

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

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# PHA Plan

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:** Housing Authority of the City of Muncie Housing Authority

**PHA Number:** IN36P005

**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 2000 - 2004**  
[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)

- X 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.

**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.**

- X PHA Goal: Expand the supply of assisted housing  
Objectives:  
X Apply for additional rental vouchers:  
X Reduce public housing vacancies:  
X Leverage private or other public funds to create additional housing opportunities:  
X Acquire or build units or developments  
X Other (list below)  
The MHA will attempt to form partnerships with public and private Agencies to further our goal of attaining more units.
- X PHA Goal: Improve the quality of assisted housing  
Objectives:  
X Improve public housing management: (PHAS score) 61  
X Improve voucher management: (SEMAP score) 100  
X Increase customer satisfaction:  
X Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)  
X Renovate or modernize public housing units:  
New vanities in bathrooms at Gillespie Tower  
Replace Tiles in bathrooms at Gillespie Tower  
X Demolish or dispose of obsolete public housing:

- X Provide replacement public housing:
- X Provide replacement vouchers:
- X Other: (list below)
  - Incentives to get residents involved in community.
  - Upgrade pipes at Gillespie Tower
  - Clean air ducts at Gillespie Tower
- X PHA Goal: Increase assisted housing choices
  - Objectives:
    - X Provide voucher mobility counseling:
    - X Conduct outreach efforts to potential voucher landlords
    - X Increase voucher payment standards
    - Implement voucher homeownership program:
    - X Implement public housing or other homeownership programs:
      - Implement public housing site-based waiting lists:
      - Convert public housing to vouchers:
      - Other: (list below)

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

- X PHA Goal: Provide an improved living environment
  - Objectives:
    - X Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
    - X Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
    - X Implement public housing security improvements:
    - X 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**

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

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

- X PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
- X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - X 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:
  - X 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)**

- 1. Increase the number of participants in HOPE VI Community Supportive Services**
- 2. Increase education, recreational and cultural program and opportunities for children and adults.**
- 3. Develop meaningful partnerships with community centers and other community programs.**
- 4. Foster more participation in resident councils.**
- 5. To expand self-sufficiency programs for PH & Section 8**
- 6. To continue efforts to reduce incidents of crime in all communities.**
- 7. To continue efforts of Section 3 tenant participation.**
- 8. Environmentally enhance all MHA properties.**
- 9. To implement a home-based security force with tenant participation.**
- 10. To diligently review all prospective and current PHA and Section 8 tenants to insure compliance with the “One Strike and You’re Out” policy.**

**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.

X      **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.

It shall be the continued goal of the Board of Commissioners and Staff to improve our public housing management (PHAS) score.

The Housing Authority of the City of Muncie, in keeping with its mission and that of the U.S. Department of Housing and Urban Development, will provide safe, decent and sanitary housing in good repair to the citizens of Muncie, Indiana.

The Authority will conduct the admissions process in a manner in which all persons interested in admission to public housing are treated fairly and consistently. Further, the authority will not discriminate at any stage of the admissions process because of race, color, national origin, religion, creed, sex, age, or handicap. The Authority will follow the nondiscrimination requirements of Federal, State and Local Law.

It is the Authority's goal to acquire or develop additional units/developments. The Board of Commissioners and Resident Advisory Board concurred with the Executive Director that the Muncie Housing Authority shall focus its efforts first on the revitalization of our older and much used housing units.

Our resident satisfaction survey revealed that our residents feel an increased sense of security in and around their unit and alone at night. The MHA Staff and Commissioners will continue to look for ways to provide better security to our residents and to always foster a community atmosphere.

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

[24 CFR Part 903.7 9 (r)]

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

#### **Table of Contents**

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#### **Annual Plan**

- i. Executive Summary
- ii. Table of Contents
  1. Housing Needs
  2. Financial Resources
  3. Policies on Admissions & Continued Occupancy
  4. Rent Determination Policies
  5. Operations and Management Policies
  6. Grievance Procedures
  7. Capital Improvement Needs
  8. Demolition and Disposition
  9. Designation of Housing
  10. Conversions of Public Housing
  11. Homeownership
  12. Community Service Programs
  13. Crime and Safety
  14. Pets (Inactive for January 1 PHAs)
  15. Civil Rights Certifications (included with PHA Plan Certifications)
  16. Audit
  17. Asset Management
  18. Other Information

#### **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 2005 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

#### Optional Attachments:

- PHA Management Organizational Chart
- FY 2005 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan

- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- X Other (List below, providing each attachment name)
- PHA Management Organizational Chart (in005a01.doc)
  - Deconcentration Policy (in005b01.doc)
  - Pet Policy (in005c01.doc)
  - Community Service Policy (in005d01.doc)
  - CFP Annual Grant IN36P005 501 03 (in005e01.doc)
  - CFP Annual Grant IN36P005 502 03 (in005f01.doc)
  - CFP Annual Grant IN36P005 501 04 (in005g01.doc)
  - CFP Annual Grant IN36R005 501 03 (in005h01.doc)
  - CFP Annual Grant IN35R005 501 04 (in005i01.doc)
  - CFP Annual Grant IN35P005 501 06 (in005j01.doc)
  - CFP Annual Grant IN36P005 501 05 (in005k01.doc.)

**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 (ACOP), 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



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
		Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <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
	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted	Annual Plan: Conversion of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program X 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
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	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	HIGH						
Income >30% but <=50% of AMI	HIGH						
Income >50% but	MED						

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
<80% of AMI							
Elderly	HIGH						
Families with Disabilities	MED						
Race/Ethnicity							
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.)

- X Consolidated Plan of the Jurisdiction/s  
Indicate year: 2005
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- X Other sources: (list and indicate year of information)  
The U.S. Census data and the American Housing Survey did not have any information in it relative to this table. The Consolidated Plan only gives general information and not any specific information. The table was completed based on the little information that we had.

## 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	157	100%	
Extremely low income <=30% AMI	125	80%	
Very low income (>30% but <=50% AMI)	30	19%	
Low income (>50% but <80% AMI)	2	1%	
Families with children	121	77%	
Elderly families	7	4%	
Families with Disabilities	25	16%	
Race/ethnicity White	90	57%	
Race/ethnicity Black	61	39%	
Race/ethnicity Hisp	152	96%	
Race/ethnicity Non-Hispanic	5	4%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	26	17%	
2 BR	84	54%	
3 BR	39	25%	

Housing Needs of Families on the Waiting List			
4 BR	5	3%	
5 BR	N/A		
5+ BR	N/A		
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
X Section 8 tenant-based assistance 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	637		
Extremely low income <=30% AMI	577	90.58%	
Very low income (>30% but <=50% AMI)	59	9.26%	
Low income (>50% but <80% AMI)	0	.00%	
Families with children	551	86%	
Elderly families	24	.03%	
Families with Disabilities	32	16%	
Race/ethnicity White	376	59%	
Race/ethnicity Black	261	40%	
Race/ethnicity Hisp	6	.00%	
Race/ethnicity			
Characteristics by			

<b>Housing Needs of Families on the Waiting List</b>			
Bedroom Size (Public Housing Only)			
1BR	26	17%	
2 BR	84	54%	
3 BR	39	25%	
4 BR	5	3%	
5 BR	N/A		
5+ BR	N/A		
Is the waiting list closed (select one)? No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 3			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

### **C. Strategy for Addressing Needs**

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

#### **(1) Strategies**

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

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

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

**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
- X Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- X Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- X 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:

- X Funding constraints
- X Staffing constraints
- Limited availability of sites for assisted housing
- X Extent to which particular housing needs are met by other organizations in the community
- X Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- X Influence of the housing market on PHA programs
- X Community priorities regarding housing assistance
- X Results of consultation with local or state government
- X Results of consultation with residents and the Resident Advisory Board
- X 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	1,308,108.00	
b) Public Housing Capital Fund	856,277.00	
c) HOPE VI Revitalization	3,752,251.00	
d) HOPE VI Demolition	.00	
e) Annual Contributions for Section 8 Tenant-Based Assistance	4,121,078.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	.00	
g) Resident Opportunity and Self-Sufficiency Grants	.00	
h) Community Development Block Grant	190,000.00	
i) HOME	60,000.00	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
Other Federal Grants (list below)	250,000.00	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
Replacement Housing Factor (2003)	142,860.00	
Replacement Housing Factor (2004)	68,461.00	
<b>3. Public Housing Dwelling Rental Income</b>	274,181.56	
<b>4. Other income (list below)</b>		
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	11,023,216.56	

### **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)
- X Other: At initial application they are interviewed according to income limits.

