,016.09	362,392.09
10	1460 Dwelling Structures	1,842,000.00	1,704,071.06	1,704,071.06	919,856.35
11	1465.1 Dwelling Equipment—Nonexpendable	30,000.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	174,849.25	174,849.25	67,402.59
13	1475 Nondwelling Equipment	70,000.00	50,413.89	50,413.89	50,413.89
14	1485 Demolition	226,323.00	0.00	0.00	0.00
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	60,000.00	115,122.99	115,122.99	84,745.46
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

<b>PHA Name:</b> Fayette County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 3)  
 Performance and Evaluation Report for Period Ending: 12/31/03  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	3,331,423.00	3,331,423.00	3,331,423.00	2,352,890.91
22	Amount of line 21 Related to LBP Activities	23,000.00	32,000.00	32,000.00	32,000.00
23	Amount of line 21 Related to Section 504 compliance	0.00	222,923.91	222,923.91	91,800.98
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Reconfigure one-eight unit, row type bldg., into five apts. (2-1 BR, 2-2 BR, 1-3 BR)							
PA 15-1, Bierer Wood Acres	1. Replace front and rear entrances and porches	1460	5 units	80,000.00	0.00	0.00	0.00	
	2. Replace windows	1460	5 units	25,000.00	0.00	0.00	0.00	
	3. Replace entrance, interior and storm doors	1460	5 units	35,000.00	0.00	0.00	0.00	
	4. Roof replacement	1460	1 building	35,000.00	0.00	0.00	0.00	
	5. Kitchens	1460	5	35,000.00	0.00	0.00	0.00	
	6. Bathrooms	1460	5	25,000.00	0.00	0.00	0.00	
	7. Floors	1460	5 units	35,000.00	0.00	0.00	0.00	
	8. Concrete	1460	5 units	30,000.00	0.00	0.00	0.00	
	9. Landscape/Drainage	1450	5 units	25,000.00	0.00	0.00	0.00	
	10. HVAC replacement	1460	5 units	30,000.00	0.00	0.00	0.00	
	11. Smoke detector upgrade	1460	5 units	8,000.00	0.00	0.00	0.00	
	12. Siding	1460	5 units	50,000.00	0.00	0.00	0.00	
	13. Soffit & fascia/gutters & downspouts	1460	5 units	25,000.00	0.00	0.00	0.00	
	14. Demo interior of units	1460	5 units	25,000.00	0.00	0.00	0.00	
	15. Parking area	1450	5 units	30,000.00	0.00	0.00	0.00	
	16. Storage areas	1460	5	25,000.00	0.00	0.00	0.00	
	17. Plumbing upgrade	1460	5 units	60,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-1, Bierer Wood Acres Cont.	18. Electrical upgrade	1460	5 units	80,000.00	0.00	0.00	0.00	
	19. Fencing	1450	5 units	40,000.00	0.00	0.00	0.00	
	20. Clean crawlspace	1460	1	5,000.00	0.00	0.00	0.00	
	21. Replace drywall and finish	1460	5 units	80,000.00	0.00	0.00	0.00	
	22. Demolition	1485	4bldgs/30 units	120,000.00	0.00	0.00	0.00	
PA 15-2, Crossland Place	1. Lead base paint testing	1460	31 units	3,000.00	4,592.59	4,592.59	4,592.59	
PA 15-4, Lemon Wood Acres	Reconfigure one-eight unit, row-type building into five apts. (2-1 BR, 2-2 BR, 1-3 BR)							
	1. Replace front and rear entrances and porches	1460	5 units	80,000.00	0.00	0.00	0.00	
	2. Replace windows	1460	5 units	25,000.00	0.00	0.00	0.00	
	3. Replace entrance, interior and storm doors	1460	5 units	35,000.00	0.00	0.00	0.00	
	4. Roof replacement	1460	1 Bldg.	35,000.00	0.00	0.00	0.00	
	5. Kitchens	1460	5	35,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-4, Lemon Wood Acres Cont.	6. Bathrooms	1460	5	25,000.00	0.00	0.00	0.00	
	7. Floors	1460	5 units	35,000.00	0.00	0.00	0.00	
	8. Concrete	1460	5 units	30,000.00	0.00	0.00	0.00	
	9. Landscape/Drainage	1450	5 units	25,000.00	0.00	0.00	0.00	
	10. HVAC replacement	1460	5 units	30,000.00	0.00	0.00	0.00	
	11. Smoke detector upgrade	1460	5 units	8,000.00	0.00	0.00	0.00	
	12. Siding	1460	5 units	50,000.00	0.00	0.00	0.00	
	13. Soffit & fascia/gutters & downspouts	1460	5 units	25,000.00	0.00	0.00	0.00	
	14. Demo interior of units	1460	5 units	25,000.00	0.00	0.00	0.00	
	15. Parking area	1450	5 units	30,000.00	0.00	0.00	0.00	
	16. Storage areas	1460	5	25,000.00	0.00	0.00	0.00	
	17. Plumbing upgrade	1460	5 units	60,000.00	0.00	0.00	0.00	
	18. Electrical upgrade	1460	5 units	80,000.00	0.00	0.00	0.00	
	19. Fencing	1450	5 units	40,000.00	0.00	0.00	0.00	
	20. Replace drywall and finish	1460	5 units	80,000.00	0.00	0.00	0.00	
	21. Demolition	1485	3 bldg./24 units	106,323.00	0.00	0.00	0.00	
PA 15-7, Dunlap Creek Village	1. Lead base paint testing	1460	45 units	6,000.00	6,666.67	6,666.67	6,666.67	



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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-8, Marion Villa	1. Lead base paint testing	1460	42 units	5,000.00	6,222.22	6,222.22	6,222.22	
PA 15-9, Snowden Terrace	1. Lead base paint testing	1460	31 units	3,000.00	4,592.59	4,592.59	4,592.59	
PA 15-10, East View Terrace	1. Lead base paint testing	1460	45 units	6,000.00	6,666.67	6,666.67	6,666.67	
PA 15-15, Clarence Hess	1. Lead base paint testing	1460	22 units	0.00	3,259.26	3,259.26	3,259.26	
PA 15-16, Belle Vernon Apts.	1. Paving	1450	L.S.	0.00	45,475.00	45,475.00	41,031.00	
	2. Replace main line sewer traps	1450	2	0.00	2,489.00	2,489.00	2,358.00	
	3. Electrical upgrade	1460	L.S.	0.00	383,539.85	383,539.85	274,120.26	
	4. Canopy/concrete upgrade	1460	1	0.00	51,300.00	51,300.00	5,931.00	
	5. Apartment 504 upgrade – kitchens/bathrooms, etc.	1460	8	0.00	146,108.48	146,108.48	65,342.70	
	6. Replace apartment doors	1460	150	0.00	38,688.95	38,688.95	2,538.00	

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

PHA Name: Fayette County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	7. Asbestos abatement	1460	L.S.	0.00	27,550.00	27,550.00	23,931.00	

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

PHA Name: Fayette County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-16, Belle Vernon Apts. Continued	8. Replace handrailing in halls	1460	L.S.	0.00	64,859.80	64,859.80	1,278.00	
	9. Paint common areas	1470	L.S.	0.00	24,690.00	24,690.00	1,431.00	
	10. Replace floor coverings in common areas	1470	L.S.	0.00	44,510.00	44,510.00	2,142.00	
	11. Replace common area doors	1470	L.S.	0.00	12,825.00	12,825.00	540.00	
	12. Replace ceiling in ground floor	1470	L.S.	0.00	12,990.00	12,990.00	7,551.00	
	13. Community room upgrade	1470	1	0.00	17,182.86	17,182.86	12,876.07	
	14. Com. room 504 kitchen upgrade	1470	1	0.00	3,344.00	3,344.00	611.10	
	15. Common area 504 bathrooms	1470	2	0.00	6,483.75	6,483.75	1,538.10	
	16. Electrical equipment building	1470	1	0.00	52,823.64	52,823.64	40,713.32	
PA 15-19, Fairchance Hsg.	1. Replace kitchens	1460	28	80,000.00	53,343.61	53,343.61	8,320.50	
	2. Replace bathrooms	1460	28	80,000.00	26,734.50	26,734.50	10,687.50	
	3. Replace HVAC units	1460	28	90,000.00	55,854.00	55,854.00	22,860.00	
	4. Replace and repair floors in all units	1460	28	70,000.00	208,283.83	208,283.83	72,559.42	
	5. Replace entrance doors/locks and storm doors	1460	L.S.	30,000.00	36,554.00	36,554.00	10,719.00	

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

PHA Name: Fayette County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	6. Electrical upgrade	1460	L.S.	20,000.00	40,527.25	40,527.25	24,457.96	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-19, Fairchance Cont.	7. Paint units	1460	L.S.	30,000.00	30,105.00	30,105.00	9,171.00	
	8. Replace drywall	1460	L.S.	28,000.00	142,200.00	142,200.00	78,822.00	
	9. Appliances	1465	56	30,000.00	0.00	0.00	0.00	
	10. Plumbing upgrade	1460	L.S.	10,000.00	47,553.22	47,553.22	21,951.00	
	11. Replace shelving in all units	1460	L.S.	10,000.00	2,526.30	2,526.30	207.00	
	12. Roof replacement and vents	1460	28	0.00	143,550.00	143,550.00	143,550.00	
	13. Temporary housing set-up	1450	4	0.00	21,130.05	21,130.05	21,081.05	
	14. Section 504 upgrades	1460	2	0.00	66,987.68	66,987.68	24,309.08	
PA 15-22, Scattered Sites	1. Landscape/drainage	1450	L.S.	0.00	39,687.10	39,687.10	39,687.10	
	2. Replace entrance doors/storm doors/locks	1460	50	0.00	15,034.21	15,034.21	15,034.21	
	3. Replace windows	1460	158	0.00	1,381.05	1,381.05	1,381.05	
	4. Replace kitchens	1460	11	0.00	3,030.30	3,030.30	3,030.30	
	5. Replace bathrooms	1460	11	0.00	1,252.00	1,252.00	1,252.00	
	6. Smoke detector/electrical upgrade	1460	98	0.00	7,776.02	7,776.02	7,776.02	
	7. Paint units	1460	11	0.00	12,929.93	12,929.93	12,929.93	
	8. Replace tile floors	1460	11	0.00	3,562.76	3,562.76	3,562.76	
	9. Replace interior doors	1460	181	0.00	2,001.81	2,001.81	2,001.81	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-22, Scattered Sites Continued	10. Repair brick on buildings	1460	4	0.00	33,289.55	33,289.55	33,289.55	
	11. Concrete	1450	L.S.	0.00	11,892.91	11,892.91	11,892.91	
	12. Roofs/Gutters/Downspouts/Flashing	1460	L.S.	0.00	3,334.16	3,334.16	3,334.16	
PA 15-24, Lemont Heights	1. Sitelighting/security	1450	L.S.	0.00	46,355.10	46,355.10	46,355.10	
	2. Replace retaining walls/fencing	1450	L.S.	0.00	111,290.70	111,290.70	111,290.70	
	3. Concrete upgrade	1450	L.S.	0.00	62,483.68	62,483.68	62,483.68	
	4. Landscape/drainage	1450	L.S.	0.00	26,212.55	26,212.55	26,212.55	
HA-Wide Mgmt. Improvements	1. Applications/Planning Services/Assessments/Testing	1408	L.S.	150,000.00	224,008.93	224,008.93	211,428.93	
	2. Staff training	1408	L.S.	45,000.00	15,034.02	15,034.02	1,226.83	
	3. Resident initiatives	1408	L.S.	80,000.00	100,823.48	100,823.48	92,390.63	
	4. Computer software	1408	L.S.	20,000.00	1,542.00	1,542.00	1,542.00	
HA-Wide Admin.	1. Clerk of the Works	1410	1	10,000.00	0.00	0.00	0.00	
	2. Mod. Staff (salary/benefits)	1410	L.S.	298,100.00	41,100.67	41,100.67	41,100.67	

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

PHA Name: Fayette County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	3. Mod. legal costs	1410	L.S.	15,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550101 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide Admin. Continued	4. Bid advertisements	1410	L.S.	10,000.00	14,220.81	14,220.81	13,107.69	
HA-Wide Fees & Costs	1. Inspector services	1430	L.S.	5,000.00	3,198.90	3,198.90	3,198.90	
	2. Financial consultants	1430	L.S.	80,000.00	237,256.10	237,256.10	229,583.99	
	3. A&E services	1430	L.S.	150,000.00	157,269.05	157,269.05	149,405.13	
	4. Construction manager	1430	L.S.	50,000.00	0.00	0.00	0.00	
	5. Mod. legal costs	1430	L.S.	0.00	11,292.76	11,292.76	11,292.76	
	6. Consulting services	1430	L.S.	0.00	4,203.00	4,203.00	3,803.00	
HA-Wide Non-Dwelling	1. Computer hardware	1475	L.S.	50,000.00	21,472.69	21,472.69	21,472.69	
	2. Office equipment/furniture	1475	L.S.	20,000.00	28,941.20	28,941.20	28,941.20	
HA-Wide	1. Relocation costs	1495	L.S.	60,000.00	115,122.99	115,122.99	84,745.46	
	2. Site lighting	1460	L.S.	0.00	22,212.80	22,212.80	3,509.14	
	3. Operations	1406	L.S.	0.00	110,000.00	110,000.00	110,000.00	



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

PHA Name: Fayette County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: PA28P01550101 Replacement Housing Factor No:					<b>Federal FY of Grant:</b> 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
PA 15-2 Crossland Place	6/30/03			6/30/04				
PA 15-7 Dunlap Creek	6/30/03			6/30/04				
PA 15-8 Marion Villa	6/30/03			6/30/04				
PA 15-9 Snowden Terr.	6/30/03			6/30/04				
PA 15-10 East View	6/30/03			6/30/04				
PA 15-15 Clarence Hess	6/30/03			6/30/04				
PA 15-16 Belle Vernon	6/30/03			6/30/04				
PA 15-19 Fairchance	6/30/03			6/30/04				
PA 15-22 Scattered Sites	6/30/03			6/30/04				
PA 15-24 Lemont Hgts.	6/30/03			6/30/04				
HA-Wide Mgmt. Improvements	6/30/03			6/30/04				
HA-Wide Administration	6/30/03			6/30/04				
HA-Wide Fees & Costs	6/30/03			6/30/04				
HA-Wide	6/30/03			6/30/04				

## Capital Fund Program Five-Year Action Plan Part I: Summary

PHA Name						<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY:	Work Statement for Year 3 FFY Grant: PHA FY:	Work Statement for Year 4 FFY Grant: PHA FY:	Work Statement for Year 5 FFY Grant: PHA FY:	
	Annual Statement					
CFP Funds Listed for 5-year planning						
Replacement Housing Factor Funds						

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

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
<b>Total CFP Estimated Cost</b>			\$			\$

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

Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>Total CFP Estimated Cost</b>		\$			\$

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

*SAMPLE*

PHA Name <i>Anytown Housing Authority</i>					
		<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	<b>Annual Statement</b>				
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>
Replacement Housing Factor Funds		<i>\$40,000</i>			



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

*SAMPLE (continued)*

Activities for Year :__4__ FFY Grant: 2004 PHA FY: 2004			Activities for Year: _5__ FFY Grant: 2005 PHA FY: 2005		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
10-01/Main Street	Storage sheds and landscaping	\$65,000	10-01/Main Street	Replace bathroom tile	\$55,000
10-02/Broadway	Tub/shower replacement	\$40,000	10-02/Broadway	New gutters and interior doors	\$43,000
HA-wide	Lead-based paint abatement	\$35,000	HA-wide	Office Furniture	\$27,000
<b>Total CFP Estimated Cost</b>		\$140,000			\$125,000

