PHA Plans

U.S. Department of Housing and Urban Development

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

Streamlined 5-Year/Annual Version

Office of Public and Indian Housing

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

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

Streamlined 5-Year Plan for Fiscal Years 2005 - 2009 Streamlined Annual Plan for Fiscal Year 2005

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

PHA Name: HA Code:

Streamlined Five-Year PHA Plan Agency Identification

PHA Name: MASON COU PHA Number: Il042		OUSING AUTHO	ORITY	
PHA Fiscal Year Beginning	g: (0 7 /0	5)		
PHA Programs Administer Public Housing and Section 8 Number of public housing units:50 Number of S8 units: 150 PHA Consortia: (check be	B S Number	er of S8 units: Num	Public Housing On ber of public housing units	3:
Participating PHAs	PHA Code	Program(s) Included in the Consortium		# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				
Information regarding any acti (select all that apply) Main administrative office PHA development manage PHA local offices	e of the P	·HA	n be obtained by C	ontacting:
Display Locations For PHA The PHA Plans and attachments (apply) Main administrative office PHA development manage PHA local offices Main administrative office Main administrative office Public library PHA website Other (list below)	if any) and the Perment of the location of the Corona and the Coro	re available for publice PHA fices ocal government County government		ct all that
PHA Plan Supporting Documents Main business office of the		lable for inspection at	: (select all that app	ly)

PHA Nat HA Code	e: 5-Year Plan for Fiscal Years: 20 20 Annual Plan for FY 20					
	PHA development management offices Other (list below)					
	Streamlined Five-Year PHA Plan					
	PHA FISCAL YEARS 2005 2009 [24 CFR Part 903.12]					
A. N	ission					
	PHA's mission for serving the needs of low-income, very low income, and extremely low-income families HA'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. G	oals					
in receipobjective ENCO OBJEO number	Is and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized elegislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or es. Whether selecting the HUD-suggested objectives or their own, PHAs ARE STRONGLY URAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR TIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets such as of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the or below the stated objectives.					
HUD	Strategic Goal: Increase the availability of decent, safe, and affordable housing.					
\boxtimes	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)					
\boxtimes	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 youchers:					

PHA Nam HA Code:		5-Year Plan for Fiscal Years: 20 20	Annual Plan for FY 20
	Other: (list be	low)	
	Objectives: Provide vouch Conduct outre Increase vouch Implement vo	assisted housing choices her mobility counseling: each efforts to potential voucher landle her payment standards ucher homeownership program: blic housing or other homeownership blic housing site-based waiting lists: c housing to vouchers: low)	
HUD S	Strategic Goal: Impr	ove community quality of life and e	economic vitality
	Objectives: Implement me housing house Implement me access for low Implement pull Designate dev persons with of Other: (list be		ts: public housing by assuring e developments: resident groups (elderly,
individ			
	Objectives: Increase the number of the provide or attraction of the provi	ract supportive services to increase indisabilities.	ersons in assisted families: sistance recipients'
HUD S	Strategic Goal: Ensu	re Equal Opportunity in Housing f	or all Americans
	Objectives:	qual opportunity and affirmatively fur irmative measures to ensure access to	-

HA Code:	
	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)
0.1	

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

PHA Name:

Annual Plan for FY 20__

Streamlined Annual PHA Plan

PHA Fiscal Year 20

[24 CFR Part 903.12(b)]

Table of Contents

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

A. ANNUAL STREAMLINED PHA PLAN COMPONENTS

\boxtimes	1. Housing Needs
\boxtimes	2. Financial Resources
	3. Policies on Eligibility, Selection and Admissions
\boxtimes	4. Rent Determination Policies
\boxtimes	5. Capital Improvements Needs
	6. Demolition and Disposition
	7. Homeownership
	8. Civil Rights Certifications (included with PHA Certifications of Compliance)
	9. Additional Information
	a. PHA Progress on Meeting 5-Year Mission and Goals
	b. Criteria for Substantial Deviations and Significant Amendments
	c. Other Information Requested by HUD
	 Resident Advisory Board Membership and Consultation Process
	ii. Resident Membership on the PHA Governing Board
	iii. PHA Statement of Consistency with Consolidated Plan
	iv. (Reserved)
	10. Project-Based Voucher Program
	11. Supporting Documents Available for Review
	12. FY 20 Capital Fund Program and Capital Fund Program Replacement Housing
	Factor, Annual Statement/Performance and Evaluation Report
	13. Capital Fund Program 5-Year Action Plan
	14. Other (List below, providing name for each item)

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

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

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

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

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

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

Executive Summary (optional)

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

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

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

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

Housing Needs of Families on the PHA's Waiting Lists				
Waiting list type: (select one)				
Section 8 tenant-based	assistance			
Public Housing				
Combined Section 8 an				
		al waiting list (optional)		
If used, identify which	ch development/subjuri # of families	% of total families	Annual Turnover	
Waiting list total	236	% of total failines	110	
Extremely low income	105	60	110	
<=30% AMI	103	00		
Very low income	75	25		
(>30% but <=50% AMI)				
Low income	56	15		
(>50% but <80% AMI)				
Families with children	175	70		
Elderly families	61	25		
Families with Disabilities	10	5		
Race/white	150	70		
Race/Hispanic	60	25		
Race/ Black/not Hispanic	26	5		
Race/ethnicity				
	1		T	
Characteristics by Bedroom				
Size (Public Housing Only)	10	24	1	
1BR	12	24	1	
2 BR	19 13	38	10	
3 BR 4 BR	6	12	1	
5 BR	0	12	1	
5 + BR				
	ect one)? No D N	700		
Is the waiting list closed (select one)? No Yes If yes:				
How long has it been closed (# of months)?				
Does the PHA expect to reopen the list in the PHA Plan year? No Yes				
		families onto the waiting lis		
□ No □ Yes				

B. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **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 al	l that apply			
\boxtimes	Employ effective maintenance and management policies to minimize the number of			
	public housing units off-line			
	Reduce turnover time for vacated public housing units			
\bowtie	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)			
Strate	gy 2: Increase the number of affordable housing units by:			
	l that apply			
×	Apply for additional section 8 units should they become available			
	Leverage affordable housing resources in the community through the creation of mixed -			
Tinance	housing			
	Pursue housing resources other than public housing or Section 8 tenant-based assistance.			
	Other: (list below)			
	Other. (list below)			
Need:	Specific Family Types: Families at or below 30% of median			
Strategy 1: Target available assistance to families at or below 30 % of AMI				
Select al	I 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
	gy 1: Target available assistance to families at or below 50% of AMI
	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
	gy 1: Target available assistance to the elderly:
	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below)
Need:	Specific Family Types: Families with Disabilities
	gy 1: Target available assistance to Families with Disabilities:
	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)
Need:	Specific Family Types: Races or ethnicities with disproportionate housing needs
Strateg	gy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:
Select if	applicable

PHA Nam HA Code:	
	Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below)
	gy 2: Conduct activities to affirmatively further fair housing
Select al	ll that apply
\boxtimes	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) Re	easons 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
Ц	Influence of the housing market on PHA programs
	Community priorities regarding housing assistance
\bowtie	Results of consultation with local or state government
	Results of consultation with residents and the Resident Advisory Board
Ц	Results of consultation with advocacy groups
1 1	Other: (list below)

2. Statement of Financial Resources

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

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

Financial Resources: Planned Sources and Uses					
Sources Planned \$ Planned Uses					
1. Federal Grants (FY 20 grants)	80,000				
a) Public Housing Operating Fund					
b) Public Housing Capital Fund	80,000				
c) HOPE VI Revitalization					
d) HOPE VI Demolition					
e) Annual Contributions for Section 8 Tenant- Based Assistance					
f) Resident Opportunity and Self-Sufficiency					
Grants					
g) Community Development Block Grant					
h) HOME					
Other Federal Grants (list below)					
2. Prior Year Federal Grants (unobligated funds only) (list below)					
3. Public Housing Dwelling Rental Income	83,661.80				
3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
	2087.44				
4. Other income (list below)					
4. Non-federal sources (list below)					
Total resources	Total resources				

3. PHA Policies Governing Eligibility, Selection, and Admissions

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

A. Public Housing

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

(1) Eligibility

□ v ⊠ v	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)
to pub to pub R	h non-income (screening) factors does the PHA use to establish eligibility for admission blic housing (select all that apply)? Criminal or Drug-related activity Rental history Housekeeping Other (describe)
d. 🔀 Y	Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes? Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
(2)Waiti	ing List Organization
that ap	h methods does the PHA plan to use to organize its public housing waiting list (select all apply) Community-wide list Sub-jurisdictional lists Site-based waiting lists Other (describe)
∑ P □ P	re may interested persons apply for admission to public housing? PHA main administrative office PHA development site management office Other (list below)

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

Site-Based Waiting Lists					
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics	
 2. What is the number of site based waiting list developments to which families may apply at one time? 1 3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? 3 					
 4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below: Site-Based Waiting Lists – Coming Year 					
If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment					
1. How many site-based waiting lists will the PHA operate in the coming year?1					
2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)? If yes, how many lists?					
3. Yes No: May families be on more than one list simultaneously If yes, how many lists?					
based waiting li PHA r All PH Manag At the	sts (select all the main administra IA development gement offices	nat apply)? ative office at management office:	site-based waiting lis		

(3) Assignment

or are removed from One Two	unit choices are applicants ordinarily given before they fall to the bottom of om the waiting list? (select one)
∴ Three or Morb. ∴ Yes ∴ No: Is	s this policy consistent across all waiting list types?
c. If answer to b is no for the PHA:	o, list variations for any other than the primary public housing waiting list/s
(4) Admissions Pre	<u>ferences</u>
n	es the PHA plan to exceed the federal targeting requirements by targeting nore than 40% of all new admissions to public housing to families at or elow 30% of median area income?
☐ Emergencies☐ Over-housed☐ Under-housed☐ Medical justif☒ Administrativ	fication ve reasons determined by the PHA (e.g., to permit modernization work) ice: (state circumstances below)
c. Preferences 1. Yes No:	Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)
	owing admission preferences does the PHA plan to employ in the coming hat apply from either former Federal preferences or other preferences)
Owner, Inacconstitution of do Substandard I Homelessness	Displacement (Disaster, Government Action, Action of Housing cessibility, Property Disposition) omestic violence housing

