PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009 Annual Plan for Fiscal Year 2007

Madison County Housing Authority

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

PHA Plan Agency Identification

PHA Name: Madison County Housing Authority

PHA Number: IL015

PHA Fiscal Year Beginning: 01/2007

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- Main administrative office of the PHA
 - PHA development management offices
 - PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
 - PHA development management offices
 - PHA local offices
 - Main administrative office of the local government
 - Main administrative office of the County government
 - Main administrative office of the State government
 - Public library
 - PHA website
 - Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
 - PHA development management offices
 - Other (list below)

5-YEAR PLAN PHA FISCAL YEARS 2005 - 2009

[24 CFR Part 903.5]

A. Mission

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

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

 \square The PHA's mission is:

Develop and provide, through a cooperative relationship with residents, safe, decent and sanitary affordable housing to enhance the quality of life for all residents and create innovative programs that will foster economic independence.

In order to achieve this mission, we will:

- * Provide excellent and positive professional management, services. and communications,
- * Develop and maintain a mutual respect and partnership with residents,
- * Encourage and maintain community concern and involvement,
- * Hire, develop, and retain well-trained, efficient employees,
- * Seek additional funding, both public and private, for affordable housing and resident programs, and
- * Require innovation and accountability in the utilization of all Madison County Housing Authority resources.

B. Goals

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

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

- PHA Goal: Expand the supply of assisted housing Objectives:
 - Apply for additional rental vouchers: If they become available
 - Reduce public housing vacancies: by 30% over 5 years
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)

Work with other agencies and developers to expand housing using allotment of project based certificates

- PHA Goal: Improve the quality of assisted housing Objectives:
 - Improve public housing management: (PHAS score) achieve high performer status by December,
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction: work with resident groups to improve living conditions, reduce turnovers by December
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing by December 2009:
 - Provide replacement public housing by December 2009:
 - Provide replacement vouchers:
 - Other: (list below)
- PHA Goal: Increase assisted housing choices Objectives:
 - Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists: Washington Avenue

Apartments and future mixed finance developments will have site based waiting lists

- Convert public housing to vouchers:
- Other: (list below)

The Authority employs sub-jurisdictional waiting lists. Applicants may apply for housing on all lists.

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

PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements: Install security cameras, lighting, remove physical barriers, install security screens, set up neighborhood watch programs through resident councils.
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

 \square

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: The Authority shall mix its public housing development populations as much as possible with respect to race, color, religion national origin, sex, familial status, and disability.

Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:

Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: The Authority will work with local agencies representing persons with all types of disabilities to assist them in obtaining affordable housing.

Other: All MCHA staff has been trained in areas of fair housing and equal opportunity and cultural diversity.

Other PHA Goals and Objectives: (list below)

- 1. Continue to provide a safe and secure environment in the Madison County Housing Authority's public housing developments.
- 2. Improve resident and community perception in the Madison County Housing Authority's public housing developments, residents, and voucher holders. Madison County Housing Authority will continue to provide local media with press coverage on positive stories regarding MCHA, including redevelopment plans, grant awards, and program success stories.
- 3. Expand the supply of affordable housing in Madison County, cited as a need in the Madison County Consolidated Plan, including Mixed Finance, HOPE VI and other suitable funding. We are currently in the pre-development stage of two mixed finance projects at the recently demolished Sullivan and soon to be demolished Curran Homes sites in Alton. Other sites targeted for redevelopment include Lee Wright, Northgate, Viola Jones Homes and Garesche Homes. The MCHA may utilize MCHA funds to assist in the development of these sites. Disposition, demolition, and relocation or replacement voucher applications will be prepared as soon as appropriate. As public housing sites are demolished and redeveloped with new affordable housing, MCHA will also seek replacement housing grants and vouchers from HUD.
- 4. MCHA intends to work with our existing non-profit and set-up a for-profit organization to develop additional affordable housing projects, including homeownership programs.
- 5. Enhance the appeal of the Madison County Housing Authority's public housing units.
- 6. Maintain the Madison County Housing Authority's real estate in a decent condition.
- 7. Continue to deliver timely and high quality maintenance and management service to the residents of the Madison County Housing Authority. MCHA is continuing its maintenance training program for maintenance and management staff through Southwestern Illinois College, Candi Atkins, Nan-McKay, NAHRO, IHDA, and other entities.
- 8. Operate the Madison County Housing Authority in full compliance with all Equal Opportunity laws and regulations.
- 9. Ensure full compliance with all applicable standards and regulations including generally accepted accounting practices.

- 10. Reduce dependency on federal funding. MCHA will make efforts to secure private and state financing for affordable housing development. Efforts will be made to secure grant funds where appropriate.
- 11. MCHA will redevelop two sites in Alton with new affordable housing units— Curran and Sullivan. Demolition and disposition applications have been approved. MCHA will make application to HUD for replacement vouchers for the Curran site, demolished in 2005 and 2006. (Replacement voucher application for Sullivan has been submitted to HUD).
- 12. MCHA proposes to dispose of a vacant small portion of property at the Olin Public Housing site in East Alton (disposition application submitted to HUD in spring, 2006). The parcel at the Olin site is surplus property and will be sold through public sale. The application is still pending with HUD. This transaction is expected to be completed in late 2006.
- 13. Improve economic opportunity (self-sufficiency) for the families and individuals who reside in our housing. Currently MCHA has a HUD approved reduced caseload of 70 persons (as of 12/2005) in our Family Self Sufficiency Program.
- 14. Request proposals for the provision of public services to public housing residents to improve their quality of life.

15. Annual PHA Plan PHA Fiscal Year [24 CFR Part 903.7]

i. <u>Annual Plan Type:</u>

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

- High Performing PHA
- Small Agency (<250 Public Housing Units)
- Administering Section 8 Only
- **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)] Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

Madison County Housing Authority has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

Madison County Housing Authority's objective is to provide financially stable, safe, sanitary, decent and affordable housing to those who are eligible for assistance and have demonstrated their willingness and ability to adhere to the terms of a landlord/tenant lease.

Consistent with our Mission Statement and while working towards the HUD Strategic Goals, Madison County Housing Authority has established the following goals:

- Goal One: Increase the availability of decent, safe, and affordable housing by replacing obsolete or unmarketable housing units with new energy efficient units designed for low maintenance
 - 1. *Redevelopment of Curran and Sullivan sites in Alton---*Madison County Housing Authority has demolished 100 obsolete units at **IL 15-8 Sullivan Homes**, Alton, IL and the demolition of Curran complex in May, 2006. We are working with a developer to finalize plans for a new mixed finance development at the Sullivan site. Upon completion of the mixed finance project at the Sullivan site, the MCHA will proceed with redevelopment plans for the Curran site. An application for

Replacement Housing Vouchers, for both Curran and Sullivan sites, is being processed.

- 2. Venice Homes site MCHA submitted an application to HUD for the disposition of IL 15-09 Venice Homes in 2004 (a demolition application was approved previously by HUD and the complex has been torn down). However, MCHA has been notified by IDOT of its intention to *eventually* take a small portion of this property through a "friendly taking" needed for the relocation of Rte. 3 in Venice. As such, MCHA requested HUD withdraw the request for disposition. However, upon notice from the Illinois Department of Transportation of its "take" this property, MCHA intends to submit a disposition application for this small vacant portion needed for the relocation of IL Rte. 3 in Venice. In addition, the MCHA intends to make application to HUD for Replacement or Relocation Housing Vouchers for the Venice Homes site.
- 3. *Redevelopment of Lee Wright Homes, Venice* MCHA intends to pursue redevelopment of the Lee Wright Public Housing Complex. A demolition/disposition application and financing request will be submitted to HUD in late 2006.
- 4. *Redevelopment of Viola Jones Complex, Venice* MCHA intends to pursue redevelopment of this Public Housing Complex possibly in conjunction with the Lee Wright redevelopment plan. A demolition/disposition application is anticipated for this site.
- 5. *Redevelopment of Northgate Homes complex in Collinsville and Garesche Homes in Madison.* MCHA intends to pursue redevelopment of these public housing complexes and anticipates completing demolition and disposition applications to HUD for both sites.
- 6. MCHA plans to implement a conversion plan for the Olin and Braner Buildings. We will be converting and renovating nearly all remaining zero bedroom units in these two high-rises to one-bedroom units and one-bedroom luxury units.

The zero bedroom units have become a vacancy burden. With the implementation of the Project Based Management it is crucial to have housing stock that is competitive with market rate units. We feel converting and renovating these units will do that.

- 7. MCHA plans to set up both a non-profit and a for-profit organization to undertake affordable housing projects, including homeownership programs. In addition, if possible, MCHA may utilize our existing non-profit for housing development activities, if appropriate.
- **Goal Two:** Manage the Madison County Housing Authority's existing Public Housing Program and Section 8 Program in an efficient and effective manner thereby striving to reach a goal of high performer.

Objectives:

• MCHA updated its Admissions and Continued Occupancy Plan and Section 8 Administrative Plans effective as of September 1, 2006.

• MCHA is proposing the following changes in its ACOP—increase in the number of preference points for applicants who are working to 40 points, increase in the number of preference points for applicants who are enrolled in education and training programs to 20 points.

| Goal Three: | Madison County Housing Authority will stay updated on the requirements and possibly participate in the IDHA Capital Fund Bond pool and other financing bond financing mechanisms. |
|-------------|---|
| Objectives: | To leverage additional funds for mixed finance and public housing projects. |

Goal Four: Recognize Residents as our ultimate customer.

Objectives:

- 1. Continue to hold quarterly meetings with residents of each complex in order to maintain open communications, resolve issues and address concerns and complaints.
- 2. Continue to promote self-sufficiency of the residents by promoting employment and job skills training and other services as needed.
- 3. Provide public services to public housing residents to improve quality of life.

<u>iii. Annual Plan Table of Contents</u> [24 CFR Part 903.7 9 (r)]

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

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| | | |

Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration (see above)
 - FY 2007 Capital Fund Program Annual Statement, included in plan
 - Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

Public Housing Drug Elimination Program (PHDEP) Plan Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) Other (List below, providing each attachment name) Deconcentration Policy, Attachment A List of Advisory Board Members, Attachment B Definition of Substantial Deviation and Significant Amendment or Modification, Attachment C Community Service Policy, Attachment D Resident Commissioner Information, Attachment E Capital Fund Program Performance and Evaluation Reports, Attachment F Section 8, Attachment G1, G2, G3 and G4 FY 2007 Capital Fund Program 5 Year Action Plan, Attachment H PHA Management Organizational Chart Attachment I Verification Procedures for Income & Rent Determination Attachment J Earned Income Disallowance Attachment K Resident Comments/Analysis of Comments Attachment L Progress in meeting 5 year Plan Goals Attachment M Project Based Voucher Program Attachment N

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.

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

| List of Supporting Documents Available for Review | | | | | |
|---|--|---|--|--|--|
| Ap þ icable & | Supporting Document | Applicable Plan Component | | | |
| On Display | | Component | | | |
| • FJ | A & O Policy | | | | |
| Х | Section 8 rent determination (payment standard) policies | Annual Plan: Rent | | | |
| | Check here if included in Section 8 | Determination | | | |
| | Administrative Plan | | | | |
| Х | Public housing management and maintenance policy | Annual Plan: Operations | | | |
| | documents, including policies for the prevention or | and Maintenance | | | |
| | eradication of pest infestation (including cockroach infestation) | | | | |
| X | Public housing grievance procedures | Annual Plan: Grievance | | | |
| Λ | check here if included in the public housing | Procedures | | | |
| | A & O Policy | Tiocodulos | | | |
| X | Section 8 informal review and hearing procedures | Annual Plan: Grievance | | | |
| | \bigotimes check here if included in Section 8 | Procedures | | | |
| | Administrative Plan | | | | |
| Х | The HUD-approved Capital Fund/Comprehensive Grant | Annual Plan: Capital Needs | | | |
| | Program Annual Statement (HUD 52837) for the active grant | Attachment | | | |
| | year | | | | |
| | Most recent CIAP Budget/Progress Report (HUD 52825) for | Annual Plan: Capital Needs | | | |
| v | any active CIAP grant | Attachment | | | |
| Х | Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an | Annual Plan: Capital Needs Attachment | | | |
| | attachment (provided at PHA option) | Attachment | | | |
| | Approved HOPE VI applications or, if more recent, | Annual Plan: Capital Needs | | | |
| | approved or submitted HOPE VI Revitalization Plans or any | 1 | | | |
| | other approved proposal for development of public housing | | | | |
| Х | Approved or submitted applications for demolition and/or | Annual Plan: Demolition | | | |
| | disposition of public housing | and Disposition | | | |
| | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing | | | |
| | Approved or submitted assessments of reasonable | Annual Plan: Conversion of | | | |
| | revitalization of public housing and approved or submitted | Public Housing | | | |
| | conversion plans prepared pursuant to section 202 of the | C | | | |
| | 1996 HUD Appropriations Act | | | | |
| | Approved or submitted public housing homeownership | Annual Plan: | | | |
| 37 | programs/plans | Homeownership | | | |
| Х | Policies governing any Section 8 Homeownership program | Annual Plan: | | | |
| | check here if included in the Section 8 Administrative Plan | Homeownership | | | |
| | Administrative Plan Any cooperative agreement between the PHA and the TANF | Annual Plan: Community | | | |
| | agency | Service & Self-Sufficiency | | | |
| Х | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community | | | |
| | | Service & Self-Sufficiency | | | |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other | Annual Plan: Community | | | |
| | resident services grant) grant program reports | Service & Self-Sufficiency | | | |
| | The most recent Public Housing Drug Elimination Program | Annual Plan: Safety and | | | |
| | (PHEDEP) semi-annual performance report for any open | Crime Prevention | | | |
| | grant and most recently submitted PHDEP application (PHDEP Plan) | | | | |

| Apțicable | List of Supporting Documents Available for Supporting Document | Applicable Plan |
|------------|---|-----------------------------|
| & | | Component |
| On Display | | _ |
| Х | The most recent fiscal year audit of the PHA conducted | Annual Plan: Annual Audit |
| | 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 Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional) | (specify as needed) |
| | (list individually; use as many lines as necessary) | |
| | Blood Borne Disease Policy | Annual Plan: Operations and |
| | Capitalization Policy | Management |
| | Check Signing Policy | |
| | Community Space Policy | |
| | Criminal Records | |
| | Management Policy | |
| | Disposition Policy | |
| | • Drug Free Policy | |
| | • Equal Housing Opportunity | |
| | Policy | |
| | • Ethics Policy | |
| | • Fund Transfer Policy | |
| | Hazardous Materials Policy | |
| | Investment Policy | |
| | Maintenance Policy | |
| | Minimum Rent Policy for | |
| | Public Housing & Section 8 | |
| | Natural Disaster Policy | |
| | Personnel Policy | |
| | Pest Control Policy | |
| | Procurement Policy | |
| | Procurement Poncy Reasonable | |
| | Accommodation Policy | |
| | Zero Income Policy | |
| | | |
| | Upfront Income Verification Proceedures & Policy | |
| | Procedures & Policy | |
| | Internet Policy | |
| | Dress Code | |

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

| Housing Needs of Families in the Jurisdiction | | | | | | | |
|---|---------|--------------------|--------|---------|--------------------|------|---------------|
| by Family Type | | | | | | | |
| Family Type | Overall | Afford- ability | Supply | Quality | Access- ibility | Size | Loca- tion |
| Income <= 30% of AMI | 5652 | na | na | na | na | na | na |
| Income >30% but <=50% of AMI | 3586 | na | na | na | na | na | na |
| Income >50% but <80% of AMI | 3571 | na | na | na | na | na | na |
| Elderly | na | na | na | na | na | na | na |
| Families with Disabilities | na | na | na | na | na | na | na |
| Race/Ethnicity | na | na | na | na | na | na | na |
| Race/Ethnicity | na | na | na | na | na | na | na |
| Race/Ethnicity | na | na | na | na | na | na | na |
| Race/Ethnicity | na | na | na | na | na | na | na |

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

| \boxtimes | Consolidated Plan of the Jurisdiction/s |
|-------------|---|
| | Indicate year: 2000 |
| | U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") |
| | dataset |
| | American Housing Survey data |
| | Indicate year: |
| | Other housing market study |
| | Indicate year: |
| | Other sources: (list and indicate year of information) |
| | |

