

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

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2008

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

PHA Plan Agency Identification

PHA Name: Housing Authority of the City of Marion

PHA Number: IN041-001-002-003-004-005

PHA Fiscal Year Beginning: 07/2007

PHA Programs Administered:

Public Housing and Section 8
 Section 8 Only
 Public Housing Only
 Number of public housing units: 270
 Number of S8 units:
 Number of public housing units:
 Number of S8 units: 421

PHA Consortia: (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2009
[24 CFR Part 903.5]

A. Mission

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

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

As stewards of public funds and trust, the Marion Housing Authority will provide safe, decent, affordable housing opportunities through public and private partnerships, while serving all customers with respect.

B. Goals

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

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:

- Concentrate on efforts to improve specific management functions: PIC 50058 Reporting.
- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling:
- Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

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

PHA Goal: Provide an improved living environment

Objectives:

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

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

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

Objectives:

- Increase the number and percentage of employed persons in assisted families:

- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

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

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2008
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

- Standard Plan**
- Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24CFR Part 903.79 (r)]

In April of 2006, the Marion Housing Authority held a Board Strategic Planning Retreat to plan and prioritize a comprehensive, realistic plan for the future. With the continual reduction in HUD funds/subsidies received, it is imperative that agencies become entrepreneurial in nature to survive. This is the direction of the Marion Housing Authority for the 21st century.

In that light, the Marion Housing Authority has embarked to seek alternative types of supplementary management opportunities in the private sector. We are aggressively looking for opportunities in the private sector to increase our housing stock as well as the intake of additional fees. In turn, the additional income will be utilized to further our commitment to provide affordable housing to our community.

To date, the Marion Housing Authority has purchased a forty-nine (49) unit site consisting of one and two bedroom units. Additionally, we are in the process of purchasing a fifty (50) unit site consisting of a combination of one and two bedroom units that we will own and manage. The agency continues to provide maintenance and leasing functions for a thirty-six (36) unit tax credit project. We also own and administer a ninety-eight (98) unit Section 8 New Construction Project.

In addition to the Section 8 FSS position funded by HUD, the Marion Housing Authority has implemented its own Homeownership Program with a full-time coordinator to further enhance our Section 8 clients' ability to achieve the "American Dream" of homeownership.

In order to enhance our ability to produce error free reports and ensure the proper reporting of all information submitted to PIC, the Marion Housing Authority has taken steps to up-grade its software system to Yardi Voyager. We have also purchased the PIC *error reporting* software which reports any 50058 errors to the agency's administrator. With this system, any errors must be corrected before it will allow you to submit the 50058 to HUD. Additionally, Yardi's software was developed for the Asset Management model and will be a great asset to the Marion Housing Authority in the direction we are headed. This new software system should help eliminate any reporting problems we have experienced in the past.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration
- FY 2007 Capital Fund Program Annual Statement (A)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- List of Resident Advisory Board Members (in041b08)
- List of Resident Board Member (in041c08)
- Community Service Description of Implementation (in041d08)
- Information on Pet Policy (in041e08)
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable (in041f08)

Optional Attachments:

- PHA Management Organizational Chart (in041g08)
- FY 2007 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (in041h08)
- Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
Y	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Y	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
	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
	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
Y	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
Y	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
Y	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
Y	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Y	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Y	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Y	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
Y	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Y	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Y	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
Y	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
Y	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
Y	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
Y	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
Y	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

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	1,226	5	5	5	5	5	5
Income >30% but <=50% of AMI	913	5	5	5	5	5	5
Income >50% but <80% of AMI	935	3	4	4	3	3	3
Elderly	884	3	2	2	2	2	2
Families with Disabilities	1,114	4	3	3	3	2	2
Race/Ethnicity W	3,684	4	3	4	3	3	3
Race/Ethnicity B	750	4	3	4	3	3	3
Race/Ethnicity H	132	4	3	4	3	3	3
Race/Ethnicity O	36	4	3	4	3	3	3

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

- Consolidated Plan of the Jurisdiction/s
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data
Indicate year:
- Other housing market study Indicate year: Housing Needs Assessment for Marion, IN 1994
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input checked="" type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
	If used, identify which development/subjurisdiction: Family List		
	# of families	% of total families	Annual Turnover
Waiting list total	328		77
Extremely low income <=30% AMI	276	84.1463%	
Very low income (>30% but <=50% AMI)	44	13.4146%	
Low income (>50% but <80% AMI)	8	2.4390%	
Families with children	298	90.8536%	
Elderly families	4	1.2195%	
Families with Disabilities	25	7.6219%	
Race/ethnicity	252	76.8293%	

Housing Needs of Families on the Waiting List			
Race/ethnicity	74	22.5610%	
Race/ethnicity	2	0.6098%	
Race/ethnicity	11	3.3537%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	2	0.0060%	0
2 BR	208	63.4146%	20
3 BR	110	33.5365%	26
4 BR	7	2.1341%	30
5 BR	1	.0030%	1
5+ BR	N/A	N/A	0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: Elderly List			
	# of families	% of total families	Annual Turnover
Waiting list total	31		78
Extremely low income <=30% AMI	15	48.3871%	
Very low income (>30% but <=50% AMI)	9	29.0323%	
Low income (>50% but <80% AMI)	6	19.3548%	
Families with children	0	0%	

Housing Needs of Families on the Waiting List			
Elderly families	12	38.7096%	
Families with Disabilities	14	45.1612%	
Race/ethnicity	27	87.0968%	
Race/ethnicity	4	12.9032%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	31	100%	
2 BR	0	0	78
3 BR	0	0	0
4 BR	0	0	0
5 BR	0	0	0
5+ BR	0	0	0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	439		2
Extremely low income <=30% AMI	321	73.1207%	
Very low income (>30% but <=50% AMI)	95	21.6401%	

Housing Needs of Families on the Waiting List			
Low income (>50% but <80% AMI)	23	5.2392%	
Families with children	291		
Elderly families	15		
Families with Disabilities	92		
Race/ethnicity	320	72.8929%	
Race/ethnicity	114	25.9681%	
Race/ethnicity	4	0.9112%	
Race/ethnicity	1	0.2278%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			1
2 BR			0
3 BR			1
4 BR			0
5 BR			0
5+ BR			0
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 13			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

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

Select all that apply

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

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2005 grants)		
a) Public Housing Operating Fund	484,970	
b) Public Housing Capital Fund	465,000	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,773,314	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	33,150	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
Section 8 New Construction HAP	203,640	S8 New Construction operations
2. Prior Year Federal Grants (unobligated funds only) (list below)		
Capital Fund 2005	272,618	Public Housing Capital Improvements
Capital Fund 2006	457,737	Public Housing Capital Improvements
3. Public Housing Dwelling Rental Income	557,544	Public Housing operations
4. Other income (list below)		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
Other Dwelling Rental Income	613,585	Public and Non-Public Housing operations
Non-Dwelling Rental Income	51,300	Central Office operations
Interest on general investments	56,250	Public and Non-Public Housing operations
4. Non-federal sources (list below)		
Management Fees	415,975	Central Office operations
Total resources	5,385,083	

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)

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

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

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

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

(2)Waiting List Organization

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

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

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

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

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

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

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

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

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

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

(3) Assignment

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

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

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

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

(6) Deconcentration and Income Mixing

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

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

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

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

- Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- Other (list policies and developments targeted below)
- d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)
- f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:
- g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)
- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

B. Section 8

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

(1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation

- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)
- b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
- Other - Landlord Reference

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- PHA main administrative office
- Other (list below)

(3) Search Time

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

If yes, state circumstances below: Based upon tenant circumstance and the availability of HQS units.