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Fayette County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	347,000.00	300,000.00	300,000.00	0.00
4	1410 Administration	334,423.00	322,000.00	322,000.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	260,000.00	420,000.00	420,000.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	220,000.00	142,466.25	9,936.00	0.00
10	1460 Dwelling Structures	1,748,285.00	1,873,207.44	1,352,382.44	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	0.00	61,034.31	61,034.31	0.00
13	1475 Nondwelling Equipment	50,000.00	76,000.00	76,000.00	0.00
14	1485 Demolition	235,000.00	0.00	0.00	0.00
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	30,000.00	30,000.00	30,000.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service				



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

<b>PHA Name:</b> Fayette County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 3)  
 Performance and Evaluation Report for Period Ending: 12/31/03  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	3,224,708.00	3,224,708.00	2,571,352.75	0.00
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 Conservation Measures				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-1, Bierer Wood Acres	Reconfigure three-six unit, row type bldgs. into eleven apts. (1 row- 4 apt.) (2-2BR, 2-3 BR); 1 row – 3 apt. (3-1 BR single story); 1 row – 4 apt. (2-2 BR, 2-3 BR)							
	1. Replace front/rear entrances & porches	1460	10 units	120,000.00	0.00	0.00	0.00	
	2. Replace windows	1460	10 units	50,000.00	0.00	0.00	0.00	
	3. Replace entrance, interior & storm doors	1460	10 units	50,000.00	0.00	0.00	0.00	
	4. Roof replacement	1460	3 bldg.	65,000.00	0.00	0.00	0.00	
	5. Kitchens	1460	10	75,000.00	0.00	0.00	0.00	
	6. Bathrooms	1460	10	50,000.00	0.00	0.00	0.00	
	7. Floors	1460	10 units	80,000.00	0.00	0.00	0.00	
	8. Concrete	1460	10 units	80,000.00	0.00	0.00	0.00	
	9. Landscape/drainage	1450	10 units	40,000.00	0.00	0.00	0.00	
	10. HVAC replacement	1460	10 units	70,000.00	0.00	0.00	0.00	
	11. Smoke detector upgrade	1460	10 units	25,000.00	0.00	0.00	0.00	
	12. Siding	1460	10 units	150,000.00	0.00	0.00	0.00	
	13. Soffit/fascia/gutters/downspouts	1460	10 units	40,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-1, Bierer Wood Acres	14. Demo interior units	1460	10	20,000.00	0.00	0.00	0.00	
	15. Parking areas	1450	10 units	50,000.00	0.00	0.00	0.00	
	16. Storage areas	1460	10	50,000.00	0.00	0.00	0.00	
	17. Plumbing upgrade	1460	10 units	130,000.00	0.00	0.00	0.00	
	18. Electrical upgrade	1460	10 units	143,285.00	0.00	0.00	0.00	
	19. Fencing	1450	10 units	40,000.00	0.00	0.00	0.00	
	20. Clean crawlspace	1460	3	10,000.00	0.00	0.00	0.00	
	21. Replace drywall and finish	1460	10 units	100,000.00	0.00	0.00	0.00	
	22. Demolition	1485	4 bldg/26 units	107,000.00	0.00	0.00	0.00	
	23. Asbestos testing	1460	L.S.	0.00	1,650.00	1,650.00	0.00	
PA 15-4, Lemon Wood Acres	1. Demolition	1485	4 bldg/32 units	128,000.00	0.00	0.00	0.00	
	2. Asbestos testing	1460	L.S.	0.00	1,650.00	1,650.00	0.00	
PA 15-7, Dunlap Creek Village	1. Asbestos testing	1460	L.S.	0.00	1,650.00	1,650.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-10, East View Terrace	Conversion of 3-1 story units to address 504 – to add a bedroom to make one – 2 bedroom unit and two – 1 bedroom units and 3 regular units	1460						

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-10, East View Terrace	Conversion of 1-two story duplex to 1-one story duplex building to address 504 compliance 1-3BR 1-4 BR	1460						
	504 Upgrades:							
	1. Kitchens	1460	8 units	0.00	40,000.00	0.00	0.00	
	2. Bathrooms	1460	8 units	0.00	40,000.00	0.00	0.00	
	3. Ramps & handrails	1460	5 units	0.00	20,000.00	0.00	0.00	
	4. Framing of new units	1460	5 units	0.00	40,000.00	0.00	0.00	
	5. Interior finishes	1460	8 units	0.00	30,000.00	0.00	0.00	
	6. Exterior finishes	1460	8 units	0.00	50,000.00	0.00	0.00	
	7. HVAC	1460	8 units	0.00	30,000.00	0.00	0.00	
	8. Plumbing	1460	8 units	0.00	30,000.00	0.00	0.00	
	9. Electrical	1460	8 units	0.00	50,000.00	0.00	0.00	
	10. Concrete	1460	8 units	0.00	20,000.00	0.00	0.00	
	11. Landscape/drainage	1450	8 units	0.00	70,000.00	0.00	0.00	
	12. Audible visible alarms	1460	3 units	0.00	825.00	0.00	0.00	
PA 15-9, Snowden Terrace	Reconfigure one-five unit, row type bldg. to three apts. (2-2BR, 1-3 BR)							
	1. Rep. Front & rear entrances/porches	1460	3 units	50,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-9, Snowden Terrace Continued	2. Replace windows	1460	3 units	15,000.00	0.00	0.00	0.00	
	3. Replace entrance/interior/storm doors	1460	3 units	10,000.00	0.00	0.00	0.00	
	4. Roof replacement	1460	1 bldg.	25,000.00	0.00	0.00	0.00	
	5. Kitchens	1460	3 units	25,000.00	0.00	0.00	0.00	
	6. Bathrooms	1460	3 units	15,000.00	0.00	0.00	0.00	
	7. Floors	1460	3 units	25,000.00	0.00	0.00	0.00	
	8. Concrete	1450	L.S.	30,000.00	0.00	0.00	0.00	
	9. Landscape/drainage	1450	3 units	25,000.00	0.00	0.00	0.00	
	10. HVAC replacement	1460	3 units	18,000.00	0.00	0.00	0.00	
	11. Smoke detector upgrade	1460	3 units	4,000.00	0.00	0.00	0.00	
	12. Siding	1460	3 units	30,000.00	0.00	0.00	0.00	
	13. Soffit & fascia/gutters & downspouts	1460	3 units	12,000.00	0.00	0.00	0.00	
	14. Demo interior units	1460	3	10,000.00	0.00	0.00	0.00	
	15. Parking area	1450	3 units	5,000.00	0.00	0.00	0.00	
	16. Storage areas	1460	3	12,000.00	0.00	0.00	0.00	
	17. Plumbing upgrade	1460	3 units	30,000.00	0.00	0.00	0.00	
	18. Electrical upgrade	1460	3 units	40,000.00	0.00	0.00	0.00	
	19. Fencing	1460	3 units	10,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-9, Snowden Terrace Continued	20. Replace drywall & finish	1460	3 units	30,000.00	0.00	0.00	0.00	
	21. Asbestos testing	1460	L.S.	0.00	1,650.00	1,650.00	0.00	
PA 15-9, Snowden Terrace	Rehab one elderly-row type, 5 unit row:							
	1. Window replacement	1460	5 units	10,000.00	15,000.00	0.00	0.00	
	2. Replace entrance/interior/storm doors	1460	5 units	10,000.00	15,000.00	0.00	0.00	
	3. HVAC upgrades	1460	5 units	15,000.00	25,000.00	0.00	0.00	
	4. Smoke detector upgrade	1460	5 units	4,000.00	10,000.00	0.00	0.00	
	5. Electrical upgrade	1460	5 units	5,000.00	25,000.00	0.00	0.00	
	6. Plumbing upgrade	1460	5 units	5,000.00	25,000.00	0.00	0.00	
	7. Replace front & rear entrances & porches	1460	5 units	25,000.00	30,000.00	0.00	0.00	
	8. Landscape/drainage	1450	5 units	15,000.00	15,000.00	0.00	0.00	
	9. Concrete	1450	5 units	15,000.00	47,530.25	0.00	0.00	
	10. Roofing and metals	1460	5 units	5,000.00	25,000.00	0.00	0.00	
PA 15-16, Belle Vernon Apts.	1. Paving	1450	L.S.	0.00	5,025.00	5,025.00	0.00	
	2. Replace sewer traps	1460	2	0.00	8,131.00	8,131.00	0.00	
	3. Electrical upgrade	1460	L.S.	0.00	118,987.07	118,987.07	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-16, Belle Vernon Apts. Continued	4. Canopy/concrete upgrade	1460	1	0.00	2,700.00	2,700.00	0.00	
	5. 504 upgrades kitchens/baths	1460	8	0.00	58,888.02	58,888.02	0.00	
	6. Replace apartment doors	1460	150	0.00	43,311.05	43,311.05	0.00	
	7. Asbestos abatement	1460	L.S.	0.00	1,450.00	1,450.00	0.00	
	8. Replace handrails	1460	L.S.	0.00	8,640.20	8,640.20	0.00	
	9. Paint common areas	1470	L.S.	0.00	7,310.00	7,310.00	0.00	
	10. Replace flooring common areas	1470	L.S.	0.00	26,490.00	26,490.00	0.00	
	11. Replace common area doors	1470	L.S.	0.00	675.00	675.00	0.00	
	12. Replace ceilings	1470	L.S.	0.00	15,010.00	15,010.00	0.00	
	13. Community room upgrade	1470	1	0.00	1,939.64	1,939.64	0.00	
	14. Community Rm. 504 kitchen upgrade	1470	1	0.00	176.00	176.00	0.00	
	15. Common area 504 baths	1470	2	0.00	341.25	341.25	0.00	
	16. Electrical equipment building	1470	1	0.00	9,092.42	9,092.42	0.00	
PA 15-19, Fairchance	1. Replace kitchens	1460	28	0.00	50,446.39	50,446.39	0.00	
	2. Replace bathrooms	1460	28	0.00	53,935.50	53,935.50	0.00	
	3. Replace HVAC units	1460	28	0.00	112,762.00	112,762.00	0.00	



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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-19 Fairchance Cont.	4. Repair/replace floors	1460	28	0.00	286,896.75	286,896.75	0.00	
	5. Replace entrance doors/locks/storm doors	1460	L.S.	0.00	54,149.00	54,149.00	0.00	
	6. Electrical upgrade	1460	L.S.	0.00	82,479.99	82,479.99	0.00	
	7. Paint units	1460	L.S.	0.00	62,395.00	62,395.00	0.00	
	8. Replace drywall	1460	L.S.	0.00	275,600.00	275,600.00	0.00	
	9. Plumbing upgrade	1460	L.S.	0.00	83,533.69	83,533.69	0.00	
	10. Replace shelving	1460	L.S.	0.00	7,073.70	7,073.70	0.00	
	11. Roof replacement/vents	1460	28	0.00	15,950.00	15,950.00	0.00	
	12. Temporary housing	1450	4	0.00	4,911.00	4,911.00	0.00	
	13. Section 504 upgrade	1460	2	0.00	18,453.08	18,453.08	0.00	
Mgmt. Improve. HA-Wide	1. Staff training	1408	L.S.	30,000.00	30,000.00	30,000.00	0.00	
	2. Resident initiatives	1408	L.S.	80,000.00	80,000.00	80,000.00	0.00	
	3. Computer software	1408	L.S.	40,000.00	40,000.00	40,000.00	0.00	
	4. Applications/planning services/testing/assessments	1408	L.S.	150,000.00	150,000.00	150,000.00	0.00	
	5. Management analysis planning – human resources	1408	L.S.	35,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Mgmt. Improve. HA-Wide Cont.	6. Tenant patrols	1408	L.S.	12,000.00	0.00	0.00	0.00	
Administration HA-Wide	1. Modernization salaries & benefits	1410	L.S.	318,140.00	316,000.00	316,000.00	0.00	
	2. Modernization legal costs	1410	L.S.	10,283.00	0.00	0.00	0.00	
	3. Bid advertisements	1410	L.S.	6,000.00	6,000.00	6,000.00	0.00	
Fees & Costs HA- Wide	1. A&E Services	1430	L.S.	130,000.00	280,000.00	280,000.00	0.00	
	2. Financial consultants	1430	L.S.	80,000.00	100,000.00	100,000.00	0.00	
	3. Construction manager	1430	L.S.	50,000.00	0.00	0.00	0.00	
	4. Modernization legal costs	1430	L.S.	0.00	40,000.00	40,000.00	0.00	
Non-Dwelling Equip. HA-Wide	1. Computer hardware	1475	L.S.	40,000.00	66,000.00	66,000.00	0.00	
	2. Office equipment	1475	L.S.	10,000.00	10,000.00	10,000.00	0.00	
HA-Wide	1. Relocation costs	1495	L.S.	30,000.00	30,000.00	30,000.00	0.00	
	2. Development activities	1499	L.S.	0.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program No: PA28P01550202 Replacement Housing Factor No:	<b>Federal FY of Grant:</b> 2002
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA 15-1 Bierer Wood	6/30/04			6/30/05			
PA 15-4, Lemon Wood	6/30/04			6/30/05			
PA 15-7, Dunlap Creek	6/30/04			6/30/05			
PA 15-9, Snowden	6/30/04			6/30/05			
PA 15-10, East View	6/30/04			6/30/05			
PA 15-16, Belle Vernon	6/30/04			6/30/05			
PA 15-19, Fairchance	6/30/04			6/30/05			
Mgmt. Improvements	6/30/04			6/30/05			
Administration	6/30/04			6/30/05			
Fees & Costs	6/30/04			6/30/05			
Non-Dwelling	6/30/04			6/30/05			
HA-Wide	6/30/04			6/30/05			

## Capital Fund Program Five-Year Action Plan

### Part I: Summary

PHA Name					<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY:	Work Statement for Year 3 FFY Grant: PHA FY:	Work Statement for Year 4 FFY Grant: PHA FY:	Work Statement for Year 5 FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
<b>Total CFP Estimated Cost</b>			\$			\$



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

*S A M P L E*

PHA Name <i>Anytown Housing Authority</i>						<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005	
	<b>Annual Statement</b>					
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
Replacement Housing Factor Funds		<i>\$40,000</i>				







**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Fayette County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	223,000.00			
4	1410 Administration	322,470.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	325,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	8,000.00			
10	1460 Dwelling Structures	280,975.00			
11	1465.1 Dwelling Equipment—Nonexpendable	125,000.00			
12	1470 Nondwelling Structures	40,000.00			
13	1475 Nondwelling Equipment	50,000.00			
14	1485 Demolition	490,882.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	30,000.00			
18	1499 Development Activities	608,270.00			
19	1501 Collaterization or Debt Service				