Other p	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
П	Households that contribute to meeting income goals (broad range of incomes)
同	Households that contribute to meeting income requirements (targeting)
同	Those previously enrolled in educational, training, or upward mobility programs
同	Victims of reprisals or hate crimes
П	Other preference(s) (list below)
— 3. If th	ne PHA will employ admissions preferences, please prioritize by placing a "1" in the space
	presents your first priority, a "2" in the box representing your second priority, and so on.
	give equal weight to one or more of these choices (either through an absolute hierarchy or
	h a point system), place the same number next to each. That means you can use "1" more
	nce, "2" more than once, etc.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ate and Time
F	
Former	r Federal preferences:
Ш	Involuntary Displacement (Disaster, Government Action, Action of Housing
	Owner, Inaccessibility, Property Disposition)
닏	Victims of domestic violence
닏	Substandard housing
\sqcup	Homelessness
	High rent burden
Other r	preferences (select all that apply)
	Working families and those unable to work because of age or disability
H	Veterans and veterans' families
H	Residents who live and/or work in the jurisdiction
H	Those enrolled currently in educational, training, or upward mobility programs
H	
H	Households that contribute to meeting income goals (broad range of incomes)
님	Households that contribute to meeting income requirements (targeting)
님	Those previously enrolled in educational, training, or upward mobility programs
닏	Victims of reprisals or hate crimes
Ш	Other preference(s) (list below)
4. Rela	ationship of preferences to income targeting requirements:
	The PHA applies preferences within income tiers
Ħ	Not applicable: the pool of applicant families ensures that the PHA will meet income
	targeting requirements

(5) Occupancy

	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)			
	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 Atfamily request for revision Other (list)			
(6) Deconcentration and Income Mixing				
a. 🔲 `	Yes No:	development	A have any general occupancy (f s covered by the deconcentration yes, continue to the next question	rule? If no, this section is
b. 🗌	Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete. If yes, list these developments on the following table:			
			ntration Policy for Covered Developm	
Develop	oment Name	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at \$903.2(c)(1)(v)]

B. Section 8

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

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

HA Code:
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): Other (list below)
b. X Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
c. X Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
d. Yes 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)
(2) Waiting List Organization
 a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply) None Federal public housing Federal moderate rehabilitation Federal project-based certificate program Other federal or local program (list below)
 b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply) PHA main administrative office Other (list below)
(3) Search Time
a. Xes No: Does the PHA give extensions on standard 60-day period to search for a unit? If yes, state circumstances below:
(4) Admissions Preferences
a. Income targeting
Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting

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PHA Name:

Annual Plan for FY 20__

b. Prefe		more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income? 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)
		lowing admission preferences does the PHA plan to employ in the coming apply from either former Federal preferences or other preferences)
	Inaccessibili Victims of d Substandard Homelessne	Displacement (Disaster, Government Action, Action of Housing Owner, ity, Property Disposition) lomestic violence housing
	Working far Veterans and Residents w Those enroll Households Households Those previous	select all that apply) milies and those unable to work because of age or disability d veterans' families ho live and/or work in your jurisdiction led currently in educational, training, or upward mobility programs that contribute to meeting income goals (broad range of incomes) that contribute to meeting income requirements (targeting) ously enrolled in educational, training, or upward mobility programs eprisals or hate crimes ence(s) (list below)
that repair If you g through	resents your ive equal wo a point syst	mploy admissions preferences, please prioritize by placing a "1" in the space first priority, a "2" in the box representing your second priority, and so on. eight to one or more of these choices (either through an absolute hierarchy or em), place the same number next to each. That means you can use "1" more e than once, etc.
1	Date and Ti	me
	Inaccessibili	Displacement (Disaster, Government Action, Action of Housing Owner, ity, Property Disposition) lomestic violence housing ss

Other 1	preferences (select all that apply)
	Working families and those unable to work because of age or disability
	Veterans and veterans' families
$\overline{\boxtimes}$	Residents who live and/or work in your jurisdiction
	Those enrolled currently in educational, training, or upward mobility programs
Π	Households that contribute to meeting income goals (broad range of incomes)
Ħ	Households that contribute to meeting income requirements (targeting)
Ħ	Those previously enrolled in educational, training, or upward mobility programs
Ħ	Victims of reprisals or hate crimes
H	Other preference(s) (list below)
Ш	other preference(s) (list below)
4. Am	ong applicants on the waiting list with equal preference status, how are applicants
	d? (select one)
	Date and time of application
	Drawing (lottery) or other random choice technique
Ш	Drawing (rotter) or other random enotes teeminque
5. If th	ne PHA plans to employ preferences for "residents who live and/or work in the
	sdiction" (select one)
	This preference has previously been reviewed and approved by HUD
H	The PHA requests approval for this preference through this PHA Plan
	The TTITT requests approval for this preference through this TTITT had
6 Rel	ationship of preferences to income targeting requirements: (select one)
	The PHA applies preferences within income tiers
H	Not applicable: the pool of applicant families ensures that the PHA will meet income
Ш	targeting requirements
	targeting requirements
(5) S ₁	pecial Purpose Section 8 Assistance Programs
(3) 3	pecial I ut pose Section & Assistance I Tograms
a Inv	which documents or other reference materials are the policies governing eligibility,
	ction, and admissions to any special-purpose section 8 program administered by the PHA
	tained? (select all that apply)
\bowtie	The Section 8 Administrative Plan Prioring agging and written materials
H	Briefing sessions and written materials Other (list below)
	Other (list below)
b. Ho	www does the PHA announce the availability of any special-purpose section 8 programs to
	, , , , , , , , , , , , , , , , , , , ,
	public? Through published notices
\bowtie	Through published notices Other (list below)
Ш	Other (list below)

