

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 2006 - 2010  
Annual Plan for Fiscal Year 2006

**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:** Decatur Housing Authority

**PHA Number:** IL012

**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 2006 - 2010**  
[24 CFR Part 903.5]

**A. Mission**

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

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

“To provide and maintain quality affordable housing with access to community resources for low to moderate income families and individuals.”

**B. Goals**

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

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

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: (PHAS score) 88
  - Improve voucher management: (SEMAP score) 93 (High Performer)
  - Increase customer satisfaction: 90% On RASS Survey
  - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:

- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

- PHA Goal: Increase assisted housing choices
  - Objectives:
    - Provide voucher mobility counseling:
    - Conduct outreach efforts to potential voucher landlords
    - Increase voucher payment standards
    - Implement voucher homeownership program:
    - Implement public housing or other homeownership programs:
    - Implement public housing site-based waiting lists:
    - Convert public housing to vouchers:
    - Other: (list below)
  - Designate existing and new construction facilities as elderly or disabled only.

**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) Attract additional supportive services for all residents as needed.

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

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

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

- I. Adapt the Decatur Housing Authority’s housing stock be increasing the affordable housing supply for elderly by age and elderly by disability as stated in the Consolidated Plan (See Consolidated Plan Part III, Needs and Strategies, 1.3 Rental Housing, 1.4 Elderly Housing and 1.5 Housing for Persons with Special Needs), and completing the HOPE VI for Longview Place.**

**Objectives:**

- 1. DHA will build or acquire up to 449 new affordable housing units by Dec. 31, 2009.**
- 2. DHA HOPE VI Developer will apply for tax credits this year (2003) and each of the next 4 following years to support HOPE VI Redevelopment Programs.**

- I. Increase opportunities for low and moderate income persons to attain homeownership. Including the following Consolidated Plan strategic goals: 1.6 Barriers to affordable housing, 1.7 Lead Based Paint Monitoring and Abatement, 1.8 Housing Counseling and 1.9 Fair Housing.

**Objectives:**

1. DHA will construct 115 homeownership affordable housing units by Dec. 31, 2008.

- I. Seek new income sources to support the creation of additional affordable housing for the community and support for programs.

Objectives:

- 1. DHA HOPE VI Developer will apply for tax credits in the coming five years.
- 2. DHA will find community partners (banks, S & Ls) by Dec. 31, 2009.
- 3. DHA will seek FHLB funding in the coming 5 years.

- I. Provide ethical stewardship of all programs and services.

Objectives:

- 1. Faithfully administer all federal programs in accordance with laws and regulations (ongoing).
- 2. Maintain a system for residents and community members to recommend needed changes in DHA's housing stock and service provision(ongoing).
- 3. Provide excellent customer service.
- 4. Manage as a team, cooperating and assisting residents toward self-sufficiency.

**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)]

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

The Decatur Housing Authority staff has examined the needs of families in the Decatur metropolitan area and those of both the Public Housing and Section 8 Housing Choice Voucher Program waiting lists to develop this Agency Plan.

The housing needs of the community were derived by utilizing the Decatur Consolidated Plan, U.S. Census data, and American Housing Survey data, and the Public Housing and Section 8 applicant lists. There are over 300 families on the waiting lists for Public Housing and Section 8 at the current time. The two barriers, found most commonly in the community and among applicants were housing affordability and the supply of decent affordable housing in Decatur, Illinois. (See Annual Plan, Page 5-8). Staff met with city of Decatur community development members to assure compliance with the Consolidated Plan.

The Decatur Housing Authority has reviewed and revised all applicable policy and procedure manuals to bring them current with the Quality Housing and Work Responsibility Act of 1998. These changes include a series of modifications to the Admissions and Continued Occupancy Policy for public housing and the Admissions and Continued Occupancy Policy for public housing and the administrative plan for the Section 8 Housing Choice Voucher Program.

The Operations and Management section beginning on Page 26 includes an Organizational Chart. And review of the programs under Decatur Housing Authority management, and a listing of policies available for review at the time of an independent audit.

The Capital Improvement needs are examined and presented in both Capital Fund Program Annual Statement and the Five-Year Action Plan. As you are aware, the Decatur Housing Authority received a HOPE VI grant and therefore, will continue activities planned under the HOPE VI Program in the forthcoming year. These include demolition of Longview Place and the construction of 449 housing units, up to 292 of which will be public housing and up to 157 which will be homeownership.

The Decatur Housing Authority has also included a section for the designation of public housing for occupancy by elderly or families with disabilities. In a review of our existing housing stock, it was deemed that at least two of our existing public housing facilities could reasonably be dedicated to the needs of elderly.

Under component 12, the Housing Authority examined its community service and self-sufficiency programs starting on Page 35. These include the array of services available to residents of public and assisted housing and the working relationship between Decatur Housing Authority and the Department of Human Services.

At the conclusion of the plan, on page 46, is a Public Housing Asset Management Table that reviews, on one chart, major activities that the Housing Authority will undertake in the forthcoming year.

The Decatur Housing Authority has also sought input into this Agency Plan form both public housing residents and Section 8 residents, and the public comments will be included and taken into consideration before the final plan is submitted to the Department of Housing & Urban Development.

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

[24 CFR Part 903.7 9 (r)]

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

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### Attachments

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

#### Required Attachments:

- Admissions Policy for Deconcentration
- FY 2006 Capital Fund Program Annual Statement (File Name: il012a01)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

#### Optional Attachments:

- PHA Management Organizational Chart (File Name: il012b01)
- FY 2006 Capital Fund Program 5 Year Action Plan (File Name: il012a01)
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (File Name: il012c01)
- Other (List below, providing each attachment name)
  - Community Service (File Name: il012d01)
  - Pet Policy (File Name: il012f01 and il012g01)
  - Decatur Housing Authority Project Based Section 8 Plan Supplement (File Name: IL012h01)
  - Capital Fund Program Annual P & E Report IL06P01250203 (File Name IL012i01)
  - Capital Fund Program Annual P & E Report IL06P01250102 (File Name: IL012j01)
  - Capital Fund Program Annual P & E Report IL06P01250103 (File Name: il012k01)
  - Capital Fund Program Annual P & E Report IL06P01250104 (File Name: il012l01)
  - Capital Fund Program Annual P & E Report IL06R01250104 (File Name: il012m01)
  - Public Hearing Notice (File Name: il012n01)
  - Progress in Meeting Five-Year Goals (File Name: il012o01)

Resident Assessment Sub-System (RASS) Follow-Up Plan(File Name:il012p01)

**Supporting Documents Available for Review**

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

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	<input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	
	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
	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
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
X	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
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	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	(PHDEP Plan)	
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

[24 CFR Part 903.7 9 (a)]

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

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

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford-ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access-ibility</b>	<b>Size</b>	<b>Loca-tion</b>
Income <= 30% of AMI	1605	5	5	4	2	2	5
Income >30% but <=50% of AMI	478	5	5	4	1	2	5
Income >50% but <80% of AMI	205	5	5	4	1	2	5
Elderly	3019	5	5	4	1	3	3
Families with Disabilities	507	5	5	4	4	5	3
African American	701	5	5	4	1	1	5
Race/Ethnicity							
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: 2005-2009
- 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)

Public Housing & Section 8 Applicants – 2005  
www.census.gov

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	147		20%
Extremely low income <=30% AMI	133	94	
Very low income (>30% but <=50% AMI)	14	6	
Low income (>50% but <80% AMI)	0	0	
Families with children	101	69	
Elderly families	46	31	
Families with Disabilities	29	20	

<b>Housing Needs of Families on the Waiting List</b>			
African American/Non Hispanic	91	63	
White Non/Hispanic	56	37	
White Hispanic	0	0	
Black Hispanic	0	0	
Indian Alaskan	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	67	45%	
2 BR	19	13%	
3 BR	30	20%	
4 BR	19	13%	
5 BR	12	9%	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Elderly/Disabled/4 & 5 Br Families			

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	37		20%
Extremely low income <=30% AMI	33	89	
Very low income (>30% but <=50% AMI)	4	11	

Housing Needs of Families on the Waiting List			
Low income (>50% but <80% AMI)	0	0	
Families with children	24	66	
Elderly families	4	12	
Families with Disabilities	4	12	
African American	27	75	
White Non/Hispanic	10		
White Hispanic	0	0	
Black Hispanic	0	0	
Indian Alaskan	0	0	
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)? 11 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 Elderly/Disabled/4 & 5 Br Families			

**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)
  - \* Hope VI Redevelopment Housing
  - \* Homeownership
  - \* Section 8 Project Based Units
  - \* Acquisition/Rehab
  - \* LIHTC
  - \* Others as available in conjunction w/Hope VI

**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) Targeted programs

**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 2005 grants)</b>		
a) Public Housing Operating Fund	1,446,125	
b) Public Housing Capital Fund	1,466,961	
c) HOPE VI Revitalization		
d) HOPE VI Demolition	N/A	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
e) Annual Contributions for Section 8 Tenant-Based Assistance	4,609,608	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants	250,000	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
CFP IL06P01250203	10,763	
CFP IL06P01250104	423,918	
IL06URD012I199	12,566,155	
<b>3. Public Housing Dwelling Rental Income</b>	670,000	PH Operations
<b>4. Other income (list below)</b>		
<b>5. Non-federal sources (list below)</b>		
<b>Public Housing Investment Inc.</b>	19,530	PH Operations
	4,500	Section 8 Operations
<b>Total resources</b>	8,901,405	

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

[24 CFR Part 903.7 9 (c)]

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

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

**(1) Eligibility**

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe) When family reaches top of waiting list

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

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

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

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

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

**(2)Waiting List Organization**

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

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

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

- PHA main administrative office
- PHA development site management office
- Other (list below) Various Local Service Agencies

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
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? All
3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists? All
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) DHA Website Under Development, Resident Handbook

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

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

**(6) Deconcentration and Income Mixing**

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

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

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

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

Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:

Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

Other (list policies and developments targeted below)

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

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

Additional affirmative marketing

Actions to improve the marketability of certain developments

Adoption or adjustment of ceiling rents for certain developments

Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

Other (list below)

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



- Not applicable: results of analysis did not indicate a need for such efforts  
 List (any applicable) developments below:

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

- Not applicable: results of analysis did not indicate a need for such efforts  
 List (any applicable) developments below:

## B. Section 8

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

### (1) Eligibility

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

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

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

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

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

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

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

**(2) Waiting List Organization**

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

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

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

- PHA main administrative office
- Other (list below)

**(3) Search Time**

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

If yes, state circumstances below: As an accommodation to disabled

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

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

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

Other preference(s) (list below)

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

Date and time of application

Drawing (lottery) or other random choice technique

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

This preference has previously been reviewed and approved by HUD

The PHA requests approval for this preference through this PHA Plan

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

The PHA applies preferences within income tiers

Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

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

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

The Section 8 Administrative Plan

Briefing sessions and written materials

Other (list below)

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

Through published notices

Other (list below)

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

[24 CFR Part 903.7 9 (d)]

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

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

3. If yes to question 2, list these policies below: Refer to Administrative Plan Hardship Exemption

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)\_\_\_\_\_
- Other (list below) Anytime family composition changes families may report income changes.