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

<b>PHA Name:</b> Fayette County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2003
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**Original Annual Statement**  **Reserve for Disasters/ Emergencies**  **Revised Annual Statement (revision no:    )**  
 **Performance and Evaluation Report for Period Ending:**  **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	2,503,597.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	336,975.00			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-1, Bierer Wood Acres	1. Demolition 4 Bldgs. (24 units)	1485	4 Bldgs.	120,000.00	0.00	0.00	0.00	HOPE VI
PA 15-4, Lemon Wood Acres	1. Development Activities	1499	L.S.	305,000.00	315,027.00	0.00	0.00	
	2. Demolition 3 Bldgs. (19 units)	1485	3 Bldgs.	95,000.00	0.00	0.00	0.00	HOPE VI
	3. Development Activities	1499	L.S.	303,270.00	0.00	0.00	0.00	
PA 15-7, Dunlap Creek Village	1. Demolition 4 Bldgs. (28 units)	1485	4 Bldgs.	115,000.00	0.00	0.00	0.00	HOPE VI
	2. Demolition of old sewage treatment plant	1485	1	36,882.00	36,882.00	0.00	0.00	
	3. Demolition	1485	3 Bldgs.	100,000.00	0.00	0.00	0.00	HOPE VI
PA 15-10, East View Terrace	504 Upgrades:							
	1. Kitchens	1460	3 units	18,000.00	0.00	0.00	0.00	In 2002
	2. Bathrooms	1460	3 units	12,000.00	0.00	0.00	0.00	In 2002
	3. Ramps & Handrails	1460	3 units	10,000.00	0.00	0.00	0.00	In 2002
	Conversion of 1-two story duplex to 1-one story duplex building to address 504 compliance 1-2 BR 1-3 BR							
	1. Demo building	1485	2 units	12,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
15-10, East View	2. Framing of new units	1460	2 units	20,000.00	0.00	0.00	0.00	In 2002
	3. Kitchens	1460	2 units	12,000.00	0.00	0.00	0.00	In 2002
	4. Bathrooms	1460	2 units	10,000.00	0.00	0.00	0.00	In 2002
	5. Interior finishes	1460	2 units	18,000.00	0.00	0.00	0.00	In 2002
	6. Exterior finishes	1460	2 units	20,000.00	0.00	0.00	0.00	In 2002
	7. HVAC	1460	2 units	10,000.00	0.00	0.00	0.00	In 2002
	8. Plumbing	1460	2 units	14,000.00	0.00	0.00	0.00	In 2002
	9. Electrical	1460	2 units	10,000.00	0.00	0.00	0.00	In 2002
	10. Concrete	1460	2 units	8,000.00	0.00	0.00	0.00	In 2002
	11. Landscape & drainage	1450	2 units	8,000.00	0.00	0.00	0.00	In 2002
	12. Audible Visible alarms	1460	5 units	825.00	0.00	0.00	0.00	In 2002
	Com. room/Mgr's office 504 upgrades:							
	1. Plumbing upgrades	1470	2 Bldgs.	0.00	15,000.00	0.00	0.00	
	2. Electrical upgrades	1470	2 Bldgs.	0.00	20,000.00	0.00	0.00	
	3. Masonry brick/block	1470	2 Bldgs.	0.00	40,000.00	0.00	0.00	
	4. Doors/windows	1470	2 Bldgs.	0.00	20,000.00	0.00	0.00	
	5. Roofing/metals	1470	2 Bldgs.	0.00	20,000.00	0.00	0.00	
	6. Kitchen	1470	1	5,000.00	0.00	0.00	0.00	
	7. Front entrance	1470	2	6,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	East View Terrace Community Room/Manager's Office Continued:							
	6. Drywall/paint/flooring/trim/shelving	1470	2 Bldgs.	0.00	30,000.00	0.00	0.00	
	7. HVAC upgrades	1470	2 Bldgs	0.00	15,000.00	0.00	0.00	
	8. Bathrooms	1470	2	5,000.00	8,000.00	0.00	0.00	
	9. Concrete/paving/railings	1470	L.S.	8,000.00	30,000.00	0.00	0.00	
	10. Landscape/drainage	1470	L.S.	0.00	20,000.00	0.00	0.00	
	11. Asbestos testing/oversight	1470	2 Bldgs.	0.00	4,000.00	0.00	0.00	
PA 15-9 Snowden Terrace	Conversion 1-2 story building to meet 504 from 5 units to 3 units 1-1BR, 1-2BR, 1-3BR and 2-1BR units to 1-2BR unit to meet 504							
	1. Demo building to slab	1460	1 Bldg.	0.00	12,000.00	0.00	0.00	From 2002
	2. Kitchens	1460	4 units	0.00	20,000.00	0.00	0.00	From 2002
	3. Bathrooms	1460	4 units	0.00	16,000.00	0.00	0.00	From 2002
	4. Electrical upgrades	1460	4 units	0.00	40,000.00	0.00	0.00	From 2002
	5. Plumbing upgrades	1460	4 units	0.00	30,000.00	0.00	0.00	From 2002
	6. Roofing/metals	1460	4 units	0.00	30,000.00	0.00	0.00	From 2002
	7. Drywall/painting/flooring/trim	1460	4 units	0.00	30,000.00	0.00	0.00	From 2002
	8. Framing	1460	1 Bldg.	0.00	30,000.00	0.00	0.00	From 2002
	9. Masonry-brick/block	1460	2 Bldgs.	0.00	25,000.00	0.00	0.00	From 2002

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-9, Snowden Terrace Continued	10. HVAC upgrades	1460	4 units	0.00	30,000.00	0.00	0.00	From 2002
	11. Doors/windows	1460	4 units	0.00	25,000.00	0.00	0.00	From 2002
	12. Concrete/paving/railings	1450	L.S.	0.00	25,000.00	0.00	0.00	From 2002
	13. Landscape/drainage	1450	L.S.	0.00	15,000.00	0.00	0.00	From 2002
	14. Asbestos testing/oversight	1460	2 Bldgs.	0.00	2,000.00	0.00	0.00	From 2002
PA 15-11, Mulligan Manor	504 Upgrades: 1. Add 30" work surfaces in kitchens	1460	4 units	2,400.00	2,400.00	0.00	0.00	
	2. Audible/visible alarms	1460	4 units	700.00	700.00	0.00	0.00	
	3. Replace nurse call	1460	L.S.	18,000.00	18,000.00	0.00	0.00	
	4. Replace door entrance system	1470	L.S.	12,000.00	12,000.00	0.00	0.00	
PA 15-22, Scattered Sites	504 upgrades – conversion of 2-1 story duplexes to make 1-1BR and 1-2BR units 504 and 2 regular units							
	1. Kitchen upgrades	1460	4 units	12,000.00	20,000.00	0.00	0.00	
	2. Bathroom upgrades	1460	4 units	10,000.00	16,000.00	0.00	0.00	
	3. Audible/visible alarms	1460	2 units	350.00	0.00	0.00	0.00	
	4. Demolition	1485	2 units	12,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-22, Scattered Sites Continued	5. Plumbing upgrades	1460	4 units	0.00	15,000.00	0.00	0.00	
	6. Electrical upgrades	1460	4 units	0.00	15,000.00	0.00	0.00	
	7. HVAC upgrades	1460	4 units	0.00	30,000.00	0.00	0.00	
	8. Demo building to slab	1460	2 Bldgs.	0.00	8,000.00	0.00	0.00	
	9. Framing	1460	2 Bldgs.	0.00	20,000.00	0.00	0.00	
	10. Roofing/metals	1460	2 Bldgs.	0.00	15,000.00	0.00	0.00	
	11. Doors/windows	1460	4 units	0.00	10,000.00	0.00	0.00	
	12. Drywall/painting/trim/flooring	1460	4 units	0.00	20,000.00	0.00	0.00	
	13. Masonry-brick/block	1460	4 units	0.00	20,000.00	0.00	0.00	
	14. Concrete/paving/railing	1450	L.S.	0.00	15,000.00	0.00	0.00	
	15. Landscape/drainage	1450	L.S.	0.00	5,000.00	0.00	0.00	
PA15-26, Outcrop	504 Upgrades:							
	1. Kitchen upgrades	1460	2 units	12,000.00	8,000.00	0.00	0.00	
	2. Bathroom upgrades	1460	2 units	10,000.00	8,000.00	0.00	0.00	
	3. Audible/visible alarms	1460	2 units	350.00	0.00	0.00	0.00	



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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA15-26, Outcrop Continued	4. Sewage plant upgrade	1470	1	16,000.00	16,000.00	0.00	0.00	
	5. Replace entrance doors and locks	1460	32 units	12,000.00	0.00	0.00	0.00	
	6. Electrical upgrades	1460	2 units	0.00	8,000.00	0.00	0.00	
	7. Plumbing upgrades	1460	2 units	0.00	4,000.00	0.00	0.00	
	8. HVAC upgrades	1460	2 units	0.00	4,000.00	0.00	0.00	
	9. Drywall/painting/trim/flooring	1460	2 units	0.00	8,000.00	0.00	0.00	
	10. Doors/windows	1460	2 units	0.00	4,000.00	0.00	0.00	
	11. Roofing/metals	1460	2 units	0.00	3,000.00	0.00	0.00	
	12. Concrete/paving/railing	1450	2 units	0.00	2,000.00	0.00	0.00	
	13. Landscape/drainage	1450	2 units	0.00	2,000.00	0.00	0.00	
	Com. room/Mgr. office 504 upgrade							
	1. Kitchen	1470	1	0.00	6,000.00	0.00	0.00	
	2. Bathroom	1470	1	0.00	2,000.00	0.00	0.00	
	3. Doors/hardware	1470	1	0.00	2,000.00	0.00	0.00	
	4. Concrete/paving	1470	1	0.00	2,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-31, Outcrop II	504 Upgrades:							
	1. Kitchen upgrades	1460	2 units	8,000.00	8,000.00	0.00	0.00	
	2. Audible/visible alarms	1460	2 units	350.00	0.00	0.00	0.00	
	3. Replace entrance doors and locks	1460	2 units	20,000.00	0.00	0.00	0.00	
	4. Bathrooms	1460	2 units	0.00	6,000.00	0.00	0.00	
	5. Electrical upgrades	1460	2 units	0.00	6,000.00	0.00	0.00	
	6. Plumbing upgrades	1460	2 units	0.00	6,000.00	0.00	0.00	
	7. HVAC upgrades	1460	2 units	0.00	4,000.00	0.00	0.00	
	8. Doors/windows	1460	2 units	0.00	4,000.00	0.00	0.00	
	9. Drywall/painting/trim/flooring	1460	2 units	0.00	8,000.00	0.00	0.00	
	10. Roofing/metals	1460	2 units	0.00	3,000.00	0.00	0.00	
	11. Concrete/paving/railings	1450	2 units	0.00	2,000.00	0.00	0.00	
	12. Landscape/drainage	1450	2 units	0.00	2,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide Mgmt. Improvements	1. Staff training	1408	L.S.	30,000.00	30,000.00	0.00	0.00	
	2. Resident Initiatives	1408	L.S.	80,000.00	80,000.00	0.00	0.00	
	3. Computer Software	1408	L.S.	40,000.00	40,000.00	0.00	0.00	
	4. Applications/planning services	1408	L.S.	26,000.00	150,000.00	0.00	0.00	
	5. Management analysis planning human resources	1408	L.S.	35,000.00	35,000.00	0.00	0.00	
	6. Tenant patrols	1408	L.S.	12,000.00	12,000.00	0.00	0.00	
HA-Wide Admin.	1. Modernization salary & benefits	1410	L.S.	316,470.00	316,470.00	0.00	0.00	
	2. Bid Advertisements	1410	L.S.	6,000.00	6,000.00	0.00	0.00	
HA-Wide Fees & Costs	1. Architectural & Engineering	1430	L.S.	130,000.00	200,000.00	0.00	0.00	
	2. Financial Consultants	1430	L.S.	80,000.00	80,000.00	0.00	0.00	
	3. Construction Manager	1430	L.S.	50,000.00	50,000.00	0.00	0.00	
	4. Modernization legal costs	1430	L.S.	65,000.00	65,000.00	0.00	0.00	
HA-Wide Non-Dwelling Equip.	1. Computer Hardware	1475	L.S.	40,000.00	40,000.0	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	2. Office equipment	1475	L.S.	10,000.00	10,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	1. Relocation Costs	1495	L.S.	30,000.00	30,000.00	0.00	0.00	
	2. Appliances	1465	L.S.	125,000.00	125,000.00	0.00	0.00	
	3. Vehicles	1465	L.S.	0.00	45,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: PA28P01550203 Replacement Housing Factor No:					Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
PA 15-1 Bierer Wood	7/31/05			7/31/06				
PA 15-4 Lemon Wood	7/31/05			7/31/06				
PA 15-7 Dunlap Creek	7/31/05			7/31/06				
PA 15-9 Snowden	7/31/05			7/31/06				
PA 15-10 East View	7/31/05			7/31/06				
PA 15-11 Mulligan Manor	7/31/05			7/31/06				
PA 15-22 Scattered Sites	7/31/05			7/31/06				
PA 15-26 Outcrop	7/31/05			7/31/06				
PA 15-31 Outcrop II	7/31/05			7/31/06				
HA-Wide Mgmt. Improve	7/31/05			7/31/06				
HA-Wide Admin.	7/31/05			7/31/06				
HA-Wide Fees & Costs	7/31/05			7/31/06				
HA-Wide Non-Dwelling	7/31/05			7/31/06				
HA-Wide	7/31/05			7/31/06				



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name		<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY:	Work Statement for Year 3 FFY Grant: PHA FY:	Work Statement for Year 4 FFY Grant: PHA FY:	Work Statement for Year 5 FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					



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

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
<b>Total CFP Estimated Cost</b>			\$			\$

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

Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>Total CFP Estimated Cost</b>		\$			\$

**Capital Fund Program Five-Year Action Plan**  
**Part I: Summary**

*S A M P L E*

PHA Name <i>Anytown Housing Authority</i>						<input type="checkbox"/> Original 5-Year Plan
						<input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005	
	<b>Annual Statement</b>					
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
Replacement Housing Factor Funds		<i>\$40,000</i>				

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

**S A M P L E**

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2002 PHA FY: 2002			Activities for Year: <u>3</u> FFY Grant: 2003 PHA FY: 2003		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>	<i>10-01/Main Street</i>	<i>Porches</i>	<i>\$35,000</i>	<i>10-01/Main Street</i>	<i>Security Doors replaced</i>	<i>\$36,000</i>
		<i>Doors</i>	<i>\$45,000</i>			
	<i>Subtotal</i>		<i>\$80,000</i>			
<b>Annual</b>	<i>10-02/Broadway</i>	<i>Windows</i>	<i>\$55,000</i>	<i>10-02/Broadway</i>	<i>Kitchen Cabinets</i>	<i>\$40,900</i>
		<i>Site Improvements</i>	<i>\$35,000</i>			
	<i>Subtotal</i>		<i>\$90,000</i>			
<b>Statement</b>	<i>HA-wide</i>	<i>Office Equip/Computer System upgrade</i>	<i>\$100,000</i>	<i>HA-Wide</i>	<i>Security/Main Office and Common Hallways</i>	<i>\$50,000</i>
		<b>Total CFP Estimated Cost</b>	<b>\$270,000</b>			<b>\$162,900</b>

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

***SAMPLE (continued)***

Activities for Year : <u>4</u> FFY Grant: 2004 PHA FY: 2004			Activities for Year: <u>5</u> FFY Grant: 2005 PHA FY: 2005		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
10-01/Main Street	Storage sheds and landscaping	\$65,000	10-01/Main Street	Replace bathroom tile	\$55,000
10-02/Broadway	Tub/shower replacement	\$40,000	10-02/Broadway	New gutters and interior doors	\$43,000
HA-wide	Lead-based paint abatement	\$35,000	HA-wide	Office Furniture	\$27,000
<b>Total CFP Estimated Cost</b>		\$140,000			\$125,000

