

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

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# PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009  
Annual Plan for Fiscal Year 2006

## **Bureau County Housing Authority**

**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:** Bureau County Housing Authority

**PHA Number:** IL086

**PHA Fiscal Year Beginning:** 04/2006

**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:

**The mission of the Bureau County Housing Authority is to assist low-income families with safe, decent, and affordable housing opportunities, without discrimination, as they strive to enhance their quality of life. We will also offer voucher rental assistance and related services to our community.**

**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: **By 4% per year.**
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)  
**Develop marketing Plan for buildings.**
- PHA Goal: Improve the quality of assisted housing

Objectives:

- Improve public housing management: (PHAS score) **Currently 87%**
- 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 to 110% FMR
- 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)

**Annual PHA Plan**  
**PHA Fiscal Year 2006**  
[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)]

**The Bureau County Housing Authority has prepared this Agency Plan in compliance with Section 511 of the Housing and Work Responsibility Act (QHWRA) of 1998. Our agency used the U. S. Department of Housing & Urban Development required template. This plan is also consistent with the State of Illinois Consolidation Plan as prepared by the Illinois Housing Development Authority.**

**The mission of the Bureau County Housing Authority is to assist low-income families with safe, decent, and affordable housing opportunities, without discrimination, as they strive to enhance their quality of life. We will also offer voucher rental assistance and related services to our community.**

**The Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working toward the achievement of our mission.**

**The plans, statements, budget summary and policies, etc. set forth in the Annual Plan all lead toward the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach toward our goals and objectives and are consistent with the Consolidated Plan.**

**We plan to continue to improve affordable housing, by following our mission statement and obtaining our goals and objectives.**

### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

#### **Table of Contents**

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#### **Attachments**

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

#### Required Attachments:

- Admissions Policy for Deconcentration (**Not Applicable**)
- Attachment A** - Brief Statement of Progress in Meeting the 5-Year Mission and Goals
- Assessment of Site-Based Waiting List Development Demographic Changes (**Not Applicable**)

- Attachment B** – FY 2006 Capital Fund Program Annual Statement and 5-Year Action Plan
- Attachment C** - FY 2005 Capital Fund Program Performance & Evaluation Report
- Attachment D** - FY 2004 Capital Fund Program Performance and Evaluation Report
- Attachment E** - FY 2003 Capital Fund Program Performance and Evaluation Report
- Attachment F** - FY 2003 (2003 Bonus Funds) Capital Fund Program Performance and Evaluation Report
- Section 8 Homeownership Capacity Statement (**Not Applicable**)
- Attachment G** - Implementation of Public Housing Resident Community Service Requirements
- Public Housing Drug Elimination Program (PHDEP) Plan (**Not Applicable**)
- Attachment H**- Pet Policy Statement
- Attachment I** - Resident Membership of the PHA Governing Board
- Attachment J** - Membership of the Resident Advisory Board
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) (**Not Applicable**)

Optional Attachments:

- Attachment K** - PHA Management Organizational Chart
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (**Comments are included in the Plan text**)
- Other (List below, providing each attachment name)
  - 
  -

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing	5 Year and Annual Plans



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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Administrative Plan	
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	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
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional)	Annual Plan:
X	<b>Voluntary Conversion Analysis</b>	Component 10
X	<b>Pet Policy</b>	Component 14
X	<b>Community Service Policy</b>	Component 12D

# 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	423	5	5	5	N/A	N/A	NA
Income >30% but <=50% of AMI	297	4	4	3	N/A	N/A	N/A
Income >50% but <80% of AMI	189	3	3	2	N/A	N/A	N/A
Elderly	330	3	2	1	N/A	N/A	N/A
Families with Disabilities							
Race/Ethnicity-White	864	4	4	4	N/A	N/A	N/A
Race/Ethnicity-Hispanic	41	5	4	4	N/A	NA	N/A
Race/Ethnicity							
Race/Ethnicity							

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.

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	<b>7</b>		<b>58</b>
Extremely low income <=30% AMI	<b>6</b>	<b>86%</b>	
Very low income (>30% but <=50% AMI)	<b>-0-</b>	<b>-0-</b>	
Low income (>50% but <80% AMI)	<b>1</b>	<b>14%</b>	
Families with children	<b>4</b>	<b>57%</b>	
Elderly families	<b>-0-</b>	<b>-0-</b>	
Families with Disabilities	<b>-0-</b>	<b>-0-</b>	
Race/ethnicity White	<b>5</b>	<b>72%</b>	
Race/ethnicity Hispanic	<b>1</b>	<b>14%</b>	
Race/ethnicity Black	<b>1</b>	<b>14%</b>	
Race/ethnicity Asian	<b>-0-</b>	<b>-0-</b>	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	<b>3</b>	<b>43%</b>	<b>N/A</b>
2 BR	<b>1</b>	<b>14%</b>	<b>N/A</b>

Housing Needs of Families on the Waiting List			
3 BR	<b>3</b>	<b>43%</b>	<b>N/A</b>
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
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			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	<b>63</b>		<b>37</b>
Extremely low income <=30% AMI	<b>55</b>	<b>87%</b>	
Very low income (>30% but <=50% AMI)	<b>8</b>	<b>13%</b>	
Low income (>50% but <80% AMI)	<b>-0-</b>	<b>-0-</b>	
Families with children	<b>59</b>	<b>94%</b>	
Elderly families	<b>-0-</b>	<b>-0-</b>	
Families with Disabilities	<b>5</b>	<b>8%</b>	
Race/ethnicity - White	<b>57</b>	<b>90%</b>	
Race/ethnicity -	<b>4</b>	<b>7%</b>	

Housing Needs of Families on the Waiting List			
Hispanic			
Race/ethnicity - Black	2	3%	
Race/ethnicity -			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? <b>1 month as of 9/1/05</b>			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Disaster relief victims)			

