

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

PHA Plans

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

**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: City of Olean Housing Authority

PHA Number: NY093

PHA Fiscal Year Beginning: (mm/yyyy) 07/2005

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 2005 - 2009
[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)

The City of Olean Housing Authority has as its primary goal to serve low-income families within the City of Olean and surrounding area.

The Housing Authority will achieve its mission as follows:

- By its commitment to provide decent, safe and sanitary housing to eligible applicants, and residents in occupancy.

- By increasing educational opportunities for low-income families to achieve self-sufficiency.

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)

- 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)

- 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 deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - Implement public housing security improvements:
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - Other: (list below)

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)

Olean Housing Authority – GOALS and OBJECTIVES

-To develop and maintain a county wide needs assessment which will monitor the availability of decent, safe and affordable housing in the community.

-To ensure equal opportunity in housing for all Americans.

-To promote self-sufficiency for low-income families.

The Housing Authority's mission and goals are consistent with and contribute to HUD's mission and goals and objectives.

PROGRESS REPORT

The City of Olean Housing Authority's primary mission is to provide decent, safe and sanitary housing. To measure our success we rely on the Public Housing Assessment System. For the year ending June 30, 2004 the Authority received a score of 97%. This resulted in a "High Performer" status.

The question our Authority and particularly New York State Authorities face is how long can we provide this level of service with the cuts in funding and drastic increases in costs. Because the possibilities of increasing revenues are slim, we are going to reach the point very shortly where our only recourse will be to lay off staff. Our Authority is small and staff is lien to begin with, so lay offs will have a serious impact on our ability to maintain the current level of service.

One of the goals identified in our original 5-Year Plan was to develop and maintain a countywide needs assessment, which will monitor the availability of decent, safe and affordable housing in our community. The Olean Housing Authority is an active member of the Cattaraugus County Housing Consortium, which is the organization formed to address this and other countywide housing issues. The Consortium has as its members, HUD, DHCR, Cattaraugus County Department of Economic Development, Planning and Tourism and the Majority of the low-income and service providers in the county. The Consortium has conducted several waiting list and occupancy surveys. The response has been around 50%. Our goal is to improve this number. With funding and staff cuts the frequency of our meetings has decreased.

Another goal was to increase educational opportunities for low-income families to achieve self-sufficiency. The Authority has been working with the City of Olean Public Library and the Literacy Volunteers of America of Cattaraugus County in an effort to secure grants that will fund the Family Literacy Programs. Funds have been received to purchase six computers, which have been placed in both our family and elderly sites. This funding has also covered the cost of internet service and instructors. This will be an ongoing program as long as we continue to be able to secure funding.

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.

Not Required

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration
- FY 2004 Capital Fund Program Annual Statement (Attachment ny093a01)
- 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
- FY 2004 Capital Fund Program 5 Year Action Plan (Attachment ny093b01)
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

Other Attachments:

- (1) **2003 - Annual Statement – Performance & Evaluation ny093c01**
- (2) **2003 Supplemental – Annual Statement ny093i01**
- (3) **2004 – Annual Statement- Performance & Evaluation ny093a01**
- (4) **2005 – Annual Statement & 5 Yr Plan ny093d01**
- (5) **Pet Policy ny093e01**
- (6) **Voluntary Conversion ny093f01**
- (7) **Deconcentration and Income Mixing ny093g01**
- (8) **Substantial Deviation ny093h01**

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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	eradication of pest infestation (including cockroach infestation)	
N/A	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	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
	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
	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	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional)	(specify as needed)

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	(list individually; use as many lines as necessary)	

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.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	2,163	NA	NA	NA	NA	NA	NA
Income >30% but <=50% of AMI	1,673	NA	NA	NA	NA	NA	NA
Income >50% but <80% of AMI	1,663	NA	NA	NA	NA	NA	NA
Elderly	1,767	NA	NA	NA	NA	NA	NA
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	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)

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.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	92		86
Extremely low income <=30% AMI	73	79	
Very low income (>30% but <=50% AMI)	13	14	
Low income (>50% but <80% AMI)	6	7	
Families with children	53	58	
Elderly families	22	24	
Families with Disabilities	8	9	
White	79	86	

Housing Needs of Families on the Waiting List			
African-American	11	12	
American Indian	2	2	
Asian/Pacific			
Characteristics by Bedroom Size (Public Housing Only)			
1BR/ Studio	43	47	27
2 BR	41	45	8
3 BR	7	7	33
4 BR	1	1	18
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)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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.

Over the past five years the Authority has experienced a very high turnover rate. This got as high as 42%. Last year and so far this year our turnover has declined. To understand the market we need data for our Market area..

As you can see from the lack of information available there is a need for new information, which will help determine local need. To deal with this we are active members of the Cattaraugus County Housing Consortium, which has as its mission the Creation of a County Consolidated Plan, which includes a waiting list survey.

(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)

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)

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)

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.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2003 grants)		
a) Public Housing Operating Fund	506,157	PFS Actual 6/30/05
b) Public Housing Capital Fund	593,579	Capital Fund 2005
c) HOPE VI Revitalization		
d) HOPE VI Demolition		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
Capital Fund 2003	323,061	
Capital Fund 2003 Supplemental	102,148	
Capital Fund 2004	593,579	
3. Public Housing Dwelling Rental Income Budget 6/30/04	838,098	
4. Other income (list below)		
Misc. Income Budget 6/30/05	45,000	
4. Non-federal sources (list below)		
Public Housing Investment		
Income Budget 6/30/05	17,000	
Total resources	3,018,622	

Note: "We specifically reserve the right to change this financial resources statement based on later, better information."

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) Within one week of application.

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)

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?

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

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

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

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

(3) Assignment

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

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

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

Former Federal preferences:

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

Other preferences: (select below)

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

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either

through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences:

- (2) Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- (1) Victims of domestic violence
- (2) Substandard housing
- (1) Homelessness
- (2) 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) Tenant Handbook

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:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

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

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

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

Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

B. Section 8

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

(1) Eligibility

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

Criminal or drug-related activity only to the extent required by law or regulation

Criminal and drug-related activity, more extensively than required by law or regulation

More general screening than criminal and drug-related activity (list factors below)

Other (list below)

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

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

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

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

Criminal or drug-related activity

Other (describe below)

(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. Yes 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 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)

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

Date and Time

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

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)

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?