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	10,000.00			
4	1410 Administration	53,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,842.00	30,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement		75,000.00		
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures		273,127.00		
13	1475 Nondwelling Equipment	70,000.00	90,000.00		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	393,285.00	0.00		
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	531,127.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance		348,127.00		
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Fayette County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-4, Lemon Wood Acres	Development Activities	1499	L.S.					
	1. Water Lines			50,000.00	0.00			
	2. Sewer/Drainage Lines			100,000.00	0.00			
	3. Gas Lines			100,000.00	0.00			
	4. Landscape			50,000.00	0.00			
	5. Underground electric/phone/cable			43,285.00	0.00			
	6. Concrete/paving			50,000.00	0.00			
HA-Wide Mgmt. Improvements	1. Application & Planning Services	1408		5,000.00				
	2. Computer Software	1408		5,000.00				
HA-Wide Admin.	1. Modernization Salaries & Benefits	1410		53,000.00				
HA-Wide Fees & Costs	1. A&E Services	1430		4,842.00	30,000.00			
HA-Wide Non-Dwelling	1. Computer Hardware	1475		70,000.00	90,000.00			





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

PHA Name: Fayette County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA.15-9 Snowden Terrace	504 Upgrades community room	1470						
	1. Addition to community room/Framing	1470	1 bldg		34,127.00			
	2. Roof/Metals	1470	1		25,000.00			
	3. Electrical upgrades/fire&security	1470	1		30,000.00			
	4. Plumbing upgrades	1470	1		30,000.00			
	5. Bathrooms	1470	2		10,000.00			
	6. Kitchen	1470	1		5,000.00			
	7. Windows/Doors	1470	1 bldg		25,000.00			
	8. HVAC upgrades	1470	1		35,000.00			
	9. Masonry/brick/block	1470	1		40,000.00			
	10. Interior finishes/drywall/paint/trim/fooring	1470	1		35,000.00			
	11. Concrete/Paving/Railing	1450	L.S		25,000.00			
	12. Landscape/Drainage	1450	L.S		50,000.00			
	13. Asbestos Testing/Oversight	1470	L.S		4,000.00			

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: PA28P01550203 Replacement Housing Factor No:					Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
PA 15-4, Lemon Wood Acres	2/13/06			2/13/08				
PA.15-9 Snowden Terrace	2/13/06			2/13/08				
HA-Wide:								
Mgmt. Improvements	2/13/06			2/13/08				
Administration	2/13/06			2/13/08				
Fees & Costs	2/13/06			2/13/08				
Non-Dwelling Equip.	2/13/06			2/13/08				



## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550102			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
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	14,305.00			
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550102	Federal FY of Grant: 2002
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/03  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	14,305.00			
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 Conservation Measures				



## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550103			Federal FY of Grant: <b>2003</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
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	11,106.00			
19	1501 Collateralization or Debt Service				
20	1502 Contingency				



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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550103	Federal FY of Grant: 2003
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Original Annual Statement  
 Reserve for Disasters/ Emergencies  
 Revised Annual Statement (revision no:    )  
 Performance and Evaluation Report for Period Ending: 12/31/03  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	11,106.00			
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 Conservation Measures				



**FAYETTE COUNTY HOUSING AUTHORITY  
REASONABLE ACCOMMODATIONS POLICY  
AND PROCEDURES  
IN PUBLIC HOUSING**

**INTRODUCTION**

The Reasonable Accommodation Policy and Procedures, comprised of Part A and Part B, sets forth the Policy and Procedures of the Fayette County Housing Authority in connection with making reasonable accommodations for qualified applicants or residents with disabilities for participation in the Fayette County Housing Authority’s Public Housing Program and activities. A copy of this Reasonable Accommodation Policy and Procedures is posted in the Tenant Selection Department of the Housing Authority, located at 624 Pittsburgh Road, Uniontown, PA, and at each Management Office at each Public Housing Development. Additionally, a copy of the Reasonable Accommodation Policy and Implementation Procedures may be obtained upon request from the Administration Office of the Housing Authority, also located at 624 Pittsburgh Road, Uniontown, PA.

**PART A. POLICY**

**SECTION 1. DEFINITIONS.**

- 1.1 The term “ADA” shall mean the Americans with Disabilities Act.
- 1.2 The term “FHA” shall mean the Fair Housing Act of 1968.
- 1.3 The term “FCHA” shall mean the Fayette County Housing Authority.
- 1.4 The phrase “individual with disabilities” shall have the same meaning as the term “individual with handicaps” under 24 CFR 8.3, as follows:

24 CFR 8.3 Definitions:

“Individual with handicaps” means any person who have a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

- 1.5 The term “Policy” shall mean Part A of the Reasonable Accommodation Policy and Procedure, as adopted by the Board of Directors of the Fayette County Housing Authority, as may be amended.

- 1.6 The term “Procedures” shall mean Part B of the Reasonable Accommodation Policy and Procedure, as may be revised from time to time.
- 1.7 The term “reasonable accommodation” means a modification or change in rules, policies, practices, or services, that will provide the opportunity to participate in Fayette County Housing Authority’s programs and services to meet the Housing Authority’s essential requirements of tenancy to an otherwise eligible individual with a disability.

## **SECTION 2. POLICY STATEMENT.**

The Fayette County Housing Authority is committed to ensuring that its policies and practices do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities in connection with the operation of the Housing Authority’s housing services or programs, solely on the basis of such disabilities. Therefore, if an individual with a disability requires an accommodation, such as an accessible feature or modification to their housing unit, the Housing Authority will provide such accommodation, unless doing so would result in a fundamental alteration in the nature of the program or an undue financial or administrative burden. In such a case, the Housing Authority will provide another accommodation that would not result in a financial or administrative burden.

## **SECTION 3. PURPOSE.**

This Policy is intended to:

- Communicate the Fayette County Housing Authority’s position regarding reasonable accommodations for person with disabilities in connection with the Housing Authority’s housing programs, services, and policies;
- Establish a procedural guide for implementing such Policy; and
- Comply with applicable Federal, State, and Local Laws to ensure accessibility for persons with disabilities to housing programs, benefits, and services administered by the Fayette County Housing Authority.

## **SECTION 4. AUTHORITY.**

The requirements of this Policy are based upon the following statutes or regulations:

- Section 504 of the Rehabilitation Act of 1973, as amended (“Section 504”) prohibits discrimination on the basis of disability status and states that:

**“No qualified individual with handicaps shall, solely on the basis of handicap be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that received Federal Financial Assistance from the Department.”**

- The Fair Housing Act (“FHA”) prohibits discrimination in the sale, rental and financing of dwellings. The FHA requires reasonable accommodations in rules, policies, practices, services and reasonable modifications to dwelling units and public common areas;
- Title II of the Americans With Disabilities Act (“ADA”), prohibits discrimination on the basis of disability status by public entities. Except as provided in 35.102(b) of 28 CFR Part 35, the ADA applies to all services, programs and activities provided or made available by public entities (State and Local Government); and
- Part 8, of Code of Federal Regulations, Title 24, Housing and Urban Development, entitled Non-Discrimination Based On Handicap In Federally Assisted Programs and Activities of the Department of Housing and Urban Development applies to recipients of federal funds and Implements the requirements of the Rehabilitation Act.

## **SECTION 5. MONITORING AND ENFORCEMENT.**

Mr. John C. Santo, Section 504 Coordinator of the Fayette County Housing Authority, is responsible for monitoring compliance with, and enforcing the requirements under this Policy. Questions regarding this Policy, its interpretation or implementation should be made by contact Mr. Santo in writing, or in person by appointment, at 624 Pittsburgh Road, Uniontown, Pennsylvania 15401, or by calling him at 724-434-2141. For Public Housing Applicants, you may either contact Mr. Santo or the Tenant Selection Department at 624 Pittsburgh Road, Uniontown, Pennsylvania 15401, or by calling the Office at 724-434-2118. If you are a Public Housing Tenant, any questions regarding this Policy should be directed either to Mr. Santo or to your Property Manager at their respective office.

## **SECTION 6. GENERAL PRINCIPLES FOR PROVIDING REASONABLE ACCOMMODATIONS.**

Listed below are the general principles which provide a foundation for the Policy and

which the Fayette County Housing Authority's Staff should apply when responding to requests for reasonable accommodations within all of its Housing Programs:

- It is presumed that the individual with a disability is usually knowledgeable of the appropriate types of, and methods of providing, reasonable accommodations needed when making a request. However, the Fayette County Housing Authority reserves the right to investigate and offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation.
- The procedure for evaluation and responding to requests for a reasonable accommodation relies on a cooperative relationship between the Fayette County Housing Authority and the applicant/resident. The process is not adversarial.
- The Fayette County Housing Authority shall inform all applicants and residents of alternative forms of communication. The Request Form is designed to assist our applicants/residents. If an applicant/resident does not, or cannot use the Request Form, the Housing Authority will still respond to the request for an accommodation. The applicant/resident may also request assistance with the Request Form or such applicant/resident may request that the Request Form be provided in an equally effective format or means of communication.

**EXAMPLE(S): Some examples of alternative equally effective forms of communication include the following: Qualified interpreters, printed material, telecommunication devices for deaf persons (TDD's), or other aurally delivered materials available to persons with hearing impairments. Qualified readers, taped texts, audio recordings, Brailled materials, large print materials, or other effective methods of making visually delivered materials available to individuals with visual impairments.**

- In accordance with Procedure 3 (below), the Fayette County Housing Authority will grant the request for a reasonable accommodation only to the extent that an undue financial and administrative burden is not created thereby.
- All written documents required by or as a result of this Policy must contain plain language and be in appropriate alternative formats in order to communicate information and decisions to the person requesting the accommodation.
- Any required meetings with a person with a disability will be held in an accessible location.

## **SECTION 7. AMENDMENT.**

- This Policy may be amended only by Resolution of the Board of Directors of the Fayette County Housing Authority.
- The Procedures may be amended within the Scope of the Policy by the Executive Director of the Fayette County Housing Authority.
- Any Amendment to the Policy or Procedures shall be consistent with all applicable laws and regulations.

**SECTION 8. STAFF TRAINING.**

Training Sessions will be held at least annually concerning the Policy and the Procedures and all applicable, Federal, State, and Local Requirements regarding reasonable accommodations.

**PART B. PROCEDURES.**

**PROCEDURE #1 – COMMUNICATION WITH APPLICANTS AND RESIDENTS.**

1. At the time of application, all applicants must be provided with the Request for Reasonable Accommodation Form (the “Request Form”), a copy of which is attached hereto as Attachment 1), or, upon the applicant’s request, the Request Form must be provided in an equally effective format.
2. Any Public Housing Resident seeking accommodation should contact either the Section 504 Coordinator or the Property Manager located at their Housing Development.
3. The Property Managers are responsible for informing all residents that a request may be submitted for reasonable accommodations for an individual with a disability. All residents will be provided the Request Form when requesting a reasonable accommodation. However, a resident may submit the request in writing, orally, or use another equally effective means of communication to request the accommodation. Upon receiving the request, the Property Manager will contact the Section 504 Coordinator to discuss the request, and shall respond to the request within twenty (20) business days. (The term “business days” shall mean Monday through Friday of each week, excluding Saturday, Sunday, and Holidays observed by the Housing Authority.) If additional information or documentation is required, a written request should be issued to the resident by using the Request For Information or Verification Form (“Request for Information”), a copy of which is attached hereto as Attachment 2.

4. The Fayette County Housing Authority will maintain at its Tenant Selection Office, Management Offices, and Administrative Offices any written materials, which summarizes this Policy and highlights the procedures for making a request for reasonable accommodations.

### **PROCEDURE #2 – SEQUENCE FOR MAKING DECISIONS**

When a Request for Reasonable Accommodation is received, the Section 504 Coordinator will determine if the applicant/resident is a qualified “individual with a disability”, if the requested accommodation is related to the disability, and if the requested accommodation is reasonable.

If it is determined that the Request for Reasonable Accommodation will be approved, a written description of the accommodation will be prepared and included in the Letter Approving the Request for Reasonable Accommodations.

If it is determined that the Request for Reasonable Accommodation will not be approved, the Housing Authority will submit the denial using the Letter Denying the Request for Reasonable Accommodations.

If more information is needed, the applicant/resident will either be notified that a meeting is necessary using the Request for Meeting Letter.

Copies of all letters are attached hereto and made a part hereof.

### **PROCEDURE #3 – GUIDELINES FOR DETERMINING REASONABLENESS**

1. The Section 504 Coordinator will consider all requests for providing reasonable accommodations for an individual with a disability. However, the Section 504 Coordinator may require the individual with a disability to provide further information to demonstrate the need for the requested accommodation to enable access to and use of the Housing Program. Additionally, the Section 504 Coordinator may offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation.
2. Requests for reasonable accommodations will be considered on a case-by case basis. Decisions regarding reasonable accommodations will be made in compliance with all applicable accessibility laws and requirements. Additionally, in those circumstances where the Section 504 Coordinator deems that a proposed reasonable accommodation would fundamentally alter the service, program, or activity, or would result in undue financial and administrative burdens, the Section 504 Coordinator has the burden of proving such results.



3. The responsibility for the decision that a proposed reasonable accommodation would result in such alteration or burdens shall rest with the Executive Director or his Designee after considering all resources available for use in the funding and operation of the service, program, or activity, and must be accompanied by a written statement of the reasons for reaching that conclusion. If any action would result in such an alteration or such burden, the Section 504 Coordinator shall propose any other action that will not result in or require an alteration or burden.
4. Live-In Aides: In some cases, an individual with a disability may require a live-in aide. In accordance with the provisions of the Residential Dwelling Lease, the Fayette County Housing Authority may permit a live-in to reside in the dwelling unit to assist an individual with a disability. A live-in aide means a person (a) determined to be essential to the care and well being of the family member with a disability; (b) is not obligated to support the family member; and (c) would not be living in the unit except to provide the supportive services. A live-in aide would not be required to share a bedroom with another member of the household (**See 24 CFR 966.4(d)(3)**) Prior to granting permission, the live -in aide must submit to a credit and criminal background check in accordance with the Housing Authority's Policies and Procedures. Additionally, medical verification of the need for a live-in aide is required, and the following factors will be considered by the Housing Authority in determining whether to approve a live-in aide:
  - a. whether the addition of a new occupant would create a situation of overcrowding in the dwelling unit, thereby requiring a transfer to another dwelling unit;
  - b. the availability of an appropriate dwelling unit; and/or
  - c. Fayette County Housing Authority's obligation to make reasonable accommodation for persons with disabilities.
4. Verification. The Fayette County Housing Authority may verify a person's disability only to the extent necessary to ensure that applicants are qualified for the housing for which they are applying; that applicants are qualified for deductions used in determining adjusted income; that applicants are entitled to any preference they may claim; and that applicants who have requested a reasonable accommodation have a need for the requested accommodation. The Housing Authority may not require applicants to provide access to confidential medical records in order to verify a disability nor may the Housing Authority require specific details of the nature of the disability. The Housing Authority may require documentation of the manifestation of the disability that causes a need for a specific accommodation or accessible unit. The Housing Authority may not ask what the specific disability is