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

**(2) Flat Rents**

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

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

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

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

**(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

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

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

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

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

- Annually
- Other (list below)

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

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below) Funding levels from HUD

**(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.
- 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	475	20%
Section 8 Vouchers	1046	20%
Section 8 Certificates	0	N/A
Section 8 Mod Rehab	0	N/A
Special Purpose Section 8 Certificates/Vouchers (list individually)	0	0
Public Housing Drug Elimination Program (PHDEP)	0	N/A
Shelter Plus Care	36	20%
Other Federal Programs(list	ROSS	

individually)		
Cap Fund Program	875	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 and Continued Occupancy Policy
- Blood Borne Disease Policy
- Capital Inventory Policy
- Check Signing Policy
- Criminal Records Management Policy
- Disposition Policy
- Drug Free Policy
- Equal Housing Opportunity Policy
- Facilities Use Policy
- Hazardous Materials Policy
- Investment Policy
- Maintenance Policy
- Pest Control Policy
- Procurement Policy
- Public Housing Lease
- Violence Prevention Policies
- Collective Bargaining Agreement

(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) il012a01

-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) il012a01

-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: Longview Place/Wabash Crossing
2. Development (project) number: IL012-01
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:  
Wabash Crossing, Phase II

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: Longview Place
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (03/30/06)
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: Macon Street Apartments	
1b. Development (project) number: IL06P012014	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input checked="" type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input checked="" type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(03/18/04)</u>
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	

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

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

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

<b>Conversion of Public Housing Activity Description</b>
1a. Development name: 1b. Development (project) number: N/A
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: ) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

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

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

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

[24 CFR Part 903.7 9 (k)]



1. Plan 8 public housing homeownership in HOPE VI to be developed and sold by the developer.
2. Plan up to 123 homeownership in HOPE VI to be developed and sold by the developer.

**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: Longview Place 1b. Development (project) number: IL06-P012-001
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: (01/10/2001)

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

## B. Section 8 Tenant Based Assistance

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

### 2. Program Description:

#### a. Size of Program

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

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

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

#### b. PHA-established eligibility criteria

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

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (1)]

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? 10/20/2005

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

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

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

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

- Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-

sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

<b>Servies and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Remco/Family Council</i>	458	<i>Automatic</i>	<i>Longview Place</i>	<i>Public Housing</i>
<i>NAACP</i>	35	<i>Self Selection</i>	<i>Longview Place</i>	<i>Public Housing</i>
<i>DHA Hireback Security Program</i>	800	<i>Automatic</i>	<i>All Developments</i>	<i>Public Housing</i>
<i>Community Health Improvement Center</i>	250	<i>Application</i>	<i>Families</i>	<i>Public &amp; Sect. 8</i>
<i>Consumer Credit Counseling</i>	15	<i>Application</i>	<i>All Residents</i>	<i>Public &amp; Sect. 8</i>
<i>Heritage Behavioral Health Center</i>	200	<i>Application</i>	<i>All Residents</i>	<i>Public &amp; Sect. 8</i>
<i>WIS</i>	50	<i>Application</i>	<i>Youth &amp; Adults</i>	<i>Public &amp; Sect. 8</i>
<i>Macon County Health Department</i>	150	<i>Register</i>	<i>All Residents</i>	<i>Public &amp; Sect. 8</i>
<i>EFNEP</i>	60	<i>Register</i>	<i>Longview Place</i>	<i>Public</i>
<i>Longview Day Care</i>	55	<i>Application</i>	<i>Longview Admin.</i>	<i>Public &amp; Sect. 8</i>
<i>Decatur Park District</i>	250	<i>Register</i>	<i>Longview Admin.</i>	<i>Public</i>
<i>Girl Scouts</i>	18	<i>Register</i>	<i>Longview Admin.</i>	<i>Public</i>
<i>Boys &amp; Girl's Club of Decatur</i>	65	<i>Register</i>	<i>Longview Admin.</i>	<i>Public</i>
<i>Richland Community College</i>	48	<i>Application</i>	<i>Longview Admin.</i>	<i>Public &amp; Sect. 8</i>
<i>Macon Resources</i>	12	<i>Application</i>	<i>Macon Res. Off.</i>	<i>Public &amp; Sect. 8</i>
<i>New Life Pregnancy Center</i>	30	<i>Application</i>	<i>New Life Main Off.</i>	<i>Public &amp; Sect. 8</i>
<i>Planned Parenthood</i>	125	<i>Application</i>	<i>Planned Parent. Off.</i>	<i>Public &amp; Sect. 8</i>
<i>Salvation Army</i>	220	<i>Referral</i>	<i>Sal. Army Main Off.</i>	<i>Public &amp; Sect. 8</i>
<i>St. John's Community Fund</i>	40	<i>Referral</i>	<i>St. John's Main Off.</i>	<i>Public &amp; Sect. 8</i>
<i>YMCA</i>	10	<i>Membership</i>	<i>YMCA Main Office</i>	<i>Public &amp; Sect. 8</i>
<i>NWRAPS</i>	6	<i>Selection</i>	<i>PHA Main Office</i>	<i>Public &amp; Sect. 8</i>
<i>Neighborhood Housing Development Corporation</i>	8	<i>Selection</i>	<i>NHDC Main Office</i>	<i>Public &amp; Sect. 8</i>
<i>Habitat for Humanity</i>	6	<i>Selection</i>	<i>PHA Main Office</i>	<i>Public &amp; Sect. 8</i>
<i>Growing Strong Sexual Assault Center</i>	18	<i>Register</i>	<i>PHA Main Office</i>	<i>Public &amp; Sect. 8</i>
<i>DOVE</i>	32	<i>Application</i>	<i>Longview Admin.</i>	<i>Public &amp; Sect. 8</i>
<i>ROSS</i>	285	<i>Application</i>	<i>LongviewAdmin.</i>	<i>Public</i>
<i>FSS</i>	223	<i>Application</i>	<i>PHA Main Office</i>	<i>Section 8</i>


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

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 10/01/2005)
Public Housing	0	155
Section 8	0	0

\* Voluntary local self-sufficiency program.

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

**C. Welfare Benefit Reductions**

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

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

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

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

[24 CFR Part 903.7 9 (m)]

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

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

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

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

2. What information or data did the PHA use 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)

- Longview Place                      Lexington
- Concord                                Townhouses
- Hartford                                Garden Apartments
- Macon Street Apartments

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

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

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

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

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

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

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

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

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

PHAs eligible for FY 2005 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 2005 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? 0
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) il012c01  
 Provided below:
  
3. In what manner did the PHA address those comments? (select all that apply)  
 Considered comments, but determined that no changes to the PHA Plan were necessary.  
 The PHA changed portions of the PHA Plan in response to comments  
List changes below:  
 Other: (list below)

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

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

#### 3. Description of Resident Election Process

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

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

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

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance

- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

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

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

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

1. Consolidated Plan jurisdiction: (Decatur, Illinois)
  
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)  
HOPE VI for Longview Place  
300 Additional Vouchers
  
  - Other: (list below)  
HOPE VI/Near North Redevelopment is joint venture of the City of Decatur and the Decatur Housing Authority
  
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
  1. Longview Place HOPE VI demolition, new construction
  2. 300 Section 8 vouchers for HOPE VI displacees.
  3. Designated Housing
  4. Affordable Home Ownership
  5. Fair Housing

**D. Other Information Required by HUD**

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

**Definition of Significant Amendment and Substantial Deviation/Modification:**

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

## **Attachments**

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

The following is a list of attachments that are included with this transmission:

- il012a01 CFP Annual Statement/Five Year Action Plan
- il012b01 Organizational Chart
- il012c01 Resident Comments
- il012d01 Community Service
- il012e01 Resident Advisory Board
- il012f01 Pet Policy
- il012g01 Pet Policy Part II
- il012h01 Decatur Housing Authority Project Based Section 8 Plan Supplement
- il012i01 Capital Fund Prog. IL06P01250203 Annual P & E Report
- il012j01 Capital Fund Prog. IL06P01250102 Annual P & E Report
- il012k01 Capital Fund Prog. IL06P01250103 Annual P & E Report
- il012l01 Capital Fund Prog. IL06P01250104 Annual P & E Report
- il012m01 Capital Fund Prog. IL06R01250104 Annual P & E Report
- il012n01 Public Hearing Notice
- il012o01 Progress in Meeting Five-Year Plan Goals
- il012p01 Resident Assessment Sub-System (RASS) Follow-up Plan

The following PHA Plan Supporting Documents are available for inspection at the Main Office of the Decatur Housing Authority

Admissions and Continued Occupancy Policy

Section 8 Administrative Plan

Blood Borne Disease Policy

Capital Inventory Policy

Check Signing Policy

Criminal Records Management Policy

Disposition Policy

Drug Free Policy

Equal Housing Opportunity Policy

Facilities Use Policy

Hazardous Materials Policy

Investment Policy

Maintenance Policy

Pest Control Policy

Pet Policy

Procurement Policy

Public Housing Lease

## PHA Plan Table Library

### Optional Public Housing Asset Management Table

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

### Public Housing Asset Management

Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>
<i>IL012-01</i>	<i>386-Row</i>		<i>Hope VI 449 units</i>	<i>386 Units</i>	<i>N/A</i>	<i>N/A</i>	<i>30 units</i>	<i>N/A</i>
IL012-02	120 unit Highrise	See Capital Fund 5-Year Plan and Annual Plan Attachments	N/A	N/A				Congregate Care
IL012-03	58 unit Highrise	See Capital Fund 5-Year Plan and Annual Plan Attachments	N/A	N/A	58	N/A	N/A	
IL012-04,5,6,7	Houses & Duplexes	See Capital Fund 5-Year Plan and Annual Plan Attachments	N/A	5 units				
IL012-09	175 Highrise, Garden Apts., Townhomes	See Capital Fund 5-Year Plan and Annual Plan Attachments	N/A	N/A	100	N/A	N/A	N/A
Hope VI	449 Single Family		449	N/A	24 Elderly 24 MI/DD	N/A	157	N/A



## CAPITAL FUND PROGRAM Attachment: II012a01

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: <b>CFP IL06P01250106</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	\$0.00			
2	1406 Operations	\$293,338.00			
3	1408 Management Improvements	\$113,000.00			
4	1410 Administration	\$146,600.00			
5	1411 Audit	\$0.00			
6	1415 Liquidated Damages	\$0.00			
7	1430 Fees and Costs	\$40,000.00			
8	1440 Site Acquisition	\$0.00			
9	1450 Site Improvement	\$532,253.00			
10	1460 Dwelling Structures	\$11,500.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$12,500.00			
12	1470 Non-dwelling Structures	\$0.00			
13	1475 Non-dwelling Equipment	\$42,500.00			
14	1485 Demolition	\$0.00			
15	1490 Replacement Reserve	\$0.00			
16	1492 Moving to Work Demonstration	\$0.00			
17	1495.1 Relocation Costs	\$5,000.00			
18	1499 Development Activities	\$270,000.00			
19	1501 Collateralization or Debt Service	\$0.00			
20	1502 Contingency	\$0.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$1,466,691.00			
22	Amount of line 21 Related to LBP Activities	\$0.00			
23	Amount of line 21 Related to Section 504 compliance	\$1,500.00			
24	Amount of line 21 Related to Security – Soft Costs	\$70,000.00			
25	Amount of Line 21 Related to Security – Hard Costs	\$0.00			
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00			

# Annual Statement/Performance and Evaluation Report

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

### Part II: Supporting Pages

PHA Name: <b>Decatur Housing Authority</b> Decatur, Illinois		Grant Type and Number Capital Fund Program Grant No: <b>IL06P01250106</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</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	
12-1 Longview	Replacement Development	1499		\$270,000.00				
	a. Construct Units to Replace Those lost Thru HOPE VI Demolition			\$270,000.00				
	Relocation Costs	1495		\$5,000.00				
	a. Relocate HOPE VI Residents			\$5,000.00				
12-2 Concord	Site Improvements	1450		\$140,000.00				
	a. Re-Pave Parking Lot			\$140,000.00				
12-4B Office	Site Improvements	1450		\$175,000.00				
	a. Re-Pave Parking			\$175,000.00				
12-4 Scattered Sites	Site Improvements	1450		\$15,000.00				
	a. Driveway Repair/Replacement			\$15,000.00				
12- 5 Scattered Sites	Site Improvements	1450		\$15,000.00				
	a. Driveway Repair/Replacement			\$15,000.00				
12-7 Scattered Sites	Site Improvements	1450		\$15,000.00				
	a. Driveway Repair/Replacement	1450		\$15,000.00				
12-9 Garden Apartments	Site Improvements	1450		\$80,000.00				