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

- The family has lost eligibility or is awaiting eligibility determination for a Federal, State or local assistance program.
- The family would be evicted as a result of the imposition of the minimum rent requirement.
- The income of the family has decreased because of changed circumstances, including loss of employment.
 - A death in the immediate family has occurred.
- Other circumstances determined by the PHA or HUD.

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?
 (Note: Flat Rents)
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)
 - Child Support Paid
 - 401K type deductions

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)

- 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)
- 95th 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) Any time the family experiences an income decrease.

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)

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

- Annually
- Other (list below)

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

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

(2) Minimum Rent

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

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

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

5. Operations and Management (Not Required-High Performer)

[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.
- 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.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		

Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

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.

- (1) Public Housing Maintenance and Management: (list below)
- (2) Section 8 Management: (list below)

6. PHA Grievance Procedures (Not Required – High Performer)

[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 (state name) ny093d01-or-
- The Capital Fund Program Annual Statement is provided below:

**Component 7
Capital Fund Program Annual Statement
Parts I, II, and II**

**Annual Statement
Capital Fund Program (CFP) Part I: Summary**

Capital Fund Grant Number FFY of Grant Approval:

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP 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	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

**Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

**Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

**Annual Statement
Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name ny093d01

-or-

The Capital Fund Program 5-Year Action Plan is provided below:

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
NY093001		2	1.8%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
				/2004
Total estimated cost over next 5 years				

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
NY093002	Spring and Seneca Courts	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
				1/2001

Total estimated cost over next 5 years					
Optional 5-Year Action Plan Tables					
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development		
NY093003	Olean House	4	6%		
Description of Needed Physical Improvements or Management Improvements				Estimated Cost	
Total estimated cost over next 5 years					

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
NY093004	South Court	2	3.6%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
				/01/2003
Total estimated cost over next 5 years				
Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
PHA WIDE	Olean Housing Authority			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)

Total estimated cost over next 5 years		

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?
 If yes, list development name/s below:

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

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

If yes, list developments or activities below:

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.)

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

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.

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
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"/>	
3. Application status (select one)	
Approved; included in the PHA’s Designation Plan <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

10. Conversion of Public Housing to Tenant-Based Assistance (Not Required to Complete – High Performer)

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> 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)

<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> 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)]

Not Required to Complete- High Performer

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.)

Public Housing Homeownership Activity Description (Complete one for each development affected)	
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 Note:
High Performing Housing Authority – Not required to Complete

[24 CFR Part 903.7 9 (I)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- Yes No: Has the PHA 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? DD/MM/YY

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.)

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

(2) Family Self Sufficiency program/s

a. Participation Description

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

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

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
 - Informing residents of new policy on admission and reexamination
 - Actively notifying residents of new policy at times in addition to admission and reexamination.
 - Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
 - Establishing a protocol for exchange of information with all appropriate TANF agencies
 - Other: (list below)

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

13. PHA Safety and Crime Prevention Measures High Performing Housing Authority not Participating in PHDEP – No Required to Complete This Section.

[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)

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

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

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

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

C. Coordination between PHA and the police

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

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

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

D. Additional information as required by PHDEP/PHDEP Plan

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

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 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)] Note: Board Resolution re; "Pet Policy" dated 3/27/01

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management (Note: High Performer – Not Required To File)

[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:

3. In what manner did the PHA address those comments? (select all that apply)
 Considered comments, but determined that no changes to the PHA Plan were necessary.
 The PHA changed portions of the PHA Plan in response to comments
List changes below:
 Other: (list below)

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

1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. Yes No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process
 - a. Nomination of candidates for place on the ballot: (select all that apply)
 Candidates were nominated by resident and assisted family organizations
 Candidates could be nominated by any adult recipient of PHA assistance
 Self-nomination: Candidates registered with the PHA and requested a place on ballot
 Other: (describe)

 - b. Eligible candidates: (select one)
 Any recipient of PHA assistance

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: New York State
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)
 - (1) The local Abbreviated Submission calls for handicap accessibility at our 143 elderly apartments. Last year a new entrance was constructed at Spring Court, which included automatic door operators and security. At the same time door operators were installed at each common entrance in the building. The same thing was done at Seneca Court the year before. Two years ago, a new entrance and elevator was constructed at the Olean House, which is a four story building. This year with capital Funds we plan to convert two of the apartments at the Olean House into handicap units. We also plan to add more security cameras at each of the elderly units. Our goal is to accommodate those with physical and mental disabilities.
 - (2) The Olean Housing Authority was instrumental in the forming of the Cattaraugus County Housing Consortium. The Consortium conducts a semi-annual survey of waiting lists for low-income housing. We also address homelessness and other housing and service related issues. Monitoring the need

for housing in the county falls in line with the objectives set forth in the State Strategic Plan.

(3) Preserving existing Public and Publicly Assisted Housing is exactly what we are doing with the funds provided to the Authority through the Capital Fund.

Consistency with plan- The City of Olean Housing Authority activities to be undertaken with Capital Fund and Operating Subsidies are consistent with the New York State Strategic Plan and the City of Olean Abbreviated Plan.

Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: Both Plans see handicap accessibility as a priority, so the Authorities activity has included this type of work in new construction and renovation.

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.

ny093g01 – Resident Advisory Board Membership:

Alder Court:

Bridgett Bennett Apartment 404-1, Alder Street

Elizabeth Thayer Apartment 408-6, Alder Street

Sandra Costello Apartment 404-3, Alder Street

West Court:

Todd Pyrkos Apartment 305-4, N 15th Street

Katrina Adams Apartment 315-5, N 15th Street

Awilda Rivera Apartment 311-1, N 15th Street

Virginia DeMarte Apartment 309-5, N 15th Street

South Court:

Walter Vaughn, Sr. Apartment E-1, 554 Martha Ave.

Brad Vaughn Apartment E-1, 554 Martha Ave.

Shirley Cox Apartment D-1, 554 Martha Ave.

Lucinda Connelly Apartment A-6, 554 Martha Ave

Olean House

Mary Lou Kline Apartment 219, 132 N. Union St.

Kenneth Haas Apartment 226, 132 N. Union St.

Spring Court:

John Hardy Apartment 10, 102 W. Spring Street

Lila Chase Apartment 2, 102 W. Spring St.

Rose LaFrenz Apartment 21, 102 W. Spring St.