### C. Strategy for Addressing Needs

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

#### (1) Strategies

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

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units

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

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

Select all that apply

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

**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.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2006 grants)</b>		
a) Public Housing Operating Fund	<b>269,491</b>	
b) Public Housing Capital Fund	<b>368,372</b>	
c) HOPE VI Revitalization	<b>N/A</b>	
d) HOPE VI Demolition	<b>N/A</b>	
e) Annual Contributions for Section 8 Tenant-Based Assistance	<b>293,557</b>	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	<b>N/A</b>	
g) Resident Opportunity and Self-Sufficiency Grants	<b>N/A</b>	
h) Community Development Block Grant	<b>N/A</b>	
i) HOME	<b>N/A</b>	
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
2005 CFP	<b>368,372</b>	Capital Improvements
2004 CFP	<b>279,991</b>	Capital Improvements
<b>3. Public Housing Dwelling Rental Income</b>	<b>494,810</b>	PH Operations
<b>4. Other income (list below)</b>		
Interest Income	<b>16,392</b>	PH Operations

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>4. Non-federal sources</b> (list below)		
<b>Total resources</b>	<b>\$2,090,985</b>	

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

[24 CFR Part 903.7 9 (c)]

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

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

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

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: **(1 Month)**
- Other: (describe)

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

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

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)

**Applications mailed upon request.**

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:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

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

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**

**(Per HUD instructions, the following questions are being substituted for the questions originally included in this Agency Plan template.)**

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.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

**Not Applicable. Bureau County Housing Authority has only one family development.**

## 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)  
**Applications are mailed upon request.**

**(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:

**30 days when requested by applicant**

**(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.

1 “1” Date and Time

Former Federal preferences

- 1** 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)

- 4** Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- 2** Residents who live and/or work in your jurisdiction
- 3** 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:

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

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

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

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

- For the earned income of a previously unemployed household member  
 For increases in earned income  
 Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- For household heads  
 For other family members  
 For transportation expenses  
 For the non-reimbursed medical expenses of non-disabled or non-elderly families  
 Other (describe below)

e. Ceiling rents

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

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

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

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

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

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

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) **\$50.00 a Month**
- Other (list below)

- 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)

### **Fair Market Rents**

## **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**

[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. **Attachment K**
- A brief description of the management structure and organization of the PHA follows:

**B. HUD Programs Under PHA Management**

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

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	206	58
Section 8 Vouchers	71	37
Section 8 Certificates	N/A	
Section 8 Mod Rehab	30	4
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)	N/A	

**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)

- Admissions & Occupancy Policy**
- Grievance Procedure**
- Dwelling Lease**
- Rent Collection Policy**
- One-Strike Policy**
- Maintenance Policy**
- Procurement Policy**
- Personnel Policy**
- Pet Policy**
- Community Service Policy**



**Capitalization Policy**  
**Unit Transfer Policy**  
**Drug Free Work Place Policy**  
**Criminal Activity Policy**  
**Travel Policy**

(2) Section 8 Management: (list below)

### **Section 8 Administrative Plan**

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

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

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

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

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

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

Select one:

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

-or-

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

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

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

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

b. If yes to question a, select one:

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

-or-

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

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

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

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

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

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

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

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

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.)

<b>Demolition/Disposition Activity Description</b>
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: <u>(DD/MM/YY)</u>
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.

<b>Designation of Public Housing Activity Description</b>
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: (DD/MM/YY)
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**

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

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

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

Units addressed in a pending or approved HOPE VI demolition application  
(date submitted or approved:    )

Units addressed in a pending or approved HOPE VI Revitalization Plan  
(date submitted or approved:    )

Requirements no longer applicable: vacancy rates are less than 10 percent

Requirements no longer applicable: site now has less than 300 units

Other: (describe below)

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

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

**(Per HUD guidance, the following questions are being inserted from HUD’s website into this Agency Plan template.)**

a. How many of the PHA’s developments are subject to the Required Initial Assessments?

**One**

b. How many of the PHA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

**Three**

c. How many Assessments were conducted for the PHA’s covered developments?

**One**

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
<b>None</b>	

--	--

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **Not Applicable**

**The Voluntary Conversion Analysis is a Supporting Document to this Annual Plan.**

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	
<input type="checkbox"/>	HOPE I
<input type="checkbox"/>	5(h)
<input type="checkbox"/>	Turnkey III



<input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## B. Section 8 Tenant Based Assistance

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

### 2. Program Description:

#### a. Size of Program

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

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

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

#### b. PHA-established eligibility criteria

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

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (l)]

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? **03/02/01**

#### 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 2002 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)

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

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

[24 CFR Part 903.7 9 (m)]

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

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

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

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

**Investigation reveals no crime related safety concerns.**

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)

**All developments have minimal problems.**

**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)

**The Authority has intergovernmental agreements with the City of Princeton and City of Spring Valley Police Departments for implementation of the “Criminal Activity Policy.”**

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

**All developments are affected.**

**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)

**All developments are affected.**

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

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

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

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?

4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- Attached at Attachment (File name)
- Provided below:

**Resident Advisory Board meetings were held October 17 and 20, 2005 to review the draft Plan for Fiscal Year 4/1/2006 – 3/31/2007. Comments by residents and responses by the Executive Director are as follows:**

- 1. Security is a concern and would like to see something done to improve it. Too many people letting strangers in.**

**Response: Installing more surveillance cameras both inside and outside. Also, agreed to look into what could be done to add more lighting outside on the north end of one of the projects.**

- 2. Parking issues related to not enough parking, non-resident use of parking.**

**Response: Agreed to institute a permit parking policy to help weed out those that were abusing the use of our parking facilities.**

- 3. Laundry rooms were very hot this summer despite fans and they liked plan to improve that situation.**

**Response: Agreed to put in air coolers or conditioners in laundry areas as part of the five-year plan.**

- 4. Some buildings are outdated on the first floor lobby and they are glad to see we have made plans to improve those areas.**

**Response: Confirmed that upgrades were in the plan and would be done in the future as needs allowed. Agreed with them that this would enhance the marketability of the units.**

- 5. Some people were feeling drafts from their windows and having some difficulty opening windows.**

**Response: Took specific unit door numbers and had work orders made to have repair work done.**

**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: **State of Illinois, County of Bureau**
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