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

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

| v | Housing waiting lists at their | ilies on the Waiting Lis | st . | | |
|--|--------------------------------|--------------------------|-----------------|--|--|
| | rousing meeus or r'alli | inco on the waiting Lis | ι. | | |
| Waiting list type: (select one) Section 8 tenant-based assistance Public Housing Combined Section 8 and Public Housing Public Housing Site-Based or sub-jurisdictional waiting list (optional)Madison Area If used, identify which development/subjurisdiction:15-1 Garesche Homes | | | | | |
| | # of families | % of total families | Annual Turnover | | |
| Waiting list total | 225 208 | 02.00/ | | | |
| Extremely low income <=30% AMI | 200 | 93.0% | | | |
| Very low income (>30% but <=50% AMI) | 14 | 6.0% | | | |
| Low income (>50% but <80% AMI) | 2 | 1.0% | | | |
| Families with children | 174 | 77.3% | | | |
| Elderly families | 3 | 1.30% | | | |
| Families with Disabilities | 11 | 4.90% | | | |
| White/non Hispanic | 40 | 17.80% | | | |
| Black/non Hispanic | 183 | 81.30% | | | |
| American Indian | 1 | Less than 1 | | | |
| Asian | 1 | Less than 1 | | | |
| Hispanic 0 Less than 1 | | | | | |
| CHARACTERISTICS BY BEDROOM SIZE, PUBLIC HOUSING | | | | | |
| 0BR | 0 | Less than 1 | | | |
| 1BR | 43 | 19.1% | | | |
| 2 BR | 99 | 44.0% | | | |
| 3 BR | 72 | 32.0% | | | |
| 4 BR | 0 | Less than 1 | | | |
| 5 BR | 11 | 4.90% | | | |

| Housing Needs of Families on the Waiting List | | | | | | |
|---|------------------------------------|----------------------------|-----------------------|--|--|--|
| _ | ed (select one)? 🛛 No | Yes | | | | |
| If yes: | | | | | | |
| Ū. | it been closed (# of mor | | | | | |
| | | t in the PHA Plan year? | | | | |
| | $d? \square$ No \square Yes 3 ar | ies of families onto the v | waiting list, even if | | | |
| generally close | | | | | | |
| Waiting list type: (sele | ct one) | | | | | |
| | t-based assistance | | | | | |
| Public Housing | -based assistance | | | | | |
| | on 8 and Public Housin | σ | | | | |
| | | dictional waiting list (op | tional) Venice Area | | | |
| | | ubjurisdiction:15-2 Viol | | | | |
| Wright Homes | - | 5 | | | | |
| U | # of families | % of total families | Annual Turnover | | | |
| | | | | | | |
| Waiting list total | 158 | | | | | |
| Extremely low | 146 | 92.4% | | | | |
| income <= 30% AMI | | | | | | |
| Very low income | 10 | 6.30% | | | | |
| (>30% but <=50% | | | | | | |
| AMI) | | | | | | |
| Low income | 2 | 1.30% | | | | |
| (>50% but <80% | | | | | | |
| AMI) | | | | | | |
| Families with | 111 | 70.30% | | | | |
| children | | | | | | |
| Elderly families | 4 | 2.5% | | | | |
| Families with | 11 | 7.0% | | | | |
| Disabilities | 14 | 0.060/ | | | | |
| White/non Hispanic | 14 | 8.86% | | | | |
| Black/non Hispanic | 143 | 90.51% | | | | |
| | American Indian 1 Less than 1 | | | | | |
| | Asian 0 Less than 1 | | | | | |
| Hispanic 0 Less than 1 | | | | | | |
| CHARACTERISTICS BY BEDROOM SIZE, PUBLIC HOUSING | | | | | | |
| 0BR | 0 | Less than 1 | | | | |
| 1BR | 39 | 24.70% | | | | |
| 2 BR | 64 | 40.50% | | | | |
| 3 BR | 44 | 27.80% | | | | |
| 4 BR | 11 | 7.0% | | | | |
| 5 BR | 0 | Less than 1 | | | | |

| Housing Needs of Families on the Waiting List |
|--|
| Is the waiting list closed (select one)? 🛛 No 🗌 Yes |
| If yes: |
| How long has it been closed (# of months)? |
| Does the PHA expect to reopen the list in the PHA Plan year? No Yes |
| Does the PHA permit specific categories of families onto the waiting list, even if |
| generally closed? No Yes 3 & 4 Bedrooms |

| I | Housing Needs of Families on the Waiting List | | | | |
|--|---|---------------------|-----------------|--|--|
| Waiting list type: (select one) Section 8 tenant-based assistance Public Housing Combined Section 8 and Public Housing Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: Washington Avenue Apartments | | | | | |
| | # of families | % of total families | Annual Turnover | | |
| Waiting list total Extremely low income <=30% AMI | 13 0 | | | | |
| Very low income (>30% but <=50% AMI) | 13 | | | | |
| Low income (>50% but <80% AMI) | 0 | | | | |
| Families with children | 13 | | | | |
| Elderly families | 0 | | | | |
| Families with Disabilities | 0 | | | | |
| White/non Hispanic | 0 | | | | |
| Black/non Hispanic | 0 | | | | |
| American Indian | 0 | | | | |
| Asian | 0 | | | | |
| Hispanic | Hispanic 0 | | | | |
| CHARACTERISTICS BY BEDROOM SIZE, PUBLIC HOUSING | | | | | |
| OBR | | | | | |
| 1BR | | | | | |
| 2 BR | 12 | | | | |
| 3 BR | 1 | | | | |
| 4 BR | | | | | |

| Housing Needs of Families on the Waiting List | | | | | | |
|--|---|--|--|--|--|--|
| 5 BR | | | | | | |
| Is the waiting list clos | Is the waiting list closed (select one)? No Yes | | | | | |
| If yes: | | | | | | |
| How long has it been closed (# of months)? | | | | | | |
| Does the PHA expect to reopen the list in the PHA Plan year? No Yes | | | | | | |
| Does the PHA permit specific categories of families onto the waiting list, even if | | | | | | |
| generally closed? No Yes | | | | | | |

| Housing Needs of Families on the Waiting List | | | |
|---|---|---|-----------------|
| Public HousingCombined SectPublic Housing | t-based assistance ion 8 and Public Housi Site-Based or sub-juris | ng sdictional waiting list (oj subjurisdiction:15-6 Nor | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total Extremely low income <=30% AMI | 309 287 | 92.9% | |
| Very low income (>30% but <=50% AMI) | 20 | 6.50% | |
| Low income (>50% but <80% AMI) | 2 | Less than 1 | |
| Families with children | 248 | 80.3% | |
| Elderly families | 3 | 1.0% | |
| Families with Disabilities | 14 | 4.5% | |
| White/non Hispanic | 108 | 34.9% | |
| Black/non Hispanic | 197 | 63.70% | |
| American Indian | 3 | 1.0% | |
| Asian | 1 | Less than 1 | |
| Hispanic | 0 | Less than 1 | |
| CHARACTERISTICS | S BY BEDROOM SIZE | E, PUBLIC HOUSING | |
| OBR | 0 | Less than 1 | |
| 1BR | 45 | 14.60% | |
| 2 BR | 123 | 39.80% | |
| 3 BR | 112 | 36.2% | |
| 4 BR | 29 | 9.40% | |

| Housing Needs of Families on the Waiting List | | | |
|---|----------------------|-------------------------------------|-------------------------|
| 5 BR | 0 | Less than 1 | |
| Is the waiting li | st closed (select or | ne)? 🗌 No 🗌 Yes | |
| If yes: | | | |
| How lor | g has it been close | ed (# of months)? | |
| Does the | PHA expect to re | open the list in the PHA Plan yea | r? 🗌 No 🗌 Yes |
| Does the | e PHA permit speci | ific categories of families onto th | e waiting list, even if |
| generall | y closed? 🗌 No [| Yes Yes | - |

| Housing Needs of Families on the Waiting List | | | |
|---|-----------------|---------------------|-----------------|
| Waiting list type: (select one) Section 8 tenant-based assistance Public Housing Combined Section 8 and Public Housing Public Housing Site-Based or sub-jurisdictional waiting list (optional) East Alton If used, identify which development/subjurisdiction:15-10 Olin Building | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total Extremely low income <=30% AMI | 34 27 | 79.40% | |
| Very low income (>30% but <=50% AMI) | 6 | 17.60% | |
| Low income (>50% but <80% AMI) | 1 | 3.0% | |
| Families with children | 0 | Less than 1 | |
| Elderly families | 7 | 20.60% | |
| Families with Disabilities | 9 | 26.50% | |
| White/non Hispanic | 28 | 82.30% | |
| Black/non Hispanic | 6 | 17.70% | |
| American Indian | 0 | Less than 1 | |
| Asian | 0 | Less than 1 | |
| Hispanic | 0 | Less than 1 | |
| CHARACTERISTICS | BY BEDROOM SIZE | PUBLIC HOUSING | |
| OBR | 8 | 23.5% | |
| 1BR | 26 | 76.5% | |
| 2 BR | 0 | Less than 1 | |
| 3 BR | 0 | Less than 1 | |
| 4 BR | 0 | Less than 1 | |

| Housing Needs of Families on the Waiting List | | |
|--|----------------------------------|---|
| 5 BR | 0 | Less than 1 |
| Is the waiting list closed (select one)? X No Yes | | |
| If yes: | | |
| Ho | ow long has it been closed (# of | of months)? |
| Do | bes the PHA expect to reopen th | the list in the PHA Plan year? 🗌 No 🗌 Yes |
| Does the PHA permit specific categories of families onto the waiting list, even if | | |
| gei | nerally closed? 🗌 No 🖂 Ye | es All bedroom sizes open |

| Housing Needs of Families on the Waiting List | | | |
|---|---------------|---------------------|-----------------|
| Waiting list type: (select one) Section 8 tenant-based assistance Public Housing Combined Section 8 and Public Housing Public Housing Site-Based or sub-jurisdictional waiting list (optional) Collinsville If used, identify which development/subjurisdiction:15-11 Braner Building | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total Extremely low income <=30% AMI | 63 54 | 85.7% | |
| Very low income (>30% but <=50% AMI) | 8 | 12.70% | |
| Low income (>50% but <80% AMI) | 1 | 1.6% | |
| Families with children | 0 | Less than 1 | |
| Elderly families | 12 | 19.00% | |
| Families with Disabilities | 17 | 27.00% | |
| White/non Hispanic | 47 | 74.60% | |
| Black/non Hispanic | 14 | 22.20% | |
| American Indian | 0 | Less than 1 | |
| Asian | 2 | 3.2% | |
| Hispanic | 0 | Less than 1 | |
| CHARACTERISTICS BY BEDROOM SIZE, PUBLIC HOUSING | | | |
| OBR | 0 | Less than 1 | |
| 1BR | 63 | 100% | |
| 2 BR | 0 | Less than 1 | |
| 3 BR | 0 | Less than 1 | |
| 4 BR | 0 | Less than 1 | |

| | Housing Needs of Fami | lies on the Waiting Lis | t |
|---------|--|---------------------------|-----------------------|
| 5 BR | 0 | Less than 1 | |
| Is the | waiting list closed (select one)? 🛛 No | Yes | |
| If yes: | | | |
| | How long has it been closed (# of mon | ths)? | |
| | Does the PHA expect to reopen the list | in the PHA Plan year? | 🗌 No 🗌 Yes |
| | Does the PHA permit specific categori | es of families onto the w | vaiting list, even if |
| | generally closed? 🛛 No 🗌 Yes Op | en for all | - |

Γ

| Housing Needs of Families on the Waiting List | | | |
|---|--|----------------------------|-----------------|
| Public Housing Combined Section Public Housing | t-based assistance on 8 and Public Housin | dictional waiting list (op | tional) |
| | # of families | % of total families | Annual Turnover |
| Waiting list total Extremely low income <=30% AMI | 235 212 | 90.2% | |
| Very low income (>30% but <=50% AMI) | 23 | 9.8% | |
| Low income (>50% but <80% AMI) | 0 | less than 1 | |
| Families with children | 166 | 70.6% | |
| Elderly families | 10 | 4.3% | |
| Families with Disabilities | 12 | 5.1% | |
| White/non Hispanic | 81 | 34.5% | |
| Black/non Hispanic | 154 | 65.5% | |
| American Indian | 0 | less than 1 | |
| Asian | 0 | less than 1 | |
| Hispanic | 0 | less than 1 | |

Housing Needs of Families on the Waiting List

Is the waiting list closed (select one)? No X Yes If yes:

> How long has it been closed (# of months)? 15 months or since May, 2004 Does the PHA expect to reopen the list in the PHA Plan year? \square No \square Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? \square No \square 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

| \square | Employ effective maintenance and management policies to minimize the number of public housing units off-line |
|-------------|---|
| \square | Reduce turnover time for vacated public housing units |
| \square | Reduce time to renovate public housing units |
| \boxtimes | Seek replacement of public housing units lost to the inventory through mixed |
| | finance development |
| \square | 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 |
| \boxtimes | Undertake measures to ensure access to affordable housing among families |
| | assisted by the PHA, regardless of unit size required |
| \boxtimes | Maintain or increase section 8 lease-up rates by marketing the program to owners, |
| _ | particularly those outside of areas of minority and poverty concentration |
| \bowtie | Maintain or increase section 8 lease-up rates by effectively screening Section 8 |
| | applicants to increase owner acceptance of program |
| \bowtie | 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

 \square Leverage affordable housing resources in the community through the creation of mixed - finance and HOPE VI housing

- \square Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- \square Other: (list below)
 - 1. Work with other agencies and developers to expand housing using allotment of project based certificates and additional vouchers should they become available from HUD
 - 2. Demolition and reconstruction activities

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
- \boxtimes Apply for special-purpose vouchers targeted to the elderly, should they become available

 \square Other: (list below)

Work with other agencies and developers to expand housing using allotment of project based certificates

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 $\overline{\square}$ Carry out the modifications needed in public housing based on the section 504
 - Needs Assessment for Public Housing
- \square Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- \square 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

 \square

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

- \square Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- \square Market the section 8 program to owners outside of areas of poverty /minority concentrations
- \square Other: (list below)
 - Work with Landlord organizations to expand list of landlords willing to accept Sec. 8 tenants

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:

- \boxtimes Funding constraints
 - Staffing constraints
 - Limited availability of sites for assisted housing
 - Extent to which particular housing needs are met by other organizations in the community
- \square Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- \square Influence of the housing market on PHA programs

| \ge |
|-------|
| \ge |
| \ge |
| |

Community priorities regarding housing assistance Results of consultation with local or state government Results of consultation with residents and the Resident Advisory Board Results of consultation with advocacy groups Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

| | ial Resources: Sources and Uses | |
|---|------------------------------------|---|
| Sources | Planned \$ | Planned Uses |
| 1. Federal Grants (FY 2007 grants) | | |
| a) Public Housing Operating Fund | \$1,179,410 | Public housing operations |
| b) Public Housing Capital Fund (07 Anticipated) | \$994,104 | Public housing capital improvements, management improvements, administrative expenses |
| c) | | |
| d) HOPE VI Demolition/Revitilization | 0 | |
| e) Annual Contributions for Section 8 | \$4,920,000 | HAP payments |
| Tenant-Based Assistance | 20,000 Mod Rehab | administrative expenses |
| | Admin | |
| | 390,000 Voucher | |
| | Admin | |
| f) | | |
| g) Resident Opportunity and Self- Sufficiency Grants | | |
| h) Community Development Block | 0 | |
| Grant | | |
| i) HOME | 0 | |
| Other Federal Grants (list below) | | |
| j) Family Self-sufficiency Program (Section 8) | \$0 | Section 8 FSS Program Administration |
| K) Madison County Community | \$15,000 | FSS Program |
| Service Block Grant Progam—Family | | Administration |
| Self Sufficiency Program | | |
| 2. Prior Year Federal Grants | | |
| (unobligated funds only) (list below) | | |
| | \$0 | |
| | | |

| Financial Resources: | | |
|--|------------------|-------------------------------------|
| Planned | Sources and Uses | |
| Sources | Planned \$ | Planned Uses |
| IL06P015502-03 | \$0 | Public housing capital |
| IL06P015501-04 | Already received | improvements, |
| IL06P015501-05 | Already received | management |
| IL06P015501-06 | Already received | improvements, |
| IL06P015501-07 | \$994,104.00 | administrative expenses |
| Replacement Housing Factor Funds | | |
| RFG 05 | Already received | |
| RFG 06 | Already received | |
| RFG | 407,486 | Replacement of public housing units |
| 3. Public Housing Dwelling Rental | \$353,028 | Public Housing |
| Income | \$555,020 | operations |
| Rental on 5 Transitional Housing Units | \$14,000 | Public Housing |
| for the Homeless at Northgate-MCCD | ψ14,000 | operations |
| | | |
| 4. Other income (list below) | | |
| 4. Non-federal sources (list below) | | |
| Olin site small partial disposition | 15,000 | |
| Investment income | \$1,500 | Public Housing operations |
| Washington Avenue Apartments Income (developer fee & loan payment & lease) | \$45,000 | Affordable housing development |
| Participation Fee—Alton Pointe mixed finance redevelopment project | \$60,000 | Affordable housing redevelopment |
| Total resources | \$9,408,632 | |
| | | |

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A. (1) Eligibility

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

When families are within a certain number of being offered a unit: (state number) When families are within a certain time of being offered a unit: (state time) Other: (describe) Upon completion of the verification process

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

| | ······································ |
|---|--|
| Х | Criminal or Drug-related activity |

| \boxtimes | Rental history |
|-------------|----------------|
| \square | Housekeeping |

Housekeeping Other (describe)

- c. \boxtimes Yes \square No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. \boxtimes Yes \square No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. Xes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
 - Community-wide list
 - Sub-jurisdictional lists
 - Site-based waiting lists
 - Other (describe)

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

- PHA main administrative office
- PHA development site management office

Other Washington Avenue Apartments development site management office

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?1
- 2. Xes 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? One list for the each mixed finance project -- Washington Avenue Apartments and soon to be under construction Alton Pointe Apartments.
- 3. Yes No: May families be on more than one list simultaneously If yes, how many lists?
- 4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?



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

(3) Assignment

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

Three or More

b. \boxtimes Yes \square 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

 \square 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:

- \square Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
 - Victims of domestic violence
 - Substandard housing

Homelessness

High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

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

Victims of reprisals or hate crimes

 \square Other preference(s) (list)

> Elderly preference, applicants who are 62 or over, handicapped or disabled for **Elderly Public Housing Complexes**

Graduates from Madison County Transitional Housing Program

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.

Former Federal preferences:

- 1. Involuntary Displacement (Disaster, Government Action, Action of Housing Property Disposition
- 2. Working Families
- 3. 62 years of age based on inability to work
- 4. Reside or work in the jurisdiction
- 5. Applicants who are veterans or veterans family
- 6. Applicants 62 years or older or disabled

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

 \bowtie

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

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

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

- At an annual reexamination and lease renewal
- Any time family composition changes

At family request for revision

Other (list)

(6) Deconcentration and Income Mixing

| a. 🔀 | Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income |
|-------------|---|
| b. 🔀 | mixing? 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 th | e answer to b was yes, what changes were adopted? (select all that apply) |
| \square | Adoption of site based waiting lists |
| | If selected, list targeted developments below: |
| | |
| \boxtimes | Employing waiting list "skipping" to achieve deconcentration of poverty or |
| | income mixing goals at targeted developments |
| | If selected, list targeted developments below: All Public Housing Developments: |
| | Garesche Homes, Viola Jones Homes, Northgate Homes, Lee Wright Homes, Olin |
| | Building, Braner Building |
| \boxtimes | Employing new admission preferences at targeted developments |
| | If selected, list targeted developments below: All Public Housing Developments |
| | Garesche Homes, Viola Jones Homes, Northgate Homes, Lee Wright Homes, Olin |
| _ | Building, Braner Building |
| | Other (list policies and developments targeted below) |
| d. 🔀 | Yes No: Did the PHA adopt any changes to other policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing? |
| e. If th | he answer to d was yes, how would you describe these changes? (select all that |
| app | |
| | |
| | Additional affirmative marketing |
| | Actions to improve the marketability of certain developments |
| H | Adoption or adjustment of ceiling rents for certain developments |
| | Adoption of rent incentives to encourage deconcentration of poverty and income |
| | mixing Others (list heless) |
| \boxtimes | Other (list below) |
| | Flat Rent Schedule should attract higher income families |
| | |

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

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

Garesche Homes, Viola Jones Homes, Northgate Homes, Lee Wright Homes, Olin Building, Braner Building 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)

| \boxtimes | |
|-------------|--|
| | |

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

B. Section 8

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

(1) Eligibility

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

- Criminal or drug-related activity only to the extent required by law or regulation
 - Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below) Screening for income eligibility and to determine if applicant owes money to another housing program or authority
 - Other (list below)
- b. Xes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. Xes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. Xes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
 - Criminal or drug-related activity
- Other (describe below)

Upon owner's request Madison County Housing Authority will give the owner the family's current address (as shown in the housing authority's records) and the name and address of the landlord at the family's current and prior addresses if known to the housing authority

(2) Waiting List Organization

None

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

Federal project-based certificate program

Other federal or local program (list below)

- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- PHA main administrative office
- Other (other sites as needed in Madison County to handle volume of applicants)

(3) Search Time

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

If yes, state circumstances below: 120-day period to search for a unit is allowed per the Section 8 Admin Plan

(4) Admissions Preferences

- a. Income targeting
- Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?
- b. Preferences
- 1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs)
- 2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- 1 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)
| \mathbf{X} |
|--------------|

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) Disabled veterans preference

Graduates of the Madison County Transitional Housing Program

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in

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

1 Date and Time

Former Federal preferences

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

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)



 \times

 $\overline{\boxtimes}$

Date and time of application

Drawing (lottery) or other random choice technique

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

This preference has previously been reviewed and approved by HUD

- The PHA requests approval for this preference through this PHA Plan
- 6. Relationship of preferences to income targeting requirements: (select one)
 - The PHA applies preferences within income tiers
 - Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