**FAYETTE COUNTY HOUSING AUTHORITY  
REASONABLE ACCOMMODATIONS POLICY AND  
PROCEDURES**

**ATTACHMENTS TO PROCEDURES**

**ATTACHMENT 1: Request for a Reasonable Accommodation**

**ATTACHMENT 2: Request for Information or Verification**

**ATTACHMENT 3: Letter Denying Request for Reasonable  
Accommodation**

**ATTACHMENT 4: Letter Approving Request for Reasonable  
Accommodation**

**ATTACHMENT 5: Request for Meeting**

**FAYETTE COUNTY HOUSING AUTHORITY  
NOTICE OF RIGHT TO REASONABLE ACCOMMODATION**

**If you have a disability, and as a result of your disability, you need:**

- **A change in the Rules or Policies to give you an equal opportunity to use the facilities or participate in Housing Programs of the Fayette County Housing Authority; or**
- **A change in the way we communicate with you or give you information,**

**you may ask for this kind of change, which is called a reasonable accommodation.**

**If you can show that you have a disability, and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request.**

**We will give you an answer within twenty (20) business days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you, or if we would like to talk to you about other ways to meet your needs.**

**If we deny your request, we will explain the reasons, and you can give us more information if you think that will help.**

**If you need help filling out a Reasonable Accommodation Request Form, or if you want to give us your request in some other way, we can help you.**

**Attached is the Reasonable Accommodation Request Form. You can get additional forms at the Administrative Office of the Housing Authority, or from your Property Manager.**

**All information you provide us will be kept confidential and only be used to help you have an equal opportunity to participate in our Housing Programs.**

**If you have any questions, please contact John Santo, 504 Coordinator, at 724-434-2141.**

---

**Applicant/Resident/Participant Signature**

---

**Date**

**FAYETTE COUNTY HOUSING AUTHORITY  
REQUEST FOR A REASONABLE ACCOMMODATION**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Currently, I am:**

\_\_\_\_\_ **An applicant on the Waiting List**

\_\_\_\_\_ **A Public Housing Resident**

\_\_\_\_\_ **A Section 8 Resident**

**The following member of my household has a disability that qualifies under HUD Rules (a mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment).**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**As a result of his/her disability, the following change(s) are necessary so he/she can have the opportunity to equally participate in the Housing Programs of the Fayette County Housing Authority:**

\_\_\_\_\_  
\_\_\_\_\_

**You may verify the disability and the need for this request by contacting the following health care or other professional:**

**Name & Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**I give you permission to contact the above individual for purposes of verifying that I, or a family member, have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide the accommodation.**

\_\_\_\_\_  
**(Signature of Person with Disabilities or Head  
of Household)**

\_\_\_\_\_  
**Date**

**REQUEST FOR INFORMATION OR VERIFICATION**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dear Applicant or Resident:**

**We have received your Request for a Reasonable Accommodation. We need to know more about your disability and the reason for your request before we can decide how to address your request.**

**You can give us more information by contacting our Office at \_\_\_\_\_ . If this is a problem for you, other ways of providing the information may also be acceptable.**

**We will not make a decision until we have this information.**

**If you think that you have given us this information, or if you think that we should not ask for this information, please call us at (Phone Number).**

**Sincerely,**

**Signature and Closing**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dear Applicant or Resident:**

**You requested the following change or accommodation (describe request). We have attached a copy of your request form. We have denied your request because:**

- **You do not meet the definition of an individual with a handicap, and we are not required to provide a reasonable accommodation.**
- **You do not need this accommodation in order to enjoy or participate equally in our Housing Program.**
- **It will create undue financial and administrative burdens for us.**
- **It will change the fundamental nature of our Program.**

**We have decided this because (give reasons, in clear and simple language).**

**If you disagree with our decision, you may contact our Office at 624 Pittsburgh Road, Uniontown, PA 15401.**

**(Signature and Closing)**



**APPROVAL OF REQUEST FOR A REASONABLE  
ACCOMMODATION**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dear Applicant or Resident:**

**We have approved your request for the following change or reasonable accommodation (describe in detail):**

- **We can provide you with this accommodation by (date).**
- **To make the change you requested, we must have three (3) bids and then arrange installation. Your accommodation will be made as soon as the above procedure has been completed.**
- **(Other reason for delay).**

**Please call our Office at (telephone number) if you have any questions.**

**If you think this change or reasonable accommodation is not what you requested, if it is not acceptable, or if you object to the amount of time it will take to provide it, you may contact our Office at 624 Pittsburgh Road, Uniontown, PA 15401.**

**REQUEST FOR A MEETING**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dear Applicant or Resident:**

**We have received your request for a reasonable accommodation. It would help us make our decision if we could meet with you. You may bring someone to assist you with the meeting.**

**We would like to meet you at our Administration Office at 624 Pittsburgh Road, Uniontown, PA on (date and time). If you cannot come at this time, please call our Office at (telephone number).**

**Please come ready to talk to us about the changes you requested. Please bring copies of any information you would like to give us.**

**We look forward to meeting with you.**

**(Signature and closing)**



**FAYETTE COUNTY HOUSING AUTHORITY  
REASONABLE ACCOMMODATIONS POLICY  
AND PROCEDURES  
IN SECTION 8 HOUSING**

**INTRODUCTION**

The Reasonable Accommodation Policy and Procedures, comprised of Part A and Part B, sets forth the Policy and Procedures of the Fayette County Housing Authority in connection with making reasonable accommodations for qualified applicants or residents with disabilities for participation in the Fayette County Housing Authority’s Section 8 Housing Program and activities. A copy of this Reasonable Accommodation Policy and Procedures is posted in the Tenant Selection Department of the Housing Authority, located at 624 Pittsburgh Road, Uniontown, PA. Additionally, a copy of the Reasonable Accommodation Policy and Implementation Procedures may be obtained upon request from the Administration Office of the Housing Authority, also located at 624 Pittsburgh Road, Uniontown, PA.

**PART A. POLICY**

**SECTION 1. DEFINITIONS.**

- 1.1 The term “ADA” shall mean the Americans with Disabilities Act.
- 1.2 The term “FHA” shall mean the Fair Housing Act of 1968.
- 1.3 The term “FCHA” shall mean the Fayette County Housing Authority.
- 1.4 The phrase “individual with disabilities” shall have the same meaning as the term “individual with handicaps” under 24 CFR 8.3, as follows:

24 CFR 8.3 Definitions:

“Individual with handicaps” means any person who have a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

- 1.5 The term “Policy” shall mean Part A of the Reasonable Accommodation Policy and Procedure, as adopted by the Board of Directors of the Fayette County Housing Authority, as may be amended.
- 1.6 The term “Procedures” shall mean Part B of the Reasonable Accommodation Policy and Procedure, as may be revised from time to time.

- 1.7 The term “reasonable accommodation” means a modification or change in rules, policies, practices, or services, that will provide the opportunity to participate in Fayette County Housing Authority’s programs and services to meet the Housing Authority’s essential requirements of tenancy to an otherwise eligible individual with a disability.

**SECTION 2. POLICY STATEMENT.**

The Fayette County Housing Authority is committed to ensuring that its policies and practices do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities in connection with the operation of the Housing Authority’s housing services or programs, solely on the basis of such disabilities. Therefore, if an individual with a disability requires an accommodation, such as an accessible feature or modification to their Section 8 residence, the Housing Authority will work with their Section 8 Landlord to provide such accommodation, unless doing so would result in a fundamental alteration in the nature of the program or an undue financial burden. In such a case, the Housing Authority will assist the Section 8 Tenants in finding another accommodation that would not result in an undue financial burden. The Fayette County Housing Authority will pay up to 120% of the Fair Market Rent Amount as the Payment Standard to a Section 8 Landlord who is willing to make the alterations necessary to provide such reasonable accommodation for their Tenant, even if this amount exceeds the rent reasonableness. This special payment standard will be reviewed and approved by the Section 8 Department on a case by case basis.

**SECTION 3. PURPOSE.**

This Policy is intended to:

- Communicate the Fayette County Housing Authority’s position regarding reasonable accommodations for person with disabilities in connection with the Housing Authority’s housing programs, services, and policies;
- Establish a procedural guide for implementing such Policy; and
- Comply with applicable Federal, State, and Local Laws to ensure accessibility for persons with disabilities to housing programs, benefits, and services administered by the Fayette County Housing Authority.

#### **SECTION 4. AUTHORITY.**

The requirements of this Policy are based upon the following statutes or regulations:

- Section 504 of the Rehabilitation Act of 1973, as amended (“Section 504”) prohibits discrimination on the basis of disability status and states that:

**“No qualified individual with handicaps shall, solely on the basis of handicap be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that received Federal Financial Assistance from the Department.”**

- The Fair Housing Act (“FHA”) prohibits discrimination in the sale, rental and financing of dwellings. The FHA requires reasonable accommodations in rules, policies, practices, services and reasonable modifications to dwelling units and public common areas;
- Title II of the Americans With Disabilities Act (“ADA”), prohibits discrimination on the basis of disability status by public entities. Except as provided in 35.102(b) of 28 CFR Part 35, the ADA applies to all services, programs and activities provided or made available by public entities (State and Local Government); and
- Part 8, of Code of Federal Regulations, Title 24, Housing and Urban Development, entitled Non-Discrimination Based On Handicap In Federally Assisted Programs and Activities of the Department of Housing and Urban Development applies to recipients of federal funds and implements the requirements of the Rehabilitation Act.

#### **SECTION 5. MONITORING AND ENFORCEMENT.**

Mr. John C. Santo, Section 504 Coordinator of the Fayette County Housing Authority, is responsible for monitoring compliance with, and enforcing the requirements under this Policy. Questions regarding this Policy, its interpretation or implementation should be made by contact Mr. Santo in writing, or in person by appointment, at 624 Pittsburgh Road, Uniontown, Pennsylvania 15401, or by calling him at 724-434-2141. For Section 8 Housing Applicants, you may either contact Mr. Santo or the Tenant Selection Department at 624 Pittsburgh Road, Uniontown, Pennsylvania 15401, or by calling the Office at 724-434-2118. If you are a Section 8 Housing Tenant, any questions regarding

this Policy should be directed either to Mr. Santo or to your Case Manager in the Section 8 Office of the Housing Authority.

## **SECTION 6. GENERAL PRINCIPLES FOR PROVIDING REASONABLE ACCOMMODATIONS.**

Listed below are the general principles which provide a foundation for the Policy and which the Fayette County Housing Authority's Staff should apply when responding to requests for reasonable accommodations within all of its Housing Programs:

- It is presumed that the individual with a disability is usually knowledgeable of the appropriate types of, and methods of providing, reasonable accommodations needed when making a request. However, the Fayette County Housing Authority reserves the right to investigate and offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation.
- The procedure for evaluation and responding to requests for a reasonable accommodation relies on a cooperative relationship between the Fayette County Housing Authority and the applicant/resident. The process is not adversarial.
- The Fayette County Housing Authority shall inform all applicants and residents of alternative forms of communication. The Request Form is designed to assist our applicants/residents. If an applicant/resident does not, or cannot use the Request Form, the Housing Authority will still respond to the request for an accommodation. The applicant/resident may also request assistance with the Request Form or such applicant/resident may request that the Request Form be provided in an equally effective format or means of communication.

**EXAMPLE(S): Some examples of alternative equally effective forms of communication include the following: Qualified interpreters, printed material, telecommunication devices for deaf persons (TDD's), or other aurally delivered materials available to persons with hearing impairments. Qualified readers, taped texts, audio recordings, Brailled materials, large print materials, or other effective methods of making visually delivered materials available to individuals with visual impairments.**

- In accordance with Procedure 3 (below), the Fayette County Housing Authority will grant the request for a reasonable accommodation only to the extent that an undue financial and administrative burden is not created thereby.

- All written documents required by or as a result of this Policy must contain plain language and be in appropriate alternative formats in order to communicate information and decisions to the person requesting the accommodation.
- Any required meetings with a person with a disability will be held in an accessible location.

**SECTION 7. AMENDMENT.**

- This Policy may be amended only by Resolution of the Board of Directors of the Fayette County Housing Authority.
- The Procedures may be amended within the Scope of the Policy by the Executive Director of the Fayette County Housing Authority.
- Any Amendment to the Policy or Procedures shall be consistent with all applicable laws and regulations.

**SECTION 8. STAFF TRAINING.**

Training Sessions will be held at least annually concerning the Policy and the Procedures and all applicable, Federal, State, and Local Requirements regarding reasonable accommodations.

**PART B. PROCEDURES.**

**PROCEDURE #1 – COMMUNICATION WITH APPLICANTS AND RESIDENTS.**

1. At the time of application, all applicants must be provided with the Request for Reasonable Accommodation Form (the “Request Form”), a copy of which is attached hereto as Attachment 1), or, upon the applicant’s request, the Request Form must be provided in an equally effective format.
2. Any Section 8 Housing Resident seeking accommodation should contact either the Section 504 Coordinator or their Case Manager in the Section 8 Office of the Administration Office.
3. The Section 8 Case Managers are responsible for informing all residents that a request may be submitted for reasonable accommodations for an individual with a



disability. All residents will be provided the Request Form when requesting a reasonable accommodation. However, a resident may submit the request in writing, orally, or use another equally effective means of communication to request the accommodation. Upon receiving the request, the Section 8 Case Manager will contact the Section 504 Coordinator to discuss the request, and shall respond to the request within twenty (20) business days. (The term “business days” shall mean Monday through Friday of each week, excluding Saturday, Sunday, and Holidays observed by the Housing Authority.) If additional information or documentation is required, a written request should be issued to the resident by using the Request For Information or Verification Form (“Request for Information”), a copy of which is attached hereto as Attachment 2.

4. The Fayette County Housing Authority will maintain at its Tenant Selection Office, Management Offices, and Administrative Offices any written materials, which summarizes this Policy and highlights the procedures for making a request for reasonable accommodations.

#### **PROCEDURE #2 – SEQUENCE FOR MAKING DECISIONS**

When a Request for Reasonable Accommodation is received, the Section 504 Coordinator will determine if the applicant/resident is a qualified “individual with a disability”, if the requested accommodation is related to the disability, and if the requested accommodation is reasonable.

If it is determined that the Request for Reasonable Accommodation will be approved, a written description of the accommodation will be prepared and included in the Letter Approving the Request for Reasonable Accommodations.

If it is determined that the Request for Reasonable Accommodation will not be approved, the Housing Authority will submit the denial using the Letter Denying the Request for Reasonable Accommodations.

If more information is needed, the applicant/resident will either be notified that a meeting is necessary using the Request for Meeting Letter.

Copies of all letters are attached hereto and made a part hereof.

#### **PROCEDURE #3 – GUIDELINES FOR DETERMINING REASONABLENESS**

1. The Section 504 Coordinator will consider all requests for providing reasonable

accommodations for an individual with a disability. However, the Section 504 Coordinator may require the individual with a disability to provide further information to demonstrate the need for the requested accommodation to enable access to and use of the Housing Program. Additionally, the Section 504 Coordinator may offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation.