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

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**In accordance with the Action Plan of the State of Illinois' Consolidated Plan for 2005, the PHA will continue to offer affordable housing for low-, very-low and extremely low-income households in the /state. This action will include the preservation and rehabilitation of the existing housing stock, new rental housing options as well as other actions.**

### D. Other Information Required by HUD

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

#### A. Substantial Deviation from the 5-year Plan:

**Substantial deviations from the 5-year Plan occur when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.**

**B. Significant Amendment or Modification to the Annual Plan:**

**Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.**

**Attachments**

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

**All Attachments are listed in the Table of Contents.**

**Required Attachment A: Statement of Progress in Meeting the 5-Year Plan Mission and Goals**

**Bureau County Housing Authority  
Annual Plan for Fiscal Year 4/1/2006 - 3/31/2007**

The following table reflects the progress we have made in achieving our goals and objectives:

<b>Goal One: Expand the supply of assisted housing.</b>	
<b>Objective</b>	<b>Progress</b>
Reduce public housing vacancies: <b>By 4% per year.</b>	Vacancies have been reduced by 5% over last year.
Develop marketing Plan for buildings.	Three-point plan was developed, which includes improved building maintenance, increased advertising, and improved community perception of the Housing Authority.

<b>Goal Two: Improve the quality of assisted housing.</b>	
<b>Objective</b>	<b>Progress</b>
Improve public housing management: (PHAS score) <b>87% baseline in 10/2004</b>	Subjective improvement with hiring of new executive director and additional staff changes. No improvement in PHAS over 2004
Renovate or modernize public housing units	The Housing Authority is in the process of major renovations to 56 units.

<b>Goal Three: Increase assisted housing choices.</b>	
<b>Objective</b>	<b>Progress</b>
Conduct outreach efforts to potential voucher landlords	Maintain list of landlords and potential landlords. Contact new potential landlords as they appear in local classified ads

<b>Goal Four: Promote self-sufficiency and asset development of assisted households.</b>	
<b>Objective</b>	<b>Progress</b>
Increase the number and percentage of employed persons in assisted families.	No progress to date

Provide or attract supportive services to increase independence for the elderly or families with disabilities	Have been in contact with one new agency to provide services. Have continued to work with existing agencies involved with supportive services.

<b>Goal Five: Ensure equal opportunity and affirmatively further fair housing.</b>	
<b>Objective</b>	<b>Progress</b>
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.	Have upgraded physical conditions prior to move-ins at family units and increased monitoring of applicants to insure fair treatment.

**Attachment B**

<b>Annual Statement/Performance and Evaluation Report</b>				<b>Prepared 10/7/05</b>	
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Bureau County Housing Authority</b> 444 S. Church Street Princeton, Illinois 61356-2188		<b>Grant Type and Number</b> Capital Fund Program Grant No: CFP IL06-PO86-50106 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>2006</b>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	<b>20,000</b>			
3	1408 Management Improvements	<b>10,000</b>			
4	1410 Administration	<b>1,500</b>			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<b>70,000</b>			
8	1440 Site Acquisition				
9	1450 Site Improvement	<b>10,000</b>			
10	1460 Dwelling Structures	<b>158,872</b>			
11	1465.1 Dwelling Equipment—Nonexpendable	<b>5,000</b>			
12	1470 Nondwelling Structures	<b>70,000</b>			
13	1475 Nondwelling Equipment	<b>23,000</b>			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>368,372</b>			

**Annual Statement/Performance and Evaluation Report** **Prepared 10/7/05**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name: Bureau County Housing Authority</b> 444 S. Church Street Princeton, Illinois 61356-2188	<b>Grant Type and Number</b> Capital Fund Program Grant No: CFP IL06-PO86-50106 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2006</b>
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**Original Annual Statement**
 **Reserve for Disasters/ Emergencies**
 **Revised Annual Statement (revision no:    )**  
 **Performance and Evaluation Report for Period Ending:**
 **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 86-3, Original Hi-Rise Princeton	Replace light fixtures and re-furnish panel walls in residents units, common areas and community kitchens, including installing light fixtures in bedrooms of zero bedroom units.	1460	100 units	108,872				
	Upgrade security cameras, including installing additional security cameras in all hallways.	1460	100 units	23,000				
	Purchase exercise equipment for common areas.	1475	Lump Sum	1,000				
	Install vent-less AC unit in 2nd floor laundry room.	1465.1	Lump Sum	2,500				
	Add additional handicap spaces	1450	Lump Sum	10,000				
	<b>Subtotal</b>			<b>145,372</b>				
IL 86-1, Original Hi-rise Spring Valley	1 <sup>st</sup> Floor Lobby Renovations	1470	Lump Sum	35,000				
	Upgrade security, including installing additional security cameras in all hallways	1460	Lump Sum	15,000				



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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 86-1, Original Hi-rise Spring Valley - Continued	Upgrade table and chairs in common areas.	1475	Lump Sum	12,000				
	Purchase exercise equipment for common areas.	1475	Lump Sum	1,000				
	Install vent-less AC unit in 2nd floor laundry room.	1465.1	Lump Sum	2,500				
	<b>Subtotal</b>			<b>65,500</b>				
IL 86-4, New Hi-Rise Spring Valley	1 <sup>st</sup> Floor Lobby Renovations	1470	Lump Sum	35,000				
	Upgrade security cameras, including installing additional security cameras in all hallways.	1460	Lump Sum	12,000				
	Upgrade tables and chairs in common areas.	1475	Lump Sum	8,000				
	Purchase exercise equipment - common areas	1475	Lump Sum	1,000				
	<b>Subtotal</b>			<b>56,000</b>				
HA -WIDE	A/E Fees	1430.1	1 year	40,000				

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

PHA Name: Bureau County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: CFP IL06-PO86-50106 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Modernization Consultant Services	1430.2	1 year	30,000				
	<b>Subtotal</b>			<b>70,000</b>				
	Operations	1406	Lump Sum	20,000				
	<b>Subtotal</b>			<b>20,000</b>				
	Advertisement – bidding	1410	Lump Sum	1,500				
	<b>Subtotal</b>			<b>1,500</b>				
	Management Improvements – staff training	1408	Lump Sum	10,000				
	<b>Subtotal</b>			<b>10,000</b>				
	<b>TOTAL</b>			<b>\$368,372</b>				