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

The Section 8 Administrative Plan

| \ge |
|-------|
| |
| |

Briefing sessions and written materials

Other (list below)

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

Through published notices

Other (list below)

Local Special Needs Agencies

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

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

---or---

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

b. Minimum Rent

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

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

- 2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?
- 3. If yes to question 2, list these policies below:
- c. Rents set at less than 30% than adjusted income

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

- 2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:
- d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

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

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

| \boxtimes |
|-------------|

Yes for all developments

Yes but only for some developments

No

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

- For all developments
 - For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
 - For certain size units; e.g., larger bedroom sizes
- Other (list below)
- 3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)
 - Market comparability study
 - Fair market rents (FMR)
 - 95th percentile rents
 - 75 percent of operating costs
 - 100 percent of operating costs for general occupancy (family) developments
 - Operating costs plus debt service
 - The "rental value" of the unit
 - Other (list below)
- f. Rent re-determinations:

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

| Tent: (select an that appry) |
|--|
| Never |
| At family option |
| Any time the family experiences an income increase/decrease |
| Any time a family experiences an income increase above a threshold amount or |
| percentage: (if selected, specify threshold) |
| Other (list below) |
| Anytime family experiences increase or decrease in income and/or family |
| composition |
| g. \Box Yes \boxtimes 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 |

(2) Flat Kents

- 1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
 - The section 8 rent reasonableness study of comparable housing

Survey of rents listed in local newspaper

Survey of similar unassisted units in the neighborhood

Other (list/describe below)

Rents surveyed exceeded the operating costs, the Authority established the flat rent based on operating costs

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 tenantbased 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 below100% of FMR

100% of FMR

Above 100% but at or below 110% of FMR

- Above 110% of FMR (if HUD approved; describe circumstances below)
- b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

| FMRs are adequate to ensure success among assisted families in the PHA' | s |
|---|---|
| segment of the FMR area | |

The PHA has chosen to serve additional families by lowering the payment standard

Reflects market or submarket

- Other (list below) Payment standards lowered due to budget cuts
- c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)
 - FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
 - Reflects market or submarket
 - To increase housing options for families
 - Other (list below)
- d. How often are payment standards reevaluated for adequacy? (select one)
- \bowtie 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)
- \boxtimes Success rates of assisted families
- Rent burdens of assisted families
 - Other (list below) Funding availability

(2) Minimum Rent

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

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

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

5. Operations and Management [24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- \boxtimes An organization chart showing the PHA's management structure and organization is attached. Attachment I
 - A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

| Program Name | Units or Families Served at Year | Expected Turnover |
|--|-------------------------------------|----------------------|
| | Beginning | I UI HOVEI |
| Public Housing | 442/422 | 20 |
| Section 8 Vouchers | 916 | |
| Section 8 Certificates | | |
| Section 8 Mod Rehab | 48 | |
| Special Purpose Section 8 Certificates/Vouchers | Na | |
| (list individually) | | |
| Section 8 New | 92 | 2 |
| Construction (May and | | |
| Stevens Buildings) | | |
| | | |
| 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 and Continued Occupancy Policy
- Blood Borne Disease Policy
- Capitalization Policy
- Check Signing Policy
- Community Service Policy
- Criminal Records Management Policy
- Disposition Policy
- Drug Free Policy
- Equal Housing Opportunity Policy
- Ethics Policy
- Fund Transfer Policy
- Hazardous Materials Policy

- Investment Policy
- Maintenance Policy
- Natural Disaster Policy
- Personnel Policy
- Pest Control Policy
- Pet Policy
- Procurement Policy
- Reasonable Accommodation Policy
- Rent Collection Policy
- Zero Income Policy
- EIV Policy

(2) Setion 8 Management: (see list below)

Administrative Plan 6. <u>PHA Grievance Procedures</u>

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

PHA main administrative office

PHA development management offices

Other (list below)

B. Section 8 Tenant-Based Assistance

1. Xes 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: See Section 8 Administrative Plan

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-

 \square

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

Madison County Housing Authority-PHA Plan Table Library

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

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

Capital Fund Grant Number <u>IL06P01550107</u> <u>F</u>FY of Grant Approval: (2007)

Original Annual Statement

| Line No. | Summary by Development Account | Total Estimated Cost |
|----------|--|-------------------------|
| 1 | Total Non-CGP Funds | 0.00 |
| 2 | 1406 Operations | 198,820.00 |
| 3 | 1408 Management Improvements | 70,000.00 |
| 4 | 1410 Administration | 74,000.00 |
| 5 | 1411 Audit | 0.00 |
| 6 | 1415 Liquidated Damages | 0.00 |
| 7 | 1430 Fees and Costs | 55,000.00 |
| 8 | 1440 Site Acquisition | 0.00 |
| 9 | 1450 Site Improvement | 30,000.00 |
| 10 | 1460 Dwelling Structures | 296,284.00 |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | 30,000.00 |
| 12 | 1470 Nondwelling Structures | 80,000.00 |
| 13 | 1475 Nondwelling Equipment | 40,000.00 |
| 14 | 1485 Demolition | 60,000.00 |
| 15 | 1490 Replacement Reserve | 0.00 |
| 16 | 1492 Moving to Work Demonstration | 0.00 |
| 17 | 1495.1 Relocation Costs | 60,000.00 |
| 18 | 1498 Mod Used for Development | 0.00 |
| 19 | 1502 Contingency | 0.00 |
| 20 | Amount of Annual Grant (Sum of lines 2-19) | 994,104.00 |
| 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 | 20,000.00 |
| 24 | Amount of line 20 Related to Energy Conservation Measures | 0.00 |

Annual Statement 2007 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 |
|--|---|----------------------------------|----------------------------|
| IL 015-001 | Appliances | 1465 | 20,000 |
| | Landscaping & Site Improvements | 1450 | 10,000 |
| | Guttering & Downspout & Exterior | 1460 | 20,000 |
| IL015-002 | Improvements AC & Unit Guards | 1460 | 5,000 |
| 11.013-002 | | 1460 | 20,000 |
| | Security Screens & Improvements | | 20,000 |
| | Site improvements including landscaping | | |
| | Structural repairs | 1460 | 15,000 |
| IL 015-006 | Sewer improvements including lines, cast iron waste and soil stack | 1460 | 82,000 |
| | replacement, Appliances | 1465 | 10,000 |
| IL-015-007 | Sewer Improvements | 1403 | 10,000 |
| IL-013-007 | Electrical Improvements | 1460 | 10,000 |
| | Relocation | 1495.1 | 60,000 |
| | Demolition | 1485 | 60,000 |
| IL 015-010 | Emergency Generator | 1475 | 40,000 |
| | HVAC improvements | 1460 | 20,000 |
| | Emergency EIFS Repair | 1460 | 30,000 |
| IL-015-011 | Plumbing Improvements | 1460 | 29,284 |
| Agency Wide | Paint Units | 1460 | 65,000 |
| Agency Wide | Camera Monitoring & Security | 1408 | 20,000 |
| Agency Wide | Non-dwelling Improvements | 1470 | 80,000 |
| Agency Wide | Management Improvements/ training | 1408 | 50,000 |
| Agency Wide | Sundry | 1410 | 4,000 |
| Agency Wide | Salaries & Benefits | 1410 | 70,000 |
| Agency Wide | Fees & Costs/A&E Fees | 1430 | 55,000 |
| Agency Wide | Operations | 1406 | 198,820 |

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) |
|--|--|---|
| IL-015-002 | 09/30/09 | 09/30/11 |
| IL 015-007 | 09/30/09 | 09/30/11 |
| IL-015-010 | 09/30/09 | 09/30/11 |
| IL-015-011 | 09/30/09 | 09/30/11 |
| Agency wide | 09/30/09 | 09/30/11 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

(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:

 \boxtimes The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment: **State name-** (Attachment H)

```
-or-
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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)

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

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

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.

- \square Yes \boxtimes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
 - b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)
 - 1. Development name:
 - 2. Development (project) number:
 - 3. Status of grant: (select the statement that best describes the current status)

Revitalization Plan under development

Revitalization Plan submitted, pending approval

Revitalization Plan approved

Activities pursuant to an approved Revitalization Plan underway

| Yes No: | c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?If yes, list development name/s below:Lee Wright and Viola Jones Homes |
|-----------|--|
| 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: |

Mixed-Finance Summary:

Madison County Housing Authority affirms that shelter is a basic human necessity and we are dedicated to provide decent housing opportunities to those in need in Madison County, IL. We understand that blighted areas undermine the vibrancy of our community and therefore we are committed to acting as a means for successful redevelopment efforts in our community. We are currently in the strategic planning stage of a mixed finance development project for IL06P015-08 Sullivan Homes and IL06P015-04 Curran Homes. Gundaker Commercial Properties, the developer hired to redevelop the now vacant Sullivan site in Alton, submitted an application for tax credits and financing to Illinois Housing Development Authority in December, 2005. Gundaker was notified in late March, 2006 that their financing application on the Alton Pointe project (redevelopment of Sullivan site) was preliminarily approved. It is anticipated that the IHDA Board will approve the financing package at the meeting in August, 2006. As such, a Rental Term Sheet will be submitted to HUD in 2006. Final closing on the mixed finance project is anticipated for December, 2006 with all funding sources. Plans to redevelop the Curran site (now vacant) will get underway once the Alton Pointe mixed finance project is approved and progressing.

Other sites proposed for redevelopment include the Lee Wright and Viola Jones sites. The Lee Wright and Viola Jones complexes, both located in Venice, are suffering from structural dilapidation, obsolescence, faulty arrangement and design, obsolete layout and other factors that are detrimental to the safety, health, morals and welfare of its community. It is anticipated that MCHA will utilize the Replacement Housing Grant to secure technical assistance for these sites and will secure a development entity to codevelop with MCHA the Lee Wright and Viola Jones sites. A Request for Qualifications for Development Assistance is expected to be published in late summer, 2006. Demolition/disposition applications will be submitted to HUD in late 2006 to early 2007. Funding applications are expected to be submitted in late 2006.

The Northgate Public Housing Complex in Collinsville is slated for redevelopment. MCHA will pursue the redevelopment of this site after the Alton, and Venice redevelopment projects are underway. It is anticipated that the redevelopment process for the Northgate site will begin at the end of 2007. The Garesche Public Housing Complex in Madison is slated for redevelopment. MCHA will pursue the redevelopment of this site utilizing a variety of public and private funding sources. It is anticipated that the redevelopment process for the Garesche site will begin at the end of 2007 or later.

There are some crime problems in and around the vicinity of these public housing complexes in Venice, Madison and Collinsville. Some residents are afraid to leave their homes after dark while others are engaging in illegal drug activities.

We feel that the redevelopment of these complexes will, at a minimum, address the following:

- A chance to increase the opportunities for the physical, social, and economic integration of our public housing stock.
- Creation of a safer, more peaceful environment within these public housing complexes so that residents and surrounding neighborhoods can benefit from decreased criminal and drug-related activity, thereby enjoying a higher quality of living conditions.
- Reduction of current turnover in residents in order to improve stability within the neighborhood and increase resident involvement and pride in their neighborhood.
- Establish Madison County Housing Authority as a catalyst for residents to become more self-sufficient, which will lead to home ownership and increased family strength and stability.
- 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:

IL 15-8 Sullivan Homes-mixed finance project 2006-2008 IL 15-4 Curran Homes-mixed finance project 2007-2009 IL 15-7 Lee Wright and Viola Jones Homes –Mixed finance project 2006-2009 IL 15-6 Northgate Homes—mixed finance project 2007-2010 IL 15-6 Garesche Homes—mixed finance project 2007-2010

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

2. Activity Description

Yes No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

| Disposition Activity Description |
|--|
| 1a. Development name: Venice Homes |
| 1b. Development (project) number: IL06P015-09 |
| 2. Activity type: Demolition |
| Disposition 🖂 |
| 3. Application status (select one) |
| Approved |
| Submitted, pending approval |
| Planned application 🖂 |
| 4. Date application approved, submitted, or planned for submission: IDOT has expressed |
| interest in a small portion of land from the Venice Homes site needed for the relocation |
| project of Rte. 3. It is unclear what the time-frame will be for this "acquisition." As |
| such, the disposition application will be submitted to HUD only if IDOT pursues the |
| "friendly" acquisition for a small portion (.05 acre) of the Venice Home site. |
| 5. Number of units affected: |
| 6. Coverage of action (select one) |
| Part of the development |
| Total development |
| 7. Timeline for activity: |
| a. Actual or projected start date of activity: 2007 estimated (pending IDOT |
| request) |
| b. Projected end date of activity: 3 months after initiation |

| Disposition Activity Description |
|--|
| 1a. Development name: Olin Homes |
| 1b. Development (project) number: IL06P015-010 |
| 2. Activity type: Demolition |
| Disposition \boxtimes |
| 3. Application status (select one) |
| Approved |
| Submitted, pending approval 🔀 |
| Planned application |
| 4. Date application approved, submitted, or planned for submission: |
| 5. Number of units affected: |
| 6. Coverage of action (select one) |
| Part of the development |
| Total development |
| 7. Timeline for activity: |
| a. Actual or projected start date of activity: 03/08/2006 application electronically |
| submitted to SAC |
| b. Projected end date of activity: transaction (public sale of small portion of |
| vacant property) expected to be complete within 3 months of approval from HUD |
| SAC |

| Demolition/Disposition Activity Description |
|---|
| 1a. Development name: Sullivan Homes |
| 1b. Development (project) number: IL06P015-008 |
| 2. Activity type: Demolition \boxtimes |
| Disposition 🔀 |
| 3. Application status (select one) |
| Approved 🖂 |
| Submitted, pending approval |
| Planned application |
| 4. Date application approved, submitted, or planned for submission: <u>11/18/2004</u> |
| 5. Number of units affected: 100 |
| 6. Coverage of action (select one) |
| Part of the development |
| Total development |
| Demolition of complex complete. See above description for status on this project. |
| 7. Timeline for activity: |
| a. Actual or projected start date of activity: September 2006 |
| b. Projected end date of activity: September 2008 |

| Demolition/Disposition Activity Description |
|---|
| 1a. Development name: Curran Homes |
| 1b. Development (project) number: IL06P015-04 |
| 2. Activity type: Demolition \boxtimes |
| Disposition \boxtimes |
| 3. Application status (select one) |
| Approved 🖂 |
| Submitted, pending approval |
| Planned application |
| 4. Date application approved, submitted, or planned for submission: <u>11/19/2004</u> |
| 5. Number of units affected: 144 |
| 6. Coverage of action (select one) |
| Part of the development |
| Total development- Demolition of complex complete. Site will be redeveloped after |
| the Sullivan site redevelopment plans are underway. |
| 7. Timeline for activity: |
| a. Actual or projected start date of activity: September 2007 |
| b. Projected end date of activity: September 2009 |

| Demolition/Disposition Activity Description |
|---|
| 1a. Development name: Lee Wright Homes |
| 1b. Development (project) number: IL06P015-07 |
| 2. Activity type: Demolition \boxtimes |
| Disposition 🔀 |
| 3. Application status (select one) |
| Approved |
| Submitted, pending approval |
| Planned application 🔀 |
| 4. Date application approved, submitted, or planned for submission: <u>2006</u> |
| 5. Number of units affected: 88 |
| 6. Coverage of action (select one) |
| Part of the development |
| Total development |
| 7. Timeline for activity: |
| a. Actual or projected start date of activity: August, 2006 |
| b. Projected end date of activity: December, 2008 |

| Demolition/Disposition Activity Description |
|--|
| 1a. Development name: Viola Jones Homes |
| 1b. Development (project) number: IL06P015-02 |
| 2. Activity type: Demolition \boxtimes |
| Disposition \boxtimes |
| 3. Application status (select one) |
| Approved |
| Submitted, pending approval |
| Planned application \boxtimes |
| 4. Date application approved, submitted, or planned for submission: <u>2006-2007</u> |
| 5. Number of units affected: 37 |
| 6. Coverage of action (select one) |
| Part of the development |
| Total development- MCHA intends to conduct this redevelopment project in concert |
| with the Lee Wright Homes redevelopment. |
| 7. Timeline for activity: |
| a. Actual or projected start date of activity: September 2007 |
| b. Projected end date of activity: September 2009 |

| Demolition/Disposition Activity Description |
|---|
| 1a. Development name: Northgate Homes |
| 1b. Development (project) number: IL06P015-06 |
| 2. Activity type: Demolition \boxtimes |
| Disposition 🖂 |
| 3. Application status (select one) |
| Approved |
| Submitted, pending approval |
| Planned application 🖂 |
| 4. Date application approved, submitted, or planned for submission: <u>2007</u> |
| 5. Number of units affected: 99 |
| 6. Coverage of action (select one) |
| Part of the development |
| Total development-MCHA intends to redevelop Northgate site in entirety. |
| 7. Timeline for activity: |
| a. Actual or projected start date of activity: September 2007 |
| b. Projected end date of activity: September 2010 |

| Demolition/Disposition Activity Description |
|---|
| 1a. Development name: Garesche Homes |
| 1b. Development (project) number: IL06P015-01 |
| 2. Activity type: Demolition \boxtimes |
| Disposition \boxtimes |
| 3. Application status (select one) |
| Approved |
| Submitted, pending approval |
| Planned application |
| 4. Date application approved, submitted, or planned for submission: <u>2007</u> |
| 5. Number of units affected: 78 |
| 6. Coverage of action (select one) |
| Part of the development |
| Total development-MCHA intends to redevelop Northgate site in entirety. |
| 7. Timeline for activity: |
| a. Actual or projected start date of activity: September 2007 |
| b. Projected end date of activity: September 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 Compor | ent 9; Section 8 only PHAs are not required to complete this section. |
| 1. \boxtimes Yes \square 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 | on a state of the |
| \bigvee Yes \square No: | Has the PHA provided all required activity description information |
| | for this component in the optional Public Housing Asset |
| | Management Table? If "yes", skip to component 10. If "No", |
| | complete the Activity Description table below. |
| | |

| Designation of Public Housing Activity Description |
|--|
| 1a. Development name: Braner Homes |
| 1b. Development (project) number: IL 015-011 |
| 2. Designation type: |
| Occupancy by only the elderly |
| Occupancy by families with disabilities |
| Occupancy by only elderly families and families with disabilities \square |
| 3. Application status (select one) |
| Approved; included in the PHA's Designation Plan \square |
| Submitted, pending approval |
| Planned application |
| 4. Date this designation approved, submitted, or planned for submission: |
| 5. If approved, will this designation constitute a (select one) |
| New Designation Plan |
| Revision of a previously-approved Designation Plan? HUD has possibly turned this |
| down. |
| 6. Number of units affected: 75 |
| 7. Coverage of action (select one) |
| Part of the development |
| Total development |
| <u>10. Conversion of Public Housing to Tenant-Based Assistance</u> |

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

Yes No:

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

| Conversion of Public Housing Activity Description |
|---|
| 1a. Development name: |
| 1b. Development (project) number: |
| 2. What is the status of the required assessment? |
| Assessment underway |

| Assessment results submitted to HUD |
|--|
| Assessment results approved by HUD (if marked, proceed to next |
| question) |
| Other (explain below) |
| |
| 3. Yes 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) |
| Conversion Plan in development |
| Conversion Plan submitted to HUD on: (DD/MM/YYYY) |
| Conversion Plan approved by HUD on: (DD/MM/YYYY) |
| 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) |
| |
| Units addressed in a pending or approved demolition application (date |
| Units addressed in a pending or approved demolition application (date submitted or approved: |
| |
| submitted or approved: |
| submitted or approved: Units addressed in a pending or approved HOPE VI demolition application |
| submitted or approved: Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) |
| 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 |
| 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:) |
| 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 |

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 ⊠ 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: | | |
| HOPE I | | |
| 5(h) | | |
| Turnkey III | | |
| Section 32 of the USHA of 1937 (effective 10/1/99) | | |
| 3. Application status: (select one) | | |
| Approved; included in the PHA's Homeownership Plan/Program | | |
| Submitted, pending approval | | |
| 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) | | |
| Part of the development | | |
| Total development | | |

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

Yes ````\ No: Has the PHA 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? DD/MM/YY

- 2. Other coordination efforts between the PHA and TANF agency (select all that apply)
- Client referrals
 - Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
 - Jointly administer programs
 - Partner to administer a HUD Welfare-to-Work voucher program
 - Joint administration of other demonstration program
 - Other (describe)

B. Services and programs offered to residents and participants (1) General

a. Self-Sufficiency Policies

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

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families

 Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
 Preference/eligibility for public housing homeownership option participation

Preference/eligibility for section 8 homeownership option participation Other policies (list below)

b. Economic and Social self-sufficiency programs

 \boxtimes Yes \square No:

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

| Services and Programs | | | | |
|--------------------------------------|-----------|--|--|---|
| Program Name & Description | Estimated | Allocation | Access | Eligibility |
| (including location, if appropriate) | Size | Method (waiting list/random selection/specific criteria/other) | (development office / PHA main office / other provider name) | (public housing or section 8 participants or both) |
| Workforce Investment Board | | specific criteria | PHA main office and satellite IETC office | Both |
| Community Collaboration Com. | | Specific Criteria | Numerous Providers | Both |

(2) Family Self Sufficiency program/s

a. Participation Description

| Family Self Sufficiency (FSS) Participation | | | | |
|---|---|---|--|--|
| Program | Required Number of Participants | Actual Number of Participants (As of: April, 2006) | | |
| Public Housing | Optional Program | 3 | | |
| Section 8 | 70 (HUD Approved Waiver as of 12/29/05) | | | |

HUD may limit us on number of participants.

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

If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

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

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

- 1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)
- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
 - Residents fearful for their safety and/or the safety of their children
 - Observed lower-level crime, vandalism and/or graffiti
 - People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
 - Other (describe below)
- 2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

| \boxtimes | |
|-------------|--|
| \boxtimes | |

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 graffi | ti |
|---|----|
| 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) Garesche, Lee Wright, Viola Jones, and Northgate

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)

- \boxtimes Contracting with outside and/or resident organizations for the provision of crimeand/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) Installation of Security cameras at Northgate, Possible installation of additional security cameras at Olin and Braner
- 2. Which developments are most affected? (list below) Lee Wright Homes, Viola Jones Homes, Garesche Homes, Northgate Homes and the Olin Building

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)

- \square 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
- \boxtimes 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
- \boxtimes Other activities (list below)

Site security cameras are monitored by the Madison Police Department. The cameras at the Madison sites are fed through a cable connection directly to the Madison Police Department. There are three sites in the Madison, Venice.

2. Which developments are most affected? (list below) Garesche Homes, Lee Wright Homes, Viola Jones Homes, and Northgate Homes.

D. Additional information as required by PHDEP/PHDEP Plan

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

 \Box Yes \boxtimes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? PHDEP plan no longer available

Yes No: Has the PHA included the PHDEP Plan for FY 2003 in this PHA Plan? Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

Pet Policy is contained in the MCHA ACOP.

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. \square Yes \square No: Is the | PHA required to have an audit conducted under section |
|---------------------------------------|---|
| 5(h)(2) of 1 | the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? |
| (If no, skip | to component 17.) |
| 2. 🛛 Yes 🗌 No: Was t | he most recent fiscal audit submitted to HUD? |
| 3. \square Yes \square No: Were | there any findings as the result of that audit? |
| 4. \Box Yes \boxtimes No: If the | here were any findings, do any remain unresolved? |
| If y | es, how many unresolved findings remain? |
| 5. \Box Yes \Box No: Ha | ve responses to any unresolved findings been submitted to |
| HU | ID? |
| If n | ot, 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. Xes No: Is the PHA engaging in any activities that will contribute to the longterm 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)



Private management

Not applicable

- Development-based accounting
- Comprehensive stock assessment
 - Other: (list below)

3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. Yes X No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

If yes, the comments are: (if comments were received, the PHA MUST select one)
 Attached at Attachment (File name) Attachment L
 Provided below:

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

Other: (list below)

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

- 1. \Box Yes \boxtimes 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. \Box Yes \boxtimes 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)

Resident Commissioner is recommended by County Board Chairman and voted on by all County Board Members

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: Madison County, IL
- 2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

Improving the vacancy rate, redevelopment of existing public housing projects, new construction of affordable housing, service programs for public housing tenants, Fair Housing initiatives.

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

Madison County Community Development is working with the Authority on housing initiatives which include using project based certificates to increase housing availability and supporting the Authority in a mixed-finance initiative. Madison County supports our FSS program with assistance from the Community Services Block grants, and works with our staff to promote homeownership to MCHA tenants.

D. Other Information Required by HUD

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

Madison County Housing Authority Resident Assessment Follow-up Plan

In accordance with the Public Housing Assessment System regulations; the purpose of this plan is to address deficiencies in our survey score for the 12/31/05 FYE Customer Satisfaction Survey.

Our agency scored less than 75% in the following areas:Communication65.6%Housing Development Appearance66.6%

In an effort to improve these scores Madison County Housing Authority has accomplished the following:

Communication:

1. Resident meetings are held quarterly at the Braner Homes, May Building, Olin Building, Stevens Building, Lee Wright Homes, and Viola Jones Homes.

The Executive Director, Deputy Director, Housing Manager and Director of Management attend the meetings. The purpose of the meetings is to obtain resident feedback.

These meetings began in April 2004. The meetings are informal and open to participation from any public housing resident. They are generally well attended by the residents.

The Housing Authority welcomes the residents concerns, complaints, questions, and requests. The information obtained at the meetings is shared with MCHA staff and when appropriate; deficiencies are corrected, issues are addressed, recommendations are made, and requests are answered.