# Annual Statement/Performance and Evaluation Report

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

### Part II: Supporting Pages

PHA Name: <b>Decatur Housing Authority</b> Decatur, Illinois		Grant Type and Number Capital Fund Program Grant No: <b>IL06P01250106</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</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	
12-9 Garden Apartments (Cont)	a. Landscape Improvements			\$80,000.00				
12-10 Townhouses	Site Improvements	1450		\$82,253.00				
	a. Re-Pave Parking			\$82,253.00				
PHA Wide	Operating Budget	1406		\$293,338.00				
	a. Operating Subsidy			\$293,338.00				
	Management Improvements	1408		\$113,000.00				
	a. Security			\$70,000.00				
	b. Software Improvements			\$20,000.00				
	c. Marketing			\$14,000.00				
	d. Management Training			\$9,000.00				
	Site Improvements	1450		\$10,000.00				
	a. Site Signage			\$5,000.00				
	b. Site Lighting			\$5,000.00				
	Dwelling Structures	1460		\$11,500.00				
	a. Accessibility Improvements			\$1,500.00				
	b. Replace Carpeting			\$10,000.00				
	Dwelling Equipment	1465.1		\$12,500.00				
	a. A/C Units			\$2,500.00				
	b. Replace Appliances			\$5,000.00				
	c. Interior Lighting Improvements			\$5,000.00				

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

PHA Name: <b>Decatur Housing Authority</b> Decatur, Illinois		Grant Type and Number Capital Fund Program Grant No: <b>IL06P01250106</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</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	
PHA Wide (Cont)	Non-Dwelling Equipment	1475		\$42,500.00				
	a. Replace Radios			\$2,500.00				
	b. Misc. Tools			\$5,000.00				
	c. Computer Equipment			\$10,000.00				
	d. Replace Vehicles			\$15,000.00				
	e. Safety Equipment/Systems			\$10,000.00				
	Administration	1410		\$146,600.00				
	a. Technical Salaries			\$96,000.00				
	b. Employee Benefits			\$40,600.00				
	c. Travel & Training			\$5,000.00				
	d. Printing/Advertising			\$5,000.00				
	Fees & Costs	1430		\$40,000.00				
	a. Comprehensive Modernization			\$20,000.00				
	b. Misc. A/E			\$20,000.00				

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

PHA Name: <b>Decatur Housing Authority</b>		Grant Type and Number Capital Fund Program No: <b>CFP IL06P01250106</b> Replacement Housing Factor No:					Federal FY of Grant: <b>2006</b>	
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		
12-1 Longview	08/18/2008			08/18/2010				
12-2 Concord	08/18/2008			08/18/2010				
12-4 Scattered Sites	08/18/2008			08/18/2010				
12-5 Scattered Sites	08/18/2008			08/18/2010				
12-7 Scattered Sites	08/18/2008			08/18/2010				
12-9 Garden Apartments	08/18/2008			08/18/2010				
12-10 Townhouses	08/18/2008			08/18/2010				
PHA Wide	08/18/2008			08/18/2010				



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name Decatur Housing Authority Decatur, Illinois		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 3 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 4 FFY Grant: 2009 PHA FY: 2009	Work Statement for Year 5 FFY Grant: 2010 PHA FY: 2010
IL06-P012-001 Longview	Annual Statement	\$0.00	\$0.00	\$0.00	\$0.00
IL06-P012-002 Concord		\$0.00	\$125,000.00	\$0.00	\$219,753.00
IL06-P012-003 Hartford		\$0.00	\$55,253.00	\$250,000.00	\$120,000.00
IL06-P012-004 Scattered Sites		\$101,253.00	\$0.00	\$75,000.00	\$40,000.00
IL06-P012-005 Scattered Sites		\$75,000.00	\$0.00	\$75,000.00	\$40,000.00
IL06-P012-006 Scattered Sites		\$6,000.00	\$0.00	\$13,000.00	\$6,000.00
IL06-P012-007 Scattered Sites		\$80,000.00	\$0.00	\$90,000.00	\$50,000.00
IL06-P012-009 Mixed		\$0.00	\$0.00	\$0.00	\$0.00
Lexington		\$150,000.00	\$135,000.00	\$0.00	\$115,000.00
Garden Apartments		\$250,000.00	\$0.00	\$0.00	\$0.00
Townhomes		\$0.00	\$0.00	\$138,253.00	\$0.00
IL06-P012-014 Macon Street Apts.		\$0.00	\$0.00	\$150,000.00	\$0.00
PHA Wide (1460, 1465.1, 1450)		\$49,000.00	\$20,000.00	\$19,000.00	
Management Improvements		\$113,000.00	\$114,000.00	\$114,000.00	\$114,000.00
HA -Wide Non-Dwelling Structures and Equip. (1470, 1475)		\$82,500.00	\$252,500.00	\$57,500.00	\$163,000.00
Administration		\$146,600.00	\$146,600.00	\$146,600.00	\$146,600.00
Other (Fees & Costs/Relocation)		\$60,000.00	\$45,000.00	\$45,000.00	\$45,000.00
Operations		\$293,338.00	\$293,338.00	\$293,338.00	\$293,338.00
Demolition		\$0.00	\$0.00	\$0.00	\$0.00
Replacement Reserve		\$0.00	\$0.00	\$0.00	\$0.00
Mod Used for Development		\$60,000.00	\$280,000.00	\$0.00	\$0.00
CFP Funds Listed for 5-year planning		\$1,466,691.00	\$1,466,691.00	\$1,466,691.00	\$1,466,691.00
Replacement Housing Factor Funds		\$251,997.00	\$251,997.00	\$251,997.00	242,800.00

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

Activities for Year 1	Activities for Year :2 FFY Grant: 2007 PHA FY: 2007			Activities for Year: 3 FFY Grant: 2008 PHA FY: 2008		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	12-4 Scattered Sites	1460 Carpet 1450 Pavement Repair	\$61,253.00 \$40,000.00	12-2 Concord	1475 Lobby Furniture 1460 Carpet Painting	\$40,000.00 \$60,000.00 \$65,000.00
Annual	12-5 Scattered Sites	1460 Carpet 1450 Pavement Repair	\$35,000.00 \$40,000.00	12-3 Hartford	1475 Lobby Furniture 1460 Carpet Painting	\$30,000.00 \$25,000.00 \$30,253.00
	12-6 Scattered Sites	1460 Carpet	\$6,000.00	12-4B Office	1475 Lobby Furniture 1470 Storage Improvements	\$10,000.00 \$30,000.00
	12-7 Scattered Sites	1460 Carpet 1450 Pavement Repair	\$40,000.00 \$40,000.00	12-8 Lexington	1475 Lobby Furniture 1460 Carpet Painting	\$40,000.00 \$70,000.00 \$65,000.00
	12-8 Lexington	1450 Re-Pave Parking	\$150,000.00			
	12-9 Garden Apartments	1460 Kitchen Cabinets/Floors	\$250,000.00	PHA Wide	1406 Operating Subsidy	\$293,338.00
Statement						
	PHA Wide	1406 Operating Subsidy	\$293,338.00		1408 Management Improvements	\$114,000.00
		1408 Management Improve.	\$113,000.00		1460 Accessibility Improvements	\$2,500.00
					Replace Floor Coverings	\$10,000.00
		1460 Accessibility Improve.	\$1,500.00		1465.1 Replace/Fixtures Equipment	\$2,000.00
		Replace Floor Coverings	\$10,000.00		Replace Appliances	\$5,000.00
		1465.1 Replace Fixtures/Equip.	\$2,000.00		Replace Window A/C Units	\$2,500.00
		Replace Appliances	\$33,000.00		1475 Replace Radios	\$2,500.00
		Window A/C Units	\$2,500.00		Replace Misc. Tools	\$10,000.00
		1475 Replace Radios	\$2,500.00		Computer Equipment	\$20,000.00
		Replace Misc. Tools	\$5,000.00		Replace Vehicles	\$45,000.00
		Computer Equipment	\$25,000.00		Safety Equipment/Systems	\$5,000.00

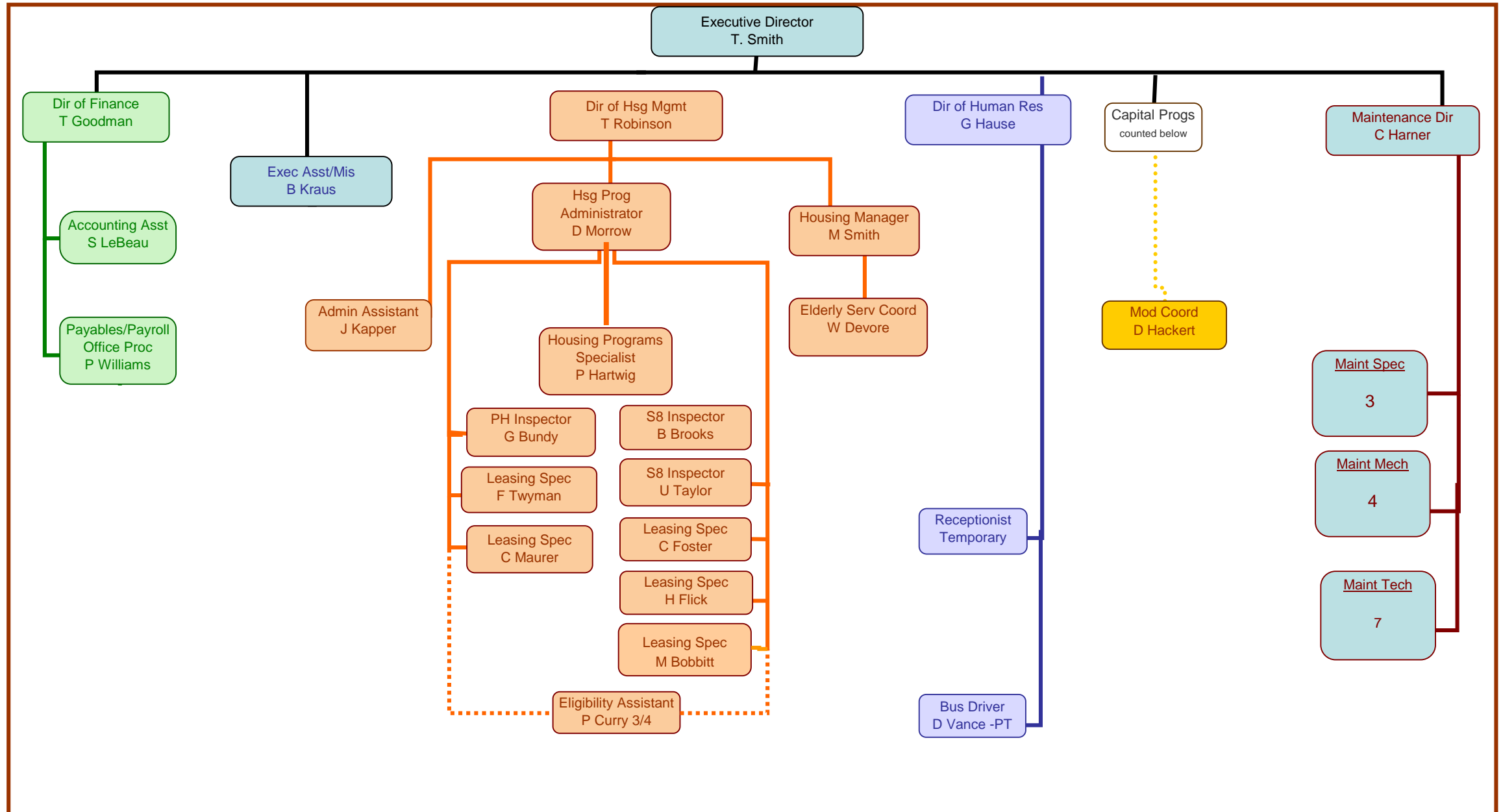
		Replace Vehicles	\$45,000.00		1410 Administration	\$146,600.00
		Safety Equipment/Systems	\$5,000.00		1499 Development	\$280,000.00
					1495.1 Relocation	\$5,000.00
		1410 Administration	\$146,600.00	Fees & Costs	1430 Misc. A/E	\$40,000.00
		1499 Development	\$60,000.00			
		1495.1 Relocation	\$20,000.00			
	Fees & Costs	1430 Misc. A/E	\$40,000.00			
		<b>Total CFP Estimated Cost</b>	\$1,466,691.00			\$1,466,691.00