Marie Napoleoni Apartment 8, 102 W. Spring St.

Seneca Court:

Ernie Gray Apartment 2, 401 Alder St.

Jim Gleason Apartment 29, 401 Alder St.

Bertha Oakley Apartment 33, 401 Alder St.

Janet Stiger Apartment 35, 401 Alder St.

ny093h01 – Resident Membership:

Patricia Cornelius Apartment 18, 401 Alder Street

Marian Stuart Apartment H-1, Martha Ave.

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

Table Library

CAPITAL FUND PROGRAM TABLES START HERE

ATTACHMENT ny093c01

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<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: 12/31/04 <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 Soft Costs				
	Management Improvements Hard Costs	10,000	10,000		
4	1410 Administration	51,349	51,349	7,519	7,519
5	1411 Audit	1,000	1,000		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,000	4,000	756	756
8	1440 Site Acquisition	45,000	45,000		
9	1450 Site Improvement	113,000	53,000	32,117	32,117
10	1460 Dwelling Structures	398,586	348,194	104,129	104,129
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				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: City of Olean Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P09350103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/04
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	622,935	512,543	144,521	144,521
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security—Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350103 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
NY093001					Revision	Obligated	Expended	
West/Alder Court	Concrete Replacement & Drainage	1450		25,000	25,000	8,761	8,761	
	Site Acquisition – West Court Parking	1440		15,000	15,000			
	Landscaping – Site Furnishings	1450		2,000	2,000	1,705	1,705	
	Playground Equipment	1450		10,000				
	Asphalt – Replacement/Repair	1450		2,000	2,000			
	Replace Exterior Doors & Storm Doors	1460	21@300	6,300	8,000	7,674	7,674	
	Replace Hot Water Tanks & Boilers	1460	3@2,000	6,000	6,000			
	Interior Closet Doors	1460	50@300	15,000				
	Security Lighting & Exterior Door Lights	1460	Partial	2,000				
	Roof, Soffit & Gutter Replacement	1460	Partial	10,000	5,000	1,602	1,602	
	Powerwash & Seal Brick	1460		10,000				
	Patio Dividers	1460	30@125	3,750				
	Security Equipment - Cameras	1460		3,000				
	Bathroom Additions-Alder 416	1460		20,000	41,750	38,960	38,960	
	Frost Free Refrigerators	1460	5@400	2,000	2,000	2,000	2,000	
	Stoves with Rear Controls	1460	5@300	1,500	1,500			
	SUB-TOTAL			133,550	108,550	60,702	60,702	
				=====	=====	=====	=====	
NY093002								

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350103 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
	Computer Equipment Upgrade		1408		10,000	10,000			
	Asphalt Repair & Replacement		1450			2,000	96	96	
	Roof, Soffit & Gutter Repair & Replace		1460			13,103	13,103	13,103	
	Replace Hot Water Tank & Boiler		1460	1@2,500	2,500	2,500			
					-----	-----	-----	-----	
	SUB-TOTAL				248,626	197,830	25,058	25,058	
					=====	=====	=====	=====	
NY093004									
South Court	Concrete Replacement & Drainage		1450		4,000	17,988	17,988	17,988	
	Asphalt Replacement, Repair & Seal		1450		3,000	3,000	2,461	2,461	
	Frost Free Refrigerators		1460	5@400	2,000	2,000	1,876	1,876	
	Stoves with Rear Controls		1460	5@300	1,500	1,500			
	Hot Water Tank/Boiler Replacement		1460	2@2,000	4,000	4,000			
	Replace Roof, Soffit & Gutters		1460	Partial	7,410	15,332	15,332	15,332	
	Replace Exterior Doors \$ Storm Doors		1460	10@1,000	10,000	3,494			
					-----	-----	-----	-----	
	SUB-TOTAL				31,910	47,314	37,657	37,657	
					=====	=====	=====	=====	

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350103 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
PHA Wide	Salary Comp Grant Administrator & Maintenance Supervisor		1410		51,349	51,349	7,519	7,519	
	Audit		1411		1,000	1,000			
	Architect & Engineer		1430		4,000	4,000	756	756	
					-----	-----	-----	-----	
	SUB-TOTAL				56,349	56,349	8,275	8,275	
					=====	=====	=====	=====	
	GRANT TOTAL				622,935	512,543	144,521	144,521	
					=====	=====	=====	=====	

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program No: NY06P09350103 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	
NY093001 West/Alder Court	09/16/05			6/30/06			
NY093002 Spring/Seneca Court	09/16/05			6/30/06			
NY093003 Olean House	09/16/05			6/30/06			
NY093004 South Court	09/16/05			6/31/06			
PHA Wide	09/16/05			6/31/06			

Capital Fund Program Five-Year Action Plan Attachment

Part I: Summary

PHA Name City of Olean Housing Authority		601 Martha Avenue, Olean, N.Y. 14760 Cattaraugus County		<input checked="" 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: 2004 PHA FY:	Work Statement for Year 3 FFY Grant: 2005 PHA FY:	Work Statement for Year 4 FFY Grant: 2006 PHA FY:	Work Statement for Year 5 FFY Grant: 2007 PHA FY:
	Annual Statement				
NY093001 West/Alder Court					
NY093002 Spring/Seneca Court					
NY093003 Olean House					
NY093004 South Court					
PHA Wide					
Total CFP Funds (Est.)					
Total 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: 2004 PHA FY: 6/30/04			Activities for Year: <u>3</u> FFY Grant: 2005 PHA FY: 6/30/05		
	NY093001 West/Alder Courts			NY093001 West/Alder Courts		

CAPITAL FUND PROGRAM TABLES START HERE

ATTACHMENT ny093i01

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003 Supplemental
<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: 12/31/04 <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 Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	102,148			
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				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: City of Olean Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P09350203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 Supplemental
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/04
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	102,148			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003 Supplemental			
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
NY093002									
Spring/Seneca	Concrete Replacement & Drainage		1450		51,074				
NY093004									
South Court	Concrete Replacement & Drainage		1450		51,074				
	GRAND TOTAL.....				102,148				

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

PHA Name: City of Olean Housing Authority		Grant Type and Number				Federal FY of Grant: 2003 Supplemental	
		Capital Fund Program No: NY06P09350203					
		Replacement Housing Factor No:					
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	
NY093002 Spring/Seneca	02/12/06			02/12/08			
NY093004 South Court	02/12/06			02/12/08			