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

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

Other preferences (select all that apply)

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

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

1 Date and Time

Former Federal preferences

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

- 1** Victims of domestic violence
Substandard housing
Homelessness
High rent burden

Other preferences (select all that apply)

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

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

- Date and time of application
 Drawing (lottery) or other random choice technique

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

- This preference has previously been reviewed and approved by HUD
 The PHA requests approval for this preference through this PHA Plan

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

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

(5) Special Purpose Section 8 Assistance Programs

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

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below) N/A

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

- Through published notices
- Other (list below) N/A

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

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

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

For all developments

For all general occupancy developments (not elderly or disabled or elderly only)

For specified general occupancy developments

For certain parts of developments; e.g., the high-rise portion

For certain size units; e.g., larger bedroom sizes

Other (list below)

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

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

f. Rent re-determinations:

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

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

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

(2) Minimum Rent

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

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

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	270	65
Section 8 Vouchers	397	78
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

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

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

Maintenance Plan, Maintenance Charges, Tenant Handbook, Tenant Lease, ACOP

(2) Section 8 Management: (list below)

Administrative Plan, HAP Contract

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
- PHA main administrative office
 - PHA development management offices
 - Other (list below)

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (A, at the end of this document, in041v08)

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

- The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (A, at the end of this document in041v08)

-or-

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

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

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

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

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
 - Revitalization Plan under development
 - Revitalization Plan submitted, pending approval
 - Revitalization Plan approved
 - Activities pursuant to an approved Revitalization Plan underway

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

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

- Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of

1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

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

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

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the

U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

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

Designation of Public Housing Activity Description
1a. Development name: Norman Manor Apartments 1b. Development (project) number: IN041-003
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:(<u>DD/MM/YY</u>)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 69 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Riverside Apartments 1b. Development (project) number: IN041-004
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>

4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
7. Number of units affected: 51 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Martin Boots Apartments 1b. Development (project) number: IN041-005
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
8. Number of units affected: 50 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

completing streamlined submissions may skip to component 11.)

2. Activity Description

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

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

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval

<input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected:
6. Coverage of action: (select one)
<input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Section 8 HCV Home Ownership</i>	<i>10</i>	<i>Selection from FSS</i>	<i>PHA Main Office</i>	<i>Section 8</i>

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? **October 27, 1999**

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

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

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2007 Estimate)	Actual Number of Participants (As of: 03/01/07)
Public Housing		
Section 8	2	36

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

C. Welfare Benefit Reductions

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

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

1. Describe the need for measures to ensure the safety of public housing residents

(select all that apply)

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

Proactive move to increase the safety and sense of security for residents.

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

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

All

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

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

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

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

All

C. Coordination between PHA and the police

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

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

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

All

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- Attached at Attachment (File name) (in041h08)
 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) Considered comments and will incorporate into the Capital Fund Program.

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

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

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

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (State of Indiana)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
 1. Enhanced affordable homeownership opportunities.
 2. Preserve affordable rental housing opportunities.
 - Other: (list below)
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

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

Attachments

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

PHA Plan Table Library

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

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

Capital Fund Grant Number IN36P04150105 FFY of Grant Approval: 09/2005

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	92,739.61
3	1408 Management Improvements	21,000.00
4	1410 Administration	54,000.00
5	1411 Audit	5,000.00
6	1415 Liquidated Damages	
7	1430 Fees and Costs	8,000.00
8	1440 Site Acquisition	
9	1450 Site Improvement	104,202.00
10	1460 Dwelling Structures	100,560.39
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Non-dwelling Structures	
13	1475 Non-dwelling Equipment	69,500.00
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	6,560.00
20	Amount of Annual Grant (Sum of lines 2-19)	465,562.00
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
41-ALL	Operations	1406	92,739.61
	Section 3	1408	6,000.00
	Management Improvement	1408	15,000.00
	Salary	1410	54,000.00
	Audit	1411	5,000.00
	Architecture & Engineering	1430	8,000.00
	Maintenance Vehicle	1475	22,000.00
	Office Equipment	1475	47,500.00
	Contingency	1502	6,560.00
	41-1 12 th , Upton, Houck	Replace driveways, Aprons	1450
Exterior doors		1460	338.00
Basement Wall Repair		1460	500.00
Interior Doors/Trim		1460	589.00
Cabinets/Countertops		1460	1,000.00
Water Heaters		1460	500.00
Light & Wall Fixtures		1460	500.00
Painting		1460	5,507.50
Floor Tile		1460	1,588.47
Window Replacement		1460	1,259.99
HVAC		1460	22,093.69
Range/Refrigerator		1465	638.00
41-2 Curfman, Coulton, North Court		Interior Doors/Trim	1460
	Cabinets/Countertops	1460	2,342.31
	Water Heaters	1460	500.00
	Light & Wall Fixtures	1460	267.89
	Painting	1460	10,202.80
	Floor Tile	1460	2,068.02
	Window Replacement	1460	1,259.99
	HVAC	1460	14,624.00
41-3 Norman Manor	Range/Refrigerator	1465	962.00
	Water heaters	1460	250.00
	Carpet	1460	1,000.00
	Painting	1460	618.45

	Floor tile	1460	800.00
	HVAC	1460	2,208.75
	Range/Refrigerator	1465	800.00
41-4 Riverside Apts	Sealant at curbs	1450	250.00
	Replace asphalt/Restripe lot	1450	29,952.00
	Concrete curbs in parking lot	1450	2,000.00
	Emergency generator installation	1460	13,468.43
	Water heaters	1460	500.00
	Carpet	1460	1,815.31
	Painting	1460	1,178.00
	Floor tile	1460	1,000.00
	HVAC	1460	3,800.00
	Range/Refrigerator	1465	800.00
41-5 Martin Boots Apts	Water heaters	1460	500.00
	Carpet	1460	1,000.00
	Painting	1460	1,178.00
	Floor tile	1460	1,000.00
	HVAC	1460	3,800.00
	Range/Refrigerator	1465	800.00

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)
41-ALL	09/30/2007	09/30/2009
41-1	09/30/2007	09/30/2009
41-2	09/30/2007	09/30/2009
41-3	09/30/2007	09/30/2009
41-4	09/30/2007	09/30/2009
41-5	09/30/2007	09/30/2009

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

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

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

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Optional Public Housing Asset Management Table

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

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

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	93,112	92,739.61	16,173.70	12,578.31
3	1408 Management Improvements	21,000	21,000.00	6,598.97	6,598.97
4	1410 Administration	54,000	54,000.00	54,000.00	22,267.78
5	1411 Audit	5,000	5,000.00	1,860.00	1,860.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000	8,000.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	104,202	104,202.00	0.00	0.00
10	1460 Dwelling Structures	100,188	100,560.39	90,183.24	67,776.30
11	1465.1 Dwelling Equipment—Nonexpendable	4,000	4,000.00	1,464.94	188.94
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	69,500	69,500.00	4,215.68	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	6,560	6,560.00	2,221.46	1,291.12
21	Amount of Annual Grant: (sum of lines 2 – 20)	465,562	465,562.00	192,943.29	128,786.72
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

PHA Name: Housing Authority of the City of Marion, IN		Grant Type and Number Capital Fund Program Grant No: IN36P04150105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-1	Replace driveways/Aprons	1450		72,000	72,000.00	0.00	0.00	Proposed
12 th /Upton St	Replace siding	1460		11,000	0.00	0.00	0.00	Deleted
Houck St	Ext. Doors	1460		10,000	338.00	338.00	338.00	In Process
	Steel lintel	1460		3,000	0.00	0.00	0.00	Deleted
	Basement wall repair	1460		500	500.00	0.00	0.00	Proposed
	Doors/Trim	1460		1,000	589.00	455.98	455.98	In Process
	Cabinets/Countertops	1460		1,000	1,000.00	270.00	270.00	In Process
	Water heaters	1460		500	500.00	0.00	0.00	Proposed
	Light & wall fixtures	1460		500	500.00	297.73	297.73	In Process
	Painting	1460		1,178	5,507.50	5,507.50	5,057.50	In Process
	Floor Tile	1460		1,000	1,558.47	1,558.47	1,282.88	In Process
	Window Replacement	1460		1,000	1,259.99	1,259.99	1,259.99	In Process
	HVAC	1460		3,124	22,093.69	22,093.69	4,856.35	In Process
	Ranges/Refrigerators	1465		800	6,383.00	638.00	0.00	In Process
IN41-2	Replace siding	1460		5,500	0.00	0.00	0.00	Deleted
Coulton Ct	Ext. Doors	1460		8,000	0.00	0.00	0.00	Deleted
Curfman Rd	Steel lintel	1460		2,000	0.00	0.00	0.00	Deleted
North Court	Basement wall repair	1460		500	0.00	0.00	0.00	Deleted
	Door/Wood trim	1460		1,000	1,331.79	1,331.79	1,331.79	In Process
	Cabinets/Countertops	1460		1,000	2,342.31	2,342.31	2,273.90	In Process