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

- X Criminal or Drug-related activity
- X Rental history
- X Housekeeping
- X Other: owing other housing authorities.

- c. X Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d.  Yes X No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. X 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
- X Site-based waiting lists
- Other (describe)

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

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

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

1. How many site-based waiting lists will the PHA operate in the coming year? 5

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

3. X Yes  No: May families be on more than one list simultaneously  
If yes, how many lists? 5

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

- X 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:

- X Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
Families of Public Housing in Other jurisdictions which have been declared a federal disaster will receive preference over other waiting list placeholders.
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- X 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:

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

Other preferences (select all that apply)

- 1 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
- X 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)

- X The PHA-resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- X Other source (list)
  1. House Rule
  2. Special Information for individual communities

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

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

**(6) Deconcentration and Income Mixing**

a. X 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 X 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
- X List (any applicable) developments below:  
Millennium Place, Parkview Apartments, Southern Pines and Earthstone Terrace
- 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
- X List (any applicable) developments below:  
Gillespie Tower

## **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)
- X 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

- X More general screening than criminal and drug-related activity (list factors below)
- If any member of the family has been evicted from public housing during the last three years.
- If any member of the family has committed drug-related criminal activity, or violent criminal activity within the past three years.
- If any member of the family commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.
- The family currently owes rent or other amounts to the HA or to another HA in connection with Section 8 or public housing assistance under the 1937 Act.
- The family has not reimbursed any HA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under lease.
- The family breaches an agreement with an HA to pay amounts owed to an HA or amounts paid to an owner by an HA.
- The family has engaged in or threatened abusive or violent behavior toward HA personnel.
- Violations of family obligations in pasts three years.
- Other (list below)

- b.  Yes X No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes X No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes X 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
- X Other (describe below)
- Address of participant and names and addresses of current and previous landlords if known.

**(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)
- X 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)

- X PHA main administrative office
- Other (list below)

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

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

If yes, state circumstances below:

- Extenuating circumstances such as hospitalization or a family emergency for an extended period of time.
- The HA is satisfied the family has made a reasonable effort to locate a unit.
- The family was prevented from finding a unit due to disability accessibility requirements or for large 3,4, or 5 bedroom units.

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

a. Income targeting

X 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 X 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

X 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---

- X 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  
X \$26-\$50

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

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

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

1. X 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:

We will charge the Fair Market rent as listed in the current Federal Register. This will be our flat rent. This will be a choice of Tenant Rent.

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
- X No

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

N/A

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

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

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

f. Rent re-determinations:

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

- Never
- At family option
- X 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)\_\_\_\_\_
- X Other (list below)  
At any time a family experiences an income decrease or change in family composition.

- g.  Yes X 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.)

- X The section 8 rent reasonableness study of comparable housing  
X Survey of rents listed in local newspaper  
X 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  
X 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)

- X FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area  
X Reflects market or submarket

- X To increase housing options for families
- X Other (list below)  
Increase utility cost

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

- X 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)

- X Success rates of assisted families
- X Rent burdens of assisted families
- X Other (list below)  
Availability of suitable units below payment standard  
Rent reasonableness Data Base/Average Rent to Owners  
Financial Feasibility

**(2) Minimum Rent**

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

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

b.  Yes X 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)

- X 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	361	93
Section 8 Vouchers	842	156
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

**C. Management and Maintenance Policies**

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

(1) Public Housing Maintenance and Management: (list below)

- Admissions & Continued Occupancy Policy
- Selection Assignment Plan
- Abandonment Policy
- House Rules
- Procurement Policy
- Preventive Maintenance Requirements
- Litter and Trash Policy
- Pest Control/Roach Procedures
- Community Room Policy
- Pet Policy



- (2) Section 8 Management: (list below)  
Section 8 Administrative Plan  
Affirmative Action 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 X 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)

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

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

1.  Yes X 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)

-or-

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

**PHA Plan  
Table Library**

**Component 7**

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

**Annual Statement**

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

Capital Fund Grant Number IN36P00550105 FFY of Grant Approval: 2005

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	0.00
2	1406 Operations	86,000.00
3	1408 Management Improvements	45,000.00
4	1410 Administration	10,000.00
5	1411 Audit	5,000.00
6	1415 Liquidated Damages	0.00
7	1430 Fees and Costs	25,000.00
8	1440 Site Acquisition	50,000.00
9	1450 Site Improvement	151,000.00
10	1460 Dwelling Structures	185,700.00
11	1465.1 Dwelling Equipment-Nonexpendable	269,000.00
12	1470 Nondwelling Structures	3,000.00
13	1475 Nondwelling Equipment	53,000.00
14	1485 Demolition	10,000.00
15	1490 Replacement Reserve	0.00
16	1492 Moving to Work Demonstration	0.00
17	1495.1 Relocation Costs	5,000.00
18	1498 Mod Used for Development	.00
19	1502 Contingency	35,000.00
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>923,700.00</b>
21	Amount of line 20 Related to LBP Activities	0.00
22	Amount of line 20 Related to Section 504 Compliance	0.00
23	Amount of line 20 Related to Security	0.00
24	Amount of line 20 Related to Energy Conservation Measures	0.00

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
004	Playground Equipment	1450	5,000.00
004	Building Lighting	1460	15,000.00
004	Roofing	1460	40,000.00
004	Gutter Replacement	1460	21,000.00
004	Exterior Paint	1460	3,000.00
004	Pest Control	1460	1,200.00
004	Stoves	1465	17,000.00
004	Refrigerators	1465	17,000.00
004	Kitchen Sinks	1465	6,000.00
004	Contingency	1502	10,000.00
005	Repave Drives & Parking Area	1450	60,000.00
005	Repair Patios and Sidewalks	1450	20,000.00
005	Landscaping	1450	5,000.00
005	Paint Exterior Patio Doors	1460	1,000.00
005	Water Heaters	1465	21,000.00
005	Contingency	1502	10,000.00
006	Repair Leaks	1460	1,500.00
006	Exterior Windows Cleaned	1460	2,000.00
006	First Floor Renovations	1460	100,000.00
006	Stoves	1465	35,000.00
006	Tree Removal	1465	1,000.00
006	Masonry/Stucco Repair	1465	40,000.00
006	Contingency	1502	5,000.00
008	Repave Drives & Parking Area	1450	60,000.00
008	Paint Exterior Patio Doors	1460	1,000.00
008	Landscaping	1465	6,000.00
008	Toddler Playground	1465	5,000.00
008	Water Heaters	1465	21,000.00
008	Community Room Repairs	1470	3,000.00
008	Basketball Goals	1475	1,000.00
008	Contingency	1502	10,000.00
Price Hall	Contingency	1502	5,000.00
All	Operations	1406	86,000.00
All	PHM/FSS/RI/MOD	1408	10,000.00
All	Rent Coll. Pro. Trng.	1408	10,000.00
All	Software Upgrade	1408	15,000.00
All	Vac Red Trng/Temp	1408	10,000.00

All	Administration	1410	10,000.00
All	Audit Costs	1411	5,000.00
All	A & E	1430	15,000.00
All	Planning	1430	10,000.00
All	Site Acquisition	1440	50,000.00
All	Dwelling Equipment	1465	169,000.00
All	Computer Upgrades	1475	10,000.00
All	Maintenance Equipment	1475	10,000.00
All	Maintenance Truck	1475	24,000.00
All	Office Equipment	1475	8,000.00

**Annual Statement**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
004	09/08	09/10
005	09/08	09/10
006	09/08	09/10
008	09/08	09/10
Price Hall	09/08	09/10

**(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

-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.