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				
Total CFP Funds (Est.)					
Total 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:		

CAPITAL FUND PROGRAM TABLES START HERE

ATTACHMENT: ny093a01

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<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	57,031	57,031		
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs	5,000	5,000		
4	1410 Administration	51,899	51,899		
5	1411 Audit	1,000	1,000		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	90,000	90,000		
9	1450 Site Improvement	78,160	78,160		
10	1460 Dwelling Structures	331,601	310,489		
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				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: City of Olean Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P09350104 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: 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	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	614,691	593,579		
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350104 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
NY093001								
West/Alder Court	Concrete Replacement & Drainage		1450	#408,309	40,000	40,000		
	Landscaping							
	Fence & Shrubs		1450		5,000	5,000		
	Asphalt Replacement & Repair		1450	Alder Small	20,000	20,000		
	Adjustable Thermostats		1460	108@\$40	4,320	4,320		
	Interior Closet Doors		1460	28@\$300	8,480	8,480		
	Replace Exterior Doors & Storm Doors		1460	21@\$300	6,300	6,300		
	Roof, Soffit & Gutter Replacement		1460	Partial	16,049	16,049		
	Replace Hot Water Tanks & Boilers		1460	3@\$2000	6,000	6,000		
	Frost Free Refrigerators		1460	5@\$400	2,000	2,000		
	Stoves with Rear Controls		1460	5@\$300	1,500	1,500		
	Security Equipment-Cameras		1460		5,000	5,000		
	SUB-TOTAL				114,649	114,649		
					=====	=====		
NY093002								
Spring/Seneca	Renovate Corridor Ceiling		1460		30,000	8,888		
	Replace Exterior Doors		1460	81@\$300	24,300	24,300		
	Handicap Door Knobs		1460		6,000	6,000		
	Stoves with Front Controls		1460	5@\$300	1,500	1,500		

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350104 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
	SUB-TOTAL				61,800	40,688		
					=====	=====		
NY093003								
Olean House	Purchase Two Stores in Olean House		1440		90,000	90,000		
	Stoves with Front Controls		1460	5@\$300	1,500	1,500		
	Power Wash ,Paint/Seal & Point Brick		1460		20,000	20,000		
	Apartment Restoration		1460	9@\$19605	176,452	176,452		
	Replace Hot Water Tank & Boilers		1460	1@\$2500	2,500	2,500		
	SUB TOTAL				290,452	290,452		
					=====	=====		
NY093004								
South Court	Concrete Replacement		1450	Partial	13,160	13,600		
	Adjustable Thermostats		1460	55@\$40	2,200	2,200		
	Frost Free Refrigerators		1460	5@\$400	2,000	2,000		
	Stoves with Rear Controls		1460	5@\$300	1,500	1,500		
	Replace Hot Water Tanks & Boilers		1460	2@\$2000	4,000	4,000		
	Replace Exterior Doors & Storm Doors		1460	10@\$1000	10,000	10,000		
	SUB TOTAL				32,860	32,860		
					=====	=====		

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350104 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
PHA Wide	Prorated Salary Comp Grant Administrator & Maint Supervisor		1410		51,899	51,899			
	Operations Transfer		1406		57,031	57,031			
	Management Improvements - Computers		1408		5,000	5,000			
	Audit		1411		1,000	1,000			
	SUB TOTAL				114,930	114,930			
					=====	=====			
	GRANT TOTAL				614,691	593,579			
					=====	=====			

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program No:NY06P09350104 Replacement Housing Factor No:					Federal FY of Grant: 2004	
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		
NY093001 West/Alder Court	02/28/06	09/06/06		02/28/08	09/06/08			
NY093002 Spring/Seneca Court	02/28/06	09/06/06		02/28/08	09/06/08			
NY093003 Olean House	02/28/06	09/06/06		02/28/08	09/06/08			
NY093004 South Court	02/28/06	09/06/06		02/28/08	09/06/08			
PHA Wide	02/28/06	09/06/06		02/28/08	09/06/08			

Capital Fund Program Five-Year Action Plan

Part I: Summary

ATTACHMENT: ny093b01

PHA Name City of Olean Housing Authority		132, N. Union Street, Suite 118, P.O. Box 438, Olean, N.Y. 14760			<input checked="" 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: 2005 PHA FY:	Work Statement for Year 3 FFY Grant: 2006 PHA FY:	Work Statement for Year 4 FFY Grant: 2007 PHA FY:	Work Statement for Year 5 FFY Grant: 2008 PHA FY:	
	Annual Statement					
NY093001						
West/Alder Court						
NY093002						
Spring/Seneca Court						
NY093003						
Olean House						
NY093004						
South Court						
PHA Wide						
Total CFP Funds (Est.)						
Total Replacement Housing Factor Funds						

CAPITAL FUND PROGRAM TABLES START HERE

ATTACHMENT ny093d01

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<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	118,000			
3	1408 Management Improvements Soft Costs	5,000			
	Management Improvements Hard Costs	5,000			
4	1410 Administration	54,486			
5	1411 Audit	1,500			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,500			
8	1440 Site Acquisition				
9	1450 Site Improvement	48,000			
10	1460 Dwelling Structures	358,093			
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				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: City of Olean Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P09350105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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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	
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	593,579			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security—Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350105 Replacement Housing Factor Grant No:				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
NY093001						Revised	Obligated	Expended
West/Alder Court	Concrete Replacement & Drainage		1450		15,000			
	Landscaping – Shrubs/Fence		1450		2,000			
	Asphalt – Repair/Seal & Replace		1450		2,000			
	Replace Exterior Doors & Storm Doors		1460	21@300	6,300			
	Replace Hot Water Tanks & Boilers		1460	3@2000	6,000			
	Roof, Soffit & Gutter Replacement		1460	Partial	5,000			
	Smoke Detectors/Battery Operated		1460		2,500			
	Powerwash & Seal Brick		1460	Alder Court	7,500			
	Frost Free Refrigerators		1460	5@400	2,000			
	Stoves with Rear Controls		1460	5@300	1,500			
	SUB-TOTAL				49,800			
					=====	=====	=====	=====
					====			
NY093002								
Spring/Seneca	Concrete Replacement & Drainage		1450	Spring Court	8,000			
	Asphalt: Replace, Repair & Seal		1450		3,000			
	Roof, Soffit & Gutter Replacement		1460		45,041			
	Landscaping: Site Furnishings		1450					
	Plantings		1450					
	Upgrade Simplex & Battery Operated		1460		800			