4. PHA Rent Determination Policies [24 CFR Part 903.12(b), 903.7(d)]

A. Public Housing

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

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

a. Use of discretionary policies: (select one of the following two)
The PHA will not employ any discretionary rent-setting policies for income-based rent in 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)) The PHA employs discretionary policies for determining income-based rent (If selected, continue to question b.)
b. Minimum Rent
1. What amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50
2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?
3. If yes to question 2, list these policies below:
c. Rents set at less than 30% of 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. C	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)
	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 th percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below)
f. I	Rent re-determinations:
	Between income reexaminations, how often must tenants report changes in income or family apposition to the PHA such that the changes result in an adjustment to rent? (select all that ally)
	Never At family option

PHA Name: HA Code:	5-Year Plan	for Fiscal Years: 20	- 20	Annual Plan for FY 20
Any perc	time the family experiences time a family experiences ar entage: (if selected, specify t r (list below)	n income increas		old amount or
(ISAs) as an	No: Does the PHA plan alternative to the required 1 ases in the next year?			
(2) Flat Re	nts			
establish co The Surv Surv Othe	the market-based flat rents, mparability? (select all that a section 8 rent reasonableness ey of rents listed in local new ey of similar unassisted unit r (list/describe below) 18 Tenant-Based Assis	apply.) s study of comp wspaper s in the neighbo	arable housing	the PHA use to
Exemptions: 1 component 4B	PHAs that do not administer Section. Unless otherwise specified, all of gram (vouchers, and until comp	on 8 tenant-based a questions in this s	ection apply only to	the tenant-based section 8
	t Standards	·	•	·
	oucher payment standards and pol	icies.		
☐ At o ☐ 1009 ☐ Abo	te PHA's payment standard? Tabove 90% but below100% To of FMR To below 110%	of FMR % of FMR		
all that a	± • ·	•		·
the I The Refl	As are adequate to ensure such TMR area PHA has chosen to serve add ects market or submarket r (list below)			
that apply FMI of th	ment standard is higher than Is are not adequate to ensure EFMR area Ects market or submarket	•		

PHA Name: HA Code:	5-Year Plan for Fiscal Years: 20 20	Annual Plan for FY 20
To increase he Other (list bel	ousing options for families	
d. How often are pay Annually Other (list bel	ment standards reevaluated for adequacy? (sele	ect one)
(select all that app Success rates	of assisted families of assisted families	acy of its payment standard?
(2) Minimum Rent		
a. What amount best \$0 \$1-\$25 \$26-\$50	reflects the PHA's minimum rent? (select one))
	Ias the PHA adopted any discretionary minimum policies? (if yes, list below)	n rent hardship exemption
5. Capital Impro		
[24 CFR Part 903.12(b), 9 Exemptions from Composition Component 6.	nent 5: Section 8 only PHAs are not required to complet	e this component and may skip to
A. Capital Fund	Activities	
Exemptions from sub-con	mponent 5A: PHAs that will not participate in the Capita PHAs must complete 5A as instructed.	l Fund Program may skip to
(1) Capital Fund Pr	ogram	
a. 🛛 Yes 🗌 No	Does the PHA plan to participate in the Capita upcoming year? If yes, complete items 12 and Fund Program tables). If no, skip to B.	<u> </u>
b. Yes No:	Does the PHA propose to use any portion of it incurred to finance capital improvements? If its annual and 5-year capital plans the develop improvements will be made and show both he financing will be used and the amount of the a service the debt. (Note that separate HUD applications).	so, the PHA must identify in pment(s) where such ow the proceeds of the annual payments required to

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

Applicability of sub-component 5B: 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.

(1) Hope VI Revitalization		
a. Yes No:	Has the PHA received a HOPE VI revitalization grant? (if no, skip to next component; if yes, provide responses to questions on chart below for each grant, copying and completing as many times as necessary)	
b.	Status of HOPE VI revitalization grant (complete one set of questions for each grant) Development name: Development (project) number: Status of grant: (select the statement that best describes the current status) Revitalization Plan under development Revitalization Plan submitted, pending approval Revitalization Plan approved Activities pursuant to an approved Revitalization Plan underway	
c. Yes No:	Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name/s below:	
d. Yes No:	Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:	
e. Yes No:	Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:	
6. Demolition and		
[24 CFR Part 903.12(b),	903.7 (h)] ent 6: Section 8 only PHAs are not required to complete this section.	
repriedonity of compone	on occurs of only 111115 are not required to complete and section.	
a. Yes No:	Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI)of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If "No", skip to component 7; if "yes", complete	

one activity description for each development on the following chart.)

Demolition/Disposition Activity Description							
1a. Development name							
1b. Development (project) number: 2. Activity type: Demolition							
Disposition							
3. Application status (select one)							
Approved Solvaited and in a supposed							
Submitted, pending approval Planned application							
	proved, submitted, or planned for submission: (DD/MM/YY)						
5. Number of units affe	<u> </u>						
6. Coverage of action							
Part of the develop							
Total development 7. Timeline for activity							
	ojected start date of activity:						
_	d date of activity:						
	ant Based AssistanceSection 8(y) Homeownership Program						
[24 CFR Part 903.120	(b), 903.7(k)(1)(i)]						
(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 the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)						
(2) Program Descrip	otion						
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, what is the maximum number of participants this fiscal year?						
b. PHA established e	Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria below:						
c. What actions will the PHA undertake to implement the program this year (list)?							

(3) Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):
a. Establishing a minimum homeowner downpayment requirement of at least 3 percent of
purchase price and requiring that at least 1 percent of the purchase price comes from the family's
resources.
b. Requiring that financing for purchase of a home under its Section 8 homeownership will be
provided, insured or guaranteed by the state or Federal government; comply with secondary
mortgage market underwriting requirements; or comply with generally accepted private sector
underwriting standards.
c. Partnering with a qualified agency or agencies to administer the program (list name(s) and
years of experience below).
d. Demonstrating that it has other relevant experience (list experience below).