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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program No: CFP IL06-PO86-50106 Replacement Housing Factor No:					Federal FY of Grant: 2006	
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		
IL 86-3, Original H-Rise Princeton	09/16/08			09/16/10				
IL 86-1, Original Hi-Rise Spring Valley	09/16/08			09/16/10				
IL 86-4, New Hi-Rise Spring Valley	09/16/08			09/16/10				

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name Bureau County Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan 2006 <input type="checkbox"/> Revision No:			
Development Number/Name /HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: IL06-PO86-50107 PHA FY: 2007	Work Statement for Year 3 FFY Grant: IL06-PO86-50108 PHA FY: 2008	Work Statement for Year 4 FFY Grant: IL06-PO86-50109 PHA FY: 2009	Work Statement for Year 5 FFY Grant: IL06-PO86-50120 PHA FY: 2010
IL 86-1, Original Hi-Rise Spring Valley		161,372	25,000	202,872	38,000
IL 86-2, Family Units Spring Valley		0	0	0	142,872
IL 86-3, Original Hi- Rise Princeton		92,500	204,872	40,000	40,000
IL 86-4, New Hi-Rise Spring Valley		6,000	30,000	15,000	32,000
HA_WIDE		108,500	108,500	110,500	115,500
CFP Funds Listed for 5- year planning		368,372	368,372	368,372	368, 372

**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: CFP IL06-PO86-50107 PHA FY: 2007			Activities for Year: <u>3</u> FFY Grant: IL06-PO86-50108 PHA FY: 2008		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	IL 86-1, Original Hi-Rise Spring Valley	Install partition walls in efficiency units.	65,000	IL 86-3, Original Hi-Rise Princeton	Install partition walls in efficiency units	75,000
		Replace 50 stoves	20,000		Convert four zero units into (2) 2 bedroom units.	100,000
		Repair built-up roof	10,000		Replace bi-fold doors	29,872
		Install covered carports	57,872		<b>Subtotal</b>	<b>204,872</b>
		Reseal and re-stripe parking lot.	6,000	IL 86-1, Original Hi-Rise Spring Valley	Replace bi-fold doors	25,000
					<b>Subtotal</b>	<b>25,000</b>
		Develop/install new site signage.	2,500	IL 86-4, New Hi-Rise Spring Valley	Replace window sills	30,000
Annual		<b>Subtotal</b>	<b>161,372</b>		<b>Subtotal</b>	<b>30,000</b>
Statement	IL 86-3, Original Hi-Rise Princeton	Replace 40 stoves	15,000	HA-WIDE	Operations	20,000
		Install covered carports	50,000		Advertisement	1,500
		Resurface parking lot	25,000		A/E Fees	42,000
		Develop/install new site signage.	2,500		Mod. Consultant	30,000
		<b>Subtotal</b>	<b>92,500</b>		Management Training	10,000
	IL 86-4, New Hi-Rise Spring Valley	Reseal and stripe parking lot	6,000		<b>Subtotal</b>	<b>108,500</b>
		<b>Subtotal</b>	<b>6,000</b>		<b>Total CFP Estimated Cost</b>	<b>\$368,372</b>
	HA Wide	A/E Fees	42,000			
		Mod. Consultant	30,000			

	Advertisement	1,500		
	Operations	25,000		
	Management Training	10,000		
	<b>Subtotal</b>	<b>108,500</b>		
	Total CFP Estimated Cost	\$368,372		

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

Activities for Year : 4  
FFY Grant: IL06-PO86-50109  
PHA FY: 2009

Activities for Year: 5  
FFY Grant: IL06-PO86-50110  
PHA FY: 2010

<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
IL 86-3, Original Hi-Rise Princeton	Upgrade closets in resident units	25,000	IL 86-3, Original Hi-Rise Princeton	Upgrade closets in resident units	40,000
	Waterproof masonry	15,000	IL 86-1, Original Hi-Rise Spring Valley	Upgrade closets in resident units	38,000
	<b>Subtotal</b>	<b>40,000</b>	IL 86-4, New Hi-Rise Spring Valley	Upgrade closets in resident units	32,000
IL 86-1, Original Hi-Rise Spring Valley	Phase 2 - Convert six (6) efficiency units into three (3) one bedroom units.	150,000		Subtotal	110,000
	Upgrade Closets resident units	37,872	IL 86-2, Spring Valley Family Units	Replace exterior light fixtures resident units	5,100
	Waterproof Masonry	15,000		Install 220 outlets for dryers	7,500
	<b>Subtotal</b>	<b>202,872</b>			
IL 86-4, New-Hi-Rise Spring Valley	Waterproof Masonry	15,000		Replace appliances	25,000
	<b>Subtotal</b>	<b>15,000</b>		Replace boilers	30,000
	Management Training	10,000		Roofs, gutters & downspouts	65,272
	Advertisement	1,500		Reseal/re-stripe parking lot	10,000
	A/E Fees	42,000		Subtotal	142,872
	Mod. Consultant Fees	32,000	HA-Wide	Energy audit & Utility allowance survey	5,000
				Management Training	10,000

	Operations	25,000		Advertisement	1,500
	<b>Subtotal</b>	<b>110,500</b>		A/E Fees	42,000
				Mod. Consultant Fees	32,000
				Operations	25,000
					115,500
				Subtotal	
	<b>Total CFP Estimated Cost</b>	\$ 368,372			\$ 368,372



**Attachment C**

<b>Annual Statement/Performance and Evaluation Report</b>				<b>Prepared 11/15/05</b>	
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: <b>Bureau County Housing Authority</b> 444 S. Church Street Princeton, Illinois 61356-2188		Grant Type and Number Capital Fund Program Grant No: <b>CFP IL06-PO86-50105</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2005</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/05 <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	<b>10,000</b>		0	0
4	1410 Administration	<b>1,500</b>		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<b>75,000</b>		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	<b>60,232</b>		0	0
10	1460 Dwelling Structures	<b>221,640</b>		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>368,372</b>		0	0