- 2. The Housing Authority continues to institute two feedback forms (1) <u>Suspected Lease Violations</u> <u>Reporting Form</u> and (2) <u>Suspected Drug Activity Report</u>. These forms were issued to all residents of public housing and are available at Management Offices and the Central Office. The purpose of the forms is to obtain information from the residents in a non-threateningly way. The residents are not asked to sign the form when they log a complaint.
- 3. All Madison County Housing Authority's personnel wear Identification Badges so the residents can properly identify them.

NEIGHBORHOOD APPEARANCE

- 1. Madison County Housing Authority's maintenance staff works diligently to keep the building grounds free of trash. We have undertaken an aggressive approach in charging problem residents with the abuse and neglect of their units and grounds.
- 2. Within the pastyear, MCHA has completed demolition of two complexes (Curran Homes and Sullivan Homes) that were obsolete and designed in a manner that conflict with the principles of New Urbanism.
- 3. MCHA is taking aggressive measures to ready vacant units.
- 4. MCHA holds quarterly meetings with the residents and addresses their complaints regarding the overall appearance of their complexes.

- 5. MCHA has installed security window screens at IL 15-1Garesche Homes, IL 15-6 Northgate Homes and IL 15-7 Lee Wright Homes. This has resulted in a decline in the number of broken/boarded up windows and has greatly improved overall curb appeal.
- 6. MCHA is currently in the process of signing a contract with Henderson Associates Architects for clearance and landscaping improvements at IL 15-7 Lee Wright Homes.
- Trash dumpsters have been removed at IL 15-1 Garesche Homes, IL 15-2 Viola Jones Homes and IL 15-7 Lee Wright Homes and have been replaced with individual trash containers at the rear of the apartments.
Attachments

9.4 DECONCENTRATION POLICY

It is Madison County Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and nondiscriminating manner.

Madison County Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement. The worksheet for the analysis can be found in **Appendix 1** of the Authority's Admissions and Continued Occupancy Plan.

ATTACHMENT B

LIST OF ADVISORY BOARD MEMBERS

- Lester Campbell (Lee Wright Homes)
- Clifford Mathis Jr. (Lee Wright Homes)
- Bill Easler (May Building)
- Rose Milligan (Stevens Building)
- **Robert Blevins (Stevens Building)**
- Carla Fry (Section 8 tenant)
- Mary Smith (Section 8 tenant)
- Rhonda Clark (Section 8 tenant)
- Ardies Richardson (Viola Jones)
- Willie Silas (Viola Jones)

ATTTACHMENT C

DEFINITION OF "SUBSTANTIAL DEVIATION" AND "SIGNIFICANT AMENDMENT OR MODIFICATION"

Madison County Housing Authority has defined Substantial Deviation of Annual Plans from the 5 Year Plan and Significant Amendment or Modification of the Annual Plan as follows:

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

ATTACHMENT D Madison County Housing Authority Community Service Policy

Section 512 of the Quality Housing and Work Responsibility Act of 1998, which amends Section 12 of the Housing Act of 1937, establishes a new requirement for non-exempt residents of public housing to contribute eight (8) hours of community service each month or to participate in a self-sufficiency program for eight (8) hours each month. Community service is a service for which individuals are not paid. Madison County Housing Authority (herein referred to as PHA) believes that the community service requirement should not be perceived by the resident to be a punitive or demeaning activity, but rather to be a rewarding activity that will benefit both the resident and the community. Community service offers public housing residents an opportunity to contribute to the communities that support them.

In order to implement this new requirement effectively, Madison County Housing Authority establishes the following Policy, October 1, 1999.

1. Community Service

The PHA will provide residents, identified as required to participate in community service, a variety of voluntary activities and location where the activities can be performed. The activities may include, but are not limited to:

- Improving the physical environment of the residents developments;
- Cleaning offices.
- Volunteer services in local schools, day care centers, hospital, nursing homes, youth or senior organizations, drug/alcohol treatment enters, recreation centers, etc;
- Neighborhood projects;
- Self-improvement activities such as household budget, credit counseling, English proficiency, GED classes or other educational activities;
- Tutoring elementary or high school age residents; and
- Helping on-site computer training centers.

Voluntary political activities are prohibited.

2. Program Administration

The PHA may administer its own community service program in conjunction with the formation of cooperative relationships with other community based entities such as TANF, Social Services Agencies or other organizations which have as their goal, the improvement and advancement of disadvantaged families. The PHA may seek to contract its community service program out to a third party.

In conjunction with its own or partnership program, the PHA will provide reasonable accommodations for accessibility to persons with disabilities. The PHA will provide a directory of supervise community service activities and may develop and provide a directory of opportunities from which residents may select. When services are provided through partnering agencies, the PHA will confirm the resident's participation. Should contracting out the community service function be determined to be the most efficient method for the PHA to accomplish this requirement, the PHA will monitor the agency for contract compliance.

The PHA will assure that the service is not labor that would normally be performed by PHA employees responsible for the essential maintenance and property services.

3. Self-Sufficiency

The PHA will inform residents that participation in self-sufficiency activities for eight (8) hours each month can satisfy the community service requirement and encourage non-exempt residents to select such activities to satisfy the requirement. Such activities can include, but are not limited to:

- Apprenticeships and job readiness training;
- Substance abuse and mental health counseling and treatment;
- English proficiency, GED, adult education, junior college or other formal education;
- Household budgeting and credit counseling;
- Small business training.

The PHA may sponsor its own economic self-sufficiency program or coordinate with local social services, volunteer organizations and TANF agencies.

4. Geographic Location

The PHA recognizes that the intent of this requirement is to have residents provide service to their own communities, either in the PHA's developments or in the broader community in which the PHA operates.

5. Exemptions

In accordance with provisions in the Act, the PHA will exempt from participation in community service requirements the following groups;

- Adults who are 62 years of age or older;
- Persons engaged in work activities as defined under Social Security (full-time or part-time employment);
- Participants in a welfare to work program;
- Persons receiving assistance form and in compliance with State programs funded under part A, title IV of the Social Security Act; and
- The disabled but only to the extent that the disability makes the person "unable to comply" with the community service requirements.

The PHA will determine, at the next regularly scheduled reexamination, the status of each household member eighteen (18) years of age or older with respect to the requirement to participate in community service activities. The PHA will use the "PHA Family Community Service Monthly Time-Sheet" to document resident eligibility and the hours of community service. A record for each adult will be established and community service placement selections made. Each non-exempt household member will be provided with forms to be completed by a representative of the service or economic self-sufficiency activity verifying the hours of volunteer service conducted each month.

The PHA will also assure that procedures are in place which provide residents the opportunity to change status with respect to the community service requirement. Such changes include, but are not limited to:

- Going form unemployment to employment;
- Entering a job training program;
- Entering an educational program which exceeds eight (8) hours monthly.

All exemptions to the community service requirement will be verified and documented in the resident file. Required verifications may include, but not be limited to:

- Third-party verification of employment, enrollment in a training or education program, welfare to work program or other economic self sufficiency activities;
- Birth certificates to verify age 62 or older; or
- If appropriate, verification of disability limitations.

Families who pay flat rents, live in public housing units within market rate developments or families who are over income when they initially occupy a public housing unit will not receive an automatic exception.

6. Cooperative Relationships with Welfare Agencies

The PHA may initiate cooperative relationships with local service agencies that provide assistance to its families to facilitate information exchange, expansion of community service/self-sufficiency program options and aid in the coordination of those activities.

7. Lease Requirements and Documentation

The PHA's lease has a twelve (12) -month term and is automatically renewable except for noncompliance with the community service requirement. The lease also provides for termination and eviction of the entire household for such non-compliance. The lease provisions will be implemented for current residents at the next regularly scheduled reexamination on or after January 1, 2001, and for all new residents effective January 1, 2001. The PHA will not renew or extend the lease if the household contains a non-exempt member who has failed to comply with the community service requirement.

Documentation of compliance or non-compliance will be placed in each resident file.

8. Non-compliance

If the PHA determines that a resident who in not an "exempt individual" has not complied with the community service requirement, the PHA must notify the resident:

- 1. of the non-compliance;
- 2. that the determination is subject to the PHA's administrative grievance procedure;
- 3. that unless the resident enters into an agreement under paragraph 4. Of this section the lease of the family of which the non-compliant adult is a member may not be renewed. However, if the non-compliant adult moves from the unit, the lease may be renewed;
- 4. that before the expiration of the lease term, the PHA must offer the resident an opportunity to cure the non-compliance during the next twelve (12)- month period; such a cure includes a written agreement by the non-compliant adult to complete as many additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve (12)-month term of the lease.

ATTACHMENT E

RESIDENT COMMISSIONER

Ms. Alice Hayes 131 Burlington Northgate Homes Collinsville, IL 62234

Ms. Hayes has been a Commissioner on the Madison County Housing Authority Board since 1992. The Commissioners are recommended by the County Board Chairman and voted on by the entire county board.

ATTACHMENT F PERFORMANCE & EVALUATION REPORTS REPORTING PERIOD ENDING 6/30/06

CFP IL06P015501-02 CFP IL06P015501-03 CFP IL06P015502-03 CFP IL06P015502-04 CFP IL06P015501-05 FINAL P & E SUBMITTED JULY 2006 ATTACHED ATTACHED ATTACHED ATTACHED

CAPITAL FUND PROGRAM

1

| | ual Statement/Performance and Evalu ital Fund Program and Capital Fund I | - | nt Housing Factor (| CFP/CFPRHF) P | Part 1: Summar |
|-------|---|------------------------------|---------------------------|---------------|---------------------|
| PHA N | Ŭ Î | Grant Type and Number | | | Federal FY of Grant |
| N | Iadison County Housing Authority | Capital Fund Program Grant N | | | |
| 14 | radison County Housing Muthority | Replacement Housing Factor | | | 2002 |
| Ori | ginal Annual Statement Reserve for Disasters/ Eme | ergencies Revised Annual | Statement (Revision no:) | | |
| Per | formance and Evaluation Report for Period Ending: (|)6/30/06 | ance and Evaluation Repor | t | |
| Line | Summary by Development Account | Total Estin | nated Cost | Total A | ctual Cost |
| No. | | | | | |
| | | Original | Revised | Obligated | Expended |
| | Total non-CFP Funds | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | 1406 Operations | 175,410.00 | 175,410.00 | 175,410.00 | 175,410.00 |
| 3 | 1408 Management Improvements Soft Costs | 198,536.00 | 198,536.00 | 198,536.00 | 198,536.00 |
| | Management Improvements Hard Costs | | | | |
| ŀ | 1410 Administration | 148,497.70 | 148,497.70 | 148,497.70 | 148,497.70 |
| 5 | 1411 Audit | 0.00 | 0.00 | 0.00 | 0.00 |
| 5 | 1415 Liquidated Damages | 0.00 | 0.00 | 0.00 | 0.00 |
| 1 | 1430 Fees and Costs | 65,025.00 | 65,025.00 | 65,025.00 | 65,025.00 |
| 8 | 1440 Site Acquisition | 0.00 | 0.00 | 0.00 | 0.00 |
|) | 1450 Site Improvement | 0.00 | 0.00 | 0.00 | 0.00 |
| 0 | 1460 Dwelling Structures | 248,432.23 | 248,432.23 | 248,432.23 | 248,432.23 |
| 1 | 1465.1 Dwelling Equipment—Nonexpendable | 37,271.00 | 37,271.00 | 37,271.00 | 37,271.00 |
| 2 | 1470 Nondwelling Structures | 0.00 | 0.00 | 0.00 | 0.00 |
| 3 | 1475 Nondwelling Equipment | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | 1485 Demolition | 517,722.70 | 517,722.70 | 517,722.70 | 517,722.70 |
| 5 | 1490 Replacement Reserve | 0.00 | 0.00 | 0.00 | 0.00 |
| 6 | 1492 Moving to Work Demonstration | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | 1495.1 Relocation Costs | 0.00 | 0.00 | 0.00 | 0.00 |
| 8 | 1499 Development Activities | 363,212.37 | 363,212.37 | 363,212.37 | 363,212.37 |
| 9 | 1502 Contingency | 0.00 | 0.00 | 0.00 | 0.00 |
| | Amount of Annual Grant: (sum of lines) | 1,754,107.00 | 1,754,107.00 | 1,754,107.00 | 1,754,107.00 |

| Ann | ual Statement/Performance and Evalua | ation Report | | | | | | | | | |
|-------|--|--|----------------------------|----------------|----------------|--|--|--|--|--|--|
| Capi | tal Fund Program and Capital Fund P | rogram Replaceme | nt Housing Factor (| CFP/CFPRHF) Pa | art 1: Summary | | | | | | |
| PHA N | ame: | Grant Type and Number | Grant Type and Number | | | | | | | | |
| N | Iadison County Housing Authority | Capital Fund Program Grant I Replacement Housing Factor | | | 2002 | | | | | | |
| | Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (Revision no:) | | | | | | | | | | |
| Per | formance and Evaluation Report for Period Ending: 0 | 6/30/06 🛛 🛛 Final Perform | ance and Evaluation Report | <u> </u> | | | | | | | |
| Line | Summary by Development Account | Total Esti | tual Cost | | | | | | | | |
| No. | | | | | | | | | | | |
| | Amount of line XX Related to LBP Activities | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |
| | Amount of line XX Related to Section 504 compliance | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |
| | Amount of line XX Related to Security –Soft Costs | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |
| | Amount of Line XX related to Security Hard Costs | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |
| | Amount of line XX Related to Energy Conservation | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |
| | Measures | | | | | | | | | | |
| | Collateralization Expenses or Debt Service | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |

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

| PHA Name: | | Grant Type a | and Number | | | Federal FY | of Grant: | |
|---|--|------------------|--------------------------------|--------------------------------------|------------|-------------------|-----------|-------------------|
| Madison | County Housing Authority | | Program Grant Housing Facto | : No: IL06P015 r Grant No: | 550102 | | 2002 | |
| 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 |
| IL 015-001 | SECURITY STORM DOORS | 1460 | 156 | 81,825.93 | 81.825.93 | | | COMPLETE |
| IL-015-003 | ENTRY DOOR ,SECURITY STORM DOORS & HARDWARE | 1460 | 168 | 0.00 | 0.00 | 0.00 | 0.00 | demo |
| | DEVELOPMENT ACTIVITIES | 1499 | 14 | 363,212.37 | 363,212.37 | | | COMPLETE |
| | DEMOLITION OF 14 BLDGS | 1485 | 14 | 265,500.00 | 265,500.00 | 0 | 0 | COMPLETE |
| IL-015-004 | DEMOLITION OF 27 BUILDINGS | 1485 | 27 | 12,222.70 | 12,222.70 | | | COMPLETE |
| | SIDEWALK REPLACEMENT | 1450 | LS | 0.00 | 0.00 | 0.00 | 0.00 | demo |
| | REPLACE ENTRY CANOPIES | 1460 | 182 | 0.00 | 0.00 | 0.00 | 0.00 | demo |
| | INSTALL CENTRAL AIR CONDITIONING | 1460 | 182 | 0.00 | 0.00 | 0.00 | 0.00 | demo |
| | ENTRY DOORS, HARDWARE & FRAMES | 1460 | 364 | 0.00 | 0.00 | 0.00 | 0.00 | demo |
| | EXTERIOR SIDING REPAIRS | 1460 | LS | 0.00 | 0.00 | 0.00 | 0.00 | demo |
| | SECURITY SCREEN DOORS | 1460 | 364 | 0.00 | 0.00 | 0.00 | 0.00 | demo |
| IL-015-007 | WINDOWS | 1460 | 100 | 89,106.30 | 89,106.30 | | | COMPLETE |
| IL-015-008 | DEMOLITION OF 7 BUILDINGS | 1485 | 7 | 0.00 | 0.000 | 0.00 | 0.00 | NA |
| IL-015-009 | DEMOLITION OF 11 BUILDINGS | 1485 | 11 | 240,000.00 | 240,000.00 | | | COMPLETE |
| IL-015-002 & 010 | APPLIANCES | 1465.1 | 94 | 37,271.00 | 37,271.00 | | | COMPLETE |
| | WINDOWS-originally closet doors pulled windows forward from 501-03 pushed closet doors back to 501- 03 | 1460 | 59 | 77,500.00 | 77,500.00 | | | COMPLETE |
| PHA WIDE | STAFF TRAINING | 1408 | LS | 30,000.00 | 30,000.00 | | | COMPLETE |
| MANAGEMENT IMPROVEMENTS | PREVENTIVE MAINTENANCE (PM) TEAM SALARIES & BENEFITS | 1408 | LS | 108,536.00 | 108,536.00 | | | COMPLETE |
| | PM TEAM SUPPLIES | 1408 | LS | 60,000.00 | 60,000.00 | | | COMPLETE |
| ADMINISTRATION | SALARIES & BENEFITS % OF HA STAFF | 1410 | LS | 148,497.70 | 148,497.70 | | | COMPLETE |
| | OPERATIONS | 1406 | LS | 175,410.00 | 175,410.00 | | | COMPLETE |
| FEES & COSTS | A & E COSTS/DEVELOPMENT PROGRAM MANAGER | 1430 | LS | 63,025.00 | 63,025.00 | | | COMPLETE |

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

| PHA Name: | | Grant Type | and Number | | Federal FY o | Federal FY of Grant: | | | |
|---|--------------------------|---|------------|-------------|--------------|----------------------|----------|-------------------|--|
| Madison | County Housing Authority | Capital Fund Program Grant No: IL06P01550102 Replacement Housing Factor Grant No: | | | | | 2002 | | |
| Development Number Name/HA-Wide Activities | Number Categories | | Quantity | Total Estim | nated Cost | Total Act | ual Cost | Status of Work | |
| | | | | | | | | | |

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

| PHA Name: MADISON COUNTY HOU | JSING AUTHOR | Capita | | n No: IL06P015 | 550102 | | Federal FY of Grant: 2002 |
|--|--------------|--------------------------------|----------------|-----------------------|----------------------------------|----------|---------------------------|
| | | Repla | cement Housing | g Factor No: | | | |
| Development Number Name/HA-Wide Activities | | Fund Obligate ter Ending Da | | A (Q | Reasons for Revised Target Dates | | |
| | Original | Revised | Actual | Original | Revised | Actual | |
| IL-015-001 | 05/30/04 | | 06/30/03 | 05/30/06 | | 06/30/04 | |
| IL-015-003 | 05/30/04 | | 12/30/03 | 05/30/06 | | 12/30/05 | |
| IL-015-004 | 05/30/04 | | 05/30/04 | 05/30/06 | | 06/30/05 | |
| IL-015-008 | 05/30/04 | | NA | 05/30/06 | | NA | |
| HA WIDE | 05/30/04 | | 12/30/03 | 05/30/06 | | 05/30/06 | |
| | | | | | | | |
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CAPITAL FUND PROGRAM

1

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

| PHA N | Name: Madison County Housing Authority | Grant Type and Number Capital Fund Program Grant N Replacement Housing Factor C | o: IL06P015501-03 Grant No: | | Federal FY of Grant: 2003 |
|-------|---|---|--------------------------------|--------------|------------------------------|
| Or | iginal Annual Statement 🗌 Reserve for Disasters/ Emer | | | | |
| Per | formance and Evaluation Report for Period Ending: 0 | 6/30/06 Final Performa | nce and Evaluation Report | rt | |
| Line | Summary by Development Account | Total Estim | nated Cost | Total A | ctual Cost |
| No. | | | | | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | 0.00 | | 0.00 | 0.00 |
| 2 | 1406 Operations | 272,370.00 | | 272,370.00 | 272,370.00 |
| 3 | 1408 Management Improvements Soft Costs | 30,000.00 | | 30,000.00 | 30,000.00 |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | 136,185.00 | | 136,185.00 | 94,774.48 |
| 5 | 1411 Audit | 0.00 | | 0.00 | 0.00 |
| 6 | 1415 Liquidated Damages | 0.00 | | 0.00 | 0.00 |
| 7 | 1430 Fees and Costs | 85,000.00 | | 85,000.00 | 84,041.22 |
| 8 | 1440 Site Acquisition | 0.00 | | 0.00 | 0.00 |
| 9 | 1450 Site Improvement | 130,000.00 | | 130,000.00 | 130,000.00 |
| 10 | 1460 Dwelling Structures | 523,793.00 | | 519,101.00 | 451,457.84 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 0.00 | | 0.00 | 0.00 |
| 12 | 1470 Nondwelling Structures | 0.00 | | 0.00 | 0.00 |
| 13 | 1475 Nondwelling Equipment | 0.00 | | 0.00 | 0.00 |
| 14 | 1485 Demolition | 184,500.00 | | 184,500.00 | 185,458.78 |
| 15 | 1490 Replacement Reserve | 0.00 | | 0.00 | 0.00 |
| 16 | 1492 Moving to Work Demonstration | 0.00 | | 0.00 | 0.00 |
| 17 | 1495.1 Relocation Costs | 0.00 | | 0.00 | 0.00 |
| 18 | 1499 Development Activities | 0.00 | | 0.00 | 0.00 |
| 19 | 1502 Contingency | 0.00 | | 0.00 | 0.00 |
| | Amount of Annual Grant: (sum of lines) | 1,361,848.00 | | 1,357,156.00 | 1,248,102.32 |

| Ann | Annual Statement/Performance and Evaluation Report | | | | | | | | | |
|---|---|---|-----------|------------------------------|------|--|--|--|--|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | | | | | | |
| PHA N | ame: Madison County Housing Authority | Grant Type and Number Capital Fund Program Grant I Replacement Housing Factor | | Federal FY of Grant: 2003 | | | | | | |
| Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (Revision no:) | | | | | | | | | | |
| Performance and Evaluation Report for Period Ending: 06/30/06 Final Performance and Evaluation Report | | | | | | | | | | |
| Line | Summary by Development Account | Total Esti | Total Act | ual Cost | | | | | | |
| No. | | | | | | | | | | |
| | Amount of line XX Related to LBP Activities | 0.00 | 0.00 | 0.00 | 0.00 | | | | | |
| | Amount of line XX Related to Section 504 compliance | 0.00 | 0.00 | 0.00 | 0.00 | | | | | |
| | Amount of line XX Related to Security -Soft Costs | 0.00 | 0.00 | 0.00 | 0.00 | | | | | |
| | Amount of Line XX related to Security Hard Costs | 0.00 | 0.00 | 0.00 | 0.00 | | | | | |
| | Amount of line XX Related to Energy Conservation | 0.00 | 0.00 | 0.00 | 0.00 | | | | | |
| | Measures | | | | | | | | | |
| | Collateralization Expenses or Debt Service | 0.00 | 0.00 | 0.00 | 0.00 | | | | | |