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

Activities for Year : 4 FFY Grant: 2009 PHA FY: 2009			Activities for Year: 5 FFY Grant: 2010 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>
12-3 Hartford	1465.1 Plumbing Systems	\$250,000.00	12-2 Concord	1460 HVAC Systems 1450 Landscaping	\$199,753.00 \$20,000.00
12-4 Scattered Sites	1460 Interior Improvements Replace Gutters/Downspouts	\$50,000.00 \$25,000.00	12-4B Main Office	1470 HVAC Systems HVAC Control System 1450 Landscaping	\$50,000.00 \$50,000.00 \$5,000.00
12-5 Scattered Sites	1460 Interior Improvements Replace Gutters/Downspouts	\$50,000.00 \$25,000.00	12-3 Hartford	1460 HVAC Systems 1450 Landscaping	\$100,000.00 \$20,000.00
12-6 Scattered Sites	1460 Interior Improvements Replace Gutters/Downspouts	\$10,000.00 \$3,000.00	12-4 Scattered Sites	1450 Landscaping Improve.	\$40,000.00
12-7 Scattered Sites	1460 Interior Improvements Replace Gutters Downspouts	\$60,000.00 \$30,000.00	12-5 Scattered Sites	1450 Landscaping Improve.	\$40,000.00
12-10 Townhouses	1460 Exterior Door Replacement Interior Improvements 1450 Landscaping	\$65,000.00 \$23,253.00 \$50,000.00	12-6 Scattered Sites	1450 Landscaping Improve.	\$6,000.00
12-14 Macon Street	1465.1 Plumbing System Improve.	\$150,000.00	12-7	1450 Landscaping Improve.	\$50,000.00
			12-8 Lexington	1460 HVAC Systems 1450 Landscaping	\$100,000.00 \$15,000.00
PHA Wide	1406 Operating Subsidy	\$293,338.00			
			PHA Wide	1406 Operating Subsidy	\$293,338.00
	1408 Management Improvements	\$114,000.00			
				1408 Management Improvements	\$114,000.00
	1460 Accessibility Improvements	\$1,500.00			
	Replace Floor Coverings	\$10,000.00		1460 Accessibility Improve.	\$1,500.00
	1465.1 Replace Fixtures/Equipment	\$2,000.00		Replace Floor Coverings	\$100,000.00
	Replace Appliances	\$3,000.00		1465.1 Replace Appliances	\$5,000.00
	Replace A/C Units	\$2,500.00		Replace Fixtures/Equip.	\$2,000.00
	1475 Replace Radios	\$2,500.00		Replace A/C Units	\$2,500.00







Plus: HOPE VI Staff = J Alpi, HOPE VI Coordinator  
 R Joy, CSS Administrator  
 S Allen, CSS Case Manager

08/29/05

**Total Employees: 41 (39 Full Time/2 Part Time)**

## **Resident Advisory Board Meeting Comments**

**Attachment: il012c01**

**10-05-05**

The Decatur Housing Authority held a meeting with the Resident Advisory Board on October 5, 2005 in the dining room at the Lexington Elderly Highrise. Mr. Tom Smith, Executive Director started the meeting with introductions. Ms. Diane Hackert, Modernization Coordinator proceeded with the presentation of the Annual Performance and Evaluation reports for each open grant and discussed the work complete. Ms. Hackert then presented the current year Annual Statement along with the Five Year Plan to discuss work items that are in the plans for the future. The residents were asked to review these items and make recommendations to staff about what they would like to see happen. The following suggestions were received.

### **Concord**

Parking Lot needs completely repaved.  
Automatic door entry systems  
Clean windows

### **Lexington**

Replace panel-fold doors  
Security camera at doors need fixed.

### **Garden Apartments**

Need new kitchen cabinets  
Windows  
Sheds  
Patio enclosures  
Garbage enclosures  
Exterior Lighting Improvements

### **Townhouses (submitted in writing)**

Need new kitchen cabinets  
Bathroom vanities  
New tile or linoleum  
New vent coverings  
Storm doors  
Insulation around windows  
New front and back doors  
Replace stair treads  
New baseboard

Telephone outlets in all bedrooms  
Cable outlets in all bedrooms  
Replace refrigerators

### **Management Improvements**

The Housing Authority should encourage service providers to offer services at the community center at the Garden Apartments.

The phone system at the main office is difficult to understand and operate.

There should be a manager at each highrise on a daily basis.

Mr. Alpi, HOPE VI Coordinator, presented an update on the HOPE VI program and showed the residents a diagram of where the next two phases are going to be built. Mr. Alpi also added that he is going to amend the PHA Plan to create more homeownership opportunities for low income residents of Decatur. He will also be adding a line item to include energy efficiency improvements.

Jackie Richie, HOPE VI Consultant, continued the meeting with discussion about the disposition of the 100-500 blocks of Longview Place as part of the HOPE VI Redevelopment. Ms. Richie explained the process by which this is to be done. The Decatur Housing Authority will be submitting a disposition application to HUD. This land will continue to be used for low to moderate income residents of Decatur.

A draft plan was presented to the residents for review and all comments will be taken into consideration in the preparation of this plan. There were no comments at the Public Hearing.

**COMMUNITY SERVICE**

24 CFR 960.603-960.611

**A. REQUIREMENT**

Each adult resident of the PHA shall:

Contribute 8 hours per month of community service (not including political activities) within the community in which that adult resides; or

Participate in an economic self-sufficiency program (defined below) for 8 hours per month.

Perform 8 hours per month of combined activities (community service and economic self-sufficiency program).

**B. EXEMPTIONS**

The PHA shall provide an exemption from the community service requirement for any individual who:

Is 62 years of age or older;

is a blind or disabled individual, as defined under section 216[i][1] or 1614 of the Social Security Act, and who is unable to comply with this section, or is a primary caretaker of such individual;

Is engaged in a work activity as defined in section 407[d] of the Social Security Act;

Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program; or

Is in a family receiving assistance under a State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such program.

The PHA will re-verify exemption status annually except in the case of an individual who is 62 years of age or older.

The PHA will permit residents to change exemption status during the year if status changes.

**C. DEFINITION OF ECONOMIC SELF-SUFFICIENCY PROGRAM**

For purposes of satisfying the community service requirement, participating in an economic self-sufficiency program is defined, in addition to the exemption definitions described above, by one of the following:

**Participating in the Family Self-Sufficiency Program and being current in the steps outlined in the Individual Training and Services Plan;**

**Participating in an educational or vocational training program designed to lead to employment, at least 30 hours per week;**

**Improving the physical environment of the resident's development;**

**Volunteer work in a local school, hospital, child care center, homeless shelter, or other community service organization;**

**Working with youth organizations;**

**Helping neighborhood groups on special projects;**

**Raising young (pre-school) children at home where spouse is working;**

**Participation in programs that develop and strengthen resident self-responsibility such as:**

**Drug and alcohol abuse counseling and treatment**

**Household budgeting**

**Credit counseling**

**English proficiency**

**Other activities as approved by the PHA on a case-by-case basis.**

**The PHA will give residents the greatest choice possible in identifying community service opportunities.**

**The PHA will consider a broad range of self-sufficiency opportunities.**

#### **D. ANNUAL DETERMINATIONS**

Requirement – For each public housing resident subject to the requirement of community service, the PHA shall, 30 days before the expiration of each lease term, review and determine the compliance of the resident with the community service requirement.

Such determination shall be made in accordance with the principles of due process and on a nondiscriminatory basis.

The PHA will verify compliance annually. If qualifying activities are administered by an organization other than the PHA, the PHA will require verification of family compliance from

such third parties. Family members are required to provide signed, verifiable statements of completion of service.

Family members may be permitted to self-certify that they have complied with community service requirements.

### **E. NONCOMPLIANCE**

If the PHA determines that a resident subject to the community service requirement has not complied with the requirement, the PHA shall notify the resident of such noncompliance, and that:

The determination of noncompliance is subject to the administrative grievance procedure under the PHA's Grievance Procedures; and

Unless the resident enters into an agreement to comply with the community service requirement, the resident's lease will not be renewed, and

The PHA may not renew or extend the resident's lease upon expiration of the lease term and shall take such action as is necessary to terminate the tenancy of the household, unless the PHA enters into an agreement, before the expiration of the lease term, with the resident providing for the resident to cure any noncompliance with the community service requirement, by participating in an economic self-sufficiency program for or contributing to community service as many additional hours as the resident needs to comply in the aggregate with such requirement over the 12-month term of the lease.

### **Ineligibility for Occupancy for Noncompliance**

The PHA shall not renew or extend any lease, or provide any new lease, for a dwelling unit for any household that includes an adult member who was subject to the community service requirement and failed to comply with the requirement.

### **F. PHA RESPONSIBILITY**

The PHA will ensure that all community service programs are accessible for persons with disabilities.

The PHA will ensure that:

It supplies a list of potential volunteer work sites to tenants.

The work is not labor that would be performed by the PHA's employees responsible for essential maintenance and property services; or

The work is not otherwise unacceptable.

**G. PHA IMPLEMENTATION OF COMMUNITY SERVICE REQUIREMENT**

**The PHA will administer its own community service program, with cooperative relationships with other entities.**



**RESIDENT  
ADVISORY  
BOARD**

**Attachment: il012e01**

Mary Finley, President  
333 E. Center #205  
Decatur, IL 62526

Juanita Taylor, Treasurer  
1420 N. Poole St.  
Decatur, IL 62526

Jane Flake, Vice President  
333 E. Center #213  
Decatur, IL 62526

Ann Kates, Sect. 8  
1290 N. 18<sup>th</sup>  
Decatur, IL 62521

Leila Lingard, Secretary  
333 E. Center #505  
Decatur, IL 62526

Hanley Morrison, Resident on  
Board of Commissioners  
333 E. Center #310  
Decatur IL 62522

Hanley Morrison, Treasurer  
333 E. Center #310  
Decatur, IL 62526

REMCO Family Council

Celinda North, President  
1221 N Van Dyke #620  
Decatur, IL 62522

Beverly Smith- Vice. Pres.  
1221 N Van Dyke #603  
Decatur IL 62522

Lillie Jackson, Secretary  
1221 N. Van Dyke #216  
Decatur, IL 62522

Barbara McElrath, President  
1518 N. Poole St.  
Decatur, IL 62526

Gladola Harris, Vice. Pres.  
1536 N Poole St  
Decatur IL 62526

Linda Curry, Secretary  
1428 N. Poole St.  
Decatur, IL 62526

## DECATUR HOUSING AUTHORITY

### PET AGREEMENT

Attachment: il012f01

#### ADDENDUM TO LEASE

This Agreement entered into this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between DECATUR HOUSING AUTHORITY, OWNER, and \_\_\_\_\_, TENANT, in consideration of their mutual promises agree as follows:

1. TENANT desires and has received permission from the OWNER to keep the pet named and described as:

2. This AGREEMENT is an ADDENDUM to and a part of the Lease between OWNER and TENANT executed on \_\_\_\_\_. In the event of default by TENANT of any terms of this AGREEMENT, TENANT agrees, upon proper written notice of default from OWNER, to satisfy the default, by either removing the PET or vacate the premises.