X 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: Millennium Place
2. Development (project) number: IN36P005-009
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
- X Activities pursuant to an approved Revitalization Plan underway

Yes X 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:

X 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:  
1. Completion of Millennium Place Phase III Site Improvements & Phase III Construction of 35 Units of Housing (17 Units are PH).

2. Submission of Mixed Finance Proposal for Phase IV & Home Ownership to HUD for approval.

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. X 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 X 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:	Millennium Place V
1b. Development (project) number:	IN36P005-009
2. Activity type:	Demolition <input checked="" type="checkbox"/> South Madison Community Center Disposition <input checked="" type="checkbox"/> Vacant Land
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:	<u>January, 2006</u>
5. Number of units affected:	None (Vacant land only)
6. Coverage of action (select one)	X Part of the development Total development
7. Timeline for activity:	a. Actual or projected start date of activity: 2006 b. Projected end date of activity: 2010

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

2. Activity Description

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

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



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

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

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

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

submitted or approved:

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

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

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

**Public Housing Homeownership Activity Description  
(Complete one for each development affected)**

1a. Development name:

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

## B. Section 8 Tenant Based Assistance

1. X 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

X 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)

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

b. PHA-established eligibility criteria

X 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:  
FSS Participants  
FSS Graduates  
Disabled/Elderly

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

[24 CFR Part 903.7 9 (l)]

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

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

1. Cooperative agreements:

X Yes  No: Has the PHA has 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? September 14, 2005.

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

- X Client referrals
- X Information sharing regarding mutual clients (for rent determinations and otherwise)
- X 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

- X Public housing admissions policies
- X 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

X Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
GED Readiness Skills Program	15	Random	Other Provider/ECO	Both
Muncie Community Schools	12	Random	Other Provider	Both
Open Door Community	40	Random	Other	Both
Ball State University	10	Specific	Other	Both
Delaware Cty Family Ser/Impact	30	Specific	Other	Both
Workforce Development/Employ	20	Random	Other	Both
Muncie Public Library	20	Random	Other	Both
Muncie Home Center	20	Specific	Other/PHA	Both
Hillcroft Family Ser/Healthy Fam	10	Specific	Other	Both
Boys/Girls Club	30	Specific	Other	Both
YWCA	30	Specific	Other	Both
Boy Scouts	20	Specific	Other	Both
Future Choices	10	Specific	Other	Both
Center for the Arts	40	Specific	Other	Both
Planned Parenthood	40	Specific	Other	Both
Childcare Connections	80	Waiting List	Other	Both
Childcare Resource & Referral	80	Random	Other	Both
Title XX Childcare Assistance	80	Waiting List	Other	Both
Action	100	Waiting List	Other	Both

Head Start	30	Waiting List	Other	Both
Ball State Student Volunteer	5	Random	Other	Both
Madison St Community Center	75	Random	Other	Both
Little Red Door/Cancer Services	10	Random	Other	Both
A Better Way	20	Random	Other	Both
Comprehensive Mental	20	Random	Other	Both
Family Services Delaware County	10	Specific	Other	Both
Christian Ministries	80	Specific	Other	Both
Muncie Mission	10	Specific	Other	Both
Consumer Credit Counseling	20	Specific	Other	Both
Motivate our Minds	70	Specific	Other	Both
Life Streams	90	Specific	Other	Both

**(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: DD/MM/YY)
Public Housing	N/A	N/A
Section 8	67	10/01/2005 70

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

Millennium Place, Parkview Apartments, Southern Pines, Earthstone Terrace and Gillespie Tower

**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)

Millennium Place, Parkview Apartments, Earthstone Terrace, Southern Pines and Gillespie Tower.

### 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)

Millennium Place, Parkview Terrace, Earthstone, Southern Pines

### 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. X 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. X Yes  No: Was the most recent fiscal audit submitted to HUD?
3. X Yes  No: Were there any findings as the result of that audit?
4. X Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? 1
5. X 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 X 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)  
X 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. X 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)
- X Provided below:
1. Update apartments at Parkview
  2. Computer labs at communities
  3. Better upkeep of property at Parkview concerning trash
  4. Back up support for managers
  5. New roof at Gillespie Tower (this is currently in process)
3. In what manner did the PHA address those comments? (select all that apply)
- X 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 X 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 X 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: (provide name here)
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)
  - X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - X Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
    - Provide additional affordable housing
    - Partner with Community Development
  - Other: (list below)

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

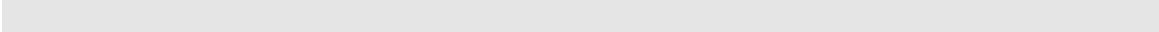
**D. Other Information Required by HUD**

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

## Attachments

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

Organizational Chart		in005a01.doc
Deconcentration Policy		in005b01.doc
Pet Policy		in005c01.doc
Community Service Policy		in005d01.doc
CFP Annual Grant	IN36P005 501 03	in005e01.doc
CFP Annual Grant	IN36P005 502 03	in005f01.doc
CFP Annual Grant	IN36P005 501 04	in005g01.doc
CFP Annual Grant	IN36R005 501 03	in005h01.doc
CFP Annual Grant	IN36R005 501 04	in005i01.doc
CFP Annual Grant	IN36P005 501 06	in005j01.doc
CFP Annual Grant	IN36P005 501 05	in005k01.doc



**BOARD OF COMMISSIONERS**

**Executive Director**  
Guillermo Rodriguez

**Administrative Assistant**  
Connie Thalls

**Receptionist/Clerk**  
(TBD)

**Director**  
Ed Pea

**Director Public Housing**  
Carol Butts

**Director Section 8**  
Nome Marienau

**Family Services**  
Melissa Loveall  
Clairtosha Beasley

**Director Planning & Development**  
Van Johnson

**Technology Coordinator**  
(TBD)

**Maintenance Manager**  
(TBD)

**MHA Po**  
Ed Pea

**Resident Manager**  
*(Southern Pines)*  
Kathy Williams

**Occupancy Specialist**  
Mary Pointer

**Occupancy Specialist**  
Timika Johnson

**Administrative Assistant**  
LaDonna Wilson

**Maintenance Specialist**  
Mitchell Bozarth

**Maintenance Specialist**  
Charles Brown

**Officer**  
Christopher Wells

**Resident Manager**  
*(Earthstone Terrace)*  
Curtisa Brown

**Intake Specialist**  
Anna Anderson

**Occupancy Specialist**  
Lisa Barlow

**Hope VI Coordinator**  
Van Johnson

**Capital Improvements Contracting Officer**  
Van Johnson

**Maintenance Specialist**  
Kelly Clark

**Maintenance Specialist**  
Billy Davis

**Resident Manager**  
*(Gillespie Towers)*  
Luhna Winningham

**HQ Inspector**  
Greg Graham

**HQ Inspector**  
Holly Johnson

**CSS Coordinator**  
Jacey Frazier

**Capital Improvements Coordinator**  
Ami Carter

**Maintenance Specialist**  
Melodie Norris

**Maintenance Specialist**  
Thomas Hough

**Resident Manager**  
*(Parkview Apts.)*  
Marwin Strong

**Family Services**  
Melissa Loveall

**Case Manager**  
Jaime Fields

**Resident Services Administrator**  
Portia Shoecraft

**Construction Inspector**  
(TBD)

**Maintenance Specialist**

**Maintenance Specialist**  
Larry Taylor

**Family Services**  
Clairtosha Beasley

**Neighborhood Networks Coordinator**  
(TBD)

**Resident Project Assistant**  
(TBD)

**Maintenance Specialist**  
Rufus Wallace

**Maintenance Specialist**  
William Ward

**Planning & Development Coordinator**  
Ami Carter

## **Deconcentration Policy**

If, at annual review, there are found to be development(s) with average income above or below the EIR, and where the income profile for a general occupancy development above or below the EIR is not explained or justified in the PHA Plan, the PHA shall list these covered developments in the PHA Annual Plan.