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

PHA Name: Housing Authority of the City of Marion, IN		Grant Type and Number Capital Fund Program Grant No: IN36P04150105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-2 cont'd	Water Heaters	1460	500	500.00		0.00	0.00	Proposed
	Light & wall fixtures	1460	500	267.89		297.74	297.74	In Process
	Painting	1460	1,178	10,202.80		10,128.80	9,528.80	In Process
	Floor tile	1460	1,000	2,068.02		2,160.91	2,160.91	In Process
	Window replacement	1460	1,000	1,259.99		1,259.99	1,259.99	In Process
	HVAC	1460	3,124	14,624.00		34,753.38	34,753.38	In Process
	Ranges/refrigerators	1465	800	962.00		638.00	0.00	In Process
IN41-3	Water heaters	1460	250	250.00		0.00	0.00	Proposed
Norman	Carpet	1460	1,000	1,000.00		1,000.00	0.00	In Process
Manor Apts	Painting	1460	1,178	618.45		0.00	0.00	Proposed
	Floor tile	1460	1,000	800.00		467.25	467.25	In Process
	HVAC	1460	2,700	2,208.75		0.00	0.00	Proposed
	Ranges/refrigerators	1465	800	800.00		188.94	188.94	In Process
IN41-4	Sealant at curbs	1450	250	250.00		0.00	0.00	Proposed
Riverside	Replace asphalt/Restripe lot	1450	29,952	29,952.00		0.00	0.00	Proposed
Apts	Concrete curbs in Prkg lot	1450	2,000	2,000.00		0.00	0.00	Proposed
	Emerg. Generator installation	1460	20,000	13,468.43		0.00	0.00	Proposed
	Water Heater	1460	500	500.00		0.00	0.00	Proposed
	Carpet	1460	1,000	1,815.31		1,815.31	949.61	In Process
	Painting	1460	1,178	1,178.00		0.00	0.00	Proposed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-4 cont'd	Floor tile	1460		1,000	1,000.00	467.25	467.25	In Process
	HVAC	1460		3,800	3,800.00	0.00	0.00	Proposed
	Ranges/Range hood/Refrigerators	1465		800	800.00	0.00	0.00	Proposed
IN41-5	Water Heater	1460		500	500.00	0.00	0.00	Proposed
Martin Boots	Carpet	1460		1,000	1,000.00	1,909.90	0.00	In Process
Apts	Painting	1460		1,178	1,178.00	0.00	0.00	Proposed
	Floor tile	1460		1,000	1,000.00	467.25	467.25	In Process
	HVAC	1460		3,800	3,800.00	0.00	0.00	Proposed
	Ranges/Range hood/Refrigerators	1465		800	800.00	0.00	0.00	Proposed
IN41-HA Wide	Operations	1406		93,112	92,739.61	16,173.70	12,578.31	In Process
	Section 3	1408		6,000	6,000.00	0.00	0.00	Proposed
	Staff Training	1408		15,000	15,000.00	15,000.00	15,000.00	In Process
	Salary/Fringes/Travel Sundry	1410		54,000	54,000.00	54,000.00	22,267.78	In Process
	Audit	1411		5,000	5,000.00	1,860.00	1,860.00	In Process
	A/E Services	1430		8,000	8,000.00	0.00	0.00	Proposed
	Maintenance Vehicle	1475		22,000	22,000.00	0.00	0.00	Proposed
	Office equipment	1475		47,500	47,500.00	4,215.68	0.00	In Process
	Contingency	1502		6,560	6,560.00	2,221.46	1,291.12	In Process

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program No: IN36P04150105 Replacement Housing Factor No:				Federal FY of Grant: 2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IN41-1 12 th /Upton St Houck St	9/30/2007	9/30/2007		9/30/2009	9/30/2009		
IN41-2 Coulton Ct Curfman Rd North Court	9/30/2007	9/30/2007		9/30/2009	9/30/2009		
IN41-3 Norman Manor Apts	9/30/2007	9/30/2007		9/30/2009	9/30/2009		
IN41-4 Riverside Apts	9/30/2007	9/30/2007		9/30/2009	9/30/2009		
IN41-5 Martin Boots Apts	9/30/2007	9/30/2007		9/30/2009	9/30/2009		
IN41-HA Wide	9/30/2007	9/30/2007		9/30/2009	9/30/2009		

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	52,035	93,112	0.00	0.00
3	1408 Management Improvements	21,000	21,000	7,824.27	7,824.27
4	1410 Administration	54,000	54,000	0.00	0.00
5	1411 Audit	5,000	5,000	0.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000	8,000	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	211,202	211,202	0.00	0.00
10	1460 Dwelling Structures	40,688	40,688	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	4,000	4,000	0.00	0.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	20,000	20,000	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	8,560	8,560	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	424,485	465,562	7,824.27	7,824.27
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Marion, IN		Grant Type and Number Capital Fund Program Grant No: IN36P04150106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

PHA Name: Housing Authority of the City of Marion, IN		Grant Type and Number Capital Fund Program Grant No: IN36P04150106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-1	Reroof roof areas	1450		93,394	93,394	0.00	0.00	Proposed
12 th /Upton St	Replace 25% roof deck sheathing	1450		9,000	9,000	0.00	0.00	Proposed
Houck St	Remove Pod vents	1450		1,500	1,500	0.00	0.00	Proposed
	Replace alum fascia & trim	1450		11,000	11,000	0.00	0.00	Proposed
	Replace Frieze board trim	1450		5,500	5,500	0.00	0.00	Proposed
	Replace soffit w/ vinyl	1450		16,000	16,000	0.00	0.00	Proposed
	Install alum gutters & gutter guard	1450		14,500	14,500	0.00	0.00	Proposed
	Install alum downspouts	1450		3,500	3,500	0.00	0.00	Proposed
	Basement wall repair	1460		500	500	0.00	0.00	Proposed
	Door/wood trim	1460		1,000	1,000	0.00	0.00	Proposed
	Cabinets/Countertops	1460		1,000	1,000	0.00	0.00	Proposed
	Water heaters	1460		500	500	0.00	0.00	Proposed
	Replacement light & fixtures	1460		500	500	0.00	0.00	Proposed
	Painting	1460		1,178	1,178	0.00	0.00	Proposed
	Floor Tile	1460		1,000	1,000	0.00	0.00	Proposed
	Window Replacement	1460		1,000	1,000	0.00	0.00	Proposed
	HVAC	1460		3,124	3,124	0.00	0.00	Proposed
	Ranges/Refrigerators	1465		800	800	0.00	0.00	Proposed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-2	Basement wall repair	1460		500	500	0.00	0.00	Proposed
Coulton Ct	Door/Wood trim	1460		1,000	1,000	0.00	0.00	Proposed
Curfman Rd	Cabinets/Countertops	1460		1,000	1,000	0.00	0.00	Proposed
North Court	Water Heaters	1460		500	500	0.00	0.00	Proposed
	Replacement light & fixtures	1460		500	500	0.00	0.00	Proposed
	Painting	1460		1,178	1,178	0.00	0.00	Proposed
	Floor tile	1460		1,000	1,000	0.00	0.00	Proposed
	Window replacement	1460		1,000	1,000	0.00	0.00	Proposed
	HVAC	1460		3,124	3,124	0.00	0.00	Proposed
	Ranges/refrigerators	1465		800	800	0.00	0.00	Proposed
IN41-3	Emergency generator	1450		20,000	20,000	0.00	0.00	Proposed
Norman	Replace asphalt & restripe parking lot	1450		34,558	34,558	0.00	0.00	Proposed
Manor Apts	Apply sealant at curbs	1450		250	250	0.00	0.00	Proposed
	Concrete curbs at parking lot	1450		2,000	2,000	0.00	0.00	Proposed
	Water heaters	1460		250	250	0.00	0.00	Proposed
	Carpet	1460		1,000	1,000	0.00	0.00	Proposed
	Painting	1460		1,178	1,178	0.00	0.00	Proposed
	Floor tile	1460		1,000	1,000	0.00	0.00	Proposed
	HVAC	1460		2,700	2,700	0.00	0.00	Proposed
	Ranges/refrigerators	1465		800	800	0.00	0.00	Proposed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-4	Water Heater	1460		500	500	0.00	0.00	Proposed
Riverside	Carpet	1460		1,000	1,000	0.00	0.00	Proposed
Apts	Painting	1460		1,178	1,178	0.00	0.00	Proposed
	Floor tile	1460		1,000	1,000	0.00	0.00	Proposed
	HVAC	1460		3,800	3,800	0.00	0.00	Proposed
	Ranges/Range hood/Refrigerators	1465		800	800	0.00	0.00	Proposed
IN41-5	Water Heater	1460		500	500	0.00	0.00	Proposed
Martin Boots	Carpet	1460		1,000	1,000	0.00	0.00	Proposed
Apts	Painting	1460		1,178	1,178	0.00	0.00	Proposed
	Floor tile	1460		1,000	1,000	0.00	0.00	Proposed
	HVAC	1460		3,800	3,800	0.00	0.00	Proposed
	Ranges/Range hood/Refrigerators	1465		800	800	0.00	0.00	Proposed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-HA Wide	Operations	1406		52,035	93,112	0.00	0.00	Proposed
	Section 3	1408		6,000	6,000	0.00	0.00	Proposed
	Staff Training	1408		15,000	15,000	7,824.27	7,824.27	In Process
	Salary/Fringes/Travel Sundry	1410		54,000	54,000	0.00	0.00	Proposed
	Audit	1411		5,000	5,000	0.00	0.00	Proposed
	A/E Services	1430		8,000	8,000	0.00	0.00	Proposed
	Maintenance Vehicle	1475		20,000	20,000	0.00	0.00	Proposed
	Contingency	1502		8,560	8,560	0.00	0.00	Proposed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program No: IN36P04150106 Replacement Housing Factor No:				Federal FY of Grant: 2006
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IN41-1	9/30/2008	9/30/2008		9/30/2010	9/30/2010		
12 th /Upton St Houck St							
IN41-2	9/30/2008	9/30/2008		9/30/2010	9/30/2010		
Coulton Ct Curfman Rd North Court							
IN41-3	9/30/2008	9/30/2008		9/30/2010	9/30/2010		
Norman Manor Apts							
IN41-4	9/30/2008	9/30/2008		9/30/2010	9/30/2010		
Riverside Apts							
IN41-5	9/30/2008	9/30/2008		9/30/2010	9/30/2010		
Martin Boots Apts							
IN41-HA Wide	9/30/2008	9/30/2008		9/30/2010	9/30/2010		