2. Requests for reasonable accommodations will be considered on a case-by case basis. Decisions regarding reasonable accommodations will be made in compliance with all applicable accessibility laws and requirements. Additionally, in those circumstances where the Section 504 Coordinator deems that a proposed reasonable accommodation would fundamentally alter the service, program, or activity, or would result in undue financial and administrative burdens, the Section 504 Coordinator has the burden of proving such results.
3. The responsibility for the decision that a proposed reasonable accommodation would result in such alteration or burdens shall rest with the Executive Director or his Designee after considering all resources available for use in the funding and operation of the service, program, or activity, and must be accompanied by a written statement of the reasons for reaching that conclusion. If any action would result in such an alteration or such burden, the Section 504 Coordinator shall propose any other action that will not result in or require an alteration or burden.
4. Live-In Aides: In some cases, an individual with a disability may require a live-in aide. In accordance with the Policy of the Fayette County Housing Authority, the Section 8 Department may permit a live-in to reside in the dwelling unit to assist an individual with a disability. A live-in aide means a person (a) determined to be essential to the care and well being of the family member with a disability; (b) is not obligated to support the family member; and (c) would not be living in the unit except to provide the supportive services. A live-in aide would not be required to share a bedroom with another member of the household (**See 24 CFR 966.4(d)(3)**). Prior to granting permission, the live-in aide must submit to a credit and criminal background check in accordance with the Housing Authority's Policies and Procedures. Additionally, medical verification of the need for a live-in aide is required, and the following factors will be considered by the Housing Authority in determining whether to approve a live-in aide:
  - a. whether the addition of a new occupant would create a situation of overcrowding in the Section 8 unit, thereby requiring the Tenant to move to another Section 8 unit suitable to their needs;
  - b. the ability of the Section 8 Tenant to find a suitable unit; and/or

- c. Fayette County Housing Authority's obligation to assist persons with disabilities in finding suitable accommodations.
4. Verification. The Fayette County Housing Authority may verify a person's disability only to the extent necessary to ensure that applicants are qualified for the housing for which they are applying; that applicants are qualified for deductions used in determining adjusted income; that applicants are entitled to any preference they may claim; and that applicants who have requested a reasonable accommodation have a need for the requested accommodation. The Housing Authority may not require applicants to provide access to confidential medical records in order to verify a disability nor may the Housing Authority require specific details of the nature of the disability. The Housing Authority may require documentation of the manifestation of the disability that causes a need for a specific accommodation or accessible unit. The Housing Authority may not ask what the specific disability is

**FAYETTE COUNTY HOUSING AUTHORITY  
REASONABLE ACCOMMODATIONS POLICY AND  
PROCEDURES**

**ATTACHMENTS TO PROCEDURES**

**ATTACHMENT 1: Request for a Reasonable Accommodation**

**ATTACHMENT 2: Request for Information or Verification**

**ATTACHMENT 3: Letter Denying Request for Reasonable  
Accommodation**

**ATTACHMENT 4: Letter Approving Request for Reasonable  
Accommodation**

**ATTACHMENT 5: Request for Meeting**

**FAYETTE COUNTY HOUSING AUTHORITY  
NOTICE OF RIGHT TO REASONABLE ACCOMMODATION**

**If you have a disability, and as a result of your disability, you need:**

- **A change in the Rules or Policies to give you an equal opportunity to use the facilities or participate in Housing Programs of the Fayette County Housing Authority; or**
- **A change in the way we communicate with you or give you information,**

**you may ask for this kind of change, which is called a reasonable accommodation.**

**If you can show that you have a disability, and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request.**

**We will give you an answer within twenty (20) business days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you, or if we would like to talk to you about other ways to meet your needs.**

**If we deny your request, we will explain the reasons, and you can give us more information if you think that will help.**

**If you need help filling out a Reasonable Accommodation Request Form, or if you want to give us your request in some other way, we can help you.**

**Attached is the Reasonable Accommodation Request Form. You can get additional forms at the Administrative Office of the Housing Authority, or from your Property Manager.**

**All information you provide us will be kept confidential and only be used to help you have an equal opportunity to participate in our Housing Programs.**

**If you have any questions, please contact John Santo, 504 Coordinator, at 724-434-2141.**

---

**Applicant/Resident/Participant Signature**

---

**Date**

**FAYETTE COUNTY HOUSING AUTHORITY  
REQUEST FOR A REASONABLE ACCOMMODATION**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Currently, I am:**

\_\_\_\_\_ **An applicant on the Waiting List**

\_\_\_\_\_ **A Public Housing Resident**

\_\_\_\_\_ **A Section 8 Resident**

**The following member of my household has a disability that qualifies under HUD Rules (a mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment).**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**As a result of his/her disability, the following change(s) are necessary so he/she can have the opportunity to equally participate in the Housing Programs of the Fayette County Housing Authority:**

\_\_\_\_\_  
\_\_\_\_\_

**You may verify the disability and the need for this request by contacting the following health care or other professional:**

**Name & Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**I give you permission to contact the above individual for purposes of verifying that I, or a family member, have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide the accommodation.**

\_\_\_\_\_  
**(Signature of Person with Disabilities or Head  
of Household)**

\_\_\_\_\_  
**Date**



**REQUEST FOR INFORMATION OR VERIFICATION**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dear Applicant or Resident:**

**We have received your Request for a Reasonable Accommodation. We need to know more about your disability and the reason for your request before we can decide how to address your request.**

**You can give us more information by contacting our Office at \_\_\_\_\_ . If this is a problem for you, other ways of providing the information may also be acceptable.**

**We will not make a decision until we have this information.**

**If you think that you have given us this information, or if you think that we should not ask for this information, please call us at (Phone Number).**

**Sincerely,**

**Signature and Closing**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dear Applicant or Resident:**

**You requested the following change or accommodation (describe request). We have attached a copy of your request form. We have denied your request because:**

- **You do not meet the definition of an individual with a handicap, and we are not required to provide a reasonable accommodation.**
- **You do not need this accommodation in order to enjoy or participate equally in our Housing Program.**
- **It will create undue financial and administrative burdens for us.**
- **It will change the fundamental nature of our Program.**

**We have decided this because (give reasons, in clear and simple language).**

**If you disagree with our decision, you may contact our Office at 624 Pittsburgh Road, Uniontown, PA 15401.**

**(Signature and Closing)**

**APPROVAL OF REQUEST FOR A REASONABLE  
ACCOMMODATION**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dear Applicant or Resident:**

**We have approved your request for the following change or reasonable accommodation (describe in detail):**

- **We can provide you with this accommodation by (date).**
- **To make the change you requested, we must have three (3) bids and then arrange installation. Your accommodation will be made as soon as the above procedure has been completed.**
- **(Other reason for delay).**

**Please call our Office at (telephone number) if you have any questions.**

**If you think this change or reasonable accommodation is not what you requested, if it is not acceptable, or if you object to the amount of time it will take to provide it, you may contact our Office at 624 Pittsburgh Road, Uniontown, PA 15401.**

**REQUEST FOR A MEETING**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dear Applicant or Resident:**

**We have received your request for a reasonable accommodation. It would help us make our decision if we could meet with you. You may bring someone to assist you with the meeting.**

**We would like to meet you at our Administration Office at 624 Pittsburgh Road, Uniontown, PA on (date and time). If you cannot come at this time, please call our Office at (telephone number).**

**Please come ready to talk to us about the changes you requested. Please bring copies of any information you would like to give us.**

**We look forward to meeting with you.**

**(Signature and closing)**



# **FAYETTE COUNTY HOUSING AUTHORITY SECTION 8 HOMEOWNERSHIP PROGRAM**

## **I. PURPOSE**

The Fayette County Housing Authority's (FCHA) Homeownership Program is designed to promote and support homeownership by a "first-time" homeowner, a family who meets the definition in this Plan. It allows an eligible family to purchase a home with voucher homeownership assistance in accordance with 24 CFR 982. Voucher Assistance Payments supplement the family's income to facilitate the transition from rental to homeownership. The initial availability of these assistance payments helps the family pay the cost of homeownership so that the family can finance the purchase of the home.

In addition, Voucher Homeownership Assistance payment for a cooperative homeowner is specifically authorized for both families who are first time cooperative homeowners or families who owned the cooperative unit prior to receiving Section 8 Assistance.

## **II. FAMILY PARTICIPATION REQUIREMENT**

- A. In order to assure a successful transition from rental to homeownership, this Program shall be open only to those who are currently being assisted by the Housing Choice Voucher Program.
  - FCHA shall require families to be a participant in the HCV Program for at least 1 year before being eligible to participate in the Homeownership Program.
    - Families will be selected to participate in the Homeownership Program based on the date and time of the family providing a written statement that they wish to participate in the program and the family meets the basic requirements for eligibility to participate in the program
- B. Five (5) of the Fayette County Housing Authority's Housing Choice Vouchers shall be utilized at any one time in the program; however, FCHA retains the option to adjust the program size based on usage, need and availability.
- C. The family is qualified to participate as set forth in Section III of this Program.
- D. The unit to be purchased is eligible as set forth in Section IV of this Program.
- E. The family must satisfactorily complete the required Pre-Assistance Homeownership Counseling and fulfill other program requirements.

- Qualified families will be selected and issued a homeownership voucher according to the following:
  - Date and time of meeting all the required family participation requirements, and if more than one family has the same date and time of completion, then the earliest date and time of entering into the HCV Program

### **III. FAMILY ELIGIBILITY REQUIREMENTS**

- A. The family is currently a participant in FCHA's Section 8 Housing Choice Voucher Program, fulfilling their current requirements of the program and qualifies to participate in the Homeownership Program.
  
- B. At the commencement of homeownership assistance, the family must be one of the following:
  - 1. A first-time homeowner as defined by the Voucher Homeownership Program; or
  - 2. A cooperative member; or
  - 3. A family of which a family member is a person with disabilities, and the use of the homeownership option is needed as a reasonable accommodation so the program is readily accessible to and usable by such person.
  
- C. At commencement of homeownership assistance for the family, the family must demonstrate that its total annual income (gross income), as determined by the Fayette County Housing Authority, of all adult family members who will own the home at commencement of homeownership assistance is not less than the Federal minimum hourly wage multiplied by 2,000 hours. Public assistance income may not be used from meeting this requirement, except for households in which the head or co-head is elderly or disabled and households that include a disabled person other than head or co-head. However, in the case of disabled families, the minimum income shall be equal to the monthly Federal Supplemental Security Income (SSI) for an individual living alone (or paying his or her share of food and housing costs) multiplied by twelve.

Except in the case of an elderly family or a disabled family, the Fayette County Housing Authority shall not include any welfare assistance received by the family

in determining minimum annual income.

The disregard of welfare assistance income under the preceding paragraph only affects the determination of minimum annual income used to determine if a family initially qualifies for commencement of homeownership assistance in accordance with this Section, but does not affect:

1. The determination of income eligibility for admission to the Section 8 Housing Choice Voucher Program; or
2. Calculation of the amount of the family's total tenant payment (gross Family contribution); or
3. Calculation of the amount of homeownership assistance payments on behalf of the family.

In the case of an elderly family or a disabled family, welfare assistance shall be counted in determining annual income.

- D. The family must be in compliance with the current conditions of the program, in compliance with the current lease, and must terminate their current assistance in compliance with the lease.
- E. Participants in the program must enroll in the counseling program and complete the program and be deemed mortgage ready before a homeownership voucher is issued. At a minimum, the counseling will cover the following:
  - Home Maintenance
  - Budget Counseling
  - Credit Counseling
  - Negotiating the Purchase Price
  - Financing
  - Deconcentration
  - HQS and Inspections
- F. The family must demonstrate that one or more adult members of the family who will own the home at commencement of homeownership assistance:
  1. Is currently employed on a full-time basis (the term "full-time" means employment not less than an average of 30 hours per week); and
  2. Has been continuously employed during the year before commencement of homeownership assistance for the family.



This requirement shall be considered fulfilled if:

1. The family member is self-employed and earning a net income (income after business expenses have been deducted) that equals the Federal minimum hourly wage multiplied by 2,000 hours; or
2. Any employment interruptions either were not the fault of the family member; or were for less than 30 days and caused by an effort to improve the family's situation.

The employment requirement does not apply to an elderly family or a disabled family. Furthermore, if a family, other than an elderly family or a disabled family, includes a person with disabilities, an exemption from the employment requirement shall be granted, if the Fayette County Housing Authority determines that an exemption is needed as a reasonable accommodation, so that the program is readily accessible to and usable by persons with disabilities.

- G. The Fayette County Housing Authority shall not commence homeownership assistance for a family if any family member has previously received assistance under a homeownership option, and while an adult has defaulted on a mortgage securing debt incurred to purchase the home.
- H. Except for cooperative members who have acquired cooperative membership shares prior to commencement of homeownership assistance, no family member shall have a present ownership interest in a residence at the commencement of homeownership assistance for the purchase of any home.

#### **IV. ELIGIBLE UNITS**

- A. Any unit that is eligible under the Section 8 Rental Assistance Program is eligible for this Program. The types of units eligible are:
1. Single family dwellings;
  2. Condominiums, Townhouses, single side of a duplex, Rowhouses;
  3. Cooperatives, lease purchase units; and
  4. Site installed manufactured housing and their pads (must have at least a permanent foundation and at least a 40-year lease).

- B. The unit must be either existing or under construction (the footers have been poured) at the time the family enters into the Contract of Sale.
- C. The unit must be either a one unit property or a single dwelling unit in a cooperative, complex or condominium.
- D. The unit must pass the Housing Quality Standards (HQS) inspection by FCHA, and have been inspected by an independent inspector designated and paid for by the family. The unit must be acceptable to the family and PHA after both parties review the independent inspector's report.
- E. The seller cannot be debarred, suspended, or subject to a limited denial of participation by HUD.
- F. If the unit is owned by the Fayette County Housing Authority or by an entity substantially controlled by the Housing Authority, the following additional conditions must be met:
  - 1. The purchasing family must verify in writing that it is purchasing the unit without any Housing Authority coercion, steering or pressure; and
  - 2. An independent agency, approved by HUD, must perform the following functions:
    - a. Inspect the unit for HQS compliance;
    - b. Review the independent inspection report;
    - c. Determine the unit type is eligible for the program
    - d. Review the sales contract; and
    - e. Determine the reasonableness of the sale price and any Housing Authority provided financing.

## **V.     SEARCHING FOR A NEW HOME**

Because the financial stability of the Section 8 Program depends upon either having units under lease or being purchased, it is necessary for the Fayette County Housing Authority to limit the amount of time a qualified family can take between the time a Housing Choice Voucher is issued to the family and the time a home is identified that the family wishes to purchase. Families will have up to ninety (90) days to locate an appropriate property and notify the Housing Authority. If extraordinary difficulties are encountered, the family can request up to two (2) thirty (30) day extensions, which may be granted at

the sole discretion of the Fayette County Housing Authority. If an extension is requested and granted, the family will report orally to the Housing Authority every two (2) weeks to update the Housing Authority on the progress of its search.

Once a suitable property has been identified and an Agreement to Purchase Contract is executed, the Fayette County Housing Authority will determine a maximum time in which the closing must occur and when the family will take occupancy of the property. This time frame will vary depending on financing and market conditions.

If the family is unable to locate a suitable home to purchase, it can request that the Housing Choice Voucher be converted into a Rental Assistance Voucher. This request must be made before the Voucher expires. Approval of the request will be at the sole discretion of the Fayette County Housing Authority

Additional time will be granted to a disabled family as a reasonable accommodation if justified by the family's actions and/or housing market conditions.

## **VI. HOMEOWNERSHIP COUNSELING**

Before the commencement of homeownership assistance for a family, the family must attend and satisfactorily completed a pre-assistance homeownership and housing counseling program required by the Fayette County Housing Authority (pre-assistance counseling). The counseling will be conducted by a HUD-approved counseling agency, or if this is not available, the Housing Authority shall make other arrangements for the pre-assistance counseling.