The PHA shall adhere to the following policies for deconcentration of poverty and income mixing in applicable developments:

- **Skipping a family on the waiting list to reach another family in an effort to further the goals of the PHA's deconcentration policy:**
- **If a unit becomes available at a development below the EIR, the first eligible family on the waiting list with income above the EIR will be offered the unit. If that family refuses the unit, the next eligible family on the waiting list with income above the EIR will be offered the unit. The process will continue in this order. For the available unit at the development below the EIR, if there is no family on the waiting list [or transfer list] with income above the EIR, or no family with income above the EIR accepts the offer, then the unit will be offered to the first eligible family on the waiting list [or transfer list] in preference order regardless of income.**
- **If a unit becomes available at a development above the EIR, the first eligible family on the waiting list [or transfer list] with income below the EIR will be offered the unit. If that family refuses the unit, the next eligible family on the waiting list [or transfer list] with income below the EIR will be offered the unit. The process will continue in this order. For the available unit at the development above the EIR, if there is no family on the waiting list [or transfer list] with income below the EIR, or no family with income below the EIR accepts the offer, then the unit will be offered to the first eligible family on the waiting list [or transfer list] in preference order regardless of income.**
- **Skipping of families for deconcentration purposes will be applied uniformly to all families.**
- **A family has the sole discretion whether to accept an offer of a unit made under the PHA's deconcentration policy. The PHA shall not take any adverse action toward any eligible family for choosing not to accept an offer of a unit under the PHA's deconcentration policy.**

**The PHA shall establish a preference for admission of working families in covered developments below the EIR.**

**The PHA shall target investment and capital improvements toward covered developments below the EIR to encourage applicant families whose income is above the EIR to accept units in those developments. These incentives are described in the PHA Plan.**

**The PHA shall offer the following incentives to families with incomes above the EIR willing to move into a development with average income below the EIR and/or to families with incomes below the EIR willing to move into a development with average income above the EIR. These incentives are described in the PHA Plan.**



### Deconcentration Compliance

If, at annual review, the average incomes at all general occupancy developments are within the Established Income Range, the PHA will be considered to be in compliance with the deconcentration requirement.

## Chapter 10

### **PET POLICY – ELDERLY/DISABLED COMMUNITYS**

[24 CFR Part 5, Subpart C]

#### **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 for elderly/disabled communities. 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 in elderly and disabled units and 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 that 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.**

**Registration must be renewed and will be coordinated with the annual recertification date.**

**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**

Pet rules will not be applied to animals that 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**

**Must have all required inoculations**

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

2. Cats

**Maximum number: ONE**

**Must be declawed**

**Must be spayed or neutered**

**Must have all required inoculations**

**Must be trained to use a litter box.**

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

3. Birds

**Maximum number: ONE**

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

4. Fish

Maximum aquarium size: **20 gallons**  
**Must be maintained on an approved stand**

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

Maximum number: ONE  
**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: ONE  
**Must be enclosed in an acceptable cage or container at all times**

**C. PETS TEMPORARILY ON THE PREMISES**

**Pets that 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.**

**State or local laws governing pets temporarily in dwelling accommodations shall prevail.**

**D. DESIGNATION OF PET/NO-PET AREAS**

**The following areas are designated no-pet areas:**

- **all common areas**
- **PHA offices**

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

**Tenants with a dog or cat must pay a pet deposit.**

**The resident/pet owner shall be required to pay a refundable deposit for the purpose of defraying all reasonable costs directly attributable to the presence of a dog or cat.**

**An initial payment of \$300.00 on or prior to the date the pet is properly registered and brought into the apartment, and; a nominal fee of \$10.00 per month shall be charged above the deposit. This fee is non-refundable.**

**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.**

**There will be a 45 day waiting period before the tenant can purchase a new properly registered pet.**

**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 community 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 community.**

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

#### **F. 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.

#### **G. WASTE REMOVAL CHARGE**

**A separate pet waste removal charge of \$8.00 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 that 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.

#### **H. 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 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.

#### **I. 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.

#### **J. 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.

**Any unit occupied by a dog, cat, or rodent will be fumigated at the time the unit is vacated.**

**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.**

**K. PET CARE**

**No pet (excluding fish) shall be left unattended in any apartment for a period in excess of 24 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.**

The feeding of stray animals will constitute having a pet without permission of the Housing Authority.

**L. RESPONSIBLE PARTIES**

The resident/pet owner will be required to designate two responsible parties 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.

**M. INSPECTIONS**

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

**The PHA may enter and inspect the unit only if a complaint is received alleging that the conduct or condition of the pet in the unit constitutes a nuisance or threat to the health or safety of the other occupants or other persons in the community under applicable State or Local law.**

**N. 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) that were violated. The notice will also state:



- That the resident/pet owner has **one (1) work** day 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 one (1) day period, the meeting will be scheduled no later than five (5) calendar days before the effective date of service of the notice, unless the pet owner agrees to a later date in writing.**

#### **O. 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 working** days of the notice; and
- a statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

#### **P. 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.

## **Q. 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 **24** 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.**

## **R. EMERGENCIES**

The PHA will take all necessary steps to insure that pets that 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 PHA to place the pet in a shelter facility, the cost will be the responsibility of the tenant/pet owner.**

## Chapter 11

### **PET POLICY – GENERAL OCCUPANCY (FAMILY) COMMUNITYS**

[24 CFR Part 960, Subpart G]

#### **INTRODUCTION**

**This Chapter explains the PHA's policies on the keeping of pets in general occupancy communities 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.**

This policy does not apply to animals that are used to assist, support or provide service to persons with disabilities, or to service animals that visit public housing developments.

#### **A. ANIMALS THAT ASSIST, SUPPORT OR PROVIDE SERVICE TO PERSONS WITH DISABILITIES**

**The resident/pet owner will be required to qualify animals (for exclusion from the pet policy) that assist, support or provide service to persons with disabilities.**

Pet rules will not be applied to animals that assist, support or provide service to persons with disabilities. This exclusion applies to both service animals and companion animals as reasonable accommodation for persons with disabilities. This exclusion applies to such animals that reside in public housing and that visit these developments.

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

##### **Types of Pets Allowed**

No types of pets other than the following may be kept by a resident. The following types and qualifications are consistent with applicable State and Local law.