3. As a special deposit, TENANT agrees to pay OWNER the sum of \$300.00 which shall be paid in an initial payment of \$\_\_\_\_\_, and \_\_\_\_\_ monthly payments of \$\_\_\_\_\_ each thereafter until paid in full. This deposit will be maintained by the agent and refunded according to the Illinois Security Deposit laws. The Pet DEPOSIT under the Pet AGREEMENT is not a limit of the TENANT's liability for property damages, cleaning, deodorization, defleaing, replacements, and/or personal injuries as herein further specified. In addition, if the resident vacates the unit owing Decatur Housing Authority for charges such as, but not limited to, rent, maintenance, or cablevision, all or part of the Pet Deposit may be held by the Authority to cover those charges still outstanding after the resident's regular Security Deposit has been applied to the account.

The TENANT's liability includes, but is not limited to, carpets, doors, drapes, woodwork, windows, screens, furniture, appliances and any other part of the dwelling unit, landscaping, or other improvements to OWNER's property. Furthermore, TENANT shall be liable for the entire amount of any injury to the person or property of others, caused by such pet.

4. TENANT agrees to comply with:

- a. The Health and Safety Code; and
- b. All other applicable governmental laws and regulations, such as, but not limited to licensing, inoculations, etc.
- c. All provisions of DHA's Pet Policy.

5. TENANT represents the pet is quiet and housebroken and will not cause any property damage or annoy other tenants, guests, or staff.

6. TENANT agrees that the pet will not be permitted outside the TENANT's unit, unless the pet is restrained (until exiting the building, if in a highrise). Pets will, at ALL times, be under the direct control of the owner. Pets may NOT be tethered/chained to trees, structures or any device and left unattended. No pets are permitted to walk in any common corridors, elevators, community rooms, laundry rooms, country stores, beauty shops, libraries, or offices.

Violation of this regulation will result in automatic a warning letter (three warnings total). Repeated offenses will result in removing the pet by animal control authorities or terminating the Lease.

7. TENANT shall not permit the pet to cause any damage, discomfort, annoyance, nuisance, or in any other way to inconvenience or cause complaints from any other tenant, guests, neighbors, or staff. It is the pet owner's responsibility to clean up completely behind his/her pet. Building managers may designate areas for usage by pets.

8. Any pet left unattended for four (4) hours or more or whose health is jeopardized by the TENANT's neglect, mistreatment, or inability to care for the animal shall be reported to the ANIMAL CONTROL WARDEN or other appropriate authority. Such circumstances shall be deemed an emergency for the purposes of the OWNER's right to enter the TENANT's unit to allow such authority to remove the animal from the premises. The OWNER accepts no responsibility for any pet so removed.

9. TENANT acknowledges that three (3) violations of the policies is considered "Material Non-Compliance" of the pet AGREEMENT and is considered grounds for termination of same.

10. TENANT has read and agrees to comply with the Pet Policies, which are herein incorporated by reference, and agrees to comply with such rules and regulations as may be reasonably revised and implemented by OWNER.

DECATUR HOUSING AUTHORITY

TENANT(S):

BY \_\_\_\_\_

1)  
Head of Household

TITLE: \_\_\_\_\_

2)  
Co-Head/Spouse

DATE: \_\_\_\_\_

DATE:

**DECATUR HOUSING AUTHORITY  
PET REGISTRATION**

➔ THIS FORM IS TO BE COMPLETED ANNUALLY ⬅

1<sup>st</sup> Time Application       Yearly Update

Resident's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Animal's Name: \_\_\_\_\_  Male       Female

Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Size at Adult Weight:       Small (less than 10 lbs)       Medium (11-15 lbs)       Large (16- 25 lbs)

Age of Pet: \_\_\_\_\_ Year of birth (if known): \_\_\_\_\_

**REQUIRED PAPERS** (enter date provided):

\* City License \_\_\_\_\_      \* Proof of rabies shots, inoculations & boosters \_\_\_\_\_  
\* Spaying Certificate \_\_\_\_\_      \* Signed Hold Harmless Agreement \_\_\_\_\_  
\* Neutering Certificate \_\_\_\_\_      \* Home visit evaluation conducted (if applicable) \_\_\_\_\_

(All above items should be attached to this form)

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Custodian (in case of emergency to owner):

Name	Address	Phone
------	---------	-------

I have received a copy of Decatur Housing Authority's Pet Policy and fully understand the rules and requirements contained therein, and that Decatur Housing Authority will not be held responsible for any damage/injuries to persons or property caused by my pet. I further understand that failure to obey these rules and requirements may result in the pet being removed from the premises and may result in my eviction.

Security Deposit (\$300) paid in full       On Payment Plan for Security Deposit

Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DHA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## **HOLD HARMLESS AGREEMENT**

In consideration of Decatur Housing Authority (DHA) permitting me/us to house a pet in my/our unit, being: \_\_\_\_\_ Decatur, Illinois, I/we agree to indemnify and hold harmless DHA and its agents, employees, and representatives, from and against all claims for personal injury or property damage, including claims against DHA, its agents, employees, and representatives, and all losses or expenses, including but not limited to, attorney's fees, that may be incurred by DHA in defending such claims, rising out of or resulting from any personal injury or property damage caused in whole or in part by my/our pet, the indemnification obligation under this paragraph shall not be limited in any way by any limitation on the amount or type of claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses or compensation whatsoever.

Signed, this \_\_\_\_\_ Day of \_\_\_\_\_,

Head of Household

Co-head/Spouse

Accepted by Decatur Housing Authority:

By:

Its:

"Proc/pets 9-99"

**Chapter 10**  
**PET POLICY**  
**Attachment: il012g01**  
**24 CFR 5.309**

**INTRODUCTION**

PHAs have discretion to decide whether or not to develop policies pertaining to the keeping of pets in public housing units. This Chapter explains the PHA's policies on the keeping of pets and any criteria or standards pertaining to the policy. The rules adopted are reasonably related to the legitimate interest of this PHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest of the PHA.

The purpose of this policy is to establish the PHA's policy and procedures for ownership of pets to ensure that no applicant or resident is discriminated against regarding admission or continued occupancy because of ownership of pets. It also establishes reasonable rules governing the keeping of common household pets.

**Nothing in this policy or the dwelling lease limits or impairs the right of persons with disabilities to own animals that are used to assist them.**

**ANIMALS THAT ASSIST PERSONS WITH DISABILITIES**

Pet rules will not be applied to animals who assist persons with disabilities.

To be excluded from the pet policy, the resident/pet owner must certify:

That there is a person with disabilities in the household;

That the animal has been trained to assist with the specified disability

**A. MANAGEMENT APPROVAL OF PETS**

All pets must be approved in advance by the PHA management.

The pet owner must submit and enter into a Pet Agreement with the PHA.

**Registration of Pets**

Pets must be registered with the PHA before they are brought onto the premises. Registration includes certificate signed by a licensed veterinarian or State/local authority that the pet has received all inoculations required by State or local law, and that the pet has no communicable disease(s) and is pest-free.

**Registration must be renewed and will be coordinated with the annual recertification date and proof of license and inoculation will be submitted at least 30 days prior to annual reexamination.**

**Dogs and cats must be spayed or neutered.**

**Execution of a Pet Agreement with the PHA stating that the tenant acknowledges complete responsibility for the care and cleaning of the pet will be required.**

**Approval for the keeping of a pet shall not be extended pending the completion of these requirements.**

### **Refusal To Register Pets**

The PHA may not refuse to register a pet based on the determination that the pet owner is financially unable to care for the pet. If the PHA refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements.

The PHA will refuse to register a pet if:

The pet is not a *common household pet* as defined in this policy;

Keeping the pet would violate any House Pet Rules;

The pet owner fails to provide complete pet registration information, or fails to update the registration annually;

The PHA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered as a factor in determining the pet owner's ability to comply with provisions of the lease.

The notice of refusal may be combined with a notice of a pet violation.

A resident who cares for another resident's pet must notify the PHA and agree to abide by all of the pet rules in writing.

### **B. STANDARDS FOR PETS**

**If an approved pet gives birth to a litter, the resident must remove all pets from the premises except one.**

Pet rules will not be applied to animals who assist persons with disabilities.

## **Persons With Disabilities**

To be excluded from the pet policy, the resident/pet owner must certify:

**That there is a person with disabilities in the household;**

**That the animal has been trained to assist with the specified disability; and**

**That the animal actually assists the person with the disability.**

## **Types of Pets Allowed**

**NO TYPES OF PETS OTHER THAN THE FOLLOWING MAY BE KEPT BY A RESIDENT.**

**Tenants are not permitted to have more than one *type* of pet.**

1. Dogs

**Maximum number: One**

**Maximum adult weight: 25 pounds**

**Must be housebroken**

**Must be spayed or neutered (a veterinarian's verification is required)**

**Must have all required inoculations (annual verification is required)**

**Must be licensed as specified now or in the future by State law and local ordinance**

2. Cats

**Maximum number: One**

**Must be spayed or neutered (a veterinarian's verification is required)**

**Must have all required inoculations (annual verification is required)**

**Must be trained to use a litter box or other waste receptacle**

**Must be licensed as specified now or in the future by State law or local ordinance**

3. Birds

**Maximum number: Two**

**Must be enclosed in a cage at all times**

4. Fish

**Maximum aquarium size 25 gallons**



**Must be maintained on an approved stand**

5. Rodents (Rabbit , guinea pig, hamster, or gerbil ONLY)

Maximum number: Two

**Must be enclosed in an acceptable cage at all times**

**Must have any or all inoculations as specified now or in the future by State law or local ordinance**

6. Turtles

Maximum number: Two

**Must be enclosed in an acceptable cage or container at all times.**

**C. PETS TEMPORARILY ON THE PREMISES**

**Pets which are not owned by a tenant will not be allowed.**

**Residents are prohibited from feeding or harboring stray animals.**

**This rule excludes visiting pet programs sponsored by a humane society or other non-profit organization and approved by the PHA.**

**D. ADDITIONAL FEES AND DEPOSITS FOR PETS**

**The resident/pet owner shall be required to pay a refundable deposit of \$300 for a dog and \$150 for other types of pets (as listed above) for the purpose of presence of a pet.**

**An initial payment of 20% on or prior to the date the pet is properly registered and brought into the apartment, and;**

**Monthly payments in an amount no less than \$20 until the specified deposit has been paid.**

**The PHA reserves the right to change or increase the required deposit by amendment to these rules.**

**The PHA will refund the Pet Deposit to the tenant, less any damage caused by the pet to the dwelling unit, upon removal of the pet or the owner from the unit.**

**The PHA will return the Pet Deposit to the former tenant or to the person designated by the former tenant in the event of the former tenant's incapacitation or death.**

**The PHA will provide the tenant or designee identified above with a written list of any charges against the pet deposit. If the tenant disagrees with the amount charged to the pet deposit, the PHA will provide a meeting to discuss the charges.**

**All reasonable expenses incurred by the PHA as a result of damages directly attributable to the presence of the pet in the project will be the responsibility of the resident, including:**

**The cost of repairs and replacements to the resident's dwelling unit;**

**Fumigation of the dwelling unit;**

**Common areas of the project.**

**Pet Deposits are not a part of rent payable by the resident.**

**E. ALTERATIONS TO UNIT**

Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal. Installation of pet doors is prohibited.

**F. PET WASTE REMOVAL CHARGE**

**A separate pet waste removal charge of \$15 per occurrence will be assessed against the resident for violations of the pet policy.**

Pet deposit and pet waste removal charges are not part of rent payable by the resident.