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350105 Replacement Housing Factor Grant No:				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
	Stoves with Front Controls		1460	5@300	1,500				
	Laundry Equipment-Washer/Dryer		1460		1,000				
					----- ---	-----	-----	-----	
	SUB-TOTAL				59,341				
					===== ===	=====	=====	=====	
NY093003 Olean House	First Floor Restoration (Force Acct)		1460						
	Apartment Restoration –Force Acct.		1460	9@19605	176,452				
	Laundry Room-New Washer/Dryers		1460		1,000				
	Asphalt/Concrete Replacement-Parking		1450		2,000				
	Stoves with Front Controls		1460	5@300	1,500				
	Update & Repair Fire-escapes		1460						
	Community Room/Entrance Furnishings		1460		2,000				
	Power-wash Painted Portion of Bldg.		1460		30,000				
	Replace Hot Water Tank & Boiler		1460	1@2400	2,400				

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350105 Replacement Housing Factor Grant No:				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
	Management Improvements-Computer		1408		10,000				
					-----	-----	-----	-----	
	SUB-TOTAL				225,352				
					=====	=====	=====	=====	

NY093004									
South Court	Concrete Replacement & Drainage		1450		10,000				
	Asphalt Replacement, Repair, Seal		1450		3,000				
	Frost Free Refrigerators		1460	5@400	2,000				
	Stoves with Rear Controls		1460	5@300	1,500				
	Hot Water Tank/Boiler Replacement		1460	2@2000	4,000				
	Replace Exterior Doors \$ Storm Doors		1460	20@1025	20,500				
	Powerwash, Seal & Point Brick		1460		10,000				
	Community Room Furnishings		1460		1,000				
	Battery Operated Smoke Detectors		1460		1,600				
	Landscaping		1450		3,000				
	Roof, Soffit & Gutter Repair		1460		25,000				
					-----	-----	-----	-----	

	SUB-TOTAL				81,600				
					=====	=====	=====	=====	

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350105 Replacement Housing Factor Grant No:				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
PHA Wide	Operations		1406		118,000				
	Salary Comp Grant Administrator & Maintenance Supervisor		1410		54,486				
	Audit Fee		1411		1,500				
	Architect & Engineer		1430		3,500				
					----- ---	-----	-----	-----	
	SUB-TOTAL				177,486				
					=====	=====	=====	=====	
					====				
	GRANT TOTAL				593,579				
					=====	=====	=====	=====	
					====				

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

PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program No: NY06P09350105 Replacement Housing Factor No:				Federal FY of Grant: 2005	
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	
NY093001 West/Alder Court	09/15/07			09/15/09			
NY093002 Spring/Seneca Court	09/15/07			09/15/09			
NY093003 Olean House	09/15/07			09/15/09			
NY093004 South Court	09/15/07			09/15/09			
PHA Wide	09/15/07			09/15/09			

Capital Fund Program Five-Year Action Plan Attachment

Part I: Summary

PHA Name City of Olean Housing Authority		132 N. Union Street, Suite 118, P.O. Box 438, Olean, New York 14760		<input checked="" 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: 06/30/06	Work Statement for Year 3 FFY Grant: PHA FY:06/30/07	Work Statement for Year 4 FFY Grant: PHA FY:06/30/08	Work Statement for Year 5 FFY Grant: PHA FY:06/30/09
	Annual Statement				
NY093001 West/Alder Court		78,800	23,700	165,788	82,700
NY093002 Spring/Seneca Court		88,531	50,488	63,800	13,500
NY093003 Olean House		192,340	217,830	179,952	231,950
NY093004 South Court		43,287	137,256	9,500	70,929
PHA Wide		190,621	164,305	174,539	194,500
Total CFP Funds (Est.)		593,579	593,579	593,579	593,579
Total Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year :__2__ FFY Grant: 2006 PHA FY: 6/30/06			Activities for Year: __3__ FFY Grant: 2007 PHA FY: 6/30/07		
	NY093001 West/Alder Courts			NY093001 West/Alder Courts		
	Concrete Replacement & Drainage	#408	5,000	Concrete Replacement & Drainage	#412	5,000
	Landscaping	West/Alder	2,000	Landscaping-Fence	Partial	
	Site Furnishings	Partial	2,000	Playground Equipment	Alder	
	Exterior Boiler Room	Bldg #303		Asphalt replacement. Repair & Seal	Alder	2,000
	Asphalt Replacement, Repair, Seal		4,000	Interior Closet Doors	50 @ 300	
	Site Acquisition- Additional Parking	West		Replace Exterior Doors & Storm Doors	12@600	7,200
	Replace Exterior Doors & Storm Doors	21 @ 300	6,300	Roof, Soffit & Gutter Replacement	Partial	
	Roof, Soffit & Gutter Replacement	Partial	5,000	Replace Hot Water Tanks & Boilers	3 @ 2000	6,000
	Replace Hot Water Tanks & Boilers	3 @ 2000	6,000	Frost Free Refrigerators	5 @ 400	2,000
	Laundry Equipment-Washer & Dryer	3@1000	3,000	Stoves with Rear Controls	5 @ 300	1,500
	Power Wash, Seal & Point Brick	West		Remodel Apartment Entrances	Partial	
	Frost Free Refrigerators	5 @ 400	2,000	SUB TOTAL		<u>23,700</u>
	Stoves with Rear Controls	5 @ 300	1,500			
	Patio Divider Replacement	3 @ 125				
	Security Equipment-Cameras	Partial				
	SUB TOTAL		<u>78,800</u>	NY093002 Spring/Seneca Courts		
				Powerwash, point & Seal Brick		8,500
				Concrete Replacement & Drainage		5,000
				Asphalt Repair, Replace & Seal		4,000
	NY093002 Spring/Seneca Courts			Replace Exterior Doors	41@600	24,600
	Concrete Replacement & Drainage	15%	12,000	Stoves with Front Controls	5@300	1,500
	Asphalt replacement, Repair & Seal			Replace Hot Water Tank & Boiler	1@3000	3,000
	Landscaping		2,000	Upgrade Simplex System & Detectors		3,888
	Roof, Soffit & Gutter Repair		42,031	SUB TOTAL		<u>50,488</u>
	Community Room Furnishings		2,000			
	Laundry Equipment-Washer & Dryer	Replacements	1,000	NY093003 Olean House		