**Annual Statement/Performance and Evaluation Report**

**Prepared 11/15/05**

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

<b>PHA Name: Bureau County Housing Authority</b> 444 S. Church Street Princeton, Illinois 61356-2188	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>CFP IL06-PO86-50105</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2005</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no:    )  
  Performance and Evaluation Report for Period Ending: 9/30/05  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50105 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 86-1, Original Hi-rise Spring Valley	Upgrade unit interiors with new paneling, including new light fixtures in dining area.	1460	Lump Sum	90,070		0	0	Anticipate using funds for elevator upgrade.
	Upgrade elevator controls	1460	Lump Sum	12,000		0	0	Planning stage
	<b>Subtotal</b>			<b>102,070</b>		0	0	
IL 86-3, Original Hi-Rise Princeton	Resurface parking lot	1450	Lump Sum	25,000		0	0	Anticipate bidding spring 2006
	Upgrade elevator controls	1460	Lump Sum	12,000		0	0	
	Upgrade unit interiors with new paneling, including new light fixture in dining area.	1460	Lump Sum	90,070		0	0	Anticipate using funds for elevator upgrade, after completion of a budget revision
	<b>Subtotal</b>			<b>127,070</b>		0	0	

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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50105 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 86-4, New Hi-Rise Spring Valley	Upgrade elevator controls	1460	Lump Sum	17,500		0	0	Planning stage
	<b>Subtotal</b>			<b>17,500</b>		0	0	
IL 86-2, Family Units Spring Valley	Sidewalk Replacement & Landscaping	1450	Lump Sum	23,232		0	0	Anticipate bidding spring 2006
	Upgrade storage fencing	1450	Lump Sum	12,000		0	0	Anticipate bidding spring 2006
	<b>Subtotal</b>			<b>35,232</b>		0	0	
HA WIDE	Update Physical Needs Assessment	1430.1	Lump Sum	5,000		0	0	Planning stage
	A/E Fees	1430.1	1 year	40,000		0	0	Anticipating issuing a RFP 12//05
	Modernization Consultant Services	1430.2	1 year	30,000		0	0	
	<b>Subtotal</b>			<b>75,000</b>		<b>0</b>	<b>0</b>	

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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50105 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>Administration</b>	Advertisement – bidding	1410	Lump Sum	1,500		<b>0</b>	<b>0</b>	<b>Planning stage</b>
	<b>Subtotal</b>			<b>1,500</b>		<b>0</b>	<b>0</b>	
	Management Improvements – staff training	1408	Lump Sum	10,000		<b>0</b>	<b>0</b>	<b>Planning stage</b>
	<b>Subtotal</b>			<b>10,000</b>		<b>0</b>	<b>0</b>	
	<b>TOTAL</b>			<b>368,372</b>		<b>0</b>	<b>0</b>	

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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program No: <b>CFP IL06-PO86-50105</b> 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	
<b>IL 86-3, Original H-Rise Princeton</b>	<b>08/18/07</b>			<b>08/18/09</b>			
<b>IL 86-1, Original Hi-Rise Spring Valley</b>	<b>08/18/07</b>			<b>08/18/09</b>			
<b>IL 86-2, Family Units Spring Valley</b>	<b>08/18/07</b>			<b>08/18/09</b>			

**Attachment D**

<b>Annual Statement/Performance and Evaluation Report</b>				<b>Prepared 11/15/05</b>	
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Bureau County Housing Authority</b> 444 S. Church Street Princeton, Illinois 61356-2188		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>CFP IL06-PO86-50104</b> Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>2004</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/05 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	10,000	10,000	1,790.81	1,790.81
4	1410 Administration	1,000	1,000	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	70,000	70,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	95,771	58,757	0	0
10	1460 Dwelling Structures	206,461	120,700	108,241.80	0
11	1465.1 Dwelling Equipment—Nonexpendable	0	37,000	8,901.70	8,901.70
12	1470 Nondwelling Structures	0	70,000	0	
13	1475 Nondwelling Equipment	5,000	20,775	17,615.93	17,615.93
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>388,232</b>	<b>388,232</b>	<b>136,550.24</b>	<b>28,308.44</b>

**Annual Statement/Performance and Evaluation Report**

**Prepared 11/15/05**

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

<b>PHA Name: Bureau County Housing Authority</b> 444 S. Church Street Princeton, Illinois 61356-2188	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>CFP IL06-PO86-50104</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2004</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 9/30/05  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			



<b>Annual Statement/Performance and Evaluation Report</b>						<b>11/15/05</b>		
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Bureau County Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 86-1, Original Hi-rise Spring Valley	Lobby Furniture Replacement	1475	Lump Sum	5,000	2,500	0	0	Planning stage
	1 <sup>st</sup> Floor Lobby Renovations, including new ceiling tile and light fixtures.	1470	Lump Sum	0	35,000	0	0	Planning stage
	<b>Subtotal</b>				<b>37,500</b>	0	0	
<b>IL 86-3, Original Hi-Rise Princeton</b>	Sidewalk Replacement -DELETE	1450	Lump Sum	25,000	0	0	0	DELETE
	Add parking spaces for handicap access at south side of site.	1450	Lump Sum	25,000	10,000	0	0	Planning stage
	Upgrade ventilation laundry room - DELETE	1460	Lump Sum	10,000	0	0	0	DELETE
	Flush Boiler System - DELETE	1460	Lump Sum	10,000	0	0	0	DELETE
	<b>Subtotal</b>			<b>70,000</b>	<b>10,000</b>	0	0	
IL 86-2, Family Units Spring Valley	Upgrade boilers – townhouse units - DELETE	1460	5 buildings	25,000	0	0	0	DELETE