8. Civil Rights Certifications

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

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

9. Additional Information

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

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

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 20___ - 20___.

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

- a. Substantial Deviation from the 5-Year Plan
- b. Significant Amendment or Modification to the Annual Plan

C. Other Information [24 CFR Part 903.13, 903.15]

(1) Resident Advisory Board Recommendations
a. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
If yes, provide the comments below:
b. In what manner did the PHA address those comments? (select all that apply) Considered comments, but determined that no changes to the PHA Plan were
necessary. The PHA changed portions of the PHA Plan in response to comments List changes below:
Other: (list below)
(2) Resident Membership on PHA Governing Board
The governing board of each PHA is required to have at least one member who is directly assisted by the PHA, unless the PHA meets certain exemption criteria. Regulations governing the resident board member are found at 24 CFR Part 964, Subpart E.
a. Does the PHA governing board include at least one member who is directly assisted by the PHA this year?
☐ Yes ☒ No:
If yes, complete the following:
Name of Resident Member of the PHA Governing Board:
Method of Selection: Appointment
The term of appointment is (include the date term expires):
Election by Residents (if checked, complete next sectionDescription of Resident Election Process)
Description of Resident Election Process
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)

Eligibl	e 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)
Flioibl	e 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)
	e PHA governing board does not have at least one member who is directly assisted PHA, why not?
by the	TIA, why hot:
	The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
\boxtimes	The PHA has less than 300 public housing units, has provided reasonable notice
	to the resident advisory board of the opportunity to serve on the governing board,
	and has not been notified by any resident of their interest to participate in the
	Board.
	Other (explain):
Date o	f next term expiration of a governing board member:
	and title of appointing official(s) for governing board (indicate appointing official next available position):
	[A Statement of Consistency with the Consolidated Plan R Part 903.15]
	n applicable Consolidated Plan, make the following statement (copy questions as many times as
necessai	
Conso	lidated Plan jurisdiction: (provide name here)
a. The	PHA has taken the following steps to ensure consistency of this PHA Plan with the
	lidated Plan for the jurisdiction: (select all that apply):
	The PHA has based its statement of needs of families on its waiting list 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)
	b. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
	(4) (Reserved)
	Use this section to provide any additional information requested by HUD.
<u>10</u>	Project-Based Voucher Program
a.	Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If yes, answer the following questions.
b.	Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option?
	If yes, check which circumstances apply: Low utilization rate for vouchers due to lack of suitable rental units Access to neighborhoods outside of high poverty areas Other (describe below:)
c.	Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

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

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

List of Supporting Documents Available for Review							
Applicable	Supporting Document	Related Plan Component					
&							
On Display							
X	PHA Certifications of Compliance with the PHA Plans and Related Regulations	Standard 5 Year and					
	and Board Resolution to Accompany the Standard Annual, Standard Five-Year,	Annual Plans; streamlined					
37	and Streamlined Five-Year/Annual Plans.	5 Year Plans					
X	State/Local Government Certification of Consistency with the Consolidated Plan.	5 Year Plans					
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans					
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which	Annual Plan:					
	the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Housing Needs					
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources					
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies					
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies					
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies					
X	Public housing rent determination policies, including the method for setting public housing flat rents. 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. Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination					
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination					
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance					
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations					
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency					
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations					
X	Any policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance					

List of Supporting Documents Available for Review							
Applicable &	Supporting Document	Related Plan Component					
On Display x	Consortium agreement(s).	Annual Plan: Agency Identification and Operations/ Management					
X	Public housing grievance procedures Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures					
X	Section 8 informal review and hearing procedures. Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures					
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs					
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs					
	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					
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs					
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition					
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing					
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing					
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing					
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership					
	Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership					
Х	Public Housing Community Service Policy/Programs Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency					
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies. FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency Annual Plan: Community Service & Self-Sufficiency					
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency					
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency					
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). Check here if included in the public housing A & O Policy.	Pet Policy					
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit					
	Consortium agreement(s), if a consortium administers PHA programs.	Joint PHA Plan for Consortia					
	Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection	Joint PHA Plan for Consortia					
	Other supporting documents (optional). List individually.	(Specify as needed)					

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

Annu	ial Statement/Performance and Evaluation Re	eport				
Capit	tal Fund Program and Capital Fund Program	Replacement Hous	ing Factor (CFP/CFPR	RHF) Part I: Summ	ary	
PHA N	ame: MASON COUNTY HOUSING AUTHORITY	Grant Type and Number	·		Federal	
		Capital Fund Program Grant No: IL06P04250205				
		Replacement Housing Fa	ctor Grant No:		Grant:	
	ginal Annual Statement Reserve for Disasters/ Emer	rganaiag Davigad Ann	unal Statament (navigian na	.)	2005	
	formance and Evaluation Report for Period Ending:		and Evaluation Report			
Line	Summary by Development Account		timated Cost	Total Actu	ıal Cost	
Line	Summary by Development Account	Original	Revised	Obligated	Expended	
1	Total non-CFP Funds	O I Igniui	110 viseu	Obligated	Zapended	
2	1406 Operations					
3	1408 Management Improvements	5000				
4	1410 Administration	1000				
5	1411 Audit	1050				
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	70000				
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					
19	1501 Collaterization or Debt Service					
20	1502 Contingency	3895				
21	Amount of Annual Grant: (sum of lines $2-20$)	80000				
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					