Among the topics to be covered in the PHA-required pre-assistance counseling program are:

- A. Home maintenance (including care of the grounds);
- B. Budgeting and money management;
- C. Credit counseling;
- D. How to negotiate the purchase price of a home;
- E. How to obtain homeownership financing and loan pre-approvals, including a description of types of financing that may be available, and the pros and cons of different types of financing.
- F. How to find a home, including information about homeownership opportunities, schools, and transportation in the PHA jurisdiction;

- G. Advantages of purchasing a home in an area that does not have a high concentration of low-income families, and how to locate homes in such areas;
- H. Information on fair housing, including fair housing lending and local fair housing enforcement agencies; and
- I. Information about the Real Estate Settlement Procedures Act (RESPA), State and Federal Truth-in-Lending Laws, and how to identify and avoid loans with oppressive terms and conditions.

The Fayette County Housing Authority will also offer additional counseling after commencement of homeownership assistance (ongoing counseling). This counseling will be mandatory for all homeownership assistance recipients. The reason for this mandatory counseling is to make sure the families are either off to a good start, continue to fulfill program requirements, or are preparing for the termination of their assistance.

## **VII. HOME INSPECTIONS**

The Fayette County Housing Authority will not commence homeownership assistance for a family until it has inspected the unit, determined that the unit passes Housing Quality Standards (HQS), and the family has met all other conditions of the homeownership program. The HQS and independent inspection are requirements that must be fulfilled and included in the sales contract. The Authority may at the request of the participating family, pre-inspect the unit for HQS compliance prior to entering into an offer to purchase, although it is not required by the regulations. The HQS inspection will be conducted by the Housing Authority before the independent professional services are secured by the family.

The unit must also be inspected by an independent professional inspector selected by and paid for by the family. The independent inspection must cover major building systems and components, including foundation and structure, housing interior and exterior, and the roofing, plumbing, electrical, and heating systems. The independent inspector must be qualified to report on property conditions, including major building systems and components. The Fayette County Housing Authority may provide a list of available independent inspectors, but the family is not required to use one of the inspectors on the list, and may secure a qualified independent contractor of their choice to perform the services. The independent inspector may not be a Housing Authority employee or other person under the control of the Housing Authority. The independent inspector shall be certified by the American Society of Home Inspectors, National Association of Home Inspectors, or one whose credentials and inspections are accepted by three local lenders. It shall be the responsibility of the inspector to verify that the inspector meets this certification and qualifications.

The independent inspector must provide a copy of the inspection report both to the family and to the Fayette County Housing Authority. The Housing Authority will not continue processing the unit for eligibility and homeownership assistance for the family until it has reviewed the inspection report of the independent inspector. Even if the unit complies with the HQS, the Housing Authority shall have the discretion to disapprove the unit for assistance under the homeownership option because of noted deficiencies or information in the inspection report.

### **VIII. CONTRACT OF SALE**

Before commencement of homeownership assistance, a member or members of the family that will be the potential owner must enter into a Contract of Sale with the seller of the unit to be acquired by the family. The family must provide the Fayette County Housing Authority a copy of the Contract of Sale.

The Contract of Sale must:

- A. Specify the price and other terms of sale by the seller to the purchaser.
- B. Provide the purchaser will arrange for a Housing Authority inspection of the dwelling unit and the unit must pass the Housing Quality Standards (HQS) inspection.
- C. Provide that the purchaser will arrange for a pre-purchase inspection of the dwelling unit by an independent inspector selected by the purchaser.
- D. Provide that the purchaser is not obligated to purchase the unit unless the inspections are satisfactory to the purchaser and Housing Authority.
- E. Provide that the purchaser is not obligated to pay for any necessary repairs.
- F. Provide that the purchaser is not obligated to purchase if not able to obtain the necessary financing for the purchase,
- G. Contain a certification from the seller that the seller has not been debarred, suspended, or subject to a limited denial of participation by HUD.

### **IX. FINANCING THE PURCHASE OF THE HOME**

- A. A purchasing family must invest at least three percent (3%) of the purchase price of the home they are buying in the property. This can take the form of either a down payment, closing costs, or a combination of the two. Of this sum, at least

one percent (1%) of the purchase price must come from the family's personal resources, or;

- B. The family must qualify for the mortgage loan under a program that is guaranteed by private insurers or the state or federal government, complies with the secondary mortgage underwriting requirements, or complies with generally acceptable private underwriting standards, taking into account the fact that this is by definition of a low-income family.
- C. If the home is purchased using FHA Mortgage Insurance, it is subject to FHA Mortgage Insurance requirements.
- D. As with all loans, if the loan is financed either by the seller or a non-traditional mortgage lending Institution or individual, the loan shall be subject to the review of the Fayette County Housing Authority. The Housing Authority will closely verify that there are no unusual or onerous requirements in the loan documents and that the mortgage is affordable to the purchasing family. Also, the lender must require that an appraisal of the property is conducted, and the appraiser must determine that the property is worth at least as much as the purchase price.
- E. No balloon payment mortgages, or negative amortization mortgages shall be allowed in the Program.
- F. Generally, fixed-rate mortgages shall be used in the program, however adjustable-rate mortgages shall be acceptable should the situation demand its use.
- G. All mortgage loans must close within the period of time established by the Fayette County Housing Authority at the time the purchaser and seller agreed upon and entered into their Contract of Sale.
- H. The Fayette County Housing Authority may assist homeownership participants with closing costs through an alternative program administered by FCHA. Participants must:
  - 1. Be employed for a minimum of one (1) year; and
  - 2. Have one percent (1%) of their own money for closing costs.

OR

- 1. Be a household headed by a person with a disability; and
- 2. Have one percent (1%) of their own money for closing costs.

## **X. REQUIREMENTS FOR CONTINUING ASSISTANCE**

Homeownership assistance will only be paid while the family is residing in the home. If the family moves out of the home, the Fayette County Housing Authority may not continue homeownership assistance after the month when the family moves out. The family or lender is not required to refund to the Housing Authority the homeownership assistance for the month when the family moves out.

The family must comply with the following obligations:

- A. The family must attend and complete ongoing homeownership and housing counseling before the assistance and continue with any mandatory counseling in order for assistance to continue.
- B. The family must comply with the terms of any mortgage securing debt incurred to purchase the home. The family may not refinance without approval of FCHA.
- C. As long as the family is receiving homeownership assistance, or use and occupy the home, they are subject to the following requirements:
  - 1. The family must use the assisted unit as sole residence by the family. The unit must be the family's only residence.
  - 2. The composition of the assisted family residing in the unit must be approved by the Fayette County Housing Authority. The family must promptly inform the Housing Authority of the birth, adoption or court-awarded custody of a child. The family must request Housing Authority approval to add any other family member as an occupant of the unit. No other person, other than members of the assisted family, may reside in the unit, except for a foster child or live-in aide.
  - 3. The family must promptly notify the Fayette County Housing Authority if any member no longer resides in the unit.
  - 4. If the Fayette County Housing Authority has given approval, a foster child or live-in aide may reside in the unit.
  - 5. Members of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.
  - 6. The family must not sublease, sublet the unit or sublease or sublet any portion of the unit.
  - 7. The family must not assign the ownership, or transfer the unit.
  - 8. The family must supply any information or certification requested by the

Housing Authority to verify that the family is living in the unit, or information relating to a family absence from the unit, including any Housing Authority requested information or certification on the purposes of family absences. The family must cooperate with the Housing Authority for these purposes. The family must promptly notify the Housing Authority of their absence from the unit.

- D. The family must obtain a mortgage on the home for debt incurred to finance the purchase of the home. The families are permitted to refinance such debt, but only after review and approval of all financing and other conditions are acceptable by the FCHA.
- E. Upon death of a family member who holds, in whole or in part, title to the home or ownership of cooperative membership shares for the home, homeownership assistance may continue pending settlement of the decedent's estate, notwithstanding transfer of title by operation of law to the decedent's executor or legal representative, so long as the home is solely occupied by remaining family members in accordance with Paragraph C above. In the case of a divorce or family separation, the assistance shall follow the court decree.
- F. The family shall supply the Fayette County Housing Authority with any required Information requested by the Housing Authority. In particular, this shall include information relating to the following:
  - 1. Citizenship, eligible alien status, or related immigration matters;
  - 2. Family income and composition;
  - 3. Social security numbers or verification that the family member does not have a Social Security number;
  - 4. Any mortgage or other debt placed on the property;
  - 5. Any sale or transfer of any interest in the home;
  - 6. Other conditions that are set forth by the assisted program; and
  - 7. The family's homeownership expenses.
- G. The family must notify the Housing Authority before the family moves out of the home.
- H. The family must notify the Housing Authority if the family defaults on a mortgage securing any debt incurred to purchase the home.
- I. During the time the family receives homeownership assistance under this program,



no family member may have any ownership interest in any other residential property.

- J. Before commencement of homeownership assistance, the family must execute a statement of family obligations in the form prescribed by HUD. In the statement, the family agrees to comply with all family obligations under the homeownership option.
- K. The family must secure the written permission of the Fayette County Housing Authority before it refinances any debt secured by the home or places any additional secured debt on the property.
- L. The family must assure the Fayette County Housing Authority that all real estate taxes and mortgage insurance, if required, are paid on a timely basis. If they are not paid, assistance shall be terminated.

#### **IX. MAXIMUM TERM OF HOMEOWNERSHIP ASSISTANCE**

- A. Except in the case of a family who qualifies as an elderly or disabled family, family members shall not receive homeownership assistance for more than fifteen (15) years if the initial mortgage incurred to finance purchase of the home has a term of twenty (20) years or longer. The term of assistance shall be no more than ten (10) years, in all other cases.
- B. The maximum term described in the preceding paragraph applies to any adult member of the family who has an ownership interest in the unit during the time the homeownership payments are made, or is the spouse of any member of the household who has an ownership interest during the time the homeownership payments are made.
- C. As noted in Paragraph A of this Section, the maximum homeownership assistance term does not apply to elderly and disabled families. In the case of an elderly family, the exception only applies if the family qualifies as an elderly family at the start of homeownership assistance. In the case of a disabled family, the exception applies if at any time during receipt of homeownership assistance the family qualifies as a disabled family. If, during the course of homeownership assistance, the family ceases to qualify as a disabled or elderly family, the maximum term becomes applicable from the date homeownership assistance commenced. However, such a family must be provided at least six (6) months of homeownership assistance after the maximum term becomes applicable (provided the family is otherwise eligible to receive homeownership assistance in accordance with this Program).
- D. If the family has received such assistance for different homes, or from different

Housing Authorities, the total of such assistance terms is subject to the maximum term described in Paragraph A of this Section.

## **XII. AMOUNT AND DISTRIBUTION OF HOMEOWNERSHIP ASSISTANCE**

A. While the family is residing in the home, the Fayette County Housing Authority shall pay a monthly homeownership assistance payment on behalf of the family that is equal to the lower of:

1. The payment standard minus the Total Tenant Payment; or
2. The family's monthly homeownership expenses minus the Total Tenant Payment.

B. The payment standard for a family is the lower (lesser) of:

1. The payment standard for the family unit size; or
2. The payment standard for the size of the home.

If the home is located in an exception payment standard area, the Fayette County Housing Authority will use the appropriate payment standard for the exception payment standard area.

The payment standard for a family is the greater (higher) of:

1. The payment standard (as determined in accordance with Paragraph B of this Section) at the commencement of homeownership assistance for occupancy of the home; or
2. The payment standard (as determined in accordance with Paragraph B of this Section) at the most recent regular reexamination of family income and composition since the commencement of homeownership assistance for occupancy of the home.

The Fayette County Housing Authority will use the same payment standard schedule, payment standard amounts, and subsidy standards for the homeownership option as for the rental voucher program.

C. A family's homeownership expenses shall include the following items:

1. Principal and interest on the mortgage debt, and any mortgage insurance premium incurred to finance purchase of the home;
2. Real estate taxes and public assessments on the home;

3. Homeowner insurance;
  4. Maintenance expenses of \$25.00 per month;
  5. An allowance of \$25.00 per month for costs of major repairs and replacements;
  6. The Fayette County Housing Authority's Utility Allowance for the home; and
  7. Principal and interest on mortgage debt incurred to finance costs for major repairs, replacements or improvements for the home. If a member of the family is a person with disabilities, such debt may include debt incurred by the family to finance costs needed to make the home accessible for such person, if the Housing Authority determines that allowance of such costs as homeownership expenses is needed as a reasonable accommodation so that the homeownership option is readily accessible to and usable by such person.
- D. Homeownership expenses for a cooperative member may only include amounts to cover:
1. The cooperative charge under the cooperative occupancy agreement including payment for real estate taxes and public assessments on the home;
  2. Principal and interest on initial debt incurred to finance purchase of cooperative membership shares and any refinancing of such debt;
  3. Homeowner insurance;
  4. The PHA allowance for maintenance expenses;
  5. The PHA allowance for costs of major repairs and replacements;
  6. The PHA utility allowance for the home; and
  7. Principal and interest on debt incurred to finance major repairs, replacements or improvements for the home. If a member of the family is a person with disabilities, such debt may include debt incurred by the family to finance costs needed to make the home accessible for such person, if the Housing Authority determines that allowance of such costs as homeownership expenses is needed as a reasonable accommodation so that the homeownership option is readily accessible to and usable by such person.
- E. If the home is a cooperative or condominium unit, homeownership expenses may

also include cooperative or condominium operating charges or maintenance fees assessed by the condominium or cooperative homeowner association.

- F. Generally, the Fayette County Housing Authority will pay homeownership assistance payments directly to the lender on behalf of the family. FCHA may pay the assistance directly to the family or make payment into an escrow account if directed as such a condition by the lender and the lender does not require the payment to be made directly to them. If there is any excess assistance, it will be paid directly to the family.
- G. Homeownership assistance for a family terminates automatically 180 calendar days after the last housing assistance payment on behalf of the family. However, the Fayette County Housing Authority retains the discretion to grant relief from this requirement in those cases where automatic termination would result in extreme hardship for the family.

### **XIII. HOMEOWNERSHIP PORTABILITY**

- A. A family may qualify to move outside the initial Fayette County Housing Authority's jurisdiction with continued homeownership assistance under the voucher program. Families determined eligible for homeownership assistance by the Fayette County Housing Authority may purchase a unit outside their jurisdiction, if:
  - 1. They meet the normal requirements for portability under the rental program;
  - 2. The receiving housing authority is administering a voucher homeownership program and the family meets the receiving housing authority's eligibility requirements; and
  - 3. The receiving housing authority is accepting new homeownership families.
- B. Conversely, if the Fayette County Housing Authority has slots open in the homeownership program, they will accept homeowners exercising portability from another program and absorb such families, if possible.
- C. In general, the portability procedures described previously in the Administrative Plan of the Fayette County Housing Authority apply to the homeownership option. The administrative responsibilities of the initial and receiving housing authorities are not altered except that some administrative functions (e.g., issuance of a voucher or execution of a tenancy addendum) do not apply to the homeownership program.
- D. The family must attend the briefing and counseling sessions required by the receiving housing authority. The receiving housing authority will determine whether the financing for, and the physical condition of the unit, are acceptable.

The receiving housing authority must promptly notify the initial housing authority if the family has purchased an eligible unit under the program, or if the family is unable to purchase a home within the maximum time established by the housing authority.

- E. Continued assistance under the portability procedures is contained in the Moving With Continued Tenant-Based Assistance section of this Homeownership Program.