	Stoves with Front Controls	5 @ 300	1,500	Stoves with Front Controls	5@300	1,500
	Replace Hot Water Tanks & Boilers	1@3000	3,000	Roof Repair	Partial	10,000
	Handicaped Unit Conversion	1 apartment	25,000	Apartment Restoration	9@19,605	176,452
				Replace Hot Water Tank & Boiler	3@2626	7,878
	SUB TOTAL		<u>88,531</u>	Standpipe for Fire Hoses		20,000
				Asphalt Repair, Seal		<u>2,000</u>
				SUB TOTAL		<u>217,830</u>
	NY093003 Olean House					
	Stoves with Front Controls	5@300	1,500	NY093004 South Court		
	Fourth Floor Ventilation		8,388	Concrete Replacement	Partial	30,000
	Landscaping	Partial	500	Frost Free Refrigerators	5@400	2,000
	Apartment Restoration	9@19,605	176,452	Stoves with Rear Controls	5@300	1,500
	Replace Hot Water Tank & Boiler	1@2,500	2,500	Replace Hoy Water Tanks & Boiler	2@2,000	4,000
	Security Equipment	Partial	3,000	Replace Exterior Doors & Storm Doors	5@1000	5,000
				Asphalt Repair,Replacement & Seal		3,000
				Roof, Soffit & Gutter Repair	Partial	91,756
	SUB TOTAL		<u>192,340</u>	SUB TOTAL		<u>137,256</u>
	NY093004 South Court			PHAWide		
	Concrete Replacement	Partial	5,000	Operations		100,000
	Asphalt Replacement, Repair, Seal			Management Improvements		
	Replace Roofs, Soffits & Gutters	Partial	20,787	Administration		57,805
	Frost Free Refrigerators	5@400	2,000	Audit Fee		<u>1,500</u>
	Stoves with Rear Controls	5@300	1,500	Fees & Costs		5,000
	Hot Water Tanks/Boilers/Insulate Lines	2@2,000	4,000			
	Replace Exterior Doors & Storm Doors	10@1,000	10,000	SUB TOTAL		164,305
	SUB TOTAL		<u>43,287</u>	TOTAL FY2007		593,579
	PHA Wide					
	Operations		118,000			

	Management Improvements		10,000			
	Administration		56,121			
	Audit Fee		1,500			
	Fees & Costs (Architect/Engineer)		<u>5,000</u>			
	SUB TOTAL		<u>190,621</u>			
	<u>TOTAL FY2006</u>		<u>593,579</u>			
	Capital Fund Program Five Year Action Plan –Work Activities					
Activities Year 1	<u>Activities for Year: 4 FFY Grant 2008 PHA FY: 6/30/08</u>			<u>Activities for Year: 5 FFY Grant 2009 PHA FY: 6/30/09</u>		
	NY093001 West/Alder Courts			NY093001 West/Alder Courts		
	Concrete Replacement & Drainage	Partial	20,000	Concrete Replacement & Drainage	Partial	10,000
	Landscaping: Shrubs, Fences		2,000	Landscaping: Shrubs, Fencing		2,000
	Asphalt Replacement, Repair, Sealing	West Lot	50,000	Site Furnishings	Partial	
	Replace Exterior Doors & Storm Doors	21@300		Asphalt Replacement, Repair, Sealing	Alder Lot	22,000
	Replace Hot Water Tanks and Boilers	3@2,000	6,000	Replace Exterior Doors & Storm Doors	12@600	7,200
	Install Bathroom Vents Bldg #315, #410		18,888	Roof, Soffit & Gutter Replacement	Partial	25,000
	Powerwash, Seal & Point Brick (Alder)			Replace Hot Water Tanks & Boilers	3@2,000	6,000
	Frost Free Refrigerators	5@400	2,000	Frost Free Refrigerators	5@400	2,000
	Stoves with Rear Controls	5@300	1,500	Stoves with Rear Controls	5@300	1,500
	Laundry Equipment - Replacements	3@1,000		Laundry Equipment Replacement	2@1000	2,000
	Replace Vanity Lights	108@50	5,400	Repair Ventilation Ducts in Attic		5,000
	Remodel Storage Facility at Alder Ct		15,000			
	Rehab Boiler Rooms- 402,408,410,412,305,313,315		20,000			

	Roof, Soffit & Gutter Replacemect		25,000			
	SUB TOTAL		<u>165,788</u>	SUB TOTAL		<u>82,700</u>
	NY093002 Spring/Seneca Court			NY093002 Spring/Seneca Courts		
	Concrete Replacement & Drainage	Partial	10,000	Asphalt Replacement, Repair & Seal		2,000
	Asphalt Replacement, Repair, Seal		2,000	Landscaping: Plantings, Shrubs	Partial	1,000
	Laundry Equipment - Replacements			Security Lighting – Pole Lights		
	Replace Hot Water/Boilers & Insulate	1@3000	3,000	Laundry Equipment	1@1000	1,000
	Stoves with Front Controls	5@300	1,500	Stoves with Front Controls	5@300	1,500
	Fire Door Replacement with Auto Open			Replace Hot Water Tank & Boiler	1@3,000	3,000
				Handicap Unit Conversion – Spring Ct		
	Roof Replacement	Partial	47,300	Roof Replacement		
	Security Equipment & Door Openers	8@2,000		Repair Ventilation Ducts in Attic		5,000
	SUB TOTAL		<u>63,800</u>	SUB TOTAL		<u>13,500</u>
	NY093003 Olean House			NY093003 Olean House		
	Stoves with Front Controls	5@300	1,500	Stoves with Front Controls	5@300	1,500
	Community Room & Entrance Furnishings			Replace Hot Water Tank & Boiler	1@2600	2,600
	Power-wash, Seal & Point Brick			Apartment Restoration	9@ 19,605	176,850
	Insulate Attic			Laundry Equipment Replacement	1@1000	1,000
	Apartment Restoration	9@19605	176,452	Replace Hot Water Tanks & Boilers	1@ 2,500	
	Asphalt Replacement, Repair & Sealing		2,000	Landscaping	Partial	
	Engineering Study – Fire Tower			Security Equipment - Update	Partial	
	Laundry Equipment - Replacements			Power-wash & Seal Brick		10,000
	Demolition of Water Tower on Roof			Asphalt Replacement ,Repair &Seal	Back Lot	40,000
	SUB TOTAL		<u>179,952</u>	SUB TOTAL		<u>231,950</u>
	NY093004 South Court			NY093004 South Court		
	Concrete Replacement & Drainage			Concrete Replacement & Drainage	Partial	5,000
	Landscaping – Site Furnishings			Replace Roofs, Soffits & Gutters	Partial	25,429