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

Part II: Supporting Pages PHA Name: MASON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P04250105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number Name/HA-Wide Activities General Description of Major Wo Categories		Dev. Acct Quanti		Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1408	Management improvements			5000				
1410	Admin fees			1000				
1411	audit			1050				
1470	Office addition			70000				
1520	contingency			3895				
								<u> </u>
								

13. Capital Fund Program Five-Year Action Plan

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) **Part III: Implementation Schedule** PHA Name: MASON COUNTY HOUSING **Grant Type and Number** Federal FY of Grant: 2005 **AUTHORITY** Capital Fund Program No: IL06P04250105 Replacement Housing Factor No: All Fund Obligated All Funds Expended Reasons for Revised Target Dates Development Number Name/HA-Wide (Quarter Ending Date) (Quarter Ending Date) Activities Revised Original Actual Original Revised Actual 1408 06/07 12/07 1408 Two staff to Hab training. Create financial system for public housing, sec 8, Accts payable, payroll, etc. Other training throughout the year on public housing programs and updates for all staff 1410 06/07 12/07 construction monitoring for screen replacements hot water heaters and furnaces 1411 06/07 12/07 1411 annual audit 1470 1470 11/05 03/06 complete admin bldg addition, . Screen replacement, ongoing maintenance activities Contingencies any unforeseen necessities 1502 06/07 12/07

13. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan								
Part I: Summary								
PHA Name MASON COUNTY HOU AUTHORITY	ISING			XOriginal 5-Year Plan ☐Revision No:				
Development Number/Name/HA- Year 1 Wide		2 FFY Grant:2006 FFY Grant:2007 FI		Work Statement for Year 4 FFY Grant: 2008 PHA FY:	Work Statement for Year 5 FFY Grant: 2009 PHA FY:			
HA-WIDE	Annual Statement	OFFICE ADDITION	LAUNDRYMAT BLDG (WASHER & DRYERS)	RESURFACING PARKING AREA	REDO WALKS & LANDSCAPING			
		NEW SCREEN DOORS	HOT WATER HEATERS REST OF SCREEN	NEW FURNACES	CLEAR & SURFACE NEW PARKING AREA HOT WATER			
			DOORS		HEATERS STORAGE SHEDS			
CFP Funds Listed for 5-year planning								
Replacement Housing Factor Funds								

13. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan								
	porting Pages—Worl							
Activities for		tivities for Year :_02		Ac	tivities for Year: _3			
Year 1		FFY Grant: 2006			FFY Grant:2007			
		PHA FY:	PHA FY:					
	Development	Major Work	Estimated	Development	Major Work	Estimated		
	Name/Number	Categories	Cost	Name/Number	Categories	Cost		
See	HA-WIDE	LAUNDROMAT	80000	IL402	NEW FURNACES	80000		
		BUILDING						
		WASHER &						
		DRYERS						
Annual		NEW SCREEN			HOT WATER			
		DOORS			HEATERFS			
Statement								
	m . 1 CED E . 1	1.0	Φ00000			00000		
	Total CFP Estimate	d Cost	\$80000			80000		

Capital Fund Pro Part II: Supporting Page	gram Five-Year Actions es—Work Activities	n Plan					
Activi	ities for Year :_4 FY Grant: 2008 PHA FY:		Activities for Year: _05 FFY Grant: 2009 PHA FY:				
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost		
HA-WIDE	Clearing and surfacing new parking lot	80000	HA-WIDE	NEW ROOFS	80000		
	STORAGE			RESURACING PARKING AREA, CLEAR TREES AND SURFACE NEW PARKING LOT			

_				
Ī	Total CFP Estimated Cost	\$80000		\$80000

Annu	ial Statement/Performance and Evaluation Re	eport			
Capi	tal Fund Program and Capital Fund Program	Replacement Housi	ng Factor (CFP/CFP)	RHF) Part I: Sumn	nary
	Iame: MASON COUNTY HOUSING AUTHORITY	Grant Type and Number		,	Federal
		Capital Fund Program Gra	nt No: IL06P04250103		FY of
		Replacement Housing Fac			Grant:
<u> </u>	. IA IC. (· 🗆	104 4 4 (* * *	`	2003
	ginal Annual Statement Reserve for Disasters/ Emer formance and Evaluation Report for Period Ending:		ial Statement (revision no and Evaluation Report	:)	
Line	Summary by Development Account		mated Cost	Total Actu	ıal Coct
Line	Summary by Development Account	Original	Revised	Obligated	Expended
1	Total non-CFP Funds	Originar	Revised	Obligated	Lapended
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	10700			
11	1465.1 Dwelling Equipment—Nonexpendable	2000			
12	1470 Nondwelling Structures	2000			
13	1475 Nondwelling Equipment	1741			
14	1485 Demolition	· ·			
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	14441			
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				

PHA Name: MASON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant NoIL06P04250103 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	
1465	Replace front screen doors on fifty units and two office doors	IL042	52	10700				
1465.1	50 thermostats for units	IL042	50					
1475	30 amp welder 5 x 8 trailer	IL042	1 1	300 658				
	oxide settling torch		1	783				

Annual Statemen Capital Fund Pro					ement Housi	ing Factor	(CFP/CFPRHF)
Part III: Implem		_		•		C	,
PHA Name:Mason Count	PHA Name:Mason County Housing Authority Grant Ty Capital Replace				50103	Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	Name/HA-Wide (Quarter E			All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	
1460	02/03/06			03/30/06			
1465.1	02/03/06			03/30/06			
1475	02/03/06			03/30/06			
	+						