Annual Statement/Performance and Evaluation Report						11/15/05		
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Bureau County Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 86-2, Family Units Spring Valley - continued	Upgrade washer/dryers hook-up – DELETE	1460	10 buildings	5,000	0	0	0	DELETE
	Phase 1 - Building Facade Modifications -DELETE	1460	5 buildings	156,641	0	0	0	DELETE
	Sidewalk Replacement & Landscaping	1450	Lump Sum	45,771	48,757	0	0	Planning stage
	<b>Subtotal</b>				<b>48,757</b>	<b>0</b>	<b>0</b>	
IL 86-4, New Hi-Rise Spring Valley	Kitchen & Bathroom Renovation upgrade outlets for stove & retain receptacles in base cabinets into scope of work.	1460	56 units	0	120,700	108,241.80	0	Funds awarded 4/24/05 as part of D..J. Sickley Construction contract
	1 <sup>st</sup> Floor Lobby Renovations, including ceiling tile and light fixtures	1470	Lump Sum	0	35,000	0	0	Planning stage
	Lobby Furniture Replacement	1475	Lump Sum	0	2,500	0	0	Planning
	<b>Subtotal</b>			<b>5,000</b>	<b>158,200</b>	<b>108,241.80</b>	<b>0</b>	

<b>Annual Statement/Performance and Evaluation Report</b>						<b>11/15/05</b>		
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Bureau County Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	Maintenance Truck	1475	Lump Sum	0	15,775.00	15,775.00	15,775.00	Complete
	Truck Equipment (tools)	1475	Lump Sum	0	262.70	262.70	262.70	Complete
	Floor polisher –equipment	1475	Lump Sum	0	1,578.23	1,578.23	1,578.23	Complete
	<b>Subtotal</b>			<b>0</b>	<b>17,615.93</b>	<b>17,615.93</b>	<b>17,615.93</b>	
HA –WIDE	Appliances –Stoves and Refrigerators	1465.1	Stoves - 71 Ref. - 20	0	37,000	8,901.70	8,901.70	24% complete
	<b>Subtotal</b>			<b>0</b>	<b>37,000</b>	<b>8,901.70</b>	<b>8,901.70</b>	
HA WIDE	A/E Fees - Indefinite Quality for A/E Contract	1430.1	1 year	40,000	40,000	0	0	Planning stage
	Modernization Consultant Services	1430.2	I year	30,000	30,000	0	0	Anticipate issuing RFP 12/1/05
	<b>Subtotal</b>			<b>70,000</b>	<b>70,000</b>	<b>0</b>	<b>0</b>	
	Advertisement – bidding	1410	Lump Sum	1,000	1,000	0	0	Planning
	<b>Subtotal</b>			<b>1,000</b>	<b>1,000</b>	<b>0</b>	<b>0</b>	

<b>Annual Statement/Performance and Evaluation Report</b>	<b>11/15/05</b>
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>	
<b>Part II: Supporting Pages</b>	

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Management Improvements – staff training	1408	Lump Sum	10,000	10,000	1,790.81	1,790.81	18%
	<b>Subtotal</b>			<b>10,000</b>	<b>10,000</b>	<b>1,790.81</b>	<b>1,790.81</b>	
	<b>TOTAL</b>			<b>388, 232</b>	<b>388, 232</b>	<b>136,550.24</b>	<b>28,308.44</b>	

**Annual Statement/Performance and Evaluation Report**

**11/15/05**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part III: Implementation Schedule**

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program No: CFP IL06-PO86-50104 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		
IL 86-3, Original H-Rise Princeton	09/13/06			09/13/08				
IL 86-1, Original Hi-Rise Spring Valley	09/13/06			09/13/08				
IL 86-2, Family Units Spring Valley	09/13/06			09/13/08				

**Attachment E**

<b>Annual Statement/Performance and Evaluation Report</b>				<b>11/15/05</b>	
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Bureau County Housing Authority</b> 444 S. Church Street Princeton, Illinois 61356-2188		<b>Grant Type and Number</b> Capital Fund Program Grant No: CFP IL06-PO86-50103 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>2003</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/05 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	10,000.00	10,000.00	10,000.00	10,000.00
4	1410 Administration	1,771.00	1,034.00	1,034.00	1,034.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	70,000.00	69,382.52	69,382.52	61,608.94
8	1440 Site Acquisition				
9	1450 Site Improvement	12,000.00	1,130.00	1,130.00	1,130.00
10	1460 Dwelling Structures	160,000.00	174,154.48	174,154.48	110,815.76
11	1465.1 Dwelling Equipment—Nonexpendable	78,000.00	76,070.00	76,070.00	76,070.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$331,771.00	\$ 331,771.00	\$331,771.00	\$260,658.70

**Annual Statement/Performance and Evaluation Report**

**11/15/05**

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

<b>PHA Name: Bureau County Housing Authority</b> 444 S. Church Street Princeton, Illinois 61356-2188	<b>Grant Type and Number</b> Capital Fund Program Grant No: CFP IL06-PO86-50103 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2003</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (Revision No: )  
 Performance and Evaluation Report for Period Ending: 9/30/05  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 86-1, Original Hi-rise Spring Valley	Sod replacement at sidewalks - DELETE	1450	Lump Sum	0	0	0	0	DELETED
	Sidewalk replacement in various locations – DELETE	1450	Lump Sum	0	0	0	0	DELETED
	Parking lot expansion –DELETE	1450	Lump Sum	0	0	0	0	DELETED
	Landscape & Add Signage – DELETE	1450	Lump Sum	0	0	0	0	DELETED
	Re-roof storage building – DELETE	1470	Lump Sum	0	0	0	0	DELETED
	Install exterior light fixture east wall – security - DELETE.	1460	Lump Sum	0	0	0	0	DELETED
	Replace ceiling tile in corridors - DELETE.	1460	8 floors	0	0	0	0	DELETED
	Replace central a/c units. -DELETED	1460	1 unit	0	0	0	0	DELETED
IL 86-1: Continued	Install emergency generator	1460	Lump Sum	53,771	0	0	0	DELETED
	Replace floor tile 1 <sup>st</sup> floor corridor	1460	1 floor	12,000	0	0	0	DELETED
	Upgrade paneling in resident units.	1460	71 units	25,000	0	0	0	DELETED
	Subtotal			<b>90,771</b>	0	0	0	