Landscaping – Plantings & Fences			Frost Free Refrigerators	5@ 400	2,000
Asphalt Replacement, Repair & Sealing		2,000	Stoves with Rear Controls	5@ 300	1,500
Replace Roofs, Soffits & Gutters			Replace Hot Water Tanks & Boilers	2@ 2,000	4,000
Security Lighting, Exterior Entrance Light			Replace Exterior Doors & Storm Doors	5@1000	5,000
Replace Circleline Lights			Landscaping		1,000
Frost Free Refrigerators	5@ 400	2,000	Asphalt Repair & Additional Spaces		22,000
Stoves with Rear Controls	5@ 300	1,500	Repair Ventilation Ducts in Attics		5,000
Community Room Furnishings					
Replace Hot Water Tanks & Boilers	2@ 2,000	4,000			
Power-wash & Seal Brick					
Replace Exterior Doors & Storm Doors					
SUB TOTAL		<u>9,500</u>	SUB TOTAL		<u>70,929</u>
PHA WIDE			PHA WIDE		
Operations		100,000	Operations		118,000
Management Improvements: Tenant Relations & Tenant Receivables		10,000	Management Improvements: Tenant Relations & Tenant Receivables		10,000
Audit Fee		1,500	Audit Fee		1,500
Administration		59,539	Administration		60,000
Architect & Engineer		3,500	Architect & Engineer		5,000
SUB TOTAL		<u>174,539</u>	SUB TOTAL		<u>194,500</u>
TOTAL FY 2008		<u>593,579</u>	TOTAL FY 2009		<u>593,579</u>

CITY OF OLEAN HOUSING AUTHORITY
PET POLICY AND PERMIT
Attachment ny093e01

Purpose

The purpose of the Olean Housing Authority Pet Policy is to insure that those residents who desire pets are responsible pet owners, and that those residents who do not desire to own pets are not inconvenienced by pets on the premises. It is also intended to assure that pets on OHA premises are properly cared for. Further goals of this policy are to assure a decent, safe, and sanitary living environment for existing and prospective tenants, and to protect and preserve the physical condition of the premises and the financial interest of the Olean Housing Authority (“OHA”). Pets may not leave owner’s apartment except where noted. Such pets will not be allowed to roam either in the buildings or on the grounds.

**OWNING A PET WITHIN THE OLEAN HOUSING AUTHORITY’S
PROPERTIES IS A PRIVILEGE THAT MUST NOT BE ABUSED**

General Policy

Only pets pre-approved by the Executive Director or designated staff will be permitted on OHA property.

Security Deposit

A security deposit of \$200 for a cat or dog and no deposit for any other allowed pet type (see “Types of Pets Allowed”) is required in full before entrance of a pet. This is an obligation in addition to any other financial obligations generally imposed on tenants by terms of their leases. The OHA will use the pet deposit only to pay reasonable expenses directly attributable to the presence of the pet in the project, including, but not limited to, the cost of repairs and replacements to, and fumigation of, the tenants apartment. The OHA will refund any unused portion of the pet deposit to the tenant within 30 days after the tenant moves from the apartment. The pet deposit is not part of the rent payable by the tenant.

Insurance Requirements

No Insurance Required

Damages

Pet owners are responsible for paying the total cost of repairing any damages caused by a pet to any property owned by the OHA in excess of the security deposit, whether the

damages are within the apartment or outside on the grounds, including any part of the building itself. This includes furniture and shrubbery, walls, windows, rugs, etc. The Maintenance Supervisor will assess reasonable costs for damages.

Registration Requirements

- 1) All pets must be registered with management **before** permission is granted
- 2) Registration must show type of pet and a recent picture (two copies)
- 3) The pet's name, age, license number, current inoculation information (if applicable) and current weight and projected weight at full maturity. Name and address of the pet's veterinarian.
- 4) Dogs and cats must be neutered or spayed and proof of neutering or spaying must be submitted at the time of application.

GUESTS MAY NOT BRING THEIR PETS ONTO OLEAN HOUSING AUTHORITY PROPERTY AT ANY TIME.

Types of Pets Allowed

Pets permitted per household include:

- one dog; or
- one cat; or
- one bowl or tank of fish (maximum tank size – twenty gallons); or
- two caged birds; or
- one small caged animal (i.e. guinea pig or hamster or gerbil)

All adult dogs must be housebroken. At full maturity the weight of a dog may not exceed 20 pounds.

Neutering/Spaying

Dogs and cats must be neutered or spayed and proof of neutering/spaying must be submitted at the time of application.

Pet Offspring

No pet, already pregnant, may be introduced into any unit. No pet offspring will be allowed.

Medical Care

All shots must be kept up-to-date each year and proof submitted at tenant's annual recertification.

Dogs and cats must have proper medical shots as listed:

- distemper and rabies for dogs and cats,
- others, as recommended by veterinarian or required by State or local law, ordinance or regulation.

Puppies and/or kittens may be admitted with the preliminary shot only, as long as the tenant provides proof within three months that the necessary succeeding shots are administered by a veterinarian.

Pet Behavior

If, in the opinion of the OHA Administration and after three warnings to the owner, a pet continues to be unruly, noisy and a nuisance to neighbors, the pet shall be removed by any means or procedure referred to in the section of this policy on "Pet Removal".

If a pet jumps on, growls at, or bites a resident, the pet may be removed immediately at the discretion of the OHA Management pursuant to any available means or procedures referred to in the section of this policy on "Pet Removal".

Dogs: Dogs may pass through halls, elevators and public spaces for the purpose of being walked, going to the veterinarian, going on vacation, or going to other homes. They must be leashed or held by their owners when in transit.