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

| PHA Name: Madi | son County Housing Authority | Grant Type | and Number | | | Federal FY | of Grant: | |
|----------------|-----------------------------------|--------------|---------------|----------------------|------------|------------|-------------------|----------------------|
| | ggg | Capital Fund | Program Grant | No:IL06P015 | 501-03 | | 2003 | |
| | | | Housing Facto | | | | | |
| Development | General Description of Major Work | Dev. Acct | Quantity | Total Estimated Cost | | Total Ac | Status of Work | |
| Number | Categories | No. | | | | | | |
| Name/HA-Wide | Caregonies | 1.01 | | | | | | |
| Activities | | | | | | | | |
| IL-015-003 | DEMOLITION OF 14 BLDGS | 1485 | 14 | 58,850.00 | 58,850.00 | 58,850.00 | 58,850.00 | COMPLETE |
| IL-015-004 | DEMOLITION/ASBESTOS ABATEMENT | 1485 | 76 | 125,650.00 | 125,650.00 | 125,650.00 | 1,256,500.00 | COMPLETE |
| | SITE IMPROVEMENT | 1450 | LS | 80,000.00 | 0.00 | 0.00 | 0.00 | Demo |
| | | | | | | | | approval |
| | DUMPSTER PADS & ENCLOSURES | 1450 | LS | 50,000.00 | 0.00 | 0.00 | 0.00 | Demo |
| | | | | | | | | approval |
| | ROOFS, GUTTERS & DOWNSPOUTS | 1460 | | 278,793.00 | 4,592.00 | 0.00 | 0.00 | Demo |
| IL-015-007 | FURNACE INSTALLATION | 1460 | | 125.000.00 | 159,100.00 | 159,100.00 | 163.792.04 | approval COMPLETE |
| 112-013-007 | FURNACE FLUE LINERS | 1460 | | 10.000.00 | 10.000.00 | 9,900.00 | 9.900.00 | COMPLETE |
| | WINDOW REPLACEMENT | 1460 | | 110.000.00 | 86,294.70 | 86.294.70 | 86,294.70 | COMPLETE |
| | SIDEWLAK REPLACEMENT | 1450 | | 0.00 | 130.000.00 | 130.000.00 | 130.000.00 | COMPLETE |
| IL-015-010 | WINDOW REPLACEMENT | 1460 | 150 | 0.00 | 174,700.00 | 174,700.00 | 115,176.10 | In progress |
| | CLOSET DOORS | 1460 | 114 | 0.00 | 89,106.3 | 89,106.3 | 76,295.00 | In progress |
| | | | | | | | | |
| AGENCY WIDE | STAFF TRAINING | 1408 | | 30,000.00 | 30,000.00 | 30,000.00 | 30,000.00 | COMPLETE |
| AGENCY WIDE | SALARIES & BENEFITS % OF HA STAFF | 1410 | | 136,185.00 | 136,185.00 | 136,185.00 | 94,774.48 | IN PROGRES |
| AGENCY WIDE | OPERATIONS | 1406 | | 272,370.00 | 272,370.00 | 272,370.00 | 272,370.00 | COMPLETE |
| AGENCY WIDE | FEES & COSTS | 1430 | | 85,000.00 | 85,000.00 | 85,000.00 | 85,000.00 | COMPLETE |

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

| _ | | | | | | | | | | | | |
|---------------------|----------------|---------------|------------------------------|-------------------|---------|----------|----------------------------------|--|--|--|--|--|
| PHA Name: MADISON C | COUNTY | | Type and Nun | | | | Federal FY of Grant: 2003 | | | | | |
| HOUSING AUTHORITY | | | | n No: IL06P01550 | 1-03 | | | | | | | |
| | | Repla | cement Housin | g Factor No: | | | | | | | | |
| Development Number | All | Fund Obligate | Obligated All Funds Expended | | | | Reasons for Revised Target Dates | | | | | |
| Name/HA-Wide | rter Ending Da | | | uarter Ending Dat | | C C | | | | | | |
| Activities | (2) | | (Quarter Ending Dute) | | | | | | | | | |
| | Original | Revised | Actual | Original | Revised | Actual | | | | | | |
| IL-015-003 | 09/16/05 | | 09/30/03 | 09/16/07 | | 03/30/04 | | | | | | |
| IL-015-004 | 09/16/05 | | 03/30/05 | 09/16/07 | | | | | | | | |
| IL 015-007 | 09/16/05 | | 06/30/05 | 09/16/07 | | 03/07/06 | | | | | | |
| IL-015-010 | 09/16/05 | | 03/30/05 | | | | | | | | | |
| HA WIDE | 09/16/05 | | 06/30/05 | 09/16/07 | | | | | | | | |
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CAPITAL FUND PROGRAM

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| Ann | ual Statement/Performance and Evaluation | ation Report | | | |
|-------|---|------------------------------|---------------------------|--------------|----------------------|
| Cap | ital Fund Program and Capital Fund P | rogram Replacemer | nt Housing Factor (| (CFP/CFPRHF) | Part 1: Summary |
| PHA N | ame: | Grant Type and Number | | | Federal FY of Grant: |
| MA | ADISON COUNTY HOUSING AUTHORITY | Capital Fund Program Grant N | | | |
| | <u></u> | Replacement Housing Factor C | | 2005 | |
| | ginal Annual Statement Reserve for Disasters/ Eme | | | | |
| | formance and Evaluation Report for Period Ending: 0 | | ince and Evaluation Repor | | |
| Line | Summary by Development Account | Total Estin | nated Cost | Total A | Actual Cost |
| No. | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | 0.00 | Revised | 0.00 | 0.00 |
| 2 | 1406 Operations | 251,841.00 | | 0.00 | 0.00 |
| 3 | 1408 Management Improvements Soft Costs | 42,000.00 | | 0.00 | 0.00 |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | 121,185.00 | | 0.00 | 0.00 |
| 5 | 1411 Audit | 0.00 | | 0.00 | 0.00 |
| 6 | 1415 Liquidated Damages | 0.00 | | 0.00 | 0.00 |
| 7 | 1430 Fees and Costs | 105,000.00 | | 0.00 | 0.00 |
| 8 | 1440 Site Acquisition | 0.00 | | 0.00 | 0.00 |
| 9 | 1450 Site Improvement | 0.00 | | 0.00 | 0.00 |
| 10 | 1460 Dwelling Structures | 714,180.00 | | 0.00 | 0.00 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 0.00 | | 0.00 | 0.00 |
| 12 | 1470 Nondwelling Structures | 0.00 | | 0.00 | 0.00 |
| 13 | 1475 Nondwelling Equipment | 0.00 | | 0.00 | 0.00 |
| 14 | 1485 Demolition | 25,000.00 | | 0.00 | 0.00 |
| 15 | 1490 Replacement Reserve | 0.00 | | 0.00 | 0.00 |
| 16 | 1492 Moving to Work Demonstration | 0.00 | | 0.00 | 0.00 |
| 17 | 1495.1 Relocation Costs | 0.00 | | 0.00 | 0.00 |
| 18 | 1499 Development Activities | 0.00 | | 0.00 | 0.00 |
| 19 | 1502 Contingency | 0.00 | | 0.00 | 0.00 |
| L | | | | | |
| | Amount of Annual Grant: (sum of lines) | 1,259,206.00 | | 0.00 | 0.00 |

| Ann | ual Statement/Performance and Evalua | ation Report | | | | | | | | | |
|-------|---|--|-------------------------------|----------------|----------------------|--|--|--|--|--|--|
| Capi | ital Fund Program and Capital Fund P | rogram Replaceme | nt Housing Factor (| CFP/CFPRHF) Pa | rt 1: Summary | | | | | | |
| PHA N | | Grant Type and Number | | | Federal FY of Grant: | | | | | | |
| MA | ADISON COUNTY HOUSING AUTHORITY | Capital Fund Program Grant N Replacement Housing Factor | | | 2005 | | | | | | |
| Ori | Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (Revision no:) | | | | | | | | | | |
| | Performance and Evaluation Report for Period Ending: 06/30/06 Final Performance and Evaluation Report | | | | | | | | | | |
| Line | Summary by Development Account | Total Estir | Total Estimated Cost Total Ac | | | | | | | | |
| No. | | | | | | | | | | | |
| | Amount of line XX Related to LBP Activities | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |
| | Amount of line XX Related to Section 504 compliance | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |
| | Amount of line XX Related to Security –Soft Costs | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |
| | Amount of Line XX related to Security Hard Costs | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |
| | Amount of line XX Related to Energy Conservation | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |
| | Measures | | | | | | | | | | |
| | Collateralization Expenses or Debt Service | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |

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

| PHA Name: | | Grant Type | and Number | | | Federal FY of Grant: | | | |
|------------------|-------------------------------------|------------|--|----------------------|------------|----------------------|------|-------------|--|
| MADISON COU | NTY HOUSING AUTHORITY | | Capital Fund Program Grant No: IL06P015501-05 Replacement Housing Factor Grant No: | | | | 2005 | | |
| Development | General Description of Major Work | Dev. Acct | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of | |
| Number | Categories | No. | | | | | | Work | |
| Name/HA-Wide | | | | | | | | | |
| Activities | | | | | | | | | |
| IL-015-001 | STRUCTURAL REPAIRS | 1460 | | 30,000.00 | 30,000.00 | | | | |
| | AIR CONDITION UNITS & GUARDS | 1460 | | 115,000.00 | 115,000.00 | | | | |
| IL-015-006 | AIR CONDITION UNITS & GUARDS | 1460 | | 50,000.00 | 50,000.00 | | | | |
| II-015-007 | DEMOLITION OF 6 UNITS | 1485 | 6 | 25,000.00 | 25,000.00 | | | | |
| IL-015-010 | ASBESTOS ABATEMENT | 1460 | | 50,000.00 | 50,000.00 | | | IN PROGRESS | |
| | PLUMBING REPLACEMENT | 1460 | | 469,180.00 | 469,180.00 | | | IN PROGRESS | |
| | A & E FEES | 1430 | | 85,000.00 | 85,000.00 | | | IN PROGRESS | |
| | CONSULTANT FEES | 1430 | | 20,000.00 | 20,000.00 | | | IN PROGRESS | |
| PHA WIDE (MI) | PHA WIDE TRAINING | 1408 | | 30,000.000 | 30,000.00 | | | | |
| PHA WIDE (ADMIN) | SECURITY CAMERA MONITORING & UPKEEP | 1408 | | 12,000.00 | 12,000.00 | | | | |
| | OPERATION | 1406 | | 251,841.00 | 251,841.00 | | | | |
| | SALARIES & BENEFITS | 1410 | | 117,185.00 | 117,185.00 | | | | |
| | SUNDRY | 1410 | | 4,000.00 | 4,000.00 | | | | |

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

| PHA Name: | | | Type and Nur | nber | Federal FY of Grant: | | |
|--|---|---------|---------------------------------|--|---------------------------------------|--------|----------------------------------|
| MADISON COUNTY HOU | JSING AUTHOR | | al Fund Progra cement Housir | m No: IL06P015 ng Factor No: | 2005 | | |
| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | | l Funds Expended arter Ending Date | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
| II-015-001 | 08/17/2007 | | | 08/17/2009 | | | |
| IL-015-006 | 08/17/2007 | | | 08/17/2009 | | | |
| IL-015-007 | 08/17/2007 | | | 08/17/2009 | | | |
| IL-015-010 | 08/17/2007 | | | 08/17/2009 | | | |
| HA WIDE | 08/17/2007 | | | 08/17/2009 | | | |
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CAPITAL FUND PROGRAM

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| Ann | ual Statement/Performance and Evalu | ation Report | | | | |
|-------|---|------------------------------|---|----------------|-----------------|--|
| Cap | ital Fund Program and Capital Fund F | Program Replaceme | nt Housing Factor (| (CFP/CFPRHF) I | Part 1: Summary | |
| PHA N | ame: | Grant Type and Number | Federal FY of Grant: | | | |
| MA | ADISON COUNTY HOUSING AUTHORITY | Capital Fund Program Grant I | | | 2005 | |
| | | Replacement Housing Factor | | | 2005 | |
| | ginal Annual Statement | | Statement (Revision no:) ance and Evaluation Repor | ·t | | |
| Line | Summary by Development Account | | mated Cost | | ctual Cost | |
| No. | Summing sy Development recount | | | | | |
| | | Original | Revised | Obligated | Expended | |
| 1 | Total non-CFP Funds | 0.00 | | 0.00 | 0.00 | |
| 2 | 1406 Operations | 198,820.00 | | 0.00 | 0.00 | |
| 3 | 1408 Management Improvements Soft Costs | 30,000.00 | | 0.00 | 0.00 | |
| | Management Improvements Hard Costs | | | | | |
| 4 | 1410 Administration | 71,919.00 | | 0.00 | 0.00 | |
| 5 | 1411 Audit | 0.00 | | 0.00 | 0.00 | |
| 6 | 1415 Liquidated Damages | 0.00 | | 0.00 | 0.00 | |
| 7 | 1430 Fees and Costs | 55,000.00 | | 0.00 | 0.00 | |
| 8 | 1440 Site Acquisition | 0.00 | | 0.00 | 0.00 | |
| 9 | 1450 Site Improvement | 0.00 | | 0.00 | 0.00 | |
| 10 | 1460 Dwelling Structures | 595,000.00 | | 0.00 | 0.00 | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 43,365.00 | | 0.00 | 0.00 | |
| 12 | 1470 Nondwelling Structures | 0.00 | | 0.00 | 0.00 | |
| 13 | 1475 Nondwelling Equipment | 0.00 | | 0.00 | 0.00 | |
| 14 | 1485 Demolition | 0.00 | | 0.00 | 0.00 | |
| 15 | 1490 Replacement Reserve | 0.00 | | 0.00 | 0.00 | |
| 16 | 1492 Moving to Work Demonstration | 0.00 | | 0.00 | 0.00 | |
| 17 | 1495.1 Relocation Costs | 0.00 | | 0.00 | 0.00 | |
| 18 | 1499 Development Activities | 0.00 | | 0.00 | 0.00 | |
| 19 | 1502 Contingency | 0.00 | | 0.00 | 0.00 | |
| | | | | | | |
| | Amount of Annual Grant: (sum of lines) | 994,104.00 | | 0.00 | 0.00 | |

| Ann | ual Statement/Performance and Evalua | ation Report | | | |
|-------|---|------------------------------|----------------------------|----------------|----------------------|
| Capi | ital Fund Program and Capital Fund P | rogram Replaceme | nt Housing Factor (| CFP/CFPRHF) Pa | rt 1: Summary |
| PHA N | ame: | Grant Type and Number | | | Federal FY of Grant: |
| MA | ADISON COUNTY HOUSING AUTHORITY | Capital Fund Program Grant N | | | |
| | | Replacement Housing Factor | | | 2005 |
| | ginal Annual Statement 🗌 Reserve for Disasters/ Eme | | Statement (Revision no:) | | |
| Per | formance and Evaluation Report for Period Ending: 0 | 6/30/06 🛛 🗌 Final Performa | ance and Evaluation Report | | |
| Line | Summary by Development Account | Total Estir | nated Cost | Total Act | ual Cost |
| No. | | | | | |
| | Amount of line XX Related to LBP Activities | 0.00 | 0.00 | 0.00 | 0.00 |
| | Amount of line XX Related to Section 504 compliance | 0.00 | 0.00 | 0.00 | 0.00 |
| | Amount of line XX Related to Security -Soft Costs | 0.00 | 0.00 | 0.00 | 0.00 |
| | Amount of Line XX related to Security Hard Costs | 0.00 | 0.00 | 0.00 | 0.00 |
| | Amount of line XX Related to Energy Conservation | 0.00 | 0.00 | 0.00 | 0.00 |
| | Measures | | | | |
| | Collateralization Expenses or Debt Service | 0.00 | 0.00 | 0.00 | 0.00 |

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

| PHA Name: | 0 0 | Grant Type a | and Number | | Federal FY of Grant: | | | |
|---------------------------------------|---|--------------------------------|-------------------------------------|----------------------|----------------------|-------------------|--|-------------------|
| MADISON COU | | Program Gran Housing Factor | t No: IL06P01 r Grant No: | | 2006 | | | |
| Development Number Name/HA-Wide | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| Activities | | | | | | | | |
| IL-015-002 | INTERIOR PAINTING | 1460 | | 25,000.00 | 25,000.00 | | | |
| II-015-007 | NEW APPLIANCES | 1465 | | 33,365.00 | 33,365.00 | | | |
| IL-015-010 | UPGRADE PLUMBING | 1460 | | 400,000.00 | 400,000.00 | | | |
| | UNIT CONVERSION/RENOVATION | 1460 | | 60,000.00 | 60,000.00 | | | |
| IL-015-011 | UNIT CONVERSION/RENOVATION | 1460 | | 110,000.00 | 110,000.00 | | | |
| | NEW APPLIANCES | 1465 | | 10,000.000 | 10,000.00 | | | |
| PHA WIDE (MI) | PHA WIDE TRAINING | 1408 | | 30,000.000 | 30,000.00 | | | |
| PHA WIDE (ADMIN) | SUNDRY | 1410 | | 1,919.00 | 1,919.00 | | | |
| | SALARIES & BENEFITS | 1410 | | 70,000.00 | 70,000.00 | | | |
| | A & E FEES & COSTS | 1430 | | 55,000.00 | 55,000.00 | | | |
| | OPERATIONS | 1406 | | 198,820.00 | 198,820.00 | | | |

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

| PHA Name: | | | Type and Nur | nber | | | Federal FY of Grant: |
|--|---|---------|---------------|--|---|----------------------------------|----------------------|
| MADISON COUNTY HOU | ISING AUTHOR | Capita | l Fund Progra | m No: IL06P015 ng Factor No: | 2006 | | |
| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | A | ll Funds Expended uarter Ending Date | Reasons for Revised Target Dates | |
| | Original | Revised | Actual | Original | Revised | Actual | |
| II-015-002 | 08/17/2008 | | | 08/17/2010 | | | |
| IL-015-007 | 08/17/2008 | | | 08/17/2010 | | | |
| IL-015-010 | 08/17/2008 | | | 08/17/2010 | | | |
| IL-015-011 | 08/17/2008 | | | 08/17/2010 | | | |
| HA WIDE | 08/17/2008 | | | 08/17/2010 | | | |
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CAPITAL FUND PROGRAM

1

 Annual Statement/Performance and Evaluation Report

 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

 PHA Name: Madison County Housing Authority
 Grant Type and Number Capital Fund Program Grant No: IL06P015502-03 Replacement Housing Factor Grant No:

| | | Replacement Housing Factor C | Brant No: | | |
|------|--|------------------------------|--------------------------|------------|------------|
| | ginal Annual Statement 🗌 Reserve for Disasters/ Em | ergencies Revised Annual S | Statement (Revision no:) | | |
| ∐Per | formance and Evaluation Report for Period Ending: | 06/30/06 🔄 Final Performa | ice and Evaluation Repor | •t | |
| Line | Summary by Development Account | Total Estin | nated Cost | Total Ac | ctual Cost |
| No. | | | | | 1 |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | 0.00 | | 0.00 | 0.00 |
| 2 | 1406 Operations | 0.00 | | 0.00 | 0.00 |
| 3 | 1408 Management Improvements Soft Costs | 0.00 | | 0.00 | 0.00 |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | 0.00 | | 0.00 | 0.00 |
| 5 | 1411 Audit | 0.00 | | 0.00 | 0.00 |
| 6 | 1415 Liquidated Damages | 0.00 | | 0.00 | 0.00 |
| 7 | 1430 Fees and Costs | 0.00 | | 0.00 | 0.00 |
| 8 | 1440 Site Acquisition | 0.00 | | 0.00 | 0.00 |
| 9 | 1450 Site Improvement | 25,000.00 | | 25,000.00 | 25,000.00 |
| 10 | 1460 Dwelling Structures | 262,637.00 | | 262,637.00 | 166,375.02 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 0.00 | | 0.00 | 0.00 |
| 12 | 1470 Nondwelling Structures | 0.00 | | 0.00 | 0.00 |
| 13 | 1475 Nondwelling Equipment | 0.00 | | 0.00 | 0.00 |
| 14 | 1485 Demolition | 0.00 | | 0.00 | 0.00 |
| 15 | 1490 Replacement Reserve | 0.00 | | 0.00 | 0.00 |
| 16 | 1492 Moving to Work Demonstration | 0.00 | | 0.00 | 0.00 |
| 17 | 1495.1 Relocation Costs | 0.00 | | 0.00 | 0.00 |
| 18 | 1499 Development Activities | 0.00 | | 0.00 | 0.00 |
| 19 | 1502 Contingency | 0.00 | | 0.00 | 0.00 |
| | Amount of Annual Grant: (sum of lines) | 287,637.00 | | 287,637.00 | 191,375.82 |

| Ann | Annual Statement/Performance and Evaluation Report | | | | | | | | | | | |
|---|--|---|------------------------------|------------------------------|------|--|--|--|--|--|--|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | | | | | | | | |
| PHA N | ame: Madison County Housing Authority | Grant Type and Number Capital Fund Program Grant I Replacement Housing Factor | | Federal FY of Grant: 2003 | | | | | | | | |
| | ginal Annual Statement 🗌 Reserve for Disasters/ Emer | | | | | | | | | | | |
| | formance and Evaluation Report for Period Ending: 0 | 6/30/06 UFinal Performa | nce and Evaluation Report | | | | | | | | | |
| Line | Summary by Development Account | Total Esti | Total Estimated Cost Total A | | | | | | | | | |
| No. | | | | | | | | | | | | |
| | Amount of line XX Related to LBP Activities | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | |
| | Amount of line XX Related to Section 504 compliance | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | |
| | Amount of line XX Related to Security –Soft Costs | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | |
| | Amount of Line XX related to Security Hard Costs | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | |
| | Amount of line XX Related to Energy Conservation | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | |
| | Measures | | | | | | | | | | | |
| | Collateralization Expenses or Debt Service | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | |

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

| PHA Name: Madison County Housing Authority | | Grant Type a | and Number | | | Federal FY of | of Grant: | |
|--|-----------------------------------|--------------|---------------|---------------|------------|---------------|------------|-------------|
| | | | | t No:IL06P015 | 502-03 | | 2003 | |
| | | ^ | Housing Facto | | | | | |
| Development | General Description of Major Work | Dev. Acct | Quantity | Total Estin | nated Cost | Total Act | tual Cost | Status of |
| Number | Categories | No. | - • | | | | | Work |
| Name/HA-Wide | | | | | | | | |
| Activities | | | | | | | | |
| Il 15-7 | | | | | | | | |
| LEE WRIGHT HMS | FURNACE INSTALLATION | 1460 | | 50,000.00 | | 42,873.00 | 42,873.00 | COMPLETE |
| | FURNACE FLUE LINERS | 1460 | | 40,000.00 | | 31,330.86 | 31,330.86 | COMPLETE |
| | WINDOW REPLACEMENT | 1460 | | 25,000.00 | 70,000.00 | 37,463.00 | 37463.00 | IN PROGRESS |
| | SIDEWALK REPLACEMENT | 1450 | | 25,000.00 | | 25,000.00 | 25,000.00 | COMPLETE |
| | FLOOR TILE REPLACEMENT | 1460 | | 147,637.00 | 102,637.00 | 484.00 | 484.00 | COMPLETE |
| BRANER BUILDING | PAINT UNITS | 1460 | | 0 | 100,675.05 | 100,675.05 | 100,675.05 | IN PROGRESS |
| OLIN BUIDLING | PAINT UNITS | 1460 | | 0 | 49,811.09 | 49,811.09 | 49,811.09 | IN PROGRESS |

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

| PHA Name: MADISON COUNTY HOUSING AUTHORITY | | | Type and Nur Il Fund Progra cement Housir | m No: IL06P015502 | Federal FY of Grant: 2003 | | |
|--|---|---------|--|-------------------|---|----------------------------------|--|
| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | | ll Funds Expended uarter Ending Date | Reasons for Revised Target Dates | |
| | Original | Revised | Actual | Original | Revised | Actual | |
| 15-7 Lee Wright Hms | 02/12/06 | | | 02/12/08 | | | |
| 15-10 Olin Building | 02/12/06 | | | 02/12/08 | | | |
| 15-11 Braner Building | 02/12/06 | | | 02/12/08 | | | |
| | | | | | | | |
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ATTACHMENT G1

Section 8 Administrative Plan 2007

HQS Inspection Standards

The Madison County Housing Authority will raise Housing Quality Standards higher than HUD's minimum standards as follows:

The Madison County Housing Authority standards for holes in walls shall not be any larger than two inches diameter.

If the unit interior walls are in such condition that the walls are in need of painting or cleaning, the Madison County Housing Authority will require the owner to correct it. At the owner's discretion, in tenant is responsible, the owner can charge the tenant.

Flooring that is showing wear and tear beyond decent and sanitary condition, MCHA will require cleaning. If cleaning does resolve decent and sanitary condition, the owners will be responsible for replacing the flooring. At the owner's discretion, if flooring problem is caused by tenant abuse, owners can charge tenant for floor replacement.

Unit shall be free of mold. Owner shall be responsible.

If infestation problem occurs, MCHA will require certification that unit was exterminated professionally.

Cracked window panes are not allowed and must be replaced.

Section X Grounds for Denial or Termination of Assistance

Time frames for denial

Denied admission for five (5) year for violation for Certificate / Voucher

Illegal use or possession for personal use of a controlled substance or alcohol

Have engaged in or threatened abusive or violent behavior towards any Madison County Housing Authority staff or resident(s).

ATTACHMENT G2

Madison County Housing Authority Verification Procedures for Income and Rent Determination

Madison County Housing Authority will obtain upfront income verifications through the following methods:

- 1. Computer monitoring agreements with Federal, State or Local Government agency or private agency
- 2. Use of HUD's Tenant Assessment Subsystem (TASS); or
- 3. Submit direct request for income verifications to a federal, state or local government agencies or a private agency

Types of Income that will be verified using upfront income verifications (UIV)

- 1. Gross wages and salaries (including overtime pay, commission, fees, tips, bonuses and other compensation for personal service).
- 2. Unemployment compensation
- 3. Welfare Benefits
- 4. Social Security Benefits (including Federal and State benefits, black lung benefits, dual benefits)