3. Capital Fund Program Five-Year Action Plan						

Annı	ial Statement/Performance and Evaluation Re	eport			
Capi	tal Fund Program and Capital Fund Program	Replacement Hous	ing Factor (CFP/CFP)	RHF) Part I: Sumn	nary
PHA N	Name: MASON COUNTY HOUSING AUTHORITY	Grant Type and Number	r	•	Federal
		Capital Fund Program Gr	ant No: IL06P04250105		FY of
		Replacement Housing Fa	ctor Grant No:		Grant:
	ginal Annual Statement Reserve for Disasters/ Emer	ranning Daviged Ann	wal Statement (verticion no	•)	2005
	formance and Evaluation Report for Period Ending:		and Evaluation Report	•)	
Line	Summary by Development Account		imated Cost	Total Act	ual Cost
Line	building by Development Recount	Original	Revised	Obligated	Expended
1	Total non-CFP Funds	012gw2	210 / 2500	0 %11 g	
2	1406 Operations				
3	1408 Management Improvements	5000			
4	1410 Administration	1000			
5	1411 Audit	1050			
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	70000			
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				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	3895			
21	Amount of Annual Grant: (sum of lines 2 – 20)	80945			
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				

PHA Name: MASON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant NoIL06P04250105 Replacement Housing Factor Grant No:				Federal FY of G	Federal FY of Grant: 2005		
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		
1408	Management improvement			5000					
1410	Admin fees			1000					
1411	Audit			1050					
1470	Office addition			70000					
1502	Contingency			3895					

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

PHA Name:Mason County	Housing Auth	ority Grant	Type and Nun	ıber			Federal FY of Grant: 2004
			ll Fund Program	n No: IL06P042: g Factor No:	50104		
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	
1408	06/07			12/07			1408- Two staff to HAB training. Create financial system for public housing, Section 8, accounts payable, etc. Other training throughout year on public housing programs and up dates for all staff
1410	06/07			12/07			1410- Construction monitoring foreseen replacement hot water heater and furnaces
1411	06/07			12/07			1411- Annual audit
1470	11/05			03/06			1470- Complete admin bldg. addition. Screen replacements, ongoing maintenance actives.
1502	06/07			12/07			1502- Contingencies any unforeseen necessities

13. Capital Fund Program Five-Year Action Plan						

Annu	al Statement/Performance and Evaluation Re	eport				
Capit	tal Fund Program and Capital Fund Program	Replacement House	sing Factor (CFP/CFPR	HF) Part I: Sumr	nary	
	ame: MASON COUNTY HOUSING AUTHORITY	Grant Type and Numbe		·	Federal	
		Capital Fund Program Gi	rant No: IL06P04250106		FY of	
		Replacement Housing Fa	ctor Grant No:		Grant: 2006	
□Ori	ginal Annual Statement Reserve for Disasters/ Emer	gencies Revised Anr	nual Statement (revision no:)	2000	
	formance and Evaluation Report for Period Ending:		and Evaluation Report	,		
Line	Summary by Development Account		timated Cost	Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds				_	
2	1406 Operations					
3	1408 Management Improvements	3000				
4	1410 Administration	2000				
5	1411 Audit	1050				
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	10700				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	50000				
13	1475 Nondwelling Equipment	10000				
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collaterization or Debt Service					
20	1502 Contingency	3250				
21	Amount of Annual Grant: (sum of lines $2-20$)	80000				
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					

PHA Name: MASON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant NoIL06P04250106 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
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	
1470	Laundramat building			50000				
1475	Washer and dryer machines			10000				
1460	Screen doors			10700				
1408	Training			3000				
1410	Administration (contract cpmoliance)			2000				
1411	Audit			1050				
1502	Contingency			3250				

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

PHA Name: Mason County	Housing Auth	ority Grant	Type and Nun	nber			Federal FY of Grant: 2006	
·		Capita	al Fund Progran	n No: IL06P042	50106			
			cement Housin					
Development Number	All	Fund Obligate	ed	A	Reasons for Revised Target Dates			
Name/HA-Wide	Name/HA-Wide (Quarter)			(Qı	arter Ending Date	5		
Activities		C	ŕ	``	,			
	Original	Revised	Actual	Original	Revised	Actual		
1470	12/06			12/06				
1475	12/06			12/06				
1408	03/06			03/06				
1410	12/06			12/06				
1411	06/06			06/06				
1502	12/06			12/06				
1460	12/06			12/06				

3. Capital Fund Program Five-Year Action Plan						

Annu	al Statement/Performance and Evaluation Re	eport				
Capit	tal Fund Program and Capital Fund Program	Replacement House	sing Factor (CFP/CFPR	HF) Part I: Sum	nary	
	ame: MASON COUNTY HOUSING AUTHORITY	Grant Type and Numbe	rrant No: IL06P04250107	,	Federal FY of Grant: 2007	
	ginal Annual Statement $oxedsymbol{\square}$ Reserve for Disasters/ Emer)	•	
Per	formance and Evaluation Report for Period Ending:		and Evaluation Report			
Line	Summary by Development Account		timated Cost	Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements	3000				
4	1410 Administration	2000				
5	1411 Audit	1050				
6	1415 Liquidated Damages					
7	1430 Fees and Costs	2000				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable	68950				
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					
19	1501 Collaterization or Debt Service					
20	1502 Contingency	3000				
21	Amount of Annual Grant: (sum of lines 2 – 20)	80000				
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					