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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 86-4, New Hi-Rise Spring Valley	Replace floor tile in resident units.	1460	56 units	30,000	0	0	0	Shifted into kitchen and bathroom work
	Kitchen and bathroom renovation, including kitchen cabinets, countertops, new sinks, faucets, p-traps and shut-off valves and grease shields & range hood, floor tile and light fixtures.	1460	56 units	40,000	167,239.45	167,239.45	103,900.73	Contract award 4/26/05
	Purchase new mailboxes for handicap access.	1460	56 units	0	298.52	298.52	298.52	Complete
	Installation of mail boxes for handicap access	1460	Lump Sum	0	555.00	555.00	555.00	Complete
	<b>Subtotal</b>			<b>70,000</b>	<b>168,092.97</b>	<b>168,092.97</b>	<b>104,754.25</b>	
IL 86-3, Original Hi-Rise Princeton	Tree removal	1450	Lump Sum	0	1,130.00	1,130.00	1,130.00	Complete
	Purchase of Zone Valves Materials	1460	Lump Sum	0	3,566.06	3,566.06	3,566.06	Complete
	<b>Subtotal</b>				<b>4,696.06</b>	<b>4,696.06</b>	<b>4,696.06</b>	
HA WIDE	Appliances – A/C Replacement	1465.1	Lump Sum	78,000	76,070.00	76,070.00	76,070.00	Complete
	<b>Subtotal</b>			<b>78,000</b>	<b>76,070.00</b>	<b>76,070.00</b>	<b>76,070.00</b>	

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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 86-2, Family Units Spring Valley	Replace stucco siding with vinyl siding – DELETED	1460	10 buildings	0	0	0	0	DELETE
	Install fencing and landscaping. - DELETED	1450	Lump Sum	0	0	0	0	DELETE
	Sidewalk replacement West 3 <sup>rd</sup> & East 1 <sup>st</sup> Street site.	1450	Lump Sum	12,000.00	0	0	0	DELETE
	Floor tile replacement –ceramic tile	1460	Lump Sum	0	2,495.45	2,495.45	2,495.45	Complete
	<b>Subtotal</b>			<b>12,000.00</b>	<b>2,495.45</b>	<b>2,495.45</b>	<b>2,495.45</b>	
HA WIDE	A/E Fees		1 year	42,000.00	41,482.52	41,482.52	36,383.25	Balance \$5,099.27
	Asbestos Testing Services	1430	Lump Sum	0	900.00	900.00	900.00	Complete
	<b>Subtotal</b>			<b>42,000.00</b>	<b>42,382.52</b>	<b>42,382.52</b>	<b>37,283.25</b>	
	Modernization Consultant Services	1430.2	1 year	28,000.00	27,000.00	27,000.00	24,325.69	Balance \$2,674.31
	<b>Subtotal</b>			<b>70,000.00</b>	<b>69,382.52</b>	<b>69,382.52</b>	<b>58,023.80</b>	
	Advertisement – bidding	1410	Lump Sum	1,771.00	1,034.00	1,034.00	1,034.00	Complete
	<b>Subtotal</b>			<b>1,771.00</b>	<b>1,034.00</b>	<b>1,034.00</b>	<b>1,034.00</b>	

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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO86-50103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA-WIDE: Continued</b>	<b>Management Improvements – Administrative/Maintenance Staff Training.</b>	<b>1408</b>	<b>Lump Sum</b>	<b>10,000.00</b>	<b>10,000.00</b>	<b>10,000.00</b>	<b>10,000.00</b>	<b>Complete</b>
	<b>Subtotal</b>			<b>10,000</b>	<b>10,000.00</b>	<b>10,000.00</b>	<b>10,000.00</b>	
	<b>TOTAL</b>			<b>331,771</b>	<b>331,771.00</b>	<b>331,771.00</b>	<b>260,658.70</b>	

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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program No: CFP IL06-PO86-50103 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	
IL 86-1, Original Hi-Rise Spring Valley	09/16/05		8/30/05	09/16/07			
IL 84-4, New Hi-Riae Spring Valley	09/16/05		8/30/05	09/16/07			
IL 86-3, Original Hi-Rise Princeton	09/16/05		8/30/05	09/16/07			

**Attachment F**

<b>Annual Statement/Performance and Evaluation Report</b>				<b>11/15/05</b>	
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Bureau County Housing Authority</b> 444 S. Church Street Princeton, Illinois 61356-2188		<b>Grant Type and Number</b> Capital Fund Program Grant No: CFP IL06-PO86-50203 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>2003</b>	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending <b>9/30/05</b>				<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	70,073		70,073	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$70,073		\$70,073	0

**Annual Statement/Performance and Evaluation Report**

**11/15/05**

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

<b>PHA Name: Bureau County Housing Authority</b> 444 S. Church Street Princeton, Illinois 61356-2188	<b>Grant Type and Number</b> Capital Fund Program Grant No: CFP IL06-PO86-50203 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2003</b>
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Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no: )  
 **Performance and Evaluation Report for Period Ending 9/30/05**     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
0	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			



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

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program No: CFP IL06-PO86-50203 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	
IL 84-4, New Hi-Riae Spring Valley	02/13/06		4/30/05	02/13/08			



## **Required Attachment G: Implementation of Public Housing Resident Community Service Requirements**

**Bureau County Housing Authority  
Annual Plan for Fiscal Year 4/1/2006 – 3/31/2007**

### **CONTINUED OCCUPANCY AND COMMUNITY SERVICE**

#### ***GENERAL***

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.

#### ***EXEMPTIONS***

The following adult family members of tenant families are exempt from this requirement:

- A. Family members who are 62 or older.
- B. Family members who are blind or disabled as defined under 216(I)(1) or 1614 of the Social Security Act (42 U.S.C. 416(I)(1) and who certifies that because of this disability she or he is unable to comply with the community service requirement.
- C. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.
- D. Family members engaged in work activity.
- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program.
- F. Family members receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

#### ***NOTIFICATION OF THE REQUIREMENT***

The Bureau County Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Bureau County Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Bureau County Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination or after October 31, 2003. For families paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

### ***VOLUNTEER OPPORTUNITIES***

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Bureau County Housing Authority will coordinate with social service agencies, local schools and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Bureau County Housing Authority may create volunteer positions such as hall monitoring, litter patrols and supervising and record keeping for volunteers.