 - A. Social Security
 - B. Supplemental Security Income (SSI)

Other income types (ie., child support, pensions, etc.) will be verified using upfront income verifications if the resources are available

ATTACHMENT G3

Section XXII Subsidy and Family Share Calculations

1. Applying Minimum Rent

A. HUD requires PHA's to implement a minimum rent of zero to fifty dollars (\$50). The Madison County Housing Authority Voucher Program requires a minimum rent of \$50.00

ATTACHMENT G4 ADDENDUM TO THE SECTION 8 ADMINISTRATION PLAN

Earned Income Disallowance For Persons With Disabilities

- .. This disallowance applies to participants in the Section 8 program-it does not apply for purposes of admission to the program.
- Initially, HUD defined "qualified family" as a disabled family receiving Section 8 assistance whose annual income increased due to one of the reasons listed below, which meant that only families whose head, spouse or co-head was disabled could qualify for the disallowance.
- .. Effective March 15, 2002, families are no longer required to meet the definition of disabled family in order to qualify for the disallowance. A "qualified family" is a family receiving Section 8 assistance whose annual income increases due to one of the following reasons.
 - 1. Employment of a family member who is a person with disabilities, AND was previously unemployed for one or more years prior to employment.

. NOTE: HUD's definition of "previously unemployed" includes a person who has earned, in the 12 months prior to employment, not more than would have been earned at the established minimum wage working 10 hours per week for 50 weeks.

- 2. Increased earnings by a family member who is a person with disabilities, AND is a participant in any economic self-sufficiency or job-training program.
- New employment or increased earnings by a family member who is a person with disabilities, AND within the past 6 months, has received assistance, benefits or services under any state program for temporary assistance (TANF, Welfareto-Work)
 - . Not limited to cash assistance
 - . Includes one-time payments, wage subsidies, transportation assistance
 - . Total amount over a six-month period must be at least \$500.00

Initial 12-Month Full Exclusion

- . Begins on the date the family members (with disabilities) :
 - is employed; or
 - first experiences and increase in income due to employment.

. The full amount of increase is excluded, and the exclusion extends for a total of twelve cumulative months.

Second 12-Month Exclusion and Phase-in

. Begins when the family member has received 12 cumulative months of full exclusion. Fifty percent of any increase is excluded. The exclusion extends for a total of twelve cumulative months.

Lifetime Maximum Four Year Disallowance

- . The initial full exclusion is applied for a maximum of twelve cumulative months. The phase-in (50%) exclusion is applied for a maximum of twelve cumulative months.
- The family member may start and stop employment and the exclusion may start and stop during a 48-month period beginning on the date of the initial exclusion.
- No exclusion may be given after the 48-month period, regardless of whether the family member has received the full exclusion for a total of 12 months or the phase-in exclusion for a total of 12 months.

Attachment H

Madison County Housing Authority

| Part I: Summary PHA Name Madison | County | | | ⊠Original 5-Year Plan | | | |
|---|---------------------|---|---|--|--|--|--|
| Housing Authority | County | | | Revision No: | | | |
| Development Number/Name/HA -Wide | Year 1 2007 | Work Statement for Year 2 FFY Grant: 2008 PHA FY: 2008 | Work Statement for Year 3 FFY Grant: 2009 PHA FY: 2009 | Work Statement for Year 4 FFY Grant: 2010 PHA FY: 2010 | Work Statement for Year 5 FFY Grant: 2011 PHA FY: 2011 | | |
| | Annual Statement | | | | | | |
| IL 15-1 GARESCHE | | 34,000 | 45,000 | 40,000 | 75,000 | | |
| IL 15-2 VIOLA JONES | | 30,000 | 125,000 | 45,000 | 20,000 | | |
| IL 15-6 NORTHGATE | | 60,000 | 135,284 | 120,000 | 85,000 | | |
| IL 15-7 LEE WRIGHT | | 280,000 | 30,000 | 35,000 | 10,000 | | |
| IL 15-10 OLIN | | 50,000 | 60,000 | 125,000 | 35,000 | | |
| IL 15-11 BRANER | | 100,000 | 65,000 | 70,000 | 340,000 | | |
| AGENCY WIDE | | 437,104 | 533,820 | 559,104 | 429,104 | | |
| CFP Funds Listed for 5-year planning | | 994,104 | 994,104 | 994,104 | 994,104 | | |
| Replacement Housing Factor Funds | | | | | | | |
| Activities for Year 1 | Activities for Year :2 FFY Grant: 2008 | | Activities for Year: 3 FFY Grant: 2009 | | | |
|--------------------------|---|-------------------------------|---|----------------------------|--|----------------|
| rear r | | PHA FY: 2008 | | | PHA FY: 2009 | |
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| See | IL 15-1 | HOT WATER TANK REPLACEMENT | 4,000 | IL 15-1 | DEHUMIDIFIER IMPROVEMENTS | 5,000 |
| Annual | | DOOR & LOCK REPLACEMENT | 30,000 | | PAINTING | 10,000 |
| Statement | | | | | FLOORING | 30,000 |
| | IL 15-2 | DEMOLITION | 10,000 | IL 15-2 | DOOR IMPROVEMENTS | 20,000 |
| | | RELOCATION | 10,000 | | SEC STORM DOOR REPLACEMENT | 15,000 |
| | | ROOFING REPLACEMENT | 10,000 | | DEMOLITION | 60,000 |
| | | | | | RELOCATION | 30,000 |
| | IL 15-6 | SECURITY | 10,000 | IL 15-6 | SITE IMPROVEMENTS INCLUDING LANDSCAPING, RECREATIONAL, PARKING, | 20,000 |
| | IL 15-6 | FLOOR TILE | 20,000 | IL 15-6 | BATH RENNOVATIONS | 40,000 |
| | | LANDSCAPING | 30,000 | | WATER & SEWER LINE IMPROVEMENTS | 75,284 |
| | IL 15-7 | DEMOLITION | 150,000 | IL 15-7 | WATER LINE IMPROVEMENTS | 10,000 |
| | | ASB REMOVAL | 60,000 | | KITCHEN RENNOVATIONS | 10,000 |

| | | RELOCATION | 70,000 | | BATH RENNOVATIONS | 10,000 |
|-----------------------------|-------------|--------------------------|------------|-------------|------------------------------|------------|
| | IL 15-10 | BATH RENNOVATIONS | 50,000 | IL 15-10 | FLOORING | 40,000 |
| | | | | | OFFICE RENNOVATION | 20,000 |
| | IL 15-11 | FLOORING IMPROVEMENTS | 40,000 | IL 15-11 | DOORS REPLACEMENT | 30,000 |
| | | ROOF | 40,000 | | OFFICE RENNOVATIONS | 15,000 |
| | | RELOCATION | 20,000 | | REC CENTER IMPROVEMENTS | 20,000 |
| | AGENCY WIDE | FLOORING IMPROVEMENTS | 20,000 | | | |
| | AGENCY WIDE | HVAC IMPROVEMENTS | 5,284 | AGENCY WIDE | PAINTING IMPROVEMENTS | 70,000 |
| | AGENCY WIDE | ADA IMPROVEMENTS | 5,000 | AGENCY WIDE | DEHUMIDIFIER IMPROVEMENTS | 30,000 |
| | AGENCY WIDE | TRAINING | 30,000.00 | AGENCY WIDE | TRAINING | 30,000.00 |
| | AGENCY WIDE | PROGRAM ADMIN | 80,000.00 | AGENCY WIDE | PROGRAM ADMIN | 85,000.00 |
| | AGENCY WIDE | FEES & COSTS | 78,000.00 | AGENCY WIDE | FEES & COSTS | 100,000.00 |
| | AGENCY WIDE | OPERATIONS | 198,820.00 | AGENCY WIDE | OPERATIONS | 198,820.00 |
| | AGENCY WIDE | SECURITY | 20,000.00 | AGENCY WIDE | SECURITY | 20,000.00 |
| Total CFP Estimated Cost | \$994,104 | | | 994,104 | | |
| | | | | | | |

| Capital Fund Program I | Five-Year Action Plan | | | | |
|----------------------------|---|----------------|----------------------------|--|----------------|
| Part II: Supporting Pag | es—Work Activities | | | | |
| | Activities for Year :4 | | | Activities for Year: 5 | |
| FFY Grant: 2010 | | | | FFY Grant: 2011 | |
| | PHA FY: 2010 | | | PHA FY: 2011 | |
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| IL 15-1 | WINDOW REPLACEMENT | 20,000 | IL 15-1 | STRUCTURAL IMPROVEMENTS | 20,000 |
| | BATH RENNOVATION | 10,000 | | ROOFING/GUTTERING | 25,000 |
| | APPLIANCES | 10,000 | | KITCHEN RENNOVATION | 15,000 |
| | | | | LIGHTING REPLACEMENT | 15,000 |
| IL 15-2 | EXTERIOR BUILDING IMPROVEMENTS (INCL DOWNSPOUTS, GUTTERING), | 20,000 | IL 15-2 | WATER HEATER REPLACEMENT | 5,000 |
| | KITCHEN AND BATH RENNOVATION | 15,000 | | PAINTING | 10,000 |
| | LIGHTING REPLACEMENT | 10,000 | | DOOR & LOCK REPLACEMENT | 5,000 |
| IL 15-6 | KITCHEN RENNOVATION | 100,000 | IL 15-6 | DOOR & LOCK REPLACEMENT | 20,000 |
| | REC CENTER RENNOVATIONS | 20,000 | | APPLIANCES | 15,000 |
| IL 15-7 | EXTERIOR IMPROVEMENTS | 10,000 | | EXTERIOR IMPROVEMENTS INCLUDING SIDING | 50,000 |
| | REC CENTER RENNOVATION | 10,000 | IL 15-7 | STRUCTURAL IMPROVEMENTS | 10,000 |
| | OFFICE RENNOVATION | 15,000 | | | |
| IL 15-10 | KITCHEN RENNOVATION | 100,000 | IL 15-10 | DOOR IMPROVEMNTS | 25,000 |
| | SITE IMPROVEMENTS INCLUDING PARKING | 25,000 | | DEHUMIDIFIER IMPROVEMENTS | 10,000 |

| IL 15-11 | DOMESTIC WATER | 10,000 | IL 15-11 | SEWAGE LINE | 295,000 |
|--------------------------|--------------------|------------|-------------|--------------------|------------|
| | HEATER REPLACEMENT | | | IMPROVEMENTS | |
| | HVAC IMPROVEMENTS | 30,000 | | SITE IMPROVEMENTS | 35,000 |
| | | | | INCLUDING PARKING, | |
| | | | | CANOPY, FENCE | |
| | ASBESTOS REMOVAL | 20,000 | | LIGHTING | 10,000 |
| | | | | IMPROVEMENTS | |
| | BATH RENOVATIONS | 10,000 | AGENCY WIDE | SITE IMPROVEMENTS | 10,000 |
| AGENCY WIDE | NON- EQUIPMENT | 80,000 | AGENCY WIDE | DOOR/LOCK | 15,000 |
| | PURCHASE | | | IMPROVEMENTS | |
| AGENCY WIDE | SEWAGE | 80,284 | AGENCY WIDE | LIGHTING | 20,284 |
| | IMPROVEMENTS (LIFT | | | REPLACEMENT | |
| | STATION) | | | | |
| AGENCY WIDE | PARKING | 20,000 | AGENCY WIDE | LANDSCAPING | 5,000 |
| | IMPROVEMENTS | | | | |
| AGENCY WIDE | PROGRAM ADMIN | 75,000.000 | AGENCY WIDE | PROGRAM ADMIN | 75,000.000 |
| AGENCY WIDE | SECURITY | 20,000.00 | AGENCY WIDE | SECURITY | 20,000.00 |
| AGENCY WIDE | TRAINING | 35,000.00 | AGENCY WIDE | TRAINING | 35,000.00 |
| AGENCY WIDE | FEES & COSTS | 50,000.00 | AGENCY WIDE | FEES & COSTS | 50,000.00 |
| AGENCY WIDE | OPERATIONS | 198,820.00 | AGENCY WIDE | OPERATIONS | 198,820.00 |
| Total CFP Estimated Cost | \$994,104 | | | 994,104 | |



COCC = CENTRAL OFFICE COST CENTER SECTION 8 NEW CONSTRUCTION

ATTACHMENT J

MADISON COUNTY HOUSING AUTHORITY PUBLIC HOUSING VERIFICATION PROCEDURE FOR INCOME AND RENT DETERMINATION ADDENDUM TO SECTION 11.1 OF THE ADMISSIONS AND CONTINUED OCCUPANCY POLICY

Madison County Housing Authority will verify income through the following methods:

- 1. UPFRONT INCOME VERIFICATION
- 2. WRITTEN THIRD PARTY VERIFICATION
- 3. ORAL THIRD PARTY VERIFICATIONS
- 4. TENANT DECLARATION

Madison County Housing Authority will obtain Upfront Income Verification through the following methods:

- 1. Computer monitoring agreements with Federal, State or Local Government agency or private agency.
- 2. Use of HUD's Tenant Assessment Subsystem (TASS); or
- 3. Submit direct request for income verifications to a federal, state or local government agencies, or a private agency.

Types of Income that will be verified using Upfront income verifications (UIV)

- 1. Gross wages and salaries (including overtime pay, commission, fees, tips, bonuses and other compensation for personal services.
- 2. Unemployment Compensation.
- 3. Welfare Benefits
- 4. Social Security Benefits (including Federal and State benefits, black lung benefits dual benefits)
 - A. Social Security
 - B. Supplemental Security Income (SSI)

Other income types (ie., child support, pensions, etc.) will be verified using upfront income verifications if the resources are available.

ATTACHMENT J

Use of Written Third Party Verification to Supplement Upfront Verification

Madison County Housing Authority will use written third party verification to complement the upfront income verification. If the upfront income verification is not available or if the UIV data differs substantially from tenant-reported information this method will be used. A verification form will be mailed directly to the independent source to obtain wage information and the information will be returned directly to the Madison County Housing Authority from the independent source. If this information is not received when three attempts are made, then the Madison County Housing Authority may use the oral third party verification.

Use of Oral Third Party Verification

In the event the independent source, does not respond to the Madison County Housing Authority written request for information, the housing authority may contact the independent source by telephone to obtain the requested information.

When neither form of third party verification can be obtained, the Madison County Housing Authority may accept original documents such as consecutive pay stubs, if employed by the same employer for three months or more, W-2 forms, etc. The Madison County Housing Authority staff must document the file, stating the reason third party verification was not available.

Tenant Declaration

In the event of self -employment, when third party verification is not available, the Madison County Housing Authority will request a notarized tenant declaration.

MADISON COUNTY HOUSING AUTHORITY PUBLIC HOUSING EARNED INCOME DISALLOWANCE ADDENDUM TO ADMISSIONS AND CONTINUED OCCUPANCY POLICY SECTION 10.2 (ANNUAL INCOME)

Earned Income Disallowance For Persons In Public Housing

.. This disallowance applies to participants in the Public Housing Program. Applicant families are not eligible for the Earned Income Disallowance.

.. The Earned Income Disallowance calls for the exclusion of increases in income attributable to employment by the qualified family member over income received by that family member prior to qualifying for the disallowance. The exclusion applies only to the income of the qualified family member, not the entire household.

The following definition apply for the purpose of this section:

Disallowance. Exclusion from annual income. Previously unemployed includes a person who has earned, in the twelve months previous to employment, no more than would be received for 10 hours of work per week for 50 weeks at the established minimum wage.

Qualified family:

- 1. A family residing in public housing: whose annual income increases as a result of employment of a family member who was unemployed for one or more years previous to employment.
- 2. whose annual income increases as a result of increased earnings by a family member during participation in any economic self-sufficiency or other job training program; or
- 3. whose annual income increases, as a result of new employment or increased earnings of a family member, during or within six months after receiving assistance, benefits, or services under any state program for temporary assistance for needy families funded under part A of Title IV of the Social Security Act, as determined by the PHA in consultation with the local agencies administering temporary assistance for needy families (TANF) and Welfare -to-work (WTW) programs.

1. The TANF program is:

- . Not limited to monthly income maintenance
- . Includes one-time payments, wage subsidies, transportation assistance
- . Total amount over a six-month period must be at least \$500.00

Initial 12-Month Full Exclusion

. Begins on the date the family members who qualifies is employed; or

first experiences and increase in income due to employment.

. The full amount of increase is excluded, and the exclusion extends for a total of 12 cumulative months.

Second 12-Month Exclusion and Phase-in

. Begins when the qualified family member has received 12 cumulative months of full exclusion. Fifty percent of any increase is excluded. The exclusion extends for a total of 12 cumulative months.

Lifetime Maximum Four Year Disallowance

- . The initial full exclusion is applied for a maximum of 12 cumulative months. The phase-in (50%) exclusion is applied for a maximum of 12 cumulative months.
- The family member may repeatedly start and stop employment and the exclusion may start and stop and pick up again during the 48-month period beginning on the date of the initial exclusion.
- No exclusion may be given after the 48-month period, regardless of whether the family member has received the full exclusion for a total of 12 months or the phase-in exclusion for a total of 12 months.

Resident Comments and MCHA Analysis of Comments & Recommendations of the Resident Advisory Board

Resident Advisory Board Meeting on Draft Annual and 5 Year Plan

A meeting was held on Monday, August 21, 2006. Although this meeting was attended by RAB members, no comments on the draft plan were made.

Public Meeting on Draft Annual and 5 Year Plan

A public meeting was held on October 12, 2006. No comments were made at this meeting.

ATTACHMENT M Progress in Meeting 5 year Plan Goals

See page _3___ "Other PHA Goals and Objectives"

See page <u>8</u> "Executive Summary of the Annual PHA Plan"

Project Based Voucher Program

The MCHA is proposing to utilize project based vouchers this fiscal year on recently completed new construction projects. We expect to utilize approximately 20 to 25 project based vouchers to ensure that units will remain affordable to tenants for a period of several years at new or recently constructed or recently rehabilitated apartments.

In accordance with 24 CFR Part 983, MCHA intends to publish a competition for Project Based Vouchers for eligible owners of rental housing. MCHA will publish the notice of competition in several local newspapers.

All project based vouchers applications will comply with HUD program requirements, and will be considered eligible housing. Applicants are limited to no more than 25% of existing units in the development receiving PBV or be in compliance with requirements for small projects.

PBV applications will be selected and owners will be notified in accordance with HUD regulations. MCHA will make documentation available for public inspection regarding the basis for the selection of the PBV.

Selection Criteria

Sites selected will either be newly constructed, recently rehabilitated or new construction. In addition, projects must meet MCHA goals of deconcentrating poverty and expanding housing and economic opportunities.

MCHA will consider the following information in making a determination on whether the application meets site selection guidelines:

Site is in an area (census tract) undergoing significant revitalization,

Site is in an area of on-going public and or private investment,

Site is in an area where market rate units are being developed and the market units positively affect the area.

In addition, sites that are located in areas with poverty rates in excess of 20%, a review of the past five year history of the poverty rate will be evaluated to determine that poverty rate is not increasing.

For sites with existing housing, the applications must have sites that are adequate in size, exposure, and contour to accommodate the number proposed and adequate utilities must be provided. Water and sewage system conditions will be evaluated. Sites must promote greater choice of housing opportunities and avoid undue concentration of assisted persons in areas containing a high proportion of low income areas. Sites also must be accessible to social, recreational, education and commercial and health facilities that are consistent

Attachment N 2007 PHA Plan

to neighborhoods consisting of unassisted housing. Travel time and cost of public transportation for employment opportunities must not be excessive.

For sites with new construction, site selection criteria will include evaluation of the following factors:

Site must be adequate for number of units proposed and have adequate utilities,

Site must meet minority concentration requirements as defined by the regulations.

MADISON COUNTY HOUSING AUTHORITY PEST CONTROL POLICY

The Madison County Housing Authority recognizes the importance of pest and vermin control in providing a living environment of adequate health and safety for its residents. To achieve this control the authority has adopted a pest control policy that will be implemented by the Executive Director.

PEST CONTROL AND EXTERMINATION

The Madison County Housing Authority will make all efforts to provide a healthy and pest-free environment for its residents. The Authority will determine which, if any, pests infest its properties and will then provide the best possible treatment for the eradication of those pests.

The Executive Director will determine the most cost-effective way of delivering the treatments -whether by contractor or licensed Authority personnel.

The extermination plan will begin with an analysis of the current condition at each property. The Executive Director shall make sure that an adequate schedule for treatment is developed to address any existing infestation. Special attention shall be paid to cockroaches. The schedule will include frequency and locations of treatment. Different schedules may be required for each property.

Resident cooperation with the extermination plan is essential. All apartments in a building must be treated for the plan to be effective. Residents will be given information about the extermination program at the time of move-in. All residents will be informed at least one week and again twenty-four hours before treatment. The notification will be in writing and will include instructions that describe how to prepare the unit for treatment. If necessary, the instructions shall be bi-lingual to properly notify the resident population.

PET POLICY (from the MCHA Administrative Continuing Occupancy Policies)

INTRODUCTION

The policy is organized as follows:

<u>Part I: Assistance Animals</u>. This part explains the difference between assistance animals and pets and contains policies related to the designation of an assistance animal as well as their care and handling.

<u>Part II: Pet policies for all developments</u>. This part includes pet policies that are common to both elderly/disabled developments and general occupancy developments.

<u>Part III: Pet deposits and fees for elderly/disabled developments</u>. This part contains policies for pet deposits and fees that are applicable to elderly/disabled developments.

<u>Part IV: Pet deposits and fees for general occupancy developments</u>. This part contains policies for pet deposits and fees that are applicable to general occupancy developments.

ASSISTANCE ANIMALS

OVERVIEW

This part discusses situations under which permission for an assistance animal may be denied, and also establishes standards for the care of assistance animals.

Assistance animals are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or that provide emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals – often referred to as "service animals," "assistive animals," "support animals," or "therapy animals" – perform many disability-related functions, including but not limited to the following:

- Guiding individuals who are blind or have low vision
- Alerting individuals who are deaf or hearing impaired
- Providing minimal protection or rescue assistance
- Pulling a wheelchair
- Fetching items
- Alerting persons to impending seizures
- Providing emotional support to persons with disabilities who have a disability-related need for such support

Assistance animals that are needed as a reasonable accommodation for persons with disabilities are not considered pets, and thus, are not subject to the PHA's pet policies described in Parts II through IV of this chapter