1. Dogs

**Maximum number: ONE**

**Maximum adult weight: 25 pounds**

**Must be housebroken**

**Must be spayed or neutered**

**Must have all required inoculations**

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

**Any litter resulting from the pet must be removed immediately from the unit**

2. Cats

**Maximum number: ONE**

**Must be declawed**

**Must be spayed or neutered**

**Must have all required inoculations**

**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**

**Any litter resulting from the pet must be removed from the unit immediately**

3. Birds

**Maximum number: ONE**

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

4. Fish

**Maximum aquarium size 20 gallons**

**Must be maintained on an approved stand**

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

**Maximum number: ONE**

**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**

The following are NOT considered "common household pets":

- **Domesticated dogs that exceed 25 pounds.** (Animals certified to assist persons with disabilities are exempt from this weight limitation).
- **Vicious or intimidating pets. Dog breeds including [pit bull/rottweiler/chow/boxer/Doberman/Dalmatian/German shepherd] are considered vicious or intimidating breeds and are not allowed.**
- **Animals who would be allowed to produce offspring for sale.**
- **Wild, feral, or any other animals that are not amenable to routine human handling.**
- **Any poisonous animals of any kind.**
- **Fish in aquariums exceeding twenty gallons in capacity.**
- **Non-human primates.**
- **Animals whose climatological needs cannot be met in the unaltered environment of the individual dwelling unit.**
- **Pot-bellied pigs.**
- **Ferrets or other animals whose natural protective mechanisms pose a risk of serious bites and/or lacerations to small children.**
- **Hedgehogs or other animals whose protective instincts and natural body armor produce a risk of serious puncture injuries to children.**
- **Chicks, or other animals that pose a significant risk of salmonella infection to those who handle them.**
- **Pigeons, doves, mynahs, psittacines, and birds of other species that are hosts to the organisms that cause psittacosis in humans.**
- **Snakes or other kinds of reptiles.**

### **C. 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**
- **has no communicable disease(s) (and)**
- **is pest-free.**

**Registration must be renewed and will be coordinated with the annual reexamination date.**

**Proof of license and inoculation will be submitted at least 30 days prior to annual reexamination.**

**Each pet owner must provide one color photographs of their pet(s).**

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

### **Refusal to Register Pets**

If the PHA refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial. The notification will 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 Rules;**
- **the pet owner fails to provide complete pet registration information;**
- **the pet owner 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 the provisions of the lease.**

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

#### **D. PET AGREEMENT**

**Residents who have been approved to have a pet must enter into a Pet Agreement with the PHA.**

**The Resident will certify, by signing the Pet Agreement, that the Resident will adhere to the following rules:**

- **Agree that the resident is responsible and liable for all damages caused by their pet(s).**
- **All complaints of cruelty and all dog bites will be referred to animal control or applicable agency for investigation and enforcement.**
- **All common household pets are to be fed inside the apartment. Feeding is not allowed on porches, sidewalks, patios or other outside areas.**
- **Tenants are prohibited from feeding stray animals.**
- **The feeding of stray animals will constitute having a pet without permission of the Housing Authority.**
- **Residents shall not feed any stray animals; doing so, or keeping stray or unregistered animals, will be considered having a pet without permission.**
- **No animals may be tethered or chained outside or inside the dwelling unit.**
- **When outside the dwelling unit, all pets must be on a leash or in an animal transport enclosure and under the control of a responsible individual.**
- **All fecal matter deposited by the pet(s) must be promptly and completely removed from any common area. Failure to do so will result in a Pet Waste Removal charge of \$8.00. 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 or in animal enclosures maintained within dwelling units AND must be removed and/or replaced regularly. Failure to do so will result in a Pet Waste Removal charge.**

- **The Resident/Pet Owner shall be responsible for the removal of waste from any animal or pet exercise area by placing it in a sealed plastic bag and disposing of it immediately.**
- **Pet owners must take precautions to eliminate pet odors.**
- **The resident/pet owner shall take adequate precautions to eliminate any animal or pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.**
- **Mandatory implementation of effective flea control by measures that produce no toxic hazard to children who may come into contact with treated animals.**
- **The right of management to enter dwelling unit when there is evidence that an animal left alone is in danger or distress, or is creating a nuisance.**
- **The right of management to seek impoundment and sheltering of any animal found to be maintained in violation of housing rules, pending resolution of any dispute regarding such violation, at owner's expense. The resident shall be responsible for any impoundment fees, and the PHA accepts no responsibility for pets so removed.**
- **That failure to abide by any animal-related requirement or restriction constitutes a violation of the "Resident Obligations" in the resident's Lease Agreement.**
- **Residents will prevent disturbances by their pets that interfere with the quiet enjoyment of the premises of other residents in their units or in common areas. This includes, but is not limited to, loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.**
- **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.**
- **Pet owners may not alter their unit or patio to accommodate an animal.**

**E. LIMITATIONS ON PET OWNERSHIP**

**Although the PHA, consistent with statutory intent, generally allows pet ownership in general occupancy (family) developments, the PHA shall limit pet ownership at certain PHA developments or portions of developments. Specific developments and portions of developments are described in the PHA Annual Plan. Limitations include, but are not limited to, the following:**



- **Animals with fur, such as dogs and cats, will not be permitted in portions of developments where residents have identified a family member with verified asthma exacerbated by fur or allergies to fur.**

#### **F. DESIGNATION OF PET-FREE AREAS**

The following areas are designated as no-pet areas:

- **PHA playgrounds**
- **PHA management offices**
- **PHA community centers**
- **PHA recreation center areas**

#### **G. PETS TEMPORARILY ON THE PREMISES**

**Excluded from the premises are all animals and/or pets not owned by residents, except for service animals.**

**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.**

**State or local laws governing pets temporarily in dwelling accommodations shall prevail.**

#### **H. DEPOSITS FOR PETS**

**The PHA does require a pet deposit for a dog or cat.**

**Tenants with a dog or cat must pay a pet deposit of \$300.00 for the purpose of defraying all reasonable costs directly attributable to the presence of a particular pet.**

**The resident will be responsible for all reasonable expenses directly related to the presence of the animal or pet on the premises, including the cost of repairs and replacement in the apartment, and the cost of animal care facilities if needed.**

**These charges are due and payable within 30 days of written notification.**

**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, within a reasonable time after the tenant moves or upon removal of the pet from the unit.

**The refundable pet deposit will be placed in an escrow account. The PHA will refund the unused portion of the deposit, to the resident within a reasonable time after the resident moves from the community or no longer owns or has a pet present in the resident's dwelling 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.**

**All reasonable expenses incurred by the PHA as a result of damages directly attributable to the presence of the pet in the community will be the responsibility of the resident, including, but not limited to:**

- **the cost of repairs and replacements to the resident's dwelling unit;**
- **fumigation of the dwelling unit;**
- **common areas of the community if applicable**

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

**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 that exceeds the pet deposit.**

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

#### **ADDITIONAL PET FEES**

**The PHA does require a non-refundable nominal fee.**

**The PHA will charge a non-refundable nominal fee of \$10.00 for each household with a pet.**

**This fee is intended to cover the reasonable operating costs to the community relating to the presence of pets. Reasonable operating costs to the community relating to the presence of pets include, but are not limited to:**

- **landscaping costs**
- **pest control costs**
- **insurance costs**
- **clean-up costs**

**The nominal fee will be assessed monthly.**

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

**J. PET WASTE REMOVAL CHARGE**

**A separate pet waste removal charge of \$8.00 per occurrence will be assessed against the resident for violations of the pet policy.**

**Pet waste removal charges are not part of rent payable by the resident.**

**K. 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.**

**A common household pet must be effectively restrained and under the control of a responsible person when passing through a common area, from the street to the apartment, etc.**

**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.**

**L. CLEANLINESS REQUIREMENTS**

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

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

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

**M. PET CARE**

**No pet (excluding fish) shall be left unattended in any apartment for a period in excess of 24 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.**

**N. RESPONSIBLE PARTIES**

The resident/pet owner will be required to designate two responsible parties 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.

**O. INSPECTIONS**

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

**The PHA may enter and inspect the unit only if a complaint is received alleging that the conduct or condition of the pet in the unit is a violation, or constitutes a nuisance or threat to the health or safety of the other occupants or other persons in the community under applicable State or local law.**

**P. PET RULE VIOLATION NOTICE**

**The authorization for a common household pet may be revoked at any time subject to the Housing Authority's grievance procedure if the pet becomes destructive or a nuisance to others, or if the tenant fails to comply with this policy.**

Residents who violate these rules are subject to:

- **Mandatory removal of the pet from the premises within 30 days of notice by the Housing Authority; or if for a threat to health and safety, removal within 24 hours of notice.**

- **Lease termination proceedings.**

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) that were violated. The notice will also state:

- that the resident/pet owner has one **(1) work day** 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 one (1) work day period, the meeting will be scheduled no later than five (5) calendar days before the effective date of service of the notice, unless the pet owner agrees to a later date in writing.**

#### **Q. 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.

## **R. 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.

## **S. 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. This includes pets who are poorly cared for or have been left unattended for over **24** 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, **or the PHA may place the pet in a proper facility for up to 30 days. If there is no other solution at the end of 30 days, the PHA may donate the pet to a humane society. Cost of this professional care will be borne by the pet owner.**

**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.**

## **T. EMERGENCIES**

The PHA will take all necessary steps to insure that pets that 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 PHA to place the pet in a shelter facility, the cost will be the responsibility of the tenant/pet owner.**

**This Pet Policy will be incorporated by reference into the Dwelling Lease signed by the resident, and therefore, violation of the above policy will be grounds for termination of the lease.**



## **Community Service Program**

The Muncie Housing Authority community service program was re-activated in October of 2003. We had a successful program working when regulations changed pertaining to community service.