**All reasonable expenses incurred by the PHA as the result of damages directly attributable to the presence of the pet will be the responsibility of the resident, including:**

**The cost of repairs and replacements to the dwelling unit;**

**Fumigation of the dwelling unit.**

**If the tenant is in occupancy when such costs occur, the tenant shall be billed for such costs as a current charge.**

**If such expenses occur as the result of a move-out inspection, they will be deducted from the pet deposit. The resident will be billed for any amount which exceeds the pet deposit.**

**The pet deposit will be refunded when the resident moves out or no longer has a pet on the premises, whichever occurs first.**

**The expense of flea deinfestation shall be the responsibility of the resident.**

**G. PET AREA RESTRICTIONS**

**Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) dogs and cats must be kept on a leash or carried and under the control of the resident or other responsible individual at all times. Pets may not be chained/tethered outside the resident's unit. When the pet is in the unit and the tenant is not at home, the pet must be caged.**

Pets are not permitted in common areas including lobbies, community rooms and laundry areas except for those common areas which are entrances to and exits from the building.

An area of the development grounds may be designated as the area in which to exercise animals and to permit dogs to relieve themselves of bodily waste.

#### **H. NOISE**

Pet owners must agree to control the noise of pets so that such noise does not constitute a nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises. This includes, but is not limited to loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.

#### **I. CLEANLINESS REQUIREMENTS**

**Litter Box Requirements.** All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in a trash bin.

Litter shall not be disposed of by being flushed through a toilet.

Litter boxes shall be stored inside the resident's dwelling unit.

**Removal of Waste From Other Locations.** The Resident/Pet Owner shall be responsible for the removal of waste from the exercise area by placing it in a sealed plastic bag and disposing of it in an outside trash bin.

Any unit occupied by a dog, cat, or rodent will be fumigated at the time the unit is vacated at the tenant's expense.

The resident/pet owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

#### **J. PET CARE**

No pet (excluding fish) shall be left unattended in any apartment for a period in excess of four hours.

All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.

#### **K. RESPONSIBLE PARTIES**

The resident/pet owner will be required to designate one responsible party for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

#### **L. INSPECTIONS**

**The PHA may, after reasonable notice to the tenant during reasonable hours, enter and inspect the premises, in addition to other inspections allowed.**

#### **M. PET RULE VIOLATION NOTICE**

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) which were violated. The notice will also state:

That the resident/pet owner has five (5) days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;

That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

**If the pet owner requests a meeting within the five-day period, the meeting will be scheduled no later than ten calendar days before the effective date of service of the notice, unless the pet owner agrees to a later date in writing.**

#### **N. NOTICE FOR PET REMOVAL**

If the resident/pet owner and the PHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the PHA, the PHA may serve notice to remove the pet.

The Notice shall contain:

A brief statement of the factual basis for the PHA's determination of the Pet Rule that has been violated;

The requirement that the resident /pet owner must remove the pet within five (5) days of the notice; and

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

## **O. TERMINATION OF TENANCY**

The PHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

## **P. PET REMOVAL**

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. Includes pets who are poorly cared for or have been left unattended for over four hours.

If the responsible party is unwilling or unable to care for the pet, or if the PHA after reasonable efforts cannot contact the responsible party, the PHA may contact the appropriate State or local agency and request the removal of the pet.

**If the pet is removed as a result of any aggressive act on the part of the pet, the pet will not be allowed back on the premises.**

## **Q. EMERGENCIES**

The PHA will take all necessary steps to insure that pets which become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are referred to the appropriate State or local entity authorized to remove such animals.

**If it is necessary for the HA to place the pet in a shelter facility, the cost will be the responsibility of the tenant/pet owner.**



**Attachment: il012h01**

Decatur Housing Authority Project Based Section 8 Plan Supplement

Statement of the projected number of projectbased units and general locations and how project basing would be consistent with the PHA Plan.

In accordance with Federal Register notices of October 13, 2005, Docket No. FR 4636-F-02, the Housing Authority is hereby supplementing its annual plan to include description of its plan for incorporating Project Based Section 8 as part of its existing Section 8 program. Regulations allow a PHA to designate up to 20% of its Section 8 funding available for tenant based assistance for use in project based voucher programs I accordance with Section 983.6. It is DHA's intent to utilize up to 20% of its Section 8 allocation for project based vouchers in support of Low Income Housing Tax Credit Units being developed in conjunction with the Longview Place Hope VI Revitalization Program. This program was implemented in a Phase One, tax credits received, and 21 units designated for Section 8 project based vouchers. These units were constructed and are managed by the mixed finance developer selected through competitive selection processes as part of the Authority's Hope VI Revitalization program. For Phase Two tax credits have been awarded program will be implemented within the next year and will designate a minimum of 35 units be incorporated in the DHA's Section 8 Project Based voucher program, provided the total number of units in the program does not exceed 20% of the annual value of the Authority's Section 8 tenant based program. Phase III will be commenced by 2008 and an additional number of units (up to 35) will be project based Section 8 units.

An additional eighteen (18) units of Project Based Section 8 vouchers are planned to support Heritage Place at Lake Shore, an elderly designated tax-credit project due to commence construction in the Spring, 2006. This designated elderly project will significantly expand the choice of housing for the low-income elderly in the Authority's jurisdiction. The authority will request permission form HUD to establish a site-based waiting list for this project. Selection of this project was based on Section 983-51b2. Supportive services will be provided by the owner/manager.

## CAPITAL FUND PROGRAM il012i01

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>						
PHA Name: <b>Decatur Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>CFP IL06P01250203 (Set Aside Grant)</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>9/30/2005</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	\$56,500.00	\$56,500.00	\$56,500.00	\$56,500.00	
3	1408 Management Improvements	\$38,000.00	\$38,000.00	\$38,000.00	\$3,785.00	
4	1410 Administration	\$18,000.00	\$18,000.00	\$18,000.00	\$0.00	
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	
7	1430 Fees and Costs	\$25,000.00	\$19,757.39	\$8,993.84	\$6,334.64	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$135,000.00	\$150,242.61	\$150,242.61	\$150,242.61	
11	1465.1 Dwelling Equipment—Nonexpendable	\$10,000.00	\$10,000.00	\$0.00	\$0.00	
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00	
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00	
17	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00	
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00	
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00	
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00	
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$282,500.00	\$282,500.00	\$271,736.45	\$216,862.25	
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 21 Related to Section 504 compliance	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 21 Related to Security – Soft Costs	\$28,000.00	\$28,000.00	\$28,000.00	\$0.00	
25	Amount of Line 21 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
26	Amount of line 21 Related to Energy Conservation Measures					



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

PHA Name: Decatur Housing Authority		Grant Type and Number (Set Aside Grant) Capital Fund Program Grant No: CFP IL06P01250203 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	
12-8 Lexington	Dwelling Structures	1460	100 DU's	\$135,000.00	\$150,242.61	\$150,242.61	\$150,242.61	
	a. Kitchen Cabinets/Flooring			\$135,000.00	\$150,242.61	\$150,242.61	\$150,242.61	
PHA WIDE	Operations	1406		\$56,500.00	\$56,500.00	\$56,500.00	\$56,500.00	
	Management Improvements	1408		\$38,000.00	\$38,000.00	\$38,000.00	\$3,785.00	
	a. Security			\$28,000.00	\$28,000.00	\$28,000.00	\$0.00	
	b. Marketing			\$10,000.00	\$10,000.00	\$10,000.00	\$3,785.00	
	Dwelling Equipment	1465.1		\$10,000.00	\$10,000.00	\$0.00	\$0.00	
	Administration	1410		\$18,000.00	\$18,000.00	\$18,000.00	\$0.00	
	a. Technical Salaries			\$14,000.00	\$14,000.00	\$14,000.00	\$0.00	
	b. Employee Benefits			\$4,000.00	\$4,000.00	\$4,000.00	\$0.00	
	Fees & Costs	1430		\$25,000.00	\$25,000.00	\$8,993.84	\$6,334.64	
	a. Replacement Housing			\$15,000.00	\$15,000.00	\$0.00	\$0.00	
	b. Misc. A / E			\$10,000.00	\$10,000.00	\$8,993.84	\$6,334.64	

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

PHA Name: <b>Decatur Housing Authority</b>		Grant Type and Number (Set Aside Grant) Capital Fund Program No: <b>CFP IL06P01250203</b> Replacement Housing Factor No:				Federal FY of Grant: <b>2003</b>	
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	
12-8 Lexington	4/27/06			4/27/08			
PHA Wide	4/27/06			4/27/08			

## **CAPITAL FUND PROGRAM** Attachment: il012j01

### **Annual Statement/Performance and Evaluation Report**

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

<b>PHA Name: Decatur Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>CFP IL06P01250102</b> Replacement Housing Factor Grant No:	<b>Federal FY</b> <b>2002</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
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	
2	1406 Operations	\$272,277.00	\$272,277.00	\$272,277.00	
3	1408 Management Improvements	\$87,298.94	\$87,298.94	\$87,298.94	
4	1410 Administration	\$116,877.62	\$116,877.62	\$116,877.62	
5	1411 Audit	\$0.00	\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	
7	1430 Fees and Costs	\$63,494.55	\$63,494.55	\$63,494.55	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$300.00	\$300.00	\$300.00	
11	1465.1 Dwelling Equipment—Nonexpendable	\$7,080.00	\$7,080.00	\$7,080.00	
12	1470 Nondwelling Structures	\$31,570.06	\$31,570.06	\$31,570.06	
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	
17	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	
18	1499 Development Activities	\$782,489.83	\$782,489.83	\$782,489.83	
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	
20	1502 Contingency	\$0.00	\$0.00	\$0.00	
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$1,361,388.00	\$1,361,388.00	\$1,361,388.00	
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	
23	Amount of line 21 Related to Section 504 compliance	\$0.00	\$0.00	\$0.00	
24	Amount of line 21 Related to Security – Soft Costs	\$49,365.37	\$49,365.37	\$49,365.37	

26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	
Signature of Executive Director and Date <b>X</b>		Signature of Public Housing Director/Office of Native American Programs Administrator and Date <b>X</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: <b>Decatur Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>CFP IL06P01250102</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
12-1 Longview	Replacement Development	1499		\$782,489.83	\$782,489.83	\$782,489.83	\$782,489.83
	a. Construct Units to Replace units lost thru HOPE VI Demolition			\$782,489.83	\$782,489.83	\$782,489.83	\$782,489.83
	b. Emergency Repairs			\$0.00	\$0.00	\$0.00	\$0.00
12-3 Hartford	Non-Dwelling Structures	1470		\$4,401.06	\$4,401.06	\$4,401.06	\$4,401.06
	a. Replace Air Handler Coil			\$4,401.06	\$4,401.06	\$4,401.06	\$4,401.06
	b. Security Camera System			\$0.00	\$0.00	\$0.00	\$0.00
12-8 Lexington	Non-Dwelling Structures	1470		\$27,169.00	\$27,169.00	\$27,169.00	\$27,169.00
	a. Replace Air Handler Coil			\$0.00	\$0.00	\$0.00	\$0.00
	b. Security Camera System			\$0.00	\$0.00	\$0.00	\$0.00
	c. Exterior Painting			\$27,169.00	\$27,169.00	\$27,169.00	\$27,169.00
12-9 Garden Apartments	Dwelling Structures	1460		\$0.00	\$0.00	\$0.00	\$0.00
	a. Install Security Storm Doors			\$0.00	\$0.00	\$0.00	\$0.00
PHA Wide	Operating Budget	1406		\$272,277.00	\$272,277.00	\$272,277.00	\$272,277.00
	a. Operating Subsidy			\$272,277.00	\$272,277.00	\$272,277.00	\$272,277.00
	Management Improvements	1408		\$87,298.94	\$87,298.94	\$87,298.94	\$87,298.94
	a. Security			\$49,365.37	\$49,365.37	\$49,365.37	\$49,365.37
	b. Software Improvements			\$7,730.65	\$7,730.65	\$7,730.65	\$7,730.65
	c. Marketing/Advertising			\$7,487.74	\$7,487.74	\$7,487.74	\$7,487.74