APPROVAL OF ASSISTANCE ANIMALS

PHA Policy

For an animal to be excluded from the pet policy and be considered an assistance animal, there must be a person with disabilities in the household, and the family must request and the PHA approve a reasonable accommodation in accordance with the policies contained in Chapter 2.

CARE AND HANDLING

PHA Policy

Residents must care for assistance animals in a manner that complies with state and local laws, including anti-cruelty laws.

Residents must ensure that assistance animals do not pose a direct threat to the health or safety of others, or cause substantial physical damage to the development, dwelling unit, or property of other residents.

When a resident's care or handling of an assistance animal violates these policies, the PHA will consider whether the violation could be reduced or eliminated by a reasonable accommodation. If the PHA determines that no such accommodation can be made, the PHA may withdraw the approval of a particular assistance animal.

PET POLICIES FOR ALL DEVELOPMENTS

MANAGEMENT APPROVAL OF PETS

Registration of Pets

PHA Policy

Pets must be registered with the PHA before they are brought onto the premises.

Registration includes documentation 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. This registration must be renewed annually and will be coordinated with the annual reexamination date.

Pets will not be approved to reside in a unit until completion of the registration requirements.

Refusal to Register Pets

PHA Policy

The PHA will refuse to register a pet if:

The pet is not a common household pet as defined in Section 10-II.C. below

Keeping the pet would violate any pet restrictions listed in this policy

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

The applicant has previously been charged with animal cruelty under state or local law; or has been evicted, had to relinquish a pet or been prohibited from future pet ownership due to pet rule violations or a court order

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.

If the PHA refuses to register a pet, a written notification will be sent to the pet owner within 10 business days of the PHA's decision. The notice will state the reason for refusing to register the pet and will inform the family of their right to appeal the decision in accordance with the PHA's grievance procedures.

Pet Agreement

PHA Policy

Residents who have been approved to have a pet must enter into a pet agreement with the PHA, or the approval of the pet will be withdrawn.

The pet agreement is the resident's certification that he or she has received a copy of the PHA's pet policy and applicable house rules, that he or she has read the policies and/or rules, understands them, and agrees to comply with them.

The resident further certifies by signing the pet agreement that he or she understands that noncompliance with the PHA's pet policy and applicable house rules may result in the withdrawal of PHA approval of the pet or termination of tenancy.

STANDARDS FOR PETS

PHA Policy

Common household pet means a domesticated animal, such as a dog, cat, bird, or fish that is traditionally recognized as a companion animal and is kept in the home for pleasure rather than commercial purposes.

The following animals are not considered common household pets:

Reptiles

Rodents

Insects

Arachnids

Wild animals or feral animals

Pot-bellied pigs

Animals used for commercial breeding

Pet Restrictions

PHA Policy

The following animals are not permitted:

Any animal whose adult weight will exceed 25 pounds

Dogs of the pit bull, rottweiler, chow, or boxer breeds

Ferrets or other animals whose natural protective mechanisms pose a risk to small children of serious bites or lacerations

Any animal not permitted under state or local law or code

Number of Pets

PHA Policy

Residents may own a maximum of 2 pets, only 1 of which may be a dog.

In the case of fish, residents may keep no more than can be maintained in a safe and healthy manner in a tank holding up to 10 gallons. Such a tank or aquarium will be counted as 1 pet.

Other Requirements

PHA Policy

Dogs and cats must be spayed or neutered at the time of registration or, in the case of underage animals, within 30 days of the pet reaching 6 months of age. Exceptions may be made upon veterinary certification that subjecting this particular pet to the procedure would be temporarily or permanently medically unsafe or unnecessary.

Pets must be licensed in accordance with state or local law. Residents must provide proof of licensing at the time of registration and annually, in conjunction with the resident's annual reexamination.

PET RULES

Pet Area Restrictions

PHA Policy

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 other than dogs or cats must be kept in a cage or carrier when outside of the unit.

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.

Pet owners are not permitted to exercise pets or permit pets to deposit waste on project premises outside of the areas designated for such purposes.

Designated Pet/No-Pet Areas

PHA Policy

With the exception of common areas as described in the previous policy, the PHA has not designated any buildings, floors of buildings, or sections of buildings as no-pet areas. In addition, the PHA has not designated any buildings, floors of buildings, or sections of buildings for residency of pet-owning tenants.

Cleanliness

PHA Policy

The pet owner shall be responsible for the removal of waste from the exercise area by placing it in a sealed plastic bag and disposing of it in a container provided by the PHA.

The 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.

Litter box requirements:

Pet owners must promptly dispose of waste from litter boxes and must maintain litter boxes in a sanitary manner.

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

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

Alterations to Unit

PHA Policy

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.

Noise

PHA Policy

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.

Pet Care

PHA Policy

Each pet owner shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Each pet owner shall be responsible for appropriately training and caring for his/her pet to ensure that the pet is not a nuisance or danger to other residents and does not damage PHA property.

No animals may be tethered or chained inside or outside the dwelling unit at any time.

Responsible Parties

PHA Policy

The 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.

A resident who cares for another resident's pet must notify the PHA and sign a statement that they agree to abide by all of the pet rules.

Pets Temporarily on the Premises

PHA Policy

Pets that are not owned by a tenant are not allowed on the premises. Residents are prohibited from feeding or harboring stray animals.

This rule does not apply to visiting pet programs sponsored by a humane society or other non-profit organizations, and approved by the PHA.

Pet Rule Violations

PHA Policy

All complaints of cruelty and all dog bites will be referred to animal control or an applicable agency for investigation and enforcement.

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the pet rules, 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 pet owner has 10 business days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation

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

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

Notice for Pet Removal

PHA Policy

If the 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 will 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 30 calendar days of the notice

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

Pet Removal

PHA Policy

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 pet owner.

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.

Termination of Tenancy

PHA Policy

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

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

Emergencies

PHA Policy

The PHA will take all necessary steps to ensure 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 immediately removed from the premises by referring the situation 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 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.

PET DEPOSITS AND FEES IN ELDERLY/DISABLED DEVELOPMENTS

PET DEPOSITS

Payment of Deposit

PHA Policy

Pet owners are required to pay a pet deposit in addition to any other required deposits. The amount of the deposit is the higher of the family's total tenant payment or \$50.00, and must be paid in full before the pet is brought on the premises.

Refund of Deposit

PHA Policy

The PHA will refund the pet deposit to the resident, less the costs of any damages caused by the pet to the dwelling unit, within 30 days of move-out or removal of the pet from the unit.

The resident will be billed for any amount that exceeds the pet deposit.

The PHA will provide the resident with a written list of any charges against the pet deposit within 10 business days of the move-out inspection. If the resident disagrees with the amount charged to the pet deposit, the PHA will provide a meeting to discuss the charges.

OTHER CHARGES

Pet-Related Damages During Occupancy

PHA Policy

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

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

Fumigation of the dwelling unit

Repairs to common areas of the project

The expense of flea elimination shall also be the responsibility of the resident.

If the resident is in occupancy when such costs occur, the resident shall be billed for such costs in accordance with the policies in Section 8-I.G, Maintenance and Damage Charges. Pet deposits will not be applied to the costs of pet-related damages during occupancy.

Charges for pet-related damage are not part of rent payable by the resident.

Pet Waste Removal Charge

PHA Policy

A separate pet waste removal charge of \$10.00 per occurrence will be assessed against pet owners who fail to remove pet waste in accordance with this policy.

Notices of pet waste removal charges will be in accordance with requirements regarding notices of adverse action. Charges are due and payable 14 calendar days after billing. If the family requests a grievance hearing within the required timeframe, the PHA may not take action for nonpayment of the charge until the conclusion of the grievance process.

Charges for pet waste removal are not part of rent payable by the resident.

PET DEPOSITS AND FEES IN GENERAL OCCUPANCY DEVELOPMENTS

PET DEPOSITS

Payment of Deposit

PHA Policy

Pet owners are required to pay a pet deposit of \$200 in addition to any other required deposits. The deposit must be paid in full before the pet is brought on the premises.

The pet deposit is not part of rent payable by the resident.

Refund of Deposit

PHA Policy

The PHA will refund the pet deposit to the resident, less the costs of any damages caused by the pet to the dwelling unit, within 30 days of move-out or removal of the pet from the unit.

The resident will be billed for any amount that exceeds the pet deposit.

The PHA will provide the resident with a written list of any charges against the pet deposit within 10 business days of the move-out inspection. If the resident disagrees with the amount charged to the pet deposit, the PHA will provide a meeting to discuss the charges.

NON-REFUNDABLE NOMINAL PET FEE

PHA Policy

The PHA requires pet owners to pay a non-refundable nominal pet fee.

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

Landscaping costs

Pest control costs

Insurance costs

Clean-up costs

The pet fee of \$10.00 will be billed on a monthly basis, and payment will be due 14 calendar days after billing.

Charges for the non-refundable pet fee are not part of rent payable by the resident.

OTHER CHARGES

Pet-Related Damages During Occupancy

PHA Policy

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

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

Fumigation of the dwelling unit

Repairs to common areas of the project

The expense of flea elimination shall also be the responsibility of the resident.

If the resident is in occupancy when such costs occur, the resident shall be billed for such costs in accordance with the policies in Section 8-I.G, Maintenance and Damage Charges. Pet deposits will not be applied to the costs of pet-related damages during occupancy.

Charges for pet-related damage are not part of rent payable by the resident.

Pet Waste Removal Charge

PHA Policy

A separate pet waste removal charge of \$10.00 per occurrence will be assessed against pet owners who fail to remove pet waste in accordance with this policy.

Such charges will be due and payable 14 calendar days after billing.

Charges for pet waste removal are not part of rent payable by the resident.

Madison County Housing Authority-PHA Plan Table Library

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

FFY of Grant Approval: (2007)

Annual Statement

Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number <u>IL06R01550107</u>

Original Annual Statement

Line No. Summary by Development Account Total Estimated Cost Total Non-CGP Funds 0.00 1 2 1406 Operations 0.00 3 1408 Management Improvements 15,000.00 4 1410 Administration 30,000.00 5 1411 Audit 0.00 Liquidated Damages 6 1415 0.00 7 1430 Fees and Costs 85,000.00 1440 Site Acquisition 50,000.00 8 9 1450 Site Improvement 0.00 **Dwelling Structures** 10 1460 0.00 11 1465.1 Dwelling Equipment-Nonexpendable 0.00 12 1470 Nondwelling Structures 0.00 13 1475 Nondwelling Equipment 0.00 100,000.00 14 1485 Demolition 15 1490 **Replacement Reserve** 0.00 1492 Moving to Work Demonstration 0.00 16 80,000.00 17 1495.1 Relocation Costs 47,486.00 Mod Used for Development 1498 18 Contingency 19 1502 0.00 Amount of Annual Grant (Sum of lines 2-19) 20 407,486.00 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 0.00 Measures

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

| Development Number/Name HA-Wide Activities | General Description of Major Work Categories | Development Account Number | Total Estimated Cost |
|--|---|----------------------------------|----------------------------|
| | Management Improvements | 1408 | 15,000.00 |
| | Administration | 1410 | 30,000.00 |
| | Fees and Costs | 1430 | 85,000.00 |
| | Acquisition | 1440 | 50,000.00 |
| | Mod Used For Development | 1498 | 47,486.00 |
| | Demolition | 1485 | 100,000.00 |
| | Relocation | 1495.1 | 80,000.00 |
| | | | |
| | | | |
| TOTAL | | | 407,486.00 |

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) |
|--|--|--|
| | 09/30/09 | 09/30/11 |

YOUR RIGHT TO REQUEST A REASONABLE ACCOMMODATION

Do I have the right to request a reasonable accommodation or modification of my unit while in pubic or assisted housing?

If you have a disability that requires you to need ...

An accommodation or adjustment in the program's rules, policies, practices or services, or

A modification of your Public Housing unit or its associated premises, then ...

You have the right to request a reasonable accommodation or modification.

Will my request automatically be approved?

We will try to approve your request if you can show that ...

You have a disability that requires a reasonable accommodation or modification, and your request is reasonable.

How do I file a request?

You can request a reasonable accommodation by filling out a Reasonable Accommodation Request Form available at the manager's office within your complex during regular business hours. If you need help filling out this form, or if you want to give us your request in some other way, we will help you.

What happens after I file the request?

Your request will be reviewed and you will receive a response within 30 calendar days after we have received your request. If we turn down your request, we will explain the reasons. You will have a right to a hearing if your request is denied.

My signature confirms that I have read and understand my rights as indicated above.

Signature (Head of Household)

Date

The Madison County Housing Authority will make every effort to make this information available to persons with disabilities in alternative formats upon request. Please allow a minimum of seven days for preparation of the material.

MADISON COUNTY HOUSING AUTHORITY

REQUEST FOR A REASONABLE ACCOMMODATION

| Head | of Household | |
|-------|-------------------------------|--|
| Addr | ess | |
| Day p | phone: | Home phone (if different) |
| 1. | The following member of my he | usehold has a disability |
| | Name | Relationship |
| 2. | 1 0 | ommodation(s) so that the person listed above can comply gram and have an equal opportunity within the program to s associated premises. |
| | Check the applicable request: | |

❑ An accommodation or adjustment in the following program, rule, policy, practice or service that I currently must follow to meet the terms of the program. I understand that I may ask for change in <u>how</u> I meet the terms of the program's rules and regulations. (please be specific and explain what is needed. Attach a separate sheet if necessary for additional information.)

A modification in my unit or to another part of the associated housing complex. (Please tell what specifically is needed. Attach a separate sheet if necessary for additional information.) (NOTE: Applicable only to programs where the Madison County Housing Authority owns the property.) 3. I need this reasonable accommodation because:

4. My request can be verified by:

Physician/Diagnostician

| Name | | |
|--------------|---|--|
| Title: | _ | |
| Organization | | |
| Address | | |
| | | |
| Phone () | | |

If there are other persons who can also verify your request, please fully identify them on a separate sheet and attach.

I, ______, give the Madison County Housing Authority permission to contact the individual(s) identified in No. 4 of this form for purposes of verifying that I or a family member needs the reasonable accommodation requested above. (NOTE: This must be signed by the person designated in No. 1 of this form or by an individual with authority to sign on that person's behalf).

Signed (Head of Household)

(Date)

[insert date]

Dear:

Enclosed is a "Request for Reasonable Accommodations" form signed by ________asking you to verify [his/her], or [his/her] household member's need for a reasonable accommodation or modification in [his/her] housing.

In accordance with laws concerning persons with disabilities, a housing provider, upon request, may have to make reasonable accommodations to its program's rules, policies, practices or services or reasonable modifications to a housing unit or its associated premises. These reasonable accommodations or modifications may be required if they are necessary to enable a person with a disability to comply with the program's requirements and have an equal opportunity within the program to use and enjoy the unit and its associated premises. Please note that such accommodations *must be necessary*, not just desirable.

[name] has requested the accommodation described on the enclosed "Request for a Reasonable Accommodation" form. Please indicate by completing the verification portion of this form whether you believe the requested accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be helpful in making the right accommodation for this person.

This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.

Please return the form within ten calendar days of its receipt in the enclosed self-addressed, stamped envelope. If you have any questions, or cannot complete the form within ten days, please call [insert staff name] at [insert phone number].

Thank you for your cooperation.

Sincerely,

Housing Manager

Enclosure: Request for a Reasonable Accommodation Verification Form

REQUEST FOR A REASONABLE ACCOMMODATION VERIFICATION FORM

In accordance with the signed consent provided on the attached form, please verify the information concerning a request for a reasonable accommodation for ______ by completing the following:

(Check all applicable boxes)

A. The subject individual has a disability or handicap (The U.S. Department of Housing and Urban Development's definition of handicap requires that the individual has an impairment that is expected to be of long-continued and indefinite duration, is a substantial impediment to his or her ability to live independently and is of a nature that the ability to live independently could be improved by a stable residential situation. This term includes: developmentally disabled persons as defined in Section 102 of the Department Disabilities Services and Facilities Construction Amendment of 1970 (42) USC 269, [1])

An individual who is <u>developmentally disabled</u>, i.e., an individual who has a severe chronic disability, is one for whom <u>all</u> of the below apply:

- 1. is attributable to a mental and/or physical impairment;
- 2. was manifested before the age of 22;
- 3. is likely to continue indefinitely;
- 4. results in substantial functional limitations in three or more of the following areas: capacity for independent living, self care, receptive and expressive language, learning, mobility, self-direction, and economic self-sufficiency, AND
- 5. requires special, interdisciplinary or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated.
- The subject individual does NOT have a disability or handicap.
- B. The disability or handicap <u>necessitates</u> the requested accommodation or modification identified on the enclosed Reasonable Accommodation Request Form in order for the subject individual to comply with the requirements of the program and have equal access to and enjoyment of his/her unit and its associated premises.
- C. Do you believe the requested accommodation will achieve its stated purpose? yes uno (If "no" please briefly explain)

- F. Date of last contact with the subject individual concerning his/her disability:

How long have you been familiar with the subject individual's disability?

premises and honor the terms of his/her lease.

Immediate

Within 5 months

From 6 months to 1 year

G. Please provide any comments to assist in the evaluation of the requested reasonable accommodation:

Please indicate the critical time frame required to complete the requested accommodation so that the subject can have an equal opportunity to use and enjoy his/her unit and its associated

I certify that the above information is true and complete.

Physician/diagnostician name/title

Signature

D.

E.

Name of Organization

City, State, Zip

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

License #

Date

Street address

Phone

Madison County Housing Authority-PHA Plan Table Library

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

FFY of Grant Approval: (2007)

Annual Statement

Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number <u>IL06R01550107</u>

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