The MHA determined that the phrase "Community Service" sounded punitive and we set up a program we call F.A.M.E. (Families Achieving Motivational Enrichment.) This program allows residents to comply with the regulation by providing a program that is two fold. We set up each month motivational and/or enrichment workshops, as well as giving resident's credit for attending Resident Council Meetings, MHA board meetings or any other informational meeting held for the benefit of residents. Also, we have partnered with approximately 24 agencies which signed MOA's agreeing to use our residents to perform service, while being trained in many areas. All of the agencies are providing services to the community.

The Housing Authority monitors time through agencies and workshops or meetings are verified by staff which set them up. We have had great success with our program and have not found it difficult to keep track of who and who is not in compliance.

Each resident manager has files on site of residents who have and are doing community service. Procedures are in place to check on and monitor compliance through out the year so that at recertification time residents will not face problems.



**Annual Statement /  
Performance and Evaluation Report**  
Part I: Summary  
Capital Funds Program (CFP)

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

HA Name <b>Muncie Housing Authority</b>	409 E. First St. Muncie, IN 47302	<b>Final</b>	Comprehensive Grant Number <b>IN36P005- 501 03</b>	FFY of Grant Approval <b>FFY 03</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number		<input type="checkbox"/> Performance and Evaluation Report For Program Year Ending _____		
<input checked="" type="checkbox"/> Final Performance and Evaluation Report				

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	1406 Operating Costs	38,173.72		38,173.72	38,173.72
2	1408 Management Improvements	18,300.45		18,300.45	18,300.45
3	1410 Administration	76,275.66		76,275.66	76,275.66
4	1411 Audit	4,405.57		4,405.57	4,405.57
5	1415 Liquidated Damages	0.00		0.00	0.00
6	1430 Fees and Costs	20,610.23		20,610.23	20,610.23
7	1440 Site Acquisition	0.00		0.00	0.00
8	1450 Site Improvement	9,462.93		9,462.93	9,462.93
9	1460 Dwelling Structures	180,755.07		180,755.07	180,755.07
10	1465.1 Dwelling Equipment--Nonexpendable	0.00		0.00	0.00
11	1470 Nondwelling Structures	28,535.75		28,535.75	28,535.75
12	1475 Nondwelling Equipment	27,519.62		27,519.62	27,519.62
13	1485 Demolition	0.00		0.00	0.00
14	1490 Replacement Reserve	0.00		0.00	0.00
15	1492 Moving to Work Demonstration	0.00		0.00	0.00
16	1495.1 Relocation Costs	0.00		0.00	0.00
17	1499 Development Activities	339,299.00		339,299.00	339,299.00
18	1502 Contingency (May not exceed 8% of line 16)	0.00		0.00	0.00
19	Amount of Annual Grant (Sum of lines 1-18)	743,338.00		743,338.00	743,338.00
20	Amount of line 16 Related to LBP Activities				
21	Amount of line 16 Related to Section 504 Compliance				
22	Amount of line 16 Related to Security				
23	Amount of line 16 Related to Energy Conservation Measures				

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native Americans Programs Administrator and Date

**Annual Statement /  
Performance and Evaluation Report**  
Part II: Supporting Pages  
Capital Funds Program (CFP)

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

Development Number/Name HA-Wide Activities	General Discription of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
001	Parking Lot Repair	1450		9,462.93		9,462.93	9,462.93	Final
001	Emergencies	1460		2,015.00		2,015.00	2,015.00	Final
001	Tile	1460		0.00		0.00	0.00	Final
001	Water Heaters	1460		0.00		0.00	0.00	Final
001	Pest Control	1460		0.00		0.00	0.00	Final
001	Fire Extinguishers	1460		0.00		0.00	0.00	Final
001	Maint/CommunityRoom	1470		12,749.69		12,749.69	12,749.69	Final
001	Emergencies	1470		3,819.61		3,819.61	3,819.61	Final
001	Development Activities	1499		339,299.00		339,299.00	339,299.00	Final

(1) To be completed for the Performance and Evaluation or a revised Annual Statement

(2) To be completed for the Performance and Evaluation Report.

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /  
Performance and Evaluation Report  
Part II: Supporting Pages  
Capital Funds Program (CFP)**

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

Development Number/Name HA-Wide Activities	General Discription of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
004	Flagpole	1450		0.00		0.00	0.00	Final
004	Emergencies	1460		2,163.95		2,163.95	2,163.95	Final
004	Tile	1460		0.00		0.00	0.00	Final
004	Water Heaters	1460		0.00		0.00	0.00	Final
004	Pest Control	1460		0.00		0.00	0.00	Final
004	Fire Extinguishers	1460		0.00		0.00	0.00	Final
004	Refrigerators	1465		0.00		0.00	0.00	Final
004	Emergencies	1470		5,365.90		5,365.90	5,365.90	Final
004	Playground Repairs	1470		0.00		0.00	0.00	Final
004	Office Building Repairs	1470		0.00		0.00	0.00	Final

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /  
Performance and Evaluation Report**  
**Part II: Supporting Pages**  
**Capital Funds Program (CFP)**

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

Development Number/Name HA-Wide Activities	General Discription of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
005	Emergencies	1460		2,676.00		2,676.00	2,676.00	Final
005	Floor Sag Problem	1460		94,940.00		94,940.00	94,940.00	Final
005	Tile	1460		1,412.00		1,412.00	1,412.00	Final
005	Water Heaters	1460		0.00		0.00	0.00	Final
005	Windows	1460		2,684.88		2,684.88	2,684.88	Final
005	Pest Control	1460		0.00		0.00	0.00	Final
005	Fire Extinguishers	1460		0.00		0.00	0.00	Final
005	Laundry Room Doors	1460		0.00		0.00	0.00	Final
005	Stair Treads	1460		0.00		0.00	0.00	Final
005	Emergencies	1470		542.62		542.62	542.62	Final

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /  
Performance and Evaluation Report  
Part II: Supporting Pages  
Capital Funds Program (CFP)**

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

Development Number/Name HA-Wide Activities	General Discription of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
006	Carpet(Apartment)	1460		2,330.00		2,330.00	2,330.00	Final
006	Emergencies	1460		9,213.10		9,213.10	9,213.10	Final
006	Facade/Window Cleaning	1460		0.00		0.00	0.00	Final
006	Windows	1460		380.18		380.18	380.18	Final
006	Dwelling Equipment	1460		0.00		0.00	0.00	Final
006	Pest Control	1460		0.00		0.00	0.00	Final
006	Fire Extinguishers	1460		0.00		0.00	0.00	Final
006	Elevator	1460		0.00		0.00	0.00	Final
006	Parking Lot Repairs	1470		0.00		0.00	0.00	Final

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**Annual Statement /  
Performance and Evaluation Report  
Part II: Supporting Pages  
Capital Funds Program (CFP)**