- **THEY MAY NOT ROAM AT WILL**
- **PETS ARE NOT ALLOWED TO DEFECATE OR URINATE ON OHA PROPERTY**
- **OWNERS MUST COMPLY WITH THE CITY CODE – Section 5-1 through section 5-32**

If a dog accidentally defecates on OHA property, including common grass areas, the owner is responsible for removing and properly disposing of said waste. If not done, this will be grounds for removal of the pet pursuant to any available means or procedures referred to in the section of this policy on "Pet Removal".

Cats: Cats will not be permitted outside of their apartments unless they are caged or held by their owner when in transit. **THEY MAY NOT ROAM AT WILL** Cats may pass through halls, elevators or public spaces only for the purpose of going to the veterinarian, going on vacation or going to other homes. Cats must use owner's litter pans and may not use the grounds to defecate or urinate.

Care of the Apartment

Apartments containing pets must be kept clean and free of odors at all times. The OHA strongly recommends de-clawing of cats, proper veterinarian care and requires neutering of all dogs and cats.

Commercial cat litter (not sand, newspaper or earth) must be used for cats. Pans must be cleaned daily and kept odor free. Litter must be disposed of in double, tied plastic bags.

LITTER MUST NOT BE FLUSHED DOWN TOILETS, SINKS OR TUBS

Absence of Owners:

No pet may be unattended for more than 24 hours.

Pet Removal:

A pet may be removed from the premises pursuant to any State or local laws, ordinances or regulations, pursuant to the OHA grievance hearing procedure. The OHA reserves the right to choose the most expeditious remedy, process, or procedure available according to the circumstances or urgency of the case. The tenant will be responsible for all costs.

Nothing prohibits the OHA or an appropriate community authority from requiring the removal of any pet from a premises, if the pet's conduct or condition is duly determined to constitute, under the provisions of State or local law, a nuisance or a threat to the health or safety of other occupants of the OHA premises or other persons in the community where the project is located. This includes, but is not limited to, situations in which immediate action is needed for removal of any pet from the premises pursuant to State or local laws, ordinances or regulations to preserve the health, safety or welfare of the pet, or the health, safety, welfare, or right to peaceful enjoyment of the premises of any person.

Pets will be removed by the OHA for the following reasons:

- 1) Continued complaint from other residents regarding pet noise, odor, or annoyance.
- 2) Excessive damage to the resident's apartment.
- 3) Repeated problems with flea infestation.
- 4) Repeated warnings about cleaning-up after pet. (Not to Exceed Three Times)
- 5) Failure of the resident to provide adequate care for the pet.
- 6) Leaving a cat or dog unattended for more than 24 hours.
- 7) Resident serious illness or death.
- 8) Resident failure to comply with a Housing Authority request to inspect their apartment for pet up-keep or let staff in during an emergency situation.
- 9) Resident's failure to observe any of the rules contained in this policy.

Incorporation into Lease:

This Pet Policy is incorporated by reference into the Lease of each Tenant of the Olean Housing Authority. This Pet Policy shall be publicly posted in a conspicuous manner in the Olean Housing Authority Office and shall be made available to any Tenant

Resident hereby certifies that he/she has read the above policy and hereby agrees to abide by the requirements of this document.

Date _____ Signatures _____

NOTICE: At full maturity the weight of a dog may not exceed 20 pounds

CITY OF OLEAN HOUSING AUTHORITY
PET PERMIT

Parties and Dwelling Unit

The parties of this permit are the City of Olean Housing Authority and

Tenant Name _____

Address _____

The tenant is allowed the following pet: Type _____ Weight _____
(For dogs and cats, two photos must be provided) (Dog only)

Pet Security Deposit The tenant has deposited \$ _____ with the Olean Housing Authority. The Authority will hold the pet security deposit until the tenant vacates the apartment.

License The tenant agrees to file a copy of the dog license with the Authority **before the pet is admitted** and to keep same current. Proof must be submitted at each annual recertification.

Renter's Insurance: No insurance is required.

Inoculations: The tenant agrees to keep the pet properly inoculated for rabies and distemper and to keep same current. Proof must be submitted **before the pet is admitted** and at each annual recertification.

Damages: The tenant agrees to assume all personal financial responsibility for damages to any personal or project property caused by the pet and assumes personal responsibility for personal injury to any party caused by the pet.

Emergency Provision: The following person(s) have agreed to be responsible for taking care of the pet in the absence of the pet's owner:

Name _____

Address _____

Phone # _____

Failure to Comply with Pet Policy: The Tenant agrees to comply with the OHA Pet Policy. Any violation of the rules of the OHA Pet Policy may be grounds for removal of the pet or termination of the pet owner's tenancy (or both), in accordance with the provisions of 24CFR part 942 (governing pet ownership in public housing), 24CFR part 966 (governing lease and grievance procedures), New York State Law and local law.

Tenant Signature

Date

City of Olean Housing Authority

By:_____

**CITY OF OLEAN HOUSING AUTHORITY
AGENCY PLAN FOR FISCAL YEAR 2004**

Attachments

ny093f01 – Voluntary Conversion:

- a. How many of the PHA's developments are subject to the Required Initial Assessment? Four (4)
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disables developments not general occupancy projects)? None
- c. How many assessments were conducted for the PHA's covered developments? Four
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
none	none

- e. If the PHA has not completed the Required Initial Assessments describe the status of these assessments: assessments completed.

**CITY OF OLEAN HOUSING AUTHORITY
 AGENCY PLAN FOR FISCAL YEAR 2004
 Attachments**

ny093g01 Deconcentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

Deconcentration Policy for Covered Developments

Development Name	Number of Units	Explanation (if any)	Deconcentration policy

**CITY OF OLEAN HOUSING AUTHORITY
AGENCY PLAN FOR FISCAL YEAR 2003
Attachments**

ny093h03 Substantial Deviation:

The City of Olean Housing Authority certifies that it will not deviate from the most recently approved five-year plan, and/or annual plan in any respect without utilizing the proper annual up-date method and full public process.

SIGNIFICANT AMENDMENT OR MODIFICATION:

The City of Olean Housing Authority will consider the following areas to be significant amendments or modifications and therefore subject to proper annual up-date method and full public process:

- Changes to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement reserves under the Capital Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to the above is in the case where any of the above are adopted to reflect changes in HUD regulatory requirements. HUD will not consider these changes significant amendments.