#### **XIV. MOVING WITH CONTINUED TENANT-BASED ASSISTANCE**

- A. A family receiving homeownership assistance may move to a new unit with continued tenant-based assistance. The family may move either with voucher rental assistance (in accordance with rental assistance program requirements), or with voucher homeownership assistance (in accordance with homeownership option program requirements). The Fayette County Housing Authority will not commence continued tenant-based assistance for occupancy of the new unit so long as any family member owns any title or other interest in the prior home. No more than one move per year may occur in the program.
- B. The Fayette County Housing Authority must be able to determine that all initial requirements have been satisfied if a family who has received homeownership assistance wants to move to a new unit with continued homeownership assistance. However, the following requirements do not apply:
  - 1. The family does not have to meet the pre-assistance counseling requirement
  - 2. The family does not have to meet the first time homebuyer requirement.
- C. The Fayette County Housing Authority will deny permission to move with continued assistance if:
  - 1. There are insufficient funds to provide continued assistance; or
  - 2. The family has failed to fulfill the family obligations in accordance with FCHA and/or regulatory requirements; or
  - 3. The family has defaulted on a FHA insured mortgage, and failed to convey title to the home to HUD or HUD's designee, and moved from the home within the period established by HUD; or
  - 4. The family is in violation of the basic terms of the voucher program; or
  - 5. The family is in violation of criminal behavioral requirements.

## **XV. Denial or Termination of Assistance**

Fayette County will terminate assistance for the family and will deny assistance for the family if:

1. The family has failed to fulfill the family obligations in accordance with FCHA and/or regulatory requirements;
2. The family has defaulted on a FHA insured mortgage, and failed to convey title to the home to HUD or HUD's designee, and moved from the home within the period established by HUD; or
3. The family is in violation of the basic terms of the voucher program; or
4. The family is in violation of criminal behavioral requirements.

### **HOMEBUYER CHECKLIST**

When you apply for a mortgage loan, you (and the co-borrower, if one is being used) may need to provide the lender all of the following information. Lenders may require additional or less information than listed, since each lender has differing standards and required documentation to approve the requested loan. Please ensure that the information is complete and up-to-date (not more than 90 days old) and in accordance with the specific lenders requirements.

1. Two of your most recent pay stubs. Include year-to-date (YTD) from your present employer(s) and/or documentation if you have any other forms of income. These are also needed for any other adults who will reside in your new home.
2. Documentation of Social Security Benefits.
3. Annual documentation of child support payments.
4. Bank statements for all accounts from the last three (3) months.
5. W-2s and complete income tax returns for the last two (2) years.

6. Names, addresses, account numbers, balances and monthly payments on all installment debts; include charge cards, car loans, students loans, child care expenses, and child support payments.
7. Driver's license and Social Security Card.
8. Names and addresses of landlords for the last two (2) years.
9. Bankruptcy papers (if applicable).
10. Consumer Credit Counseling papers (if applicable).
11. Papers pending on any judgment or financial settlement.
12. Proof of immigration status, if not a U.S. Citizen.

**THIS FORM IS FOR THE BORROWER'S USE. IT DOES NOT HAVE TO BE COMPLETED AND RETURNED TO THE FAYETTE COUNTY HOUSING AUTHORITY.**

### **LENDING INSTITUTIONS**

USDA RURAL DEVELOPMENT (Mission Area)  
Butler Area Office  
602 Evans City Road, Suite 101  
Butler, PA 16001-8701  
(724) 482-4800, Ext. 100 (Phone) OR (724) 482-4826 (Fax)  
Dolly Magda

BENEFICIAL CONSUMER DISCOUNT COMPANY  
934 ½ Morgantown Street  
Uniontown, PA 15401  
(724) 437-4507

CARNEGIE FINANCIAL GROUP  
150 E. Main Street  
Carnegie, PA 15106  
(724) 278-3155

CITI FINANCIAL SERVICES, INC.

682 W. Main Street  
Uniontown, PA 15401  
(724) 437-1504  
575 Morgantown Road  
Uniontown, PA 15401  
(724) 438-4564

FIRST FEDERAL SAVINGS AND LOAN  
ASSOCIATION OF GREENE COUNTY

1 W. Main Street  
Uniontown, PA 15401  
(724) 437-2861

CARTERET MORTGAGE CORPORATION

25 Cedar Street  
Uniontown, PA 15401  
(724) 438-3227

Secondary Lender

FANNIE MAE – PITTSBURGH PARTNERSHIP OFFICE

625 Liberty Avenue  
Dominion Tower, Suite 910  
Pittsburgh, PA 15222  
(412) 288-3563 (Phone) OR (412) 288-3570 (Fax)  
Francine B. Cameron, Deputy Director



**KEY POINTS OF THE FAYETTE COUNTY HOUSING AUTHORITY**  
**HOMEOWNERSHIP VOUCHER PROGRAM**

The family must be a current voucher program participant.

Instead of using voucher subsidy to help families with rent, the homeownership option allows first-time homeowners to use voucher subsidy to meet monthly mortgage expenses.

The family must attend and satisfactorily complete Homeownership Counseling Classes conducted by a HUD-Approved Counseling Agency or agency that meets the requirements of FCHA's program.

The family must be credit ready to qualify for a mortgage and must be able to secure their financing. A list of financial institutions is included in this packet; however, the family may secure any financial institution they so desire. If a family needs additional counseling above the basic counseling requirements, FCHA will refer them to an Approved Counseling Agency.

Except in the case of elderly or disabled families, one or more adult members of the family who will own the home must be currently employed on a full-time basis, with an annual income of at least \$10,300, and must have been continuously employed for at least one (1) year.

It is the family's responsibility to find a home that qualifies for voucher homeownership assistance. The Fayette County Housing Authority must conduct an initial HQS inspection of the property, and the family will be required to select and pay for an independent professional inspector to also conduct an inspection on the property selected by the family. These inspections will be conducted prior to closing the loan or receipt of any assistance in the program.

**FAYETTE COUNTY HOUSING AUTHORITY HOUSING CHOICE  
VOUCHER PROGRAM**

**STATEMENT OF FAMILY OBLIGATIONS**

When the family's unit is approved, the family must follow the rules listed below in order to continue participation in the Housing Choice Voucher Homeownership Program. Except for disabled and elderly families, a family may receive homeownership assistance for a maximum of fifteen (15) years on a mortgage with a term of twenty (20) years or more, and ten (10) years on a mortgage with a fifteen (15) year term or less. Homeownership Assistance Payments are contingent on the family's compliance with the requirements of this Statement of Family Obligations and the Policies of the Fayette County Housing Authority and requirements of HUD.

The family must:

1. Supply any information that the Fayette County Housing Authority and HUD determines is necessary to determine eligibility and the amount of Homeownership Assistance Payment. This includes reporting and verifying the names, citizenship requirements, Social Security numbers of all persons living in the household, and all family's income from all sources.
2. Promptly notify the Fayette County Housing Authority, in writing, of any changes in income, either increase or decrease.
3. Report any changes in household composition, and request written approval of by the Fayette County Housing Authority to add any other family member as an occupant of the unit.
4. Promptly notify the Fayette County Housing Authority, in writing, if the family is absent from the unit for 30 days or more. Homeownership Assistance Payments will be made only for the months the family resides in the unit.
5. Use the assisted unit for sole residence by the family. The unit must be the family's only residence.
6. Promptly notify the Fayette County Housing Authority, in writing, of the birth, adoption, or court-awarded custody of a child or any change in the family's status.

The family (including each family member) must not:

1. Commit fraud, bribery or any other corrupt or criminal act in connection with this Program.
2. Engage in drug-related criminal activity or violent criminal activity.
3. Receive Homeownership Assistance Payments while receiving another housing subsidy for the same unit or a different unit under any other Federal, State, or Local Housing Assistance Program.
4. Refinance the home without written permission of the FCHA.

5. Breach any conditions of the FCHA program requirements.

For continued assistance under the Housing Choice Voucher Program, the family must:

1. Attend and complete post homeownership counseling.
2. Comply with terms of any mortgage securing debt incurred to purchase the home (or any refinancing of such debt).
3. Not sell or transfer the home to anyone other than a member of the assisted family who resides in the home while receiving homeownership assistance.
4. Supply all required information to the Fayette County Housing Authority, including, but not limited to, annual household income, verifications and homeownership expenses.
5. Provide notice of move-out to the Fayette County Housing Authority before the family moves out of the home.
6. Provide notice to the Fayette County Housing Authority of mortgage default or if thirty (30) days delinquent in mortgage payment.
7. Not have any ownership interest in any other residential property during the time the family receives homeownership assistance.
8. Provide verification to the Fayette County Housing Authority that the family is current on payment of the mortgage, taxes, insurance, and utility payments at each annual recertification, or upon request.
9. Breach any conditions of FCHA's program

By signing this Statement, I/We certify that I/We have read and understand the Family Obligations as a participant of the Housing Choice Voucher Homeownership Program. Any information I/We provide must be true and correct. I/We also agree to comply with all family obligations under the Housing Choice Voucher Homeownership Program. I/We understand that the Homeownership Assistance Payment may be withheld, recovered or terminated for any violation of the terms and conditions of this Statement of Family Obligations under the Housing Choice Voucher Program.

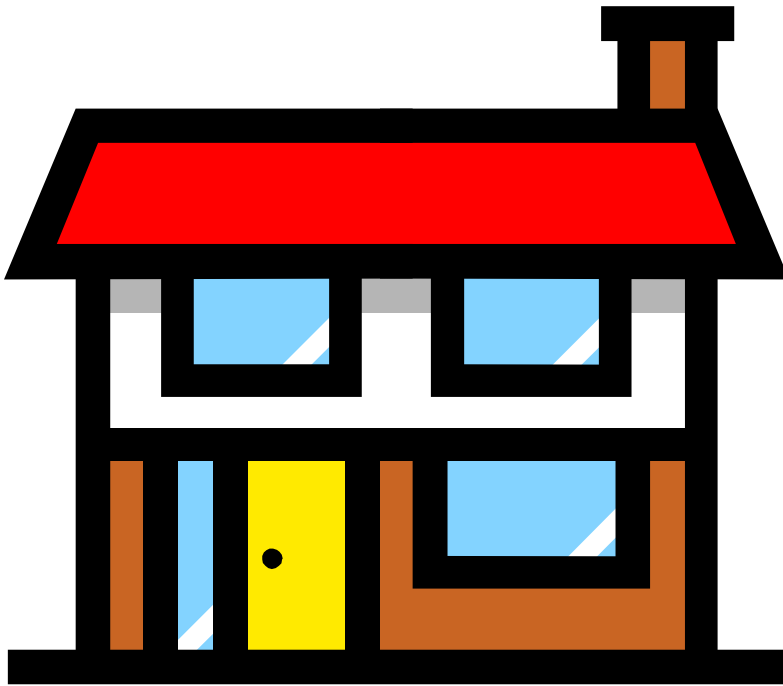
<b>Head of Household</b>	<b>Date</b>
<b>Spouse</b>	<b>Date</b>
<b>Other household member 18 years or older</b>	<b>Date</b>
<b>Other household member 18 years or older</b>	<b>Date</b>

# **HOUSING CHOICE VOUCHER FAMILIES**



**ARE YOU READY FOR HOMEOWNERSHIP?**

**THE HOUSING CHOICE VOUCHER  
HOMEOWNERSHIP PROGRAM  
FAYETTE COUNTY HOUSING AUTHORITY**



## **Now you can use your Housing Choice Voucher to help you purchase a home of your own.**

The Department of Housing and Urban Development (HUD) has expanded the Housing Choice Voucher Program to include a homeownership option. Now, the same program that has helped you rent safe, decent and sanitary housing can help you purchase a home.

### **HOW DOES IT WORK?**

In the Housing Choice Voucher Program, you can continue to receive a monthly subsidy from the Fayette County Housing Authority. The difference is that the payment is no longer sent to your landlord – instead it is sent to you or your lender to help you make your monthly mortgage payment. You are still responsible for finding a home to buy that you can afford, and you must meet the qualifying criteria for a loan that may include coming up with a down payment.

## WHO IS ELIGIBLE?

- Anyone who has been assisted under the Housing Choice Voucher Program or anyone who receives a Housing Choice Voucher and has been a program participant for one-year.
- One or more adult members of your family must be employed full-time (working an average of 30 hours per week or more).
- Your total household income, not including welfare income, has to be at least \$10,300.
- You must be a first time homebuyer, meaning that no one in your household owned a home within the last three (3) years.
- There are exceptions to some of these requirements for elderly and disabled persons, and for single parents and displaced homemakers.

## HOW MUCH MONEY WILL I NEED TO PURCHASE A HOME?

Buying a home requires careful planning and savings. Here are some of the costs you should consider:

1. **Down Payment:** The Housing Choice Voucher Homeownership Program may require that you have a minimum down payment of 3% of the purchase price. Up to 2% may come from a relative or another source, and at least 1% must come from your own funds.
2. **Closing Cost:** There are several fees that must be paid at the time you close on your home. These could include appraisal fees, home inspection fees, loan fees, title and escrow fees, and prepayment of insurances, etc. People usually spend a few thousand dollars on closing costs.
3. **Monthly Payments:** Your monthly payments include not just your mortgage, but may also include property taxes and homeowner's insurance. Your lender may require that you have mortgage insurance also. These costs can be higher than what you are currently paying as a renter or in some cases may be lower, depending on the circumstances.

4. **Maintenance:** It is generally recommended that homeowners have a savings account to pay the costs of maintaining a home, repairing appliances, etc. . As a rule of thumb, you may want to consider saving an amount equal to 1% of the purchase price of the home each year. For example: if you bought a \$60,000.00 home, you might want to save at least \$600.00 per year for maintenance expenses.
5. **Utilities:** As a homeowner, you will be responsible for paying all of your own utilities, including water, sewage, garbage, gas and electric.

## **HOW DO I FIND A HOUSE TO PURCHASE?**

The Housing Choice Voucher Homeownership Program does not provide specific assistance in searching for a home to buy, nor does the Program have specific homes for sale. However, the Fayette County Housing Authority's staff will explain the search process to you, including working with realtors, identifying neighborhoods, identifying potential local lenders that have indicated a willingness to participate in the Program, and will assist you with deciding what kind of home best meets your family's needs.

## **HOW DO I FIND A MORTGAGE LENDER?**

You will be responsible for finding a lender and applying for a home mortgage loan. You will have to qualify for a loan under the lender's requirements, which may include their requirements on income, credit history and employment history. The Fayette County Housing Authority will help explain the process of finding a lender and applying for a loan. Fayette County Housing Authority will also provide you with a list of potential lenders that are familiar with the program in our area.

## **HOW MUCH MONEY WILL I RECEIVE FROM THE FAYETTE COUNTY HOUSING AUTHORITY TO HELP PAY MY MORTGAGE?**

The Fayette County Housing Authority's monthly mortgage homeownership assistance payment is calculated in a manner similar to the Housing Choice Voucher calculation. You will be expected to pay at least 30% of your monthly adjusted income towards your total monthly mortgage payment. Your amount of payment and the level of assistance will be adjusted annually based on your household income, very similar to the rental assistance program.



## **WHAT KIND OF A HOME CAN I PURCHASE?**

You can purchase a single family home, a condominium, a manufactured home, a mobile home or other homes of your choice as long as it met the basic program requirements. The unit must pass a one-time Housing Quality Standards (HQS) inspection, must also be inspected by a professional home inspector, and must meet any other requirements that your lender may have.

## **DO I HAVE TO GIVE UP MY RENTAL VOUCHER TO APPLY FOR A HOMEOWNERSHIP VOUCHER?**

No! In fact, you would keep your Rental Voucher and remain a renter until you have found a place to purchase, qualify for a mortgage, and a date has been set for your to move into your new home. If you do not find a home to purchase, you may remain in the Housing Choice Voucher Program as a renter.