### ***THE PROCESS***

At the first annual reexamination on or after October 31, 2003 and each annual reexamination thereafter, the Bureau County Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer positions.
- C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.

- D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.
- E. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the Bureau County Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

***NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT***

The Bureau County Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

***OPPORTUNITY FOR CURE***

The Bureau County Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns go toward the current commitment until the current year's commitment is made.

The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.

If any applicable family member does not accept the terms of the agreement does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service, the Bureau County Housing Authority shall take action to terminate the lease.

***PROHIBITION AGAINST REPLACEMENT OF AGENCY EMPLOYEES***

In implementing the service requirement, the Bureau County Housing Authority may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

## **Required Attachment H: Brief Description of Pet Policy**

**Bureau County Housing Authority  
Annual Plan for Fiscal Year 4/1/2006 – 3/31/2007**

### **PET POLICY FAMILY UNITS**

1. In order to provide a decent, safe and sanitary living environment for current or prospective residents and to preserve the physical condition of the buildings the Bureau County Housing Authority, in conjunction with the Resident Advisory Board, adopted reasonable pet rules.
2. The permitted pets in Family Units are domesticated dogs, cats, birds, turtles and fish. The adult weight for a dog or cat may not exceed 20 pounds. An aquarium shall not exceed 15 gallons.
3. The application for the pet must be accompanied by:
  - a. A current pet license issued by city or county.
  - b. Evidence by a veterinarian stating that the animal is in good health, is spayed or neutered and has received current rabies or distemper inoculation as applicable.
  - c. A signed statement by two (2) sponsors who would be available to take or care for the pet if the owner is unable to.
  - d. A copy of their renter's property or liability insurance policy.
  - e. A non-refundable damage deposit of \$200.00 for a dog or cat.
4. Some other items include number of pets allowed; disposing of waste properly; no outside cages or runs allowed; a section on disturbing the neighbor; and finally a tenant who receives three (3) letters on pet violation will be grounds for eviction.

### **HI-RISE PET POLICY**

1. Those residents who qualify under Section 227 of the Housing and Urban Renewal Recovery Act of 1983 may own and keep common household pets in the Bureau County Housing Authority (B.C.H.A.) owned and/or operated units that were built exclusively for occupancy by the elderly and handicapped. All residents who are eligible under Section 227 to keep a pet in housing owned and/or operated by the B.C.H.A. shall demonstrate that they have the physical capability to care for the pet.

In order to provide a decent and safe sanitary living environment for current or prospective residents and to preserve the physical condition of the buildings, B.C.H.A. has adopted the following reasonable pet rules.

2. The application for the pet must be accompanied by:
  - a. A current pet license issued by city or county.
  - b. Evidence by a veterinarian stating that the animal is in good health, is spayed or neutered and has received current rabies or distemper inoculation as applicable.
  - c. A signed statement by two (2) sponsors who would be available to take or care for the pet if the owner is unable to.
  - d. A refundable deposit of \$250 for a dog or cat, minus a \$75 charge for the cleaning of the carpet.
3. The pets permitted in High Rise units are domesticated dogs, cats, birds, turtles and fish. The adult weight for a dog or cat may not exceed 20 pounds. An aquarium shall not exceed 15 gallons.
4. Some other items include number of pets allowed; disposing of waste properly; not outside cages or runs allowed; a section on disturbing the neighbor; and finally a tenant who receives three (3) letters on pet violation will be grounds for eviction.

### **Pet Deposit Payment Guidelines**

Pet deposit of \$250 may be paid all at once or at minimum of three equal payments over three months unless the applicant is paying minimum rent.

Applicant's paying \$100 rent or less may pay their pet deposit as follows: \$30 initial and \$20 per month until paid. Payment must be completed in twelve months from initial payment.

**Required Attachment I: Resident Member on the PHA Governing Board**

**Bureau County Housing Authority  
Annual Plan for Fiscal Year 4/1/2006 – 3/31/2007**

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- Elected
- Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of a governing board member: **May 13, 2006**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**James Lilley, County Board Chairman**

**At this time a resident has not been appointed to the Board of Commissioners. We are currently exempt as we have less than 300 units.**

**Each year, however, the Resident Advisory Board is notified that an appointment is made in May by James Lilley, the County Board Chairman. The Resident Advisory Board is asked to talk among the residents and put forth any names of parties interested in serving. Up to this point no resident name has been put forth.**

## **Required Attachment J: Membership of the Resident Advisory Board or Boards**

**Bureau County Housing Authority  
Annual Plan for Fiscal Year 4/1/2006 – 3/31/2007**

- i. List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

**The membership of the Resident Advisory Board were selected from three high-rise buildings housing mostly elderly and disabled residents. They were selected on the basis of knowing the residential community and evidence of their interest in the overall condition of the building and living conditions. In addition to the Resident Advisory Board residents have voted in a tenant advisory committee which along with project meetings have provided suggestions on improvements and changes they would like to see.**

**Resident Advisory Board Members are as follows:**

**Janet Bernard  
419 West Erie Street #321  
Spring Valley IL 61362**

**Don Bernabei  
415 West Erie Street, #206  
Spring Valley IL 61362**

**Phyllis Brigham        ``  
444 South Church Street #136  
Princeton IL 61356**

**Mary Hull  
444 South Church Street, 409  
Princeton, IL 61356**

**Terry Dyer  
444 South Church Street #133  
Princeton IL 61356**

**Judy Rick  
419 W. Erie St., #319  
Spring Valley IL 61362**



**Attachment K – Annual Plan for Fiscal Year 4/1/2006 – 3/31/2007**

**Bureau County Housing Authority Organizational Chart ~ Effective 9/27/05**