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

Development Number/Name HA-Wide Activities	General Discription of Major Work Catagories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
008	Emergencies	1460		910.00		910.00	910.00	Final
008	Floor Sag Problem	1460		47,360.00		47,360.00	47,360.00	Final
008	Tile	1460		0.00		0.00	0.00	Final
008	Water Heaters	1460		0.00		0.00	0.00	Final
008	HVAC	1460		7,203.08		7,203.08	7,203.08	Final
008	Mini Blinds	1460		478.88		478.88	478.88	Final
008	Pest Control	1460		0.00		0.00	0.00	Final
008	Fire Extinguishers	1460		0.00		0.00	0.00	Final
008	Laundry Room Doors	1460		6,988.00		6,988.00	6,988.00	Final
008	Stair Treads	1460		0.00		0.00	0.00	Final
008	Emergencies	1470		6,057.93		6,057.93	6,057.93	Final

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /  
Performance and Evaluation Report  
Part II: Supporting Pages  
Capital Funds Program (CFP)**

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

Development Number/Name HA-Wide Activities	General Discription of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
ALL	Operations	1406		38,173.72		38,173.72	38,173.72	Final
ALL	PHM/FSS/RI/Mod	1408		5,586.03		5,586.03	5,586.03	Final
ALL	Rent Coll. Pro Trng	1408		5,854.74		5,854.74	5,854.74	Final
ALL	Software Upgrades	1408		838.85		838.85	838.85	Final
ALL	Vac Reduction Trng/Temp	1408		6,020.83		6,020.83	6,020.83	Final
ALL	Mod Administration	1410		46,709.16		46,709.16	46,709.16	Final
ALL	Mod Benefits	1410		29,566.50		29,566.50	29,566.50	Final
ALL	Audit Costs	1411		4,405.57		4,405.57	4,405.57	Final
ALL	A & E Professional Service	1430		19,710.23		19,710.23	19,710.23	Final
ALL	Planning	1430		900.00		900.00	900.00	Final
ALL	Site Aquisition	1440		0.00		0.00	0.00	Final
ALL	Computer Upgrades	1475		25,158.94		25,158.94	25,158.94	Final
ALL	Maintenance Equipment	1475		1,413.15		1,413.15	1,413.15	Final
ALL	Office Equipment	1475		947.53		947.53	947.53	Final
ALL	Contingency	1502		0.00		0.00	0.00	Final

(1) To be completed for the Performance and Evaluation or a revised Annual Statement

(2) To be completed for the Performance and Evaluation Report.

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /  
Performance and Evaluation Report**  
Part I: Summary  
Capital Funds Program (CFP)

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

HA Name <b>Muncie Housing Authority</b>	409 E. First St. Muncie, IN 47302	<b>Annual</b>	Comprehensive Grant Number <b>IN36P005- 502 03</b>	FFY of Grant Approval <b>FFY 03</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number		<input checked="" type="checkbox"/> Performance and Evaluation Report For Program Year Ending _____		
<input type="checkbox"/> Final Performance and Evaluation Report				

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	1406 Operating Costs	60,569.35		60,569.35	60,569.35
2	1408 Management Improvements	8,961.33		8,961.33	8,961.33
3	1410 Administration	17,727.58		17,727.58	17,727.58
4	1411 Audit	0.00		0.00	0.00
5	1415 Liquidated Damages	0.00		0.00	0.00
6	1430 Fees and Costs	0.00		0.00	0.00
7	1440 Site Acquisition	0.00		0.00	0.00
8	1450 Site Improvement	0.00		0.00	0.00
9	1460 Dwelling Structures	0.00		0.00	0.00
10	1465.1 Dwelling Equipment--Nonexpendable	0.00		0.00	0.00
11	1470 Nondwelling Structures	0.00		0.00	0.00
12	1475 Nondwelling Equipment	4,308.05		4,308.05	4,308.05
13	1485 Demolition	0.00		0.00	0.00
14	1490 Replacement Reserve	0.00		0.00	0.00
15	1492 Moving to Work Demonstration	0.00		0.00	0.00
16	1495.1 Relocation Costs	0.00		0.00	0.00
17	1499 Development Activities	95,607.69		56,208.00	56,208.00
18	1502 Contingency (May not exceed 8% of line 16)	0.00		0.00	0.00
19	Amount of Annual Grant (Sum of lines 1-18)	187,174.00		147,774.31	147,774.31
20	Amount of line 16 Related to LBP Activities				
21	Amount of line 16 Related to Section 504 Compliance				
22	Amount of line 16 Related to Security				
23	Amount of line 16 Related to Energy Conservation Measures				

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native Americans Programs Administrator and Date



**Annual Statement /  
Performance and Evaluation Report  
Part II: Supporting Pages  
Capital Funds Program (CFP)**

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

Development Number/Name HA-Wide Activities	General Discription of Major Work Catagories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>001</b>	<b>Development Activities</b>	<b>1499</b>		<b>95,607.69</b>		<b>56,208.00</b>	<b>56,208.00</b>	<b>59 % Expended</b>

(1) To be completed for the Performance and Evaluation or a revised Annual Statement

(2) To be completed for the Performance and Evaluation Report.

Signature of Excutive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /  
Performance and Evaluation Report**  
Part II: Supporting Pages  
Capital Funds Program (CFP)

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

Development Number/Name HA-Wide Activities	General Discription of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
ALL	Operations	1406		60,569.35		60,569.35	60,569.35	Final
ALL	PHM/FSS/RI/MOD	1408		8,961.33		8,961.33	8,961.33	Final
ALL	Mod Administration	1410		13,616.27		13,616.27	13,616.27	Final
ALL	Mod Benefits	1410		4,111.31		4,111.31	4,111.31	Final
ALL	Planning	1430		0.00		0.00	0.00	Final
ALL	Computer Upgrades	1475		2,010.05		2,010.05	2,010.05	Final
ALL	Computer Upgrades	1475		0.00		0.00	0.00	Final
ALL	Maintenance Equipment	1475		1,986.00		1,986.00	1,986.00	Final
ALL	Office Equipment	1475		312.00		312.00	312.00	Final

(1) To be completed for the Performance and Evaluation or a revised Annual Statement

(2) To be completed for the Performance and Evaluation Report.

Signature of Excutive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

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

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

HA Name	Comprehensive Grant Number	FFY of Grant Approval
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	Date	Signature of Public Housing Director	Date
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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report .

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report .

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

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<sup>2</sup> To be completed for the Performance and Evaluation Report .

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report .

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report .



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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

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<sup>2</sup> To be completed for the Performance and Evaluation Report .

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

HA Name _____	Comprehensive Grant Number _____	FFY of Grant Approval _____
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency (may not exceed 8% of line 20)				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director _____	Date _____	Signature of Public Housing Director _____	Date _____
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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

HA Name _____	Comprehensive Grant Number _____	FFY of Grant Approval _____
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency (may not exceed 8% of line 20)				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director _____	Date _____	Signature of Public Housing Director _____	Date _____
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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

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## Annual Statement/Performance and Evaluation Report

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

PHA Name: MUNCIE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )

Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00			
2	1406 Operations	60,000.00			
3	1408 Management Improvements	40,000.00			
4	1410 Administration	70,000.00			
5	1411 Audit	5,000.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	25,000.00			
8	1440 Site Acquisition	10,000.00			
9	1450 Site Improvement	21,000.00			
10	1460 Dwelling Structures	393,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00			
12	1470 Nondwelling Structures	30,000.00			
13	1475 Nondwelling Equipment	30,000.00			
14	1485 Demolition	10,000.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	19,338.00			
18	1499 Development Activities	100,000.00			
19	1501 Collateralization or Debt Service	0.00			
20	1502 Contingency	20,000.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	743,338.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: MUNCIE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MUNSYANA								
001	EMERGENCIES	1460		5,000.00				
001	WATER HEATERS	1460		1,000.00				
001	EMERGENCIES	1470		5,000.00				
001	MAINT/COMM. ROOM	1470		5,000.00				
PARKVIEW								
004	CONCRETE REPAIR	1450		5,000.00				
004	EMERGENCIES	1460		5,000.00				
004	PAINTING	1460		7,000.00				
004	SCREENS	1460		3,000.00				
004	FAÇADE REPAIR	1460		5,000.00				
004	EMERGENCIES	1470		5,000.00				
004	DEMOLITION	1485		10,000.00				
004	RELOCATION COSTS	1495		19,338.00				
004	DEVELOPMENT ACTIVITIES	1499		100,000.00				
EARTHSTONE								
005	CONCRETE REPAIR	1450		5,000.00				
005	WASTE BIN REPAIR	1450		3,000.00				
005	WATER HEATERS (FA)	1460		3,000.00				
005	TILE (FA)	1460		3,000.00				
005	FLOOR SAG PROBLEM	1460		75,000.00				
005	LAUNDRY ROOM DOORS (FA)	1460		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: MUNCIE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
005	EMERGENCIES	1460		5,000.00				
005	EMERGENCIES	1470		5,000.00				
GILLESPIE TOWER								
006	EMERGENCIES	1460		10,000.00				
006	CARPET REPLACEMENT	1460		10,000.00				
006	SECURITY CAMERAS	1460		70,000.00				
SOUTHERN PINES								
008	CONCRETE REPAIR	1450		5,000.00				
008	WASTE BIN REPAIR	1450		3,000.00				
008	EMERGENCIES	1460		5,000.00				
008	WATER HEATERS (FA)	1460		3,000.00				
008	TILE (FA)	1460		3,000.00				
008	FLOOR SAG PROBLEM	1460		75,000.00				
008	HVAC OFFICE	1470		10,000.00				
008	EMERGENCIES	1470		5,000.00				
ALL	OPERATIONS	1406		40,000.00				
ALL	VAC RED TRNG/TEMP	1408		10,000.00				
ALL	RENT COLL PRO. TRNG	1408		10,000.00				
ALL	PHAM/FSS/RI/MOD	1408		10,000.00				
ALL	SOFTWARE UPGRADES	1408		10,000.00				
ALL	MOD ADMIN	1410		50,000.00				

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

PHA Name: MUNCIE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	MOD BENEFITS	1410		20,000.00				
ALL	AUDIT COSTS	1411		5,000.00				
ALL	A&E PROFESSIONAL SERVICES	1430		15,000.00				
ALL	PLANNING	1430		10,000.00				
ALL	SITE ACQUISITION	1440		5,000.00				
ALL	DWELLING EQUIPMENT NON-EXP	1465		10,000.00				
ALL	OFFICE EQUIPMENT	1475		10,000.00				
ALL	COMPUTER UPGRADES	1475		10,000.00				
ALL	MAINTENANCE EQUIPMENT	1475		10,000.00				
ALL	CONTINGENCY	1502		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>Grant Type and Number</b> Capital Fund Program No: Replacement Housing Factor No:					<b>Federal FY of Grant:</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		
IN36P005-								
001	06/30/06			06/30/08				
004	06/30/06			06/30/08				
005	06/30/06			06/30/08				
006	06/30/06			06/30/08				
008	06/30/06			06/30/08				
ALL	06/30/06			06/30/08				

<b>Capital Fund Program Five-Year Action Plan</b>					
Part I: Summary					
PHA Name MUNCIE HOUSING AUTHORITY				<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: 2006 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 2009
<b>IN36P005</b>	Annual Statement				
-004 Parkview		185,000.00	150,000.00	150,000.00	150,000.00
-005 Earthstone		160,000.00	45,000.00	40,000.00	95,000.00
-006 Gillespie		45,000.00	195,000.00	230,000.00	110,000.00
-008 Southern Pines		160,000.00	55,000.00	40,000.00	95,000.00
-Price Hall		5,000.00	5,000.00	5,000.00	5,000.00
HA Wide					
Operations		35,338.00	105,169.00	97,669.00	102,669.00
Mgmt. Improvements		74,000.00	109,169.00	101,669.00	106,669.00
Administration		74,000.00	74,000.00	74,000.00	74,000.00
Fees and Costs		5,000.00	5,000.00	5,000.00	5,000.00
CFP Funds Listed for 5-year planning		743,338.00	743,338.00	743,338.00	743,338.00
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : 2006 FFY Grant: 2006 PHA FY: 06			Activities for Year: 2007 FFY Grant: 2007 PHA FY: 07		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>See</b>						
<b>Annual</b>	004 Parkview Apts.	Kitchen Exhaust	10,000.00	004 Parkview Apts.	Contingency	10,000.00
<b>Statement</b>		Appliances	25,000.00		Development Activities	100,000.00
		Contingency	10,000.00		Relocation	20,000.00
		Development Activities	100,000.00		Demolition	20,000.00
		Relocation	20,000.00	005 Earthstone Terrace	Bedroom Closet Doors	20,000.00
		Demolition	20,000.00		Concrete Repairs	10,000.00
	005 Earthstone Terrace	Bathroom Repair	150,000.00		Playground Repairs	5,000.00
		Contingency	10,000.00		Contingency	10,000.00
	006 Gillespie Tower	Energy Lights	30,000.00	006 Gillespie Tower	Wall Covering Replace	25,000.00
		Contingency	15,000.00		Replace Swag Lights	10,000.00
	008 Southern Pines	Bathroom Repair	150,000.00		Replace Roof Covering	50,000.00
		Contingency	10,000.00		New Boilers	100,000.00
	Price Hall	Contingency	5,000.00		Contingency	10,000.00
				008 Southern Pines	Bedroom Closet Doors	20,000.00
					New Playground	15,000.00
					Concrete Repairs	10,000.00
					Contingency	10,000.00
				Price Hall	Contingency	5,000.00
	<b>Total CFP Estimated Cost</b>		<b>\$743,338.00</b>			<b>\$743,338.00</b>

Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year : 2008 FFY Grant: 2008 PHA FY: 08			Activities for Year: 2009 FFY Grant: 2009 PHA FY: 09		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
004 Parkview Apts.	Contingency	10,000.00	004 Parkview Apts.	Contingency	10,000.00
	Development Activities	100,000.00		Development Activities	100,000.00
	Relocation	20,000.00		Relocation	20,000.00
	Demolition	20,000.00		Demolition	20,000.00
005 Earthstone Terrace	Interior Doors	30,000.00	005 Earthstone Terrace	Interior Doors	15,000.00
	Contingency	10,000.00		Parking Lot Repair	70,000.00
006 Gillespie Tower	New Boilers	100,000.00		Contingency	10,000.00
	Pipe Insulation	20,000.00	006 Gillespie Tower	New Boilers	100,000.00
	Intercom System	100,000.00		Contingency	10,000.00
	Contingency	10,000.00	008 Southern Pines	Interior Doors	15,000.00
008 Southern Pines	Interior Doors	30,000.00		Parking Lot Repair	70,000.00
	Contingency	10,000.00		Contingency	10,000.00
Price Hall	Contingency	5,000.00	Price Hall	Contingency	5,000.00
Total CFP Estimated Cost		\$743,338.00			\$743,338.00

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

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

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

HA Name	Comprehensive Grant Number	FFY of Grant Approval
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency (may not exceed 8% of line 20)				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	Date	Signature of Public Housing Director	Date
---------------------------------	------	--------------------------------------	------

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
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Annual Statement / Performance and Evaluation Report  
 Capital Fund Program (CFP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

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

**U.S. Department of Housing  
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 Office of Public and Indian Housing

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				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

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Signature of Public Housing Director

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

**U.S. Department of Housing  
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 Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<div style="border: 1px solid yellow; height: 15px; width: 100%;"></div>			_____		_____	_____	

Signature of Executive Director

Date

Signature of Public Housing Director

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<div style="border: 1px solid yellow; height: 15px; width: 100%;"></div>			_____		_____	_____	

Signature of Executive Director

Date

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