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150126 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	35,931			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	35,931			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150126 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

PHA Name: Housing Authority of the City of Marion, IN		Grant Type and Number Capital Fund Program Grant No: IN36P04150126 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-2 Curfman/Coulton North Court	HVAC	1460		35,931				Proposed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Marion, IN		Grant Type and Number Capital Fund Program No: IN36P04150126 Replacement Housing Factor No:					Federal FY of Grant: 2006
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IN41-2	05/03/2009			05/03/2011			
Coulton Ct							
Curfman Rd							
North Court							

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150107 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	46,556			
3	1408 Management Improvements	21,000			
4	1410 Administration	54,000			
5	1411 Audit	5,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	225,702			
10	1460 Dwelling Structures	53,188			
11	1465.1 Dwelling Equipment—Nonexpendable	8,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	7,500			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	36,616			
21	Amount of Annual Grant: (sum of lines 2 – 20)	465,562			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Marion, IN		Grant Type and Number Capital Fund Program Grant No: IN36P04150107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-1	Reroof roof areas	1450		164,702				Proposed
12 th /Upton St	Replace 25% roof deck sheathing	1450		9,000				Proposed
Houck St	Remove Pod vents	1450		1,500				Proposed
	Replace alum fascia & trim	1450		11,000				Proposed
	Replace Frieze board trim	1450		5,500				Proposed
	Replace soffit w/ vinyl	1450		16,000				Proposed
	Install alum gutters & gutter guard	1450		14,500				Proposed
	Install alum downspouts	1450		3,500				Proposed
	Basement wall repair	1460		1,500				Proposed
	Door/wood trim	1460		1,000				Proposed
	Cabinets/Countertops	1460		1,000				Proposed
	Water heaters	1460		1,000				Proposed
	Replacement light & fixtures	1460		1,500				Proposed
	Painting	1460		1,178				Proposed
	Floor Tile	1460		1,000				Proposed
	Window Replacement	1460		1,000				Proposed
	HVAC	1460		3,124				Proposed
	Ranges/Refrigerators	1465		1,600				Proposed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-2	Basement wall repair	1460		1,500				Proposed
Coulton Ct	Door/Wood trim	1460		1,000				Proposed
Curfman Rd	Cabinets/Countertops	1460		1,000				Proposed
North Court	Water Heaters	1460		1,000				Proposed
	Replacement light & fixtures	1460		1,500				Proposed
	Painting	1460		1,178				Proposed
	Floor tile	1460		1,000				Proposed
	Window replacement	1460		1,000				Proposed
	HVAC	1460		3,124				Proposed
	Ranges/refrigerators	1465		1,600				Proposed
								Proposed
IN41-3	Water heaters	1460		250				Proposed
Norman	Carpet	1460		2,000				Proposed
Manor Apts	Painting	1460		1,178				Proposed
	Floor tile	1460		2,500				Proposed
	HVAC	1460		2,700				Proposed
	Ranges/refrigerators	1465		1,600				Proposed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-4	Water Heater	1460		500				Proposed
Riverside	Carpet	1460		2,000				Proposed
Apts	Painting	1460		1,178				Proposed
	Floor tile	1460		2,500				Proposed
	HVAC	1460		3,800				Proposed
	Ranges/Range hood/Refrigerators	1465		1,600				Proposed
IN41-5	Water Heater	1460		500				Proposed
Martin Boots	Carpet	1460		2,000				Proposed
Apts	Painting	1460		1,178				Proposed
	Floor tile	1460		2,500				Proposed
	HVAC	1460		3,800				Proposed
	Ranges/Range hood/Refrigerators	1465		1,600				Proposed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program Grant No: IN36P04150107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN41-HA Wide	Operations	1406		46,556				Proposed
	Section 3	1408		6,000				Proposed
	Staff Training	1408		15,000				Proposed
	Salary/Fringes/Travel Sundry	1410		54,000				Proposed
	Audit	1411		5,000				Proposed
	A/E Services	1430		8,000				Proposed
	Office Equipment	1475		7,500				Proposed
	Contingency	1502		36,616				Proposed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Marion, IN			Grant Type and Number Capital Fund Program No: IN36P04150107 Replacement Housing Factor No:				Federal FY of Grant: 2007
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IN41-1	9/30/2009				9/30/2011		
12 th /Upton St Houck St							
IN41-2	9/30/2009				9/30/2011		
Coulton Ct Curfman Rd North Court							
IN41-3	9/30/2009				9/30/2011		
Norman Manor Apts							
IN41-4	9/30/2009				9/30/2011		
Riverside Apts							
IN41-5	9/30/2009				9/30/2011		
Martin Boots Apts							
IN41-HA Wide	9/30/2009				9/30/2011		

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Housing Authority of the City of Marion, IN				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1 IN36P04150106 07/01/2007	Work Statement for Year 2 FFY Grant: IN36P04150108 PHA FY: 07/01/2008	Work Statement for Year 3 FFY Grant: IN36P04150109 PHA FY: 07/01/2009	Work Statement for Year 4 FFY Grant: IN36P04150110 PHA FY: 07/01/2010	Work Statement For Year 5 FFY Grant: IN36P04150111 PHA FY: 07/01/2011
	Annual Statement				
IN41-1		26,806	68,902	118,400	91,800
IN41-2		213,200	225,604	115,600	103,900
IN41-3		10,228	11,578	28,100	28,100
IN41-4		11,578	11,578	27,450	27,450
IN41-5		11,578	11,578	27,450	27,450
IN41-HA Wide		192,172	236,722	248,962	287,262
CFP Funds Listed for 5-year planning		465,562	565,962	565,962	565,962
Replacement Housing Factor Funds					

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : 2 FFY Grant: IN36P04150108 PHA FY: 07/01/2008			Activities for Year: 3 FFY Grant: IN36P04150109 PHA FY: 07/01/2009		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement	IN41-1	Reroof Roof Areas	12,904	IN41-1	Basement Wall Repair	1,500
		Basement Wall Repair	1,500		Door/Wood Trim	1,000
		Door/Wood Trim	1,000		Cabinets/Countertops	1,000
		Cabinets/Countertops	1,000		Water Heaters	1,000
		Water Heaters	1,000		Replacement Light & Wall Fixtures	1,500
		Replacement Light & Wall Fixtures	1,500		Painting	1,178
		Painting	1,178		Floor Tile	1,000
		Floor Tile	1,000		Window Replacement	1,000
		Window Replacement	1,000		Replace Electric Baseboard Heaters	3,124
		HVAC	3,124		Ranges/Refrigerators	1,600
		Ranges/Refrigerators	1,600		Install Electric Furnaces & Ductwork	30,000
					Install Central A/C Condenser	25,000
	IN41-2	Reroof Roof Areas	140,298	IN41-2	Reroof Roof Areas	119,702
		Replace 25% of Roof Deck Sheathing	8,500		Replace 25% of Roof Deck Sheathing	8,500
		Remove Pod Vents	1,000		Remove Pod Vents	1,000
		Replace alum Fascia & Trim	10,500		Replace alum Fascia & Trim	10,500
		Replace Frieze Board Trim	6,000		Replace Frieze Board Trim	6,000
		Replace Soffit w/ Vinyl	15,500		Replace Soffit w/ Vinyl	15,500
		Install Alum Gutters & Gutter Guard	14,500		Install Alum Gutters & Gutter Guard	14,500