	d. Compensation Study			\$20,240.18	\$20,240.18	\$20,240.18	\$20,240.18
	e. Staff Training EDP			\$2,475.00	\$2,475.00	\$2,475.00	\$2,475.00
PHA Wide	Dwelling Structures	1460		\$300.00	\$300.00	\$300.00	\$300.00
	a. Accessibility Improvements			\$300.00	\$300.00	\$300.00	\$300.00
	b. Replace Carpeting			\$0.00	\$0.00	\$0.00	\$0.00
	Dwelling Equipment	1465.1		\$7,080.00	\$7,080.00	\$7,080.00	\$7,080.00
	a. Window A/C Units			\$0.00	\$0.00	\$0.00	\$0.00
	b. Replace Appliances			\$7,080.00	\$7,080.00	\$7,080.00	\$7,080.00
	Non-Dwelling Structures	1450		\$0.00	\$0.00	\$0.00	\$0.00
	a. Re-Pave Parking/Davis Center			\$0.00	\$0.00	\$0.00	\$0.00
	Non-Dwelling Equipment	1475		\$0.00	\$0.00	\$0.00	\$0.00
	a. Replace Radios			\$0.00	\$0.00	\$0.00	\$0.00
	b. Replace Misc. Tools			\$0.00	\$0.00	\$0.00	\$0.00
	c. Computer Equipment			\$0.00	\$0.00	\$0.00	\$0.00
	d. Replace Vehicles			\$0.00	\$0.00	\$0.00	\$0.00
	Administration	1410		\$116,877.62	\$116,877.62	\$116,877.62	\$116,877.62
	a. Technical Salaries			\$76,000.00	\$76,000.00	\$76,000.00	\$76,000.00
	b. Employee Benefits			\$30,373.48	\$30,373.48	\$30,373.48	\$30,373.48
	c. Travel & Training			\$1,047.78	\$1,047.78	\$1,047.78	\$1,047.78
	1. CFP Training			\$590.00	St \$590.00	St \$590.00	St \$590.00
	2. Fuel for Inspections			\$457.78	St \$457.78	St \$457.78	St \$457.78
	d. Printing & Advertising			\$9,456.36	\$9,456.36	\$9,456.36	\$9,456.36
	Fees & Costs	1430		\$63,494.55	\$63,494.55	\$63,494.55	\$63,494.55
	a. Replacement Housing			\$13,500.00	\$13,500.00	\$13,500.00	\$13,500.00
	b. Misc. A/E			\$49,994.55	\$49,994.55	\$49,994.55	\$49,994.55



## CAPITAL FUND PROGRAM Attachment: II012k01

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Decatur Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>CFP IL06P01250103</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2003</b>
<input 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 checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 9/30/05</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	\$0.00	\$0.00		
2	1406 Operations	\$272,277.00	\$267,507.00	\$267,507.00	\$267,507.00
3	1408 Management Improvements	\$105,000.00	\$80,005.98	\$80,005.98	\$69,261.24
4	1410 Administration	\$136,100.00	\$132,222.65	\$132,222.65	\$132,222.65
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$25,000.00	\$39,500.00	\$39,500.00	\$38,106.73
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$62,500.00	\$661,040.72	\$661,040.72	\$429,751.19
11	1465.1 Dwelling Equipment—Nonexpendable	\$5,000.00	\$2,462.60	\$2,462.60	\$2,462.60
12	1470 Non-dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment	\$76,000.00	\$74,736.05	\$74,736.05	\$74,736.05
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Costs	\$0.00	\$23,000.00	\$23,000.00	\$21,349.25
18	1499 Development Activities	\$655,658.00	\$57,060.00	\$57,060.00	\$57,060.00
19	1501 Collaterization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$1,337,535.00	\$1,337,535.00	\$1,337,535.00	\$1,092,456.71
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 21 Related to Section 504 compliance	\$2,500.00	\$2,500.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security – Soft Costs	\$70,000.00	\$70,000.00	\$0.00	\$0.00
25	Amount of Line 21 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00



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

PHA Name: <b>Decatur Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>IL06P01250103</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
12-1 Longview	Replacement Development	1499		\$655,658.00	\$57,060.00	\$57,060.00	\$57,060.00	
	a. Construct Units to Replace Those lost Thru HOPE VI Demolition			\$655,658.00	\$57,060.00	\$57,060.00	\$57,060.00	Work Complete
12-2 Concord	Dwelling Structures	1460		\$0.00	\$604,586.26	\$604,586.26	\$374,463.91	
	a. Window Replacement		All Windows	\$0.00	\$604,586.26	\$604,586.26	\$374,463.91	Started
12-6 Scattered Sites	Dwelling Structures	1460		\$10,000.00	\$14,315.33	\$14,315.33	\$14,315.33	
	a. Replace Roofs		6 Dus	\$10,000.00	\$14,315.33	\$14,315.33	\$14,315.33	Work Complete
12-9 Garden Apartments	Dwelling Structures	1460		\$35,000.00	\$39,458.00	\$39,458.00	\$39,458.00	
	a. Install Security Storm Doors		50 DUs	\$35,000.00	\$39,458.00	\$39,458.00	\$39,458.00	Work Complete
PHA Wide	Operating Budget	1406		\$272,277.00	\$267,507.00	\$267,507.00	\$267,507.00	
	a. Operating Subsidy			\$272,277.00	\$267,507.00	\$267,507.00	\$267,507.00	Disbursed
	Management Improvements	1408		\$105,000.00	\$80,005.98	\$80,005.98	\$69,261.24	
	a. Security			\$70,000.00	\$70,000.00	\$70,000.00	\$59,255.26	Disbursed
	b. Software Improvements			\$20,000.00	\$10,005.98	\$10,005.98	\$10,005.98	Items Purchased
	c. Management Training			\$15,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Structures	1460		\$17,500.00	\$2,681.13	\$2,681.13	\$1,513.95	
	a. Accessibility Improvements			\$2,500.00	\$0.00	\$0.00	\$0.00	
	b. Replace Carpeting			\$15,000.00	\$6,092.00	\$2,681.13	\$1,513.95	Purchased

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

PHA Name: <b>Decatur Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>IL06P01250103</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide (Cont)	Dwelling Equipment	1465.1		\$5,000.00	\$2,462.60	\$2,462.60	\$2,462.60	
	a. A/C Units			\$2,500.00	\$1,645.00	\$1,645.00	\$1,645.00	Items Purchased
	b. Replace Appliances			\$2,500.00	\$817.60	\$817.60	\$817.60	Items Purchased
	Non-Dwelling Equipment	1475		\$76,000.00	\$74,736.05	\$74,736.05	\$74,736.05	
	a. Replace Radios			\$3,000.00	\$13,634.10	\$13,634.10	\$13,634.10	Items Purchased
	b. Replace Misc. Tools			\$3,000.00	\$3,975.05	\$3,975.00	\$3,975.00	Items Purchased
	c. Computer Equipment			\$32,000.00	\$18,095.76	\$18,095.76	\$18,095.76	Items Purchased
	d. Replace Vehicles			\$35,000.00	\$17,440.00	\$17,440.00	\$17,440.00	Truck Purchased
	e. Safety Equipment/Systems			\$3,000.00	\$21,591.19	\$21,591.19	\$21,591.19	Items Purchased
	Administration	1410		\$136,100.00	\$132,222.65	\$132,222.65	\$132,222.65	
	a. Technical Salaries			\$91,750.00	\$90,982.00	\$90,982.00	\$90,982.00	Disbursed
	b. Employee Benefits			\$36,700.00	\$36,468.92	\$36,468.92	\$36,468.92	Disbursed
	c. Travel & Training			\$6,000.00	\$1,512.82	\$1,512.82	\$1,512.82	Alpi Conference
	d. Printing/Advertising			\$1,650.00	\$3,258.91	\$3,258.91	\$3,258.91	Newspapers
	Fees & Costs	1430		\$25,000.00	\$39,500.00	\$39,500.00	\$38,106.73	
	a. Misc. A/E			\$25,000.00	\$29,543.58	\$29,543.58	\$29,543.58	Disbursed
	b. Legal & Consulting Fees for Arbitration			\$0.00	\$9,956.42	\$9,956.42	\$8,563.15	Disbursed

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: <b>Decatur Housing Authority</b>			Grant Type and Number Capital Fund Program Grant No: <b>IL06P01250103</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: <b>Decatur Housing Authority</b>		Grant Type and Number Capital Fund Program No: <b>CFP IL06P01250103</b> Replacement Housing Factor No:				Federal FY of Grant: <b>2003</b>	
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	
12-1 Longview	9/16/2005		9/16/05	9/16/2007			
12-2 Concord	9/16/05		9/16/05	9/16/2007			
12-6 Scattered Sites	9/16/2005		9/16/05	9/16/2007			
12-9 Garden Apartments	9/16/2005		9/16/05	9/16/2007			
PHA Wide	9/16/2005		9/16/05	9/16/2007			

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

PHA Name: <b>Decatur Housing Authority</b>		Grant Type and Number Capital Fund Program No: <b>CFP IL06P01250103</b> Replacement Housing Factor No:					Federal FY of Grant: <b>2003</b>
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	

## CAPITAL FUND PROGRAM Attachment: II012I01

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Decatur Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>CFP IL06P01250104</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2004
<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	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations	\$311,194.00	\$311,194.00	\$311,194.00	\$311,194.00
3	1408 Management Improvements	\$110,000.00	\$110,000.00	\$83,367.89	\$13,367.89
4	1410 Administration	\$137,450.00	\$137,450.00	\$130,822.25	\$48,508.01
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$50,000.00	\$50,000.00	\$2,843.58	\$2,100.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$10,000.00	\$10,000.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$540,317.00	\$540,317.00	\$385,948.58	\$36,470.62
11	1465.1 Dwelling Equipment—Nonexpendable	\$9,000.00	\$9,000.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$53,500.00	\$53,500.00	\$45,511.14	\$45,511.14
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$334,500.00	\$334,500.00	\$172,355.32	\$172,355.32
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$1,555,961.00	\$1,555,961.00	\$1,132,042.76	\$629,506.98
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 21 Related to Section 504 compliance	\$2,500.00	\$2,500.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security – Soft Costs	\$70,000.00	\$70,000.00	\$0.00	\$0.00
25	Amount of Line 21 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

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

PHA Name: <b>Decatur Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>CFP6P01250104</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
12-1 Longview	Replacement Development	1499		\$334,500.00	\$334,500.00	\$172,355.32	\$172,355.32	
	a. Construct Units to Replace Those lost Thru HOPE VI Demolition			\$334,500.00	\$334,500.00	\$172,355.32	\$172,355.32	
12-2 Concord	Dwelling Structures	1460	81 DUs	\$230,000.00	\$218,317.00	\$86,356.03	\$0.00	
	a. Window Replacement			\$230,000.00	\$218,317.00	\$86,356.03	\$0.00	
12-8 Lexington	Dwelling Structures	1460		\$285,317.00	\$297,000.00	\$297,000.00	\$33,878.07	
	a. Kitchen Cabinets/Flooring		100 Dus	\$285,317.00	\$297,000.00	\$297,000.00	\$33,878.07	
12-10 Townhouses	Dwelling Structures	1460	25 DUs	\$20,000.00	\$20,000.00	\$0.00	\$0.00	
	a. Exterior Door Replacement			\$20,000.00	\$20,000.00	\$2,592.55	\$2,592.55	
PHA Wide	Operating Budget	1406		\$311,194.00	\$311,194.00	\$311,194.00	\$311,194.00	
	a. Operating Subsidy			\$311,194.00	\$311,194.00	\$311,194.00	\$311,194.00	
	Management Improvements	1408		\$110,000.00	\$110,000.00	\$83,367.89	\$13,367.89	
	a. Security			\$70,000.00	\$70,000.00	\$70,000.00	\$0.00	
	b. Software Improvements			\$20,000.00	\$20,000.00	\$2,492.50	\$2,492.50	
	c. Marketing			\$10,000.00	\$15,000.00	\$10,875.39	\$10,875.39	
	d. Management Training			\$10,000.00	\$5,000.00	\$0.00	\$0.00	
	Site Improvements	1450		\$10,000.00	\$10,000.00	\$0.00	\$0.00	
	a. Site Signage			\$10,000.00	\$10,000.00	\$0.00	\$0.00	