PHA Name: MASON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant NoIL06P04250107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	Name/HA-Wide Categories		Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1408	training			3000				
1410	Admin fees			2000				
1411	Audit			1050				
1465	Furnaces and hot water heaters			68950				
1502	Contingency			3000				
1430	Fees and cost			2000				

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

PHA Name: Mason County	Housing Autho	ority Grant	Type and Nur	nber			Federal FY of Grant: 2007
·	-		al Fund Progra	m No: IL06P042	50107		
			acement Housin				
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)				ll Funds Expended uarter Ending Date	Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	
1408	12/07			12/07			
1410	03/07			03/07			
1411	06/07			06/07			
1465	12/07			12/07			
1502	12/07			12/07			
1430	10/07			10/07			
				_			

3. Capital Fund Program Five-Year Action Plan						

Annu	al Statement/Performance and Evaluation Re	eport				
Capit	tal Fund Program and Capital Fund Program	Replacement Hous	sing Factor (CFP/CFPR	HF) Part I: Sumr	nary	
	ame: MASON COUNTY HOUSING AUTHORITY	Grant Type and Numbe		·	Federal	
		Capital Fund Program G	rant No: IL06P04250108		FY of	
		Replacement Housing Fa	actor Grant No:		Grant: 2008	
Ori	ginal Annual Statement Reserve for Disasters/ Emer	rgencies Revised Anı	nual Statement (revision no:)	2000	
	formance and Evaluation Report for Period Ending:		and Evaluation Report	,		
Line	Summary by Development Account		timated Cost	Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds				-	
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration	3000				
5	1411 Audit	1050				
6	1415 Liquidated Damages					
7	1430 Fees and Costs	2350				
8	1440 Site Acquisition					
9	1450 Site Improvement	47000				
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable	10000				
12	1470 Nondwelling Structures	14950				
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					
19	1501 Collaterization or Debt Service					
20	1502 Contingency	1650				
21	Amount of Annual Grant: (sum of lines $2-20$)	80000				
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					

PHA Name: MASON COUNTY HOUSING AUTHORITY		Capital Fund	Grant Type and Number Capital Fund Program Grant NoIL06P04250108 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
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		
1410	Contract compiar			3000					
1411	audit			1050					
1450	Rear parking lot			47000					
1465	Furnaces and hot water heaters			10000					
1470	Storage sheds			14950					
1502	contingency			1650					
1430	Fees and cost			2350					

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

PHA Name: Mason County	y Housing Auth	ority Grant	Type and Nur	nber	•		Federal FY of Grant: 2008		
·		Capita	al Fund Progra	m No: IL06P042	50108				
			cement Housin						
Development Number	All	Fund Obligate	Obligated All Funds Expended				Reasons for Revised Target Dates		
Name/HA-Wide	(Quarter Ending Date)				uarter Ending Date				
Activities	, ,	C	,						
	Original	Revised	Actual	Original	Revised Actual				
1410	12/08			12/08					
1411	06/08			06/08					
1450	12/08			12/08					
1465	12/08			12/08					
1470	12/08			12/08					
1430	10/08			10/08					

3. Capital Fund Program Five-Year Action Plan						

Annu	al Statement/Performance and Evaluation Re	eport				
Capit	al Fund Program and Capital Fund Program	Replacement Hous	sing Factor (CFP/CFPR	HF) Part I: Sumr	nary	
	ame: MASON COUNTY HOUSING AUTHORITY	Grant Type and Numbe		,	Federal	
		Capital Fund Program Gr	rant No: IL06P04250109		FY of	
		Replacement Housing Fa	ector Grant No:		Grant: 2009	
Ori	ginal Annual Statement Reserve for Disasters/ Emer	roencies Revised Anr	uual Statement (revision no:)	2009	
	formance and Evaluation Report for Period Ending:		and Evaluation Report	,		
Line	Summary by Development Account		timated Cost	Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds	Ö			•	
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration	3000				
5	1411 Audit	1050				
6	1415 Liquidated Damages					
7	1430 Fees and Costs	4000				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	66950				
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					
19	1501 Collaterization or Debt Service					
20	1502 Contingency	5000				
21	Amount of Annual Grant: (sum of lines $2-20$)	80000				
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					

PHA Name: MASON COUNTY HOUSING AUTHORITY		Capital Fund	Grant Type and Number Capital Fund Program Grant NoIL06P04250109 Replacement Housing Factor Grant No:				Federal FY of Grant: 2009		
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		
1410	Contract compliances			3000					
1411	audit			1050					
1430	Architect and engineering			4000					
1460	Roofs			66950					
1502	contingency			5000					

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

PHA Name:Mason County Housing Authority			Type and Nur	nber	Federal FY of Grant: 2009		
				m No: IL06P042			
			cement Housin				
Development Number	A 11		ll Funds Expended		Reasons for Revised Target Dates		
Name/HA-Wide	All Fund Obligated		(Quarter Ending Date)			Reasons for Revised Target Dates	
	(Quarter Ending Date)		ate)	(Quarter Ending Date)			
Activities			T			T	
	Original	Revised	Actual	Original	Revised	Actual	
1410	12/9			12/09			
1411	06/09			06/09			
1430	10/09			10/09			
1460	12/09			12/09			
1475	12/09			12/09			
1502	12/09			12/09			
					•		

3. Capital Fund Program Five-Year Action Plan									