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

		Install Alum Downspouts	3,000		Install Alum Downspouts	3,000
		Basement Wall Repair	1,500		Basement Wall Repair	1,500
		Door/Wood Trim	1,000		Door/Wood Trim	1,000
		Cabinets/Countertops	1,000		Cabinets/Countertops	1,000
		Water Heaters	1,000		Water Heaters	1,000
		Replacement Light & Wall Fixtures	1,500		Replacement Light & Wall Fixtures	1,500
		Painting	1,178		Painting	1,178
		Floor Tile	1,000		Floor Tile	1,000
		Window Replacement	1,000		Window Replacement	1,000
		HVAC	3,124		Replace Electric Baseboard Heaters	3,124
		Ranges/Refrigerators	1,600		Ranges/Refrigerators	1,600
					Install Electric Furnaces & Ductwork	18,000
					Install Central A/C Condenser	15,000
	IN41-3	Water Heaters	250	IN41-3	Water Heaters	500
		Carpet	2,000		Carpet	2,000
		Painting	1,178		Painting	1,178
		Floor Tile	2,500		Floor Tile	2,500
		HVAC	3,800		HVAC	3,800
		Ranges/Refrigerators	1,600		Ranges/Refrigerators/Hoods	1,600
	IN41-4	Water Heaters	500	IN41-4	Water Heaters	500
		Carpet	2,000		Carpet	2,000
		Painting	1,178		Painting	1,178
		Floor Tile	2,500		Floor Tile	2,500
		HVAC	3,800		HVAC	3,800
		Ranges/Refrigerators/Hoods	1,600		Ranges/Refrigerators/Hoods	1,600

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

	IN41-5	Water Heaters	500	IN41-5	Water Heaters	500
		Carpet	2,000		Carpet	2,000
		Painting	1,178		Painting	1,178
		Floor Tile	2,500		Floor Tile	2,500
		HVAC	3,800		HVAC	3,800
		Ranges/Refrigerators/Hoods	1,600		Ranges/Refrigerators/Hoods	1,600
	IN41-HA Wide	Operations	46,556	IN41-HA Wide	Operations	56,596
		Section 3	6,000		Section3	6,000
		Staff Training	15,000		Staff Training	15,000
		Salary/Fringes/Travel Sundry	54,000		Salary/Fringes/Travel Sundry	54,000
		Audit	5,000		Audit	5,000
		A/E Services	8,000		A/E Services	8,000
		Maintenance Vehicle	0		Maintenance Vehicle	25,000
		Office Equipment	21,000		Office Equipment	54,500
		Contingency	36,616		Contingency	12,626
	Total CFP Estimated Cost		\$465,562			\$565,962

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Capital Fund Program Five-Year Action Plan					
Part II: Supporting Pages—Work Activities					
Activities for Year : 4 FFY Grant: IN36P04150110 PHA FY: 07/01/2010			Activities for Year: 5 FFY Grant: IN36P04150111 PHA FY: 07/01/2011		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
IN41-1	Reroof Roof Areas	5,000	IN41-1	Reroof Roof Areas	5,000
	Replace 25% of Roof Deck Sheathing	500		Replace 25% of Roof Deck Sheathing	500
	Remove Pod Vents	500		Remove Pod Vents	500
	Replace Alum Fascia & Trim	500		Replace Alum Fascia & Trim	500
	Replace Soffit w/ Vinyl	500		Replace Soffit w/ Vinyl	500
	Install Alum Gutters & Gutter Guard	500		Install Alum Gutters & Gutter Guard	500
	Concrete drives & walks	2,500		Concrete drives & walks	2,500
	Basement wall repair	500		Basement wall repair	500
	Door/Wood Trim	1,000		Door/Wood Trim	1,000
	Cabinets/Countertops	33,600		Cabinets/Countertops	15,000
	Bathroom Remodel	5,000		Bathroom Remodel	5,000
	Water Heaters	500		Water Heaters	500
	Replacement light & wall fixtures	500		Replacement light & wall fixtures	500
	Painting	18,000		Painting	10,000
	Floor Tile	1,000		Floor Tile	1,000
	Windows/Blinds/Trim	5,000		Windows/Blinds/Trim	5,000
	Landscaping/Trim trees	2,500		Landscaping/Trim trees	2,500
	Garages/Carports	5,000		Garages/Carports	5,000
	HVAC	35,000		HVAC	35,000
	Range/Refrigerators	800		Range/Refrigerators	800

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

IN41-2	Reroof Roof Areas	5,000	IN41-2	Reroof Roof Areas	5,000
	Replace 25% of Roof Deck Sheathing	500		Replace 25% of Roof Deck Sheathing	500
	Remove Pod Vents	500		Remove Pod Vents	500
	Replace Alum Fascia & Trim	500		Replace Alum Fascia & Trim	500
	Replace Soffit w/ Vinyl	500		Replace Soffit w/ Vinyl	500
	Install Alum Gutters & Gutter Guard	500		Install Alum Gutters & Gutter Guard	500
	Concrete drives & walks	2,500		Concrete drives & walks	2,500
	Basement wall repair	500		Basement wall repair	500
	Door/Wood Trim	1,000		Door/Wood Trim	1,000
	Cabinets/Countertops	30,800		Cabinets/Countertops	19,100
	Bathroom Remodel	5,000		Bathroom Remodel	5,000
	Water Heaters	500		Water Heaters	500
	Replacement light & wall fixtures	500		Replacement light & wall fixtures	500
	Painting	18,000		Painting	18,000
	Floor Tile	1,000		Floor Tile	1,000
	Windows/Blinds/Trim	5,000		Windows/Blinds/Trim	5,000
	Landscaping/Trim trees	2,500		Landscaping/Trim trees	2,500
	Garages/Carports	5,000		Garages/Carports	5,000
	HVAC	35,000		HVAC	35,000
	Range/Refrigerators	800		Range/Refrigerators	800
IN41-3	Replace asphalt & restripe parking lot	3,500	IN41-3	Replace asphalt & restripe parking lot	3,500
	Concrete curbs at parking lot	2,000		Concrete curbs at parking lot	2,000
	Water Heaters	250		Water Heaters	250
	Electric fixtures	250		Electric fixtures	250
	Cabinets/Countertops	7,000		Cabinets/Countertops	7,000
	Bathroom remodel	1,500		Bathroom remodel	1,500
	Carpet	6,600		Carpet	6,600

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

IN41-3 cont'd	Painting	2,500	IN41-3 cont'd	Painting	2,500
	Floor Tile	1,000		Floor Tile	1,000
	HVAC	2,700		HVAC	2,700
	Ranges/Refrigerators/Hoods	800		Ranges/Refrigerators/Hoods	800
IN41-4	Replace asphalt & restripe parking lot	3,500	IN41-4	Replace asphalt & restripe parking lot	3,500
	Water Heaters	500		Water Heaters	500
	Electric fixtures	250		Electric fixtures	250
	Cabinets/Countertops	7,000		Cabinets/Countertops	7,000
	Bathroom remodel	1,500		Bathroom remodel	1,500
	Carpet	6,600		Carpet	6,600
	Painting	2,500		Painting	2,500
	Floor Tile	1,000		Floor Tile	1,000
	HVAC	3,800		HVAC	3,800
	Ranges/Refrigerators/Hoods	800		Ranges/Refrigerators/Hoods	800
IN41-5	Replace asphalt & restripe parking lot	3,500	IN41-5	Replace asphalt & restripe parking lot	3,500
	Water Heaters	500		Water Heaters	500
	Electric fixtures	250		Electric fixtures	250
	Cabinets/Countertops	7,000		Cabinets/Countertops	7,000
	Bathroom remodel	1,500		Bathroom remodel	1,500
	Carpet	6,600		Carpet	6,600
	Painting	2,500		Painting	2,500
	Floor Tile	1,000		Floor Tile	1,000
	HVAC	3,800		HVAC	3,800
	Ranges/Refrigerators/Hoods	800		Ranges/Refrigerators/Hoods	800

**HOUSING AUTHORITY OF THE CITY OF MARION
601 SOUTH ADAMS STREET
MARION, INDIANA 46953
(765) 664-5194**

Resident Advisory Board Members

Terri Browning
Dee Crogun – Riverside Apartments

Kay Zirkle
JoAnn Anderson– Martin Boots

Judy Blessing
Nancy Marshall
Rosemary Edwards – Norman Manor



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Resident Board Member

Kay Zirkle – Martin Boots



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Chapter 16

COMMUNITY SERVICE

[24 CFR Part 960 Subpart F and 24 CFR 903.7(l)]

INTRODUCTION

IMPORTANT NOTICE

The community service requirement was suspended for Federal Fiscal Year 2002, for all developments except HOPE VI developments (Department of Veteran Affairs and Housing and Urban Development, and Independent Agencies Appropriation Act, 2002, at Section 432). The requirement has been reinstated for Federal fiscal year 2003.

INSTRUCTION: The Quality Housing and Work Responsibility Act of 1998 mandates PHAs to require that adults living in public housing comply with community service requirements. On March 29, 2000, the Changes to Admission and Occupancy Requirements in the Public Housing and Section 8 Housing Assistance Program Final Rule was published in the Federal Register.

A. REQUIREMENT

Each adult resident of the PHA shall:

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

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

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

B. EXEMPTIONS

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

Is 62 years of age or older;

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

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

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

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

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

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

C. DEFINITION OF ECONOMIC SELF-SUFFICIENCY PROGRAM

For purposes of satisfying the community service requirement, participating in an economic self-sufficiency program is defined, in addition to the exemption definitions described above, by HUD as: Any program designed to encourage, assist, train or facilitate economic independence of assisted families or to provide work for such families.

These economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as substance abuse or mental health treatment).

In addition to the HUD definition above, the PHA definition includes any of the following:

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

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

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

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

D. ANNUAL DETERMINATIONS

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

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

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

Family members will not be permitted to self-certify that they have complied with community service requirements.

E. NONCOMPLIANCE

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

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

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

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

The head of household and the noncompliant adult must sign the agreement to cure.

Ineligibility for Occupancy for Noncompliance

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

F. PHA RESPONSIBILITY

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

The PHA will ensure that:

The conditions under which the work is to be performed are not hazardous;

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

The work is not otherwise unacceptable.

G. PHA IMPLEMENTATION OF COMMUNITY SERVICE REQUIREMENT

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

The PHA will provide to residents a brochure of community service and volunteer opportunities available throughout the community.

Chapter 10

PET POLICY – ELDERLY/DISABLED PROJECTS [24 CFR Part 5, Subpart C]

INTRODUCTION

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

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

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

ANIMALS THAT ASSIST PERSONS WITH DISABILITIES

Pet rules will not be applied to animals that assist persons with disabilities. To be excluded from the pet policy, the resident/pet owner must certify:

- That there is a person with disabilities in the household;
- That the animal has been trained to assist with the specified disability.

A. MANAGEMENT APPROVAL OF PETS

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

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

Registration of Pets

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

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

Dogs and cats must be spayed or neutered.

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

Refusal to Register Pets

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

The PHA will refuse to register a pet if:

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

Keeping the pet would violate any House Pet Rules;

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

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

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

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

B. STANDARDS FOR PETS

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

Persons with Disabilities

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

**That there is a person with disabilities in the household;
That the animal actually assists the person with the disability.**

Types of Pets Allowed

No types of pets other than the following may be kept by a resident.

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

1. Dogs

Maximum number: 1

Maximum adult weight: 20 pounds

Maximum adult height: 15 inches

Must be housebroken

Must be spayed or neutered

Must have all required inoculations

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

2. Cats

Maximum number: 1

Must be declawed

Must be spayed or neutered

Must have all required inoculations

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

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

3. Birds

Maximum number: 2

Must be enclosed in a cage at all times

4. Fish

Maximum aquarium size: 50 gallons

Must be maintained on an approved stand

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

Maximum number: 2

Must be enclosed in an acceptable cage at all times

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

6. Turtles

Maximum number: 2

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

C. PETS TEMPORARILY ON THE PREMISES

Pets that are not owned by a tenant will not be allowed.

Residents are prohibited from feeding or harboring stray animals.

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

D. DESIGNATION OF PET/NO-PET AREAS

The following areas are designated no-pet areas:

All common areas (The only exception will be when a pet is being carried to and from an apartment to leave the building.)

E. ADDITIONAL FEES AND DEPOSITS FOR PETS

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

An initial payment of \$100 on or prior to the date the pet is properly registered and brought into the apartment, and; (Except Hilltop Towers Section VIII New Construction)

Monthly payments in an amount no less than \$100 until the specified deposit has been paid. (Except Hilltop Towers Section VIII New Construction)

The pet deposit for Hilltop Towers only will be an initial payment of \$50 on or prior to the date the pet is properly registered and brought into the apartment. Monthly payments will be in \$10 monthly payments until the balance is paid in full.

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

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

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

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

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

- The cost of repairs and replacements to the resident's dwelling unit;**
- Fumigation of the dwelling unit;**
- Common areas of the project.**

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

F. ALTERATIONS TO UNIT

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

G. PET WASTE REMOVAL CHARGE

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

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

The cost of repairs and replacements to the dwelling unit;

Fumigation of the dwelling unit.

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

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

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

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

H. PET AREA RESTRICTIONS

Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) dogs and cats must be kept on a leash or carried and under the control of the resident or other responsible individual at all times.

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

Residents/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.

Pets are not allowed to be chained up or kept outside of units.

I. NOISE

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

J. CLEANLINESS REQUIREMENTS

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

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

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

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

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

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

K. PET CARE

No pet (excluding fish) shall be left unattended in any apartment for a period in excess of 10 hours.

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

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

L. RESPONSIBLE PARTIES

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

M. INSPECTIONS

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

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

N. PET RULE VIOLATION NOTICE

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

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

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

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

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

If the pet owner requests a meeting within the 5 day period, the meeting will be scheduled no later than 5 calendar days before the effective date of service of the notice, unless the pet owner agrees to a later date in writing.

O. NOTICE FOR PET REMOVAL

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

The Notice shall contain:

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

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

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

P. TERMINATION OF TENANCY

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

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

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

Q. PET REMOVAL

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. Includes pets who are poorly cared for or have been left unattended for over 10 hours.

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

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

R. EMERGENCIES

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

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

Chapter 11

PET POLICY – GENERAL OCCUPANCY (FAMILY) PROJECTS

[24 CFR Part 960, Subpart G]

INTRODUCTION

This Chapter explains the PHA's policies on the keeping of pets in general occupancy projects and any criteria or standards pertaining to the policy. The rules adopted are reasonably related to the legitimate interest of this PHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest of the PHA.

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

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

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

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

B. STANDARDS FOR PETS

Types of Pets Allowed

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

1. Dogs

Maximum number: 1

Maximum adult weight: 50 pounds

Must be housebroken

Must be spayed or neutered

Must have all required inoculations

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

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

2. Cats

Maximum number: 1

Must be declawed

Must be spayed or neutered

Must have all required inoculations

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

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

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

3. Birds

Maximum number 2

Must be enclosed in a cage at all times

4. Fish

Maximum aquarium size 50 gallons

Must be maintained on an approved stand

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

Maximum number 2

Must be enclosed in an acceptable cage at all times

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

6. Turtles

Maximum number 2

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

The following are NOT considered "common household pets":

Domesticated dogs that exceed 50 pounds. (Animals certified to assist persons with disabilities are exempt from this weight limitation).

Vicious or intimidating pets. Dog breeds including pit bull/rottweiler/chow/boxer/Doberman/Dalmatian/German shepherd are considered vicious or intimidating breeds and are not allowed.

Animals who would be allowed to produce offspring for sale.

Wild, feral, or any other animals that are not amenable to routine human handling.

Any poisonous animals of any kind.

Fish in aquariums exceeding 50 gallons in capacity.

Non-human primates.

Animals whose climatological needs cannot be met in the unaltered environment of the individual dwelling unit.

Pot-bellied pigs.

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

Hedgehogs or other animals whose protective instincts and natural body armor produce a risk of serious puncture injuries to children.

Pigeons, doves, mynahs, psittacines, and birds of other species that are hosts to the organisms that cause psittacosis in humans.

Snakes or other kinds of reptiles.

C. REGISTRATION OF PETS

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

Registration includes certificate signed by a licensed veterinarian or State/local authority that the pet:

has received all inoculations required by State or local law

has no communicable disease(s) (and)

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

Each pet owner must provide a color photograph of their pet(s).

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

Refusal to Register Pets

If the PHA refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial. The notification will be served in accordance with HUD notice requirements.

The PHA will refuse to register a pet if:

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

Keeping the pet would violate any House Rules;

The pet owner fails to provide complete pet registration information;

The pet owner fails to update the registration annually;

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

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

D. PET AGREEMENT

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

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

Agree that the resident is responsible and liable for all damages caused by their pet(s).

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

All common household pets are to be fed inside the apartment. Feeding is not allowed on porches, sidewalks, patios or other outside areas.

Tenants are prohibited from feeding stray animals.

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

Residents shall not feed any stray animals; doing so, or keeping stray or unregistered animals, will be considered having a pet without permission.

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

When outside the dwelling unit, all pets must be on a leash or in an animal transport enclosure and under the control of a responsible individual.

All fecal matter deposited by the pet(s) must be promptly and completely removed from any common area. All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in a trash bin. Litter shall not be disposed of by being flushed through a toilet.

Litter boxes shall be stored inside the resident's dwelling unit or in animal enclosures maintained within dwelling units AND must be removed and/or replaced regularly. Failure to do so will result in a Pet Waste Removal charge.

The Resident/Pet Owner shall be responsible for the removal of waste from any animal or pet exercise area by placing it in a sealed plastic bag and disposing of it in immediately.

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

That failure to abide by any animal-related requirement or restriction constitutes a violation of the “Resident Obligations” in the resident’s Lease Agreement.

Residents will prevent disturbances by their pets that interfere with the quiet enjoyment of the premises of other residents in their units or in common areas. This includes, but is not limited to, loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.

E. DESIGNATION OF PET-FREE AREAS

The following areas are designated as no-pet areas:

PHA management offices

PHA community centers

Chained or kept outside in any fashion.

F. PETS TEMPORARILY ON THE PREMISES

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

Residents are prohibited from feeding or harboring stray animals.

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

G. DEPOSITS FOR PETS

Tenants with animals must pay a pet deposit of \$300 for the purpose of defraying all reasonable costs directly attributable to the presence of a particular pet.

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

An initial payment of \$100 on or prior to the date the pet is properly registered and brought into the unit **and;**

Monthly payments will be paid in an amount not less than \$100 until the specified deposit has been paid.

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

The PHA will refund the Pet Deposit to the tenant, less any damage caused by the pet to the dwelling unit, within a reasonable time after the tenant moves or upon removal of the pet from the unit.

The PHA will refund the unused portion of the deposit to the resident within a reasonable time after the resident moves from the project or no longer owns or has a pet present in the resident's dwelling unit.

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

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

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

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

Fumigation of the dwelling unit;

Common areas of the project if applicable

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

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

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

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

H. ADDITIONAL PET FEES

The PHA does not require a non-refundable nominal fee.

I. PET WASTE REMOVAL CHARGE

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

J. PET AREA RESTRICTIONS

Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) dogs and cats must be kept on a leash or carried and under the control of the resident or other responsible individual at all times.

Pets are not allowed to be chained up or kept outside.

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.

K. CLEANLINESS REQUIREMENTS

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

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

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

L. PET CARE

No pet (excluding fish) shall be left unattended in any unit for a period in excess of 10 hours.

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

M. RESPONSIBLE PARTIES

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

N. INSPECTIONS

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

The PHA may enter and inspect the unit only if a written complaint is received alleging that the conduct or condition of the pet in the unit is a violation, or constitutes a nuisance

or threat to the health or safety of the other occupants or other persons in the community under applicable State or local law.

O. PET RULE VIOLATION NOTICE

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

Residents who violate these rules are subject to:

Lease termination proceedings.

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

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

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

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

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

If the pet owner requests a meeting within the 5 day period, the meeting will be scheduled no later than 5 calendar days before the effective date of service of the notice, unless the pet owner agrees to a later date in writing.

P. NOTICE FOR PET REMOVAL

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

The Notice shall contain:

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

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

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

Q. TERMINATION OF TENANCY

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

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

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

R. PET REMOVAL

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. This includes pets who are poorly cared for or have been left unattended for over 10 hours.

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

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

S. EMERGENCIES

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

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

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

SECTION 8 HOMEOWNERSHIP PROGRAM ADMINISTRATIVE PLAN

The intent of the Plan is to develop specific local homeownership policies within the program regulations designed to allow Section 8 program participants to become homeowners, while including adequate safeguards to protect program integrity, the Marion Housing Authority and program participants.

The Administrative Plan has been developed in compliance with all known HUD regulations.

HUD REQUIREMENTS

Program participants will be selected from the current base of Section 8 participants. Initially the program size will be limited to not more than 10 families. The Authority will choose candidates for the program based on the length of time of participation in the Section 8 Rental Assistance Program. **Additionally, a preference for current participants of the Family Self Sufficiency Program will be granted.** All participants must meet the following minimum requirements as mandated by HUD.

1. Must be a first time homeowner as defined by HUD. Specifically, applicants cannot have owned a home within the past three years.
2. Both the family and the adult members who will own the home must be able to document a minimum annual income of \$10,300.
3. One or more adult family members must be able to document that he or she has been continually employed for at least 1 year. Exemptions shall be granted to elderly and disabled participants.
4. Must complete a HUD certified homeownership counseling program provided free through the MHA.
5. Must not have defaulted previously on Section 8 Rental Assistance and otherwise be in good standing with the MHA program requirements and standards.

MHA BRIEFINGS and HOMEOWNERSHIP COUNSELING

While the MHA realizes that not all Section 8 tenants are ready, willing and able to purchase a home, it plans to notify all current Section 8 program participants in writing, of the newly enacted Homeownership Option and provide a brief description of the program and its possible benefits.

If a tenant responds to the initial letter, the tenant will be mailed an application for entry into the Homeownership Program. Once the application has been completed and returned, the MHA will order and pay for a credit report in the name(s) of the applicant(s); perform an employment verification for all applicants, conduct other pre-screening checks such as criminal background checks and determine the applicants ability to qualify for financing and the amount of said financing. At this point, an individual briefing session will be scheduled.

At the MHA briefing session, the applicant(s) and at least one MHA staff person currently involved with the Authority's Homeownership Program will be in attendance. The MHA will provide the program participant(s) with information regarding geographic choice, portability and benefits of purchasing in low poverty areas. Additionally the participant's application, including their verified employment history and their current credit report, will be discussed and a determination of the participant readiness to purchase will be made.

Assuming the applicant(s) is likely to qualify for a home loan in an amount sufficient to purchase a suitable home, the MHA will proceed to enroll the applicant in the MHA Housing Counseling Program or any other HUD certified and approved homebuyer counseling program. Administered by the MHA, Pre-purchase homeownership counseling consists of three, two-hour counseling sessions. Qualified professionals in the field of housing and related issues teach instructional classes.

Homebuyer counseling will include the following elements:

1. Home Maintenance
2. Budgeting and money management
3. Credit Counseling
4. Negotiate purchase price
5. Financing
6. Home search
7. Advantages of purchasing in areas that do not have high concentrations of low income families
8. Information regarding fair housing
9. Information relative to settlement procedures, truth in lending laws and loans terms

The MHA will strongly consider local circumstances and the needs of individual families when providing briefing and counseling. The MHA plans to require that the program participants enroll in and complete post purchase counseling for a period of at least one year determined by the housing counselor. The one-year local requirement may be extended at the discretion of the MHA.

SEARCH TIME

The MHA has established 150 calendar days to be the maximum time allowed to locate a home, secure the financing, and complete the purchase. Progress reports **MUST** be provided every 30 days.

TIME FRAME for UTILIZATION of HOMEOWNERSHIP VOUCHER

Once a participant has completed the homeownership counseling program and has been deemed “purchase ready”, they may be pre-qualified for a loan with a participating financial institution. MHA will provide the financial institution with the family’s estimated homebuyer subsidy for inclusion in the qualification determination.

The family will be issued a homebuyer voucher upon submission of the pre-qualification confirmation from the financial institution. The voucher will be valid for a total of 150 days from the date of issuance. The family must enter into a purchase agreement within the time period allotted. Extensions beyond the 150 days will be at the sole discretion of MHA’s Executive Director and the Homeownership Coordinator.

If the family does not find a suitable home within the time allotted (including any extensions) the voucher will revert to a rental voucher.

UNIT ELIGIBILITY / INSPECTION REQUIRMENTS

In terms of unit eligibility, the MHA is required to enforce specific unit eligibility standards. One such standard is the type of unit a program participant may purchase. Under the program guidelines, participants are restricted to purchasing existing or new single-family homes, condominiums and cooperatives units. The purchase of multi unit structures, including two family dwellings, is prohibited.

In terms of unit inspections, the MHA requires two pre-purchase inspections. One will be performed by a

qualified MHA employee, while the second inspection is to be performed by a privately employed qualified professional Home Inspector. There will be no fee associated with the MHA inspection. However, the program participant must pay for the cost of the inspection done by a professional Home Inspector. The MHA will review the inspection performed by the professional Home Inspector and determine if the dwelling is suitable for purchase and eligible for sale to a program participant. The MHA may disapprove a unit based on information provided in either Inspection Report.

The Marion Housing Authority plans to utilize the same procedure for unit inspection as it now uses for Section 8 rental units. Currently, the MHA has a qualified staff person designated to perform unit inspections prior to occupancy. The inspection conducted by the Authority will be used to determine compliance with the Housing Quality Standards as revised by the MHA from time to time.

When a Section 8 unit is ready for inspection, the MHA inspector will gain access to the unit by coordinating with the property owner. The MHA inspector then conducts a thorough room-by-room inspection of the premises, including the basement and any and all mechanical systems, all common areas and the exterior. The inspection results are written on the MHA standard unit inspection form and maintained on file. The unit must meet the inspection criteria of local Housing Quality Standards in order to qualify for the Homeownership Program.

If the unit fails the inspection, the owner of the property will be required to make needed repairs in order to bring the unit into compliance with local MHA Housing Quality Standards.

CONTRACT OF SALE / BUYER PROTECTION

In the terms of the contract for sale, the MHA plans to utilize the same contract for sale as approved by the Indiana Law and the local Board of Realtors.

The contract for sale will contain an additional list of provisions including the following:

1. The price and other terms of sale.
2. The purchaser will arrange for a pre-purchase inspection to be performed by an independent inspector selected and paid for by the purchaser.
3. The purchaser is not obligated to purchase the unit unless the inspection is satisfactory to the purchaser and the MHA.
4. The purchaser is not obligated to pay for any repairs.
5. The seller certifies that he or she has not been debarred, suspended, or subject to a limited denial of participation.

AMOUNT OF ASSISTANCE

The amount of the Homeownership Assistance Payment shall be a sum equal to the lower of:

1. The payment standard minus the total tenant payment
2. The family's monthly homeownership expenses minus the total tenant payment

The payment standard for a family is the lower of:

1. The payment standard for the family unit size
2. The payment standard for the size of the home

If the home is located in an exception payment standard area, the MHA will use the approximate payment

standard for the exception payment standard area. The MHA will use the same payment schedule, payment standard amounts and subsidy standards for the Homeownership Option as for the Rental Voucher Program. The MHA will conduct an annual reexamination of program participants in order to update income, family size and other relevant data and adjust the payment standard accordingly.

The MHA has adopted the following homeownership expenses in accordance with HUD requirements:

1. Principal and interest on initial mortgage(s) debt including refinancing if any
2. Real estate taxes
3. Sewer and water fees
4. Trash pick up and disposal fees
5. Homeowners insurance costs
6. Allowance for maintenance expenses*
7. Allowance for costs of major repairs and replacements**
8. Utility Allowance
9. Principal and interest on debt incurred to finance major repairs or HCP accessible

* Monthly allowance for maintenance \$75-Existing \$125

** Monthly allowance for major repairs and replacements \$75-Existing \$125

The MHA will make payment directly to the first mortgage lender or to the Section 8 Homeownership Program participant as determine by the MHA Housing Counselor. If the assistance exceeds the amount due the lender, the MHA will pay the balance directly to the homeowner.

The term of homeowner assistance shall be fifteen (15) years if the term of the first mortgage is twenty (20) years or longer, except in the case of elderly and disabled program participants where the maximum term of fifteen (15) years does not apply. In all other cases, the term shall be ten (10) years.

POST PURCHASE REQUIREMENTS FOR FAMILIES

The family must sign a statement of homeowner obligations before the start of homeownership assistance agreeing to comply with all obligations under the program. In keeping with HUD regulations, the MHA has imposed the following post purchase requirements:

1. The family must reside in the home. If the family moves out of the home, the MHA will not continue homeownership assistance payments after the month when the moves out.
2. The MHA will require each family receiving homeownership assistance to attend and participate in post purchase counseling. The counseling sessions will be administered by either MHA staff or a certified post purchase counseling agent and will focus on home maintenance issues, family finances, and budgeting and maintaining good credit by ensuring that the family is paying off its credit cards and other monthly debt in a timely fashion.
3. The family must comply with the terms of all mortgage(s) securing debt incurred to purchase the home and any refinancing debt, if applicable.
4. The family must not convey or transfer ownership of the home while receiving homeownership assistance.
5. The family may grant a mortgage on the home for debt incurred to finance the purchase of the home or any refinancing of such debt.
6. After the death of a family member who holds title to the home, homeownership assistance will continue pending settlement of the estate provided that the family continues to occupy the home.

7. The family must comply with all requirements of the Section 8 Program or be subject to termination of assistance.
8. The family must allow the MHA access to the home for the purpose of performing an inspection, if it is so required.

The family must supply the MHA with the following information upon request:

1. Information relative to any mortgage(s) secured by the property.
2. Any sale or transfer of any interest in the home.
3. The family must provide the MHA with its homeownership expenses.
4. The family must notify the MHA before moving out of the home.
5. The family must notify the MHA if it defaults on any mortgage securing debt incurred to purchase the home. If the family defaults on the mortgage, the MHA may choose to issue a voucher to the family to facilitate a move to a rental unit and continue rental assistance. However, the determination will be at the MHA's discretion, based on the good faith efforts of the family to meet its obligations and prevent default.
6. Proof that no family member has an ownership interest in other real estate while receiving homeownership assistance.

RECAPTURE OF HOMEOWNERSHIP ASSISTANCE

Program recipients participating in the Homeownership program are subject to recapture provisions if they sell their unit within ten (10) years initially purchasing the unit.

At the time of sale, the MHA will place a lien on the property in accordance with HUD regulations. The lien will be drawn up in such a way that it is consistent with State and local law. The amount of homeownership assistance subject to recapture will be lesser of the following two recapture alternatives:

1. The amount of homeownership assistance subject to recapture will automatically be reduced over a ten-year period, beginning one year from the purchase date, in annual increments of ten percent. At the end of the ten-year period, the amount of homeownership assistance subject to recapture will be zero.
2. The difference between the sale price and the purchase price of the home minus costs of any capital expenditures, the costs incurred by the family in the sale of the home, the amount of the difference between the sales price and purchase price that is being used, upon sale, towards the purchase of a new home under the Section 8 Homeownership program and any amounts that have been previously recaptured.

In the case of a refinancing of the home, the recapture will be an amount equaling the lesser of:

1. The amount of homeownership assistance subject to recapture will automatically be reduced over a ten-year period, beginning one year from the purchase date, in annual increments of ten percent. At the end of the ten-year period, the amount of homeownership assistance subject to recapture will be zero.

2. The difference between the current mortgage debt and new mortgage debt minus the costs of any capital expenditures, the costs incurred by the family in the refinancing of the home and any amounts that have been previously recaptured.

In the case of identity-of-interest transactions, the MHA will establish a sales price based on fair market value.

OWNERSHIP TITLE

The homeownership option may be utilized for the following types of housing:

- 1) A unit owned by the family, where one or more family members hold title to the home. Town homes, condominiums or other structure types are acceptable as long as a fee simple title can be transferred to the assisted family.
- 2) Homes previously occupied under a lease-purchase agreement approved by MHA. Lease to purchase agreements are considered rental property and subject to the normal tenant-based Section 8 rental rules. The family will be subject to the homeownership eligibility criteria at the time the family is ready to exercise the homeownership option.
- 3) A cooperative in which one or more members of the assisted household own shares.

HOUSING ASSISTANCE PAYMENT and TOTAL HOUSING COSTS

The family's Section 8 monthly housing assistance payment (HAP) will be the lower of 1) the Section 8 voucher payment standard minus the Total Tenant Payment (TTP) or 2) the monthly homeownership expenses minus the Total Tenant Payment (TTP).

Monthly homeownership expenses include the principal, interest, taxes, insurance on **all** mortgage debt, utilities per MHA utility allowance schedule, a maintenance and major repair reserve as determined by MHA.

Total housing costs cannot exceed the applicable payment standard under the Housing Choice Voucher Program based on the designated bedroom size. The assistance payment will be adjusted to reflect changes in the fair market rent payment standard accordingly.

PORTABILITY

Families that are deemed eligible for homeownership assistance may exercise the homeownership option outside of MHA's jurisdiction if the receiving public housing authority is administering a HCV homeownership program and is accepting new families into its HCV homeownership program.

TERMINATION of ASSISTANCE