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

PHA Name: <b>Decatur Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>CFP6P01250104</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide (Cont)	Dwelling Structures	1460		\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	a. Accessibility Improvements			\$2,500.00	\$2,500.00	\$0.00	\$0.00	
	b. Replace Carpeting			\$2,500.00	\$2,500.00	\$0.00	\$0.00	
	Dwelling Equipment	1465.1		\$9,000.00	\$9,000.00	\$0.00	\$0.00	
	a. A/C Units			\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	b. Replace Appliances			\$4,000.00	\$4,000.00	\$0.00	\$0.00	
	Non-Dwelling Equipment	1475		\$53,500.00	\$53,500.00	\$45,511.14	\$45,511.14	
	a. Replace Radios			\$4,500.00	\$4,500.00	\$726.00	\$726.00	
	b. Misc. Tools			\$4,500.00	\$12,912.99	\$12,912.99	\$12,912.99	
	c. Computer Equipment			\$25,000.00	\$25,000.00	\$19,812.15	\$19,812.15	
	d. Replace Vehicles			\$15,000.00	\$12,060.00	\$12,060.00	\$12,060.00	
	e. Safety Equipment/Systems			\$4,500.00	\$2,801.01	\$0.00	\$0.00	
	Administration	1410		\$137,450.00	\$137,450.00	\$130,822.25	\$48,508.01	
	a. Technical Salaries			\$91,750.00	\$91,750.00	\$91,750.00	\$28,980.71	
	b. Employee Benefits			\$36,700.00	\$36,700.00	\$36,700.00	\$17,155.05	
	c. Travel & Training			\$6,000.00	\$6,000.00	\$503.76	\$503.76	
	d. Printing/Advertising			\$3,000.00	\$3,000.00	\$1,868.49	\$1,868.49	
	Fees & Costs	1430		\$50,000.00	\$50,000.00	\$2,843.58	\$2,100.00	
	a. Comprehensive Modernization			\$25,000.00	\$25,000.00	\$2,843.58	\$2,100.00	
	b. Misc. A/E			\$25,000.00	\$25,000.00	\$0.00	\$0.00	

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

PHA Name: <b>Decatur Housing Authority</b>			Grant Type and Number Capital Fund Program No: <b>CFP IL06P01250104</b> Replacement Housing Factor No:				Federal FY of Grant: <b>2004</b>	
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		
12-1 Longview	9/7/2006			9/7/2008				
12-2 Concord	9/7/2006			9/7/2008				
12-8 Scattered Sites	9/7/2006			9/7/2008				
12-10 Townhouses	9/7/2006			9/7/2008				
PHA Wide	9/7/2006			9/7/2008				





## CAPITAL FUND PROGRAM il012m01

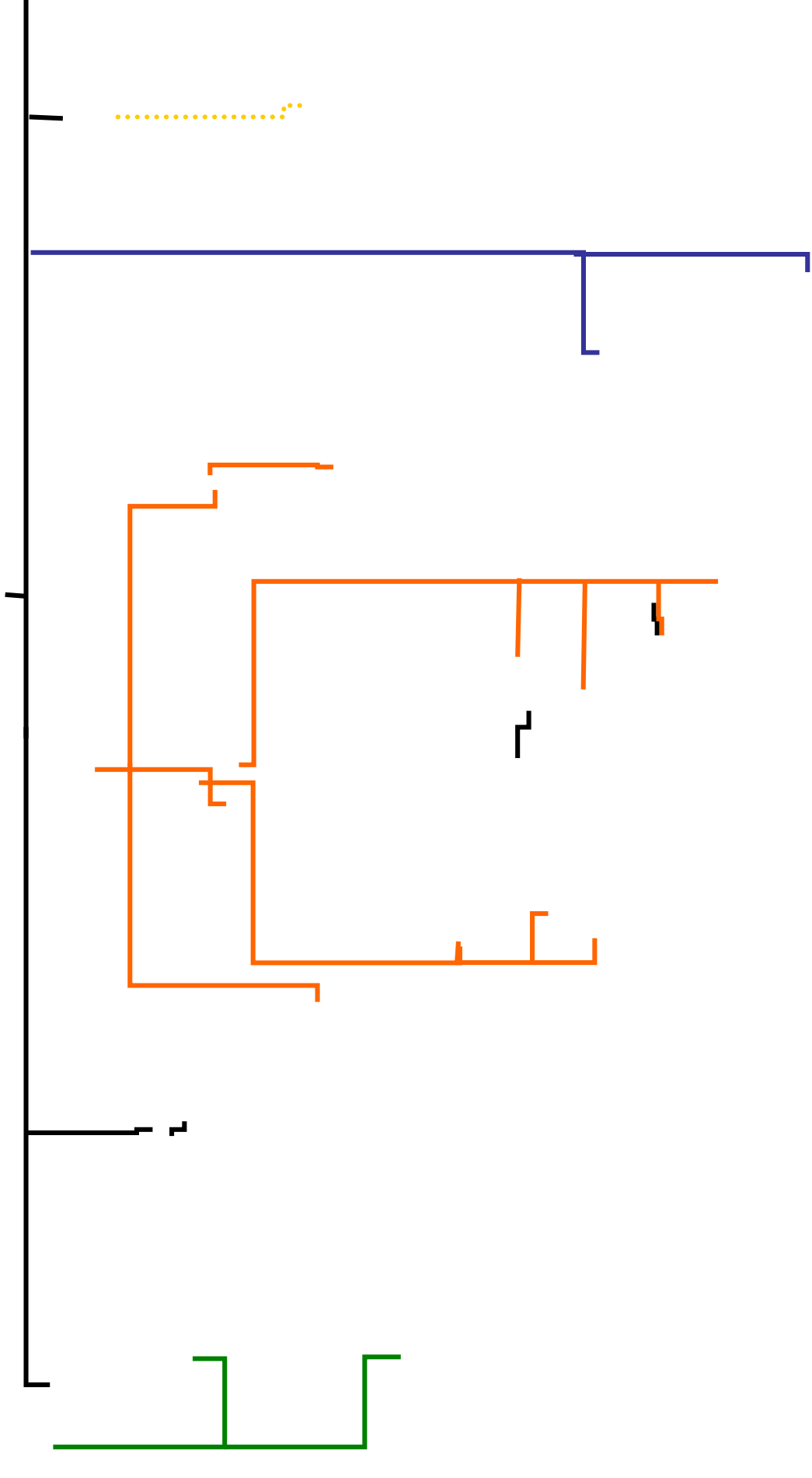
<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>						
<b>PHA Name: Decatur Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R01250104			<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: 9/30/2005 <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	\$0.00	\$0.00	\$0.00	\$0.00	
2	1406 Operations	\$0.00	\$0.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00	
4	1410 Administration	\$0.00	\$0.00	\$0.00	\$0.00	
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
11	1465.1 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00	
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00	
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00	
17	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00	
18	1499 Development Activities	\$9,197.00	\$9,197.00	\$0.00	\$0.00	
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00	
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00	
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$9,197.00	\$9,197.00	\$0.00	\$0.00	
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 21 Related to Section 504 compliance	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 21 Related to Security – Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of Line 21 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R01250104			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	
12-1 Longview	Replacement Development	1499		\$9,197.00	\$9,197.00	\$0.00	\$0.00	
	a. Construct New units lost thru HOPE VI			\$9,197.00	\$9,197.00	\$0.00	\$0.00	

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

PHA Name: <b>Decatur Housing Authority</b>		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: <b>IL06R01250104</b>				Federal FY of Grant: <b>2004</b>	
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	
12-1 Longview Place							



Plus: HOPE I Staff J Alpi, HOPE I Coordinator  
 R Joy, CSS Administrator  
 S Allen, CSS Case Manager

Total Employees: 41 (39 Full Time/2 Part Time)

## **STATEMENT ON PROGRESS IN MEETING FIVE-YEAR GOALS**

**Attachment: il012o01**

The Decatur Housing has had great success in achieving its five year goals that are included in the PHA Plan. The Decatur Housing Authority's mission is to provide and maintain quality affordable housing with access to community resources for low to moderate income families and individuals. As outlined in our Five Year Plan, the following statements explain the goals that have been achieved in the past five years.

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

Explanation: The Decatur Housing Authority applied for and received 100 Section 8 vouchers for relocation of Longview residents as part of our HOPE VI Revitalization. The developer working on the revitalization has leveraged funds to create additional housing opportunities. The Authority has also acquired an additional apartment building to replace a portion of those lost through HOPE VI.

### **Goal: Improve the quality of assisted housing.**

Explanation: The Decatur Housing Authority's PHAS score was 88 for the past year. This is the highest score achieved ever. The Decatur Housing Authority has been designated as a High Performer under the Section 8 Program. The Authority achieved a 93 score on SEMAP. Results of a RASS survey revealed that the Authority has achieved 90% customer satisfaction. Various other improvements include reduced time to lease units that have been vacated, timely modernization included in the Capital Fund Program, and near completion of Phase I of the HOPE VI revitalization.

### **Goal: Increase assisted housing choices.**

Explanation: The Decatur Housing Authority conducts outreach efforts through meetings with landlords and recruitment of new landlords. The Authority is in the process of implementing a homeownership program and site based waiting lists through the HOPE VI Program. The Authority has acquired an apartment building to replace a portion of units lost through HOPE VI. This property has been designated by HUD for elderly/disabled persons only.

### **Goal: Improve community quality of life and economic vitality.**

Explanation: The Decatur Housing Authority has implemented measures to deconcentrate poverty through the HOPE VI Program and the Authority owned scattered site housing projects ILL 12-4, 12-5, 12-6, and 12-7. The Authority has retained the services of off-duty police officers to provide security services for our properties.

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

Explanation: The Authority has an entire department committed to the self-sufficiency of our tenants. The Community Services Department has implemented various programs to help residents achieve independence and viable employment which includes a Step-Up Program. The CSS Department enforces the Section 3 program requirements and have achieved great success with creating employment opportunities for the residents.

**Goal: Ensure Equal Opportunity in Housing for all Americans.**

Explanation: The Decatur Housing Authority continually undertakes affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability. This is achieved through the implementation of first come-first served waiting lists and special programs for the disabled.

The Decatur Housing Authority maintains a system that includes resident input in the preparation of the PHA Plan. The Authority strives to provide excellent customer service and manage as a team assisting residents toward self-sufficiency.

## **Resident Assessment Sub-System (RASS) Follow-up Plan: Attachment il012p01**

The Residential Assessment Sub-System (RASS) follow-up plan was necessitated by a sub-national average result on the Resident Survey communication indicator of the Public Housing Assessment System (PHAS) for the fiscal year ending March 31, 2005. The follow-up plan, aimed at improving communications, consisted of the following:

1. Improved monthly newsletters to tenants.
2. Monthly communications in tenant statements.
3. Frequent communication with resident councils.
4. Conducting an Authority originated resident survey.

All four (4) items are completed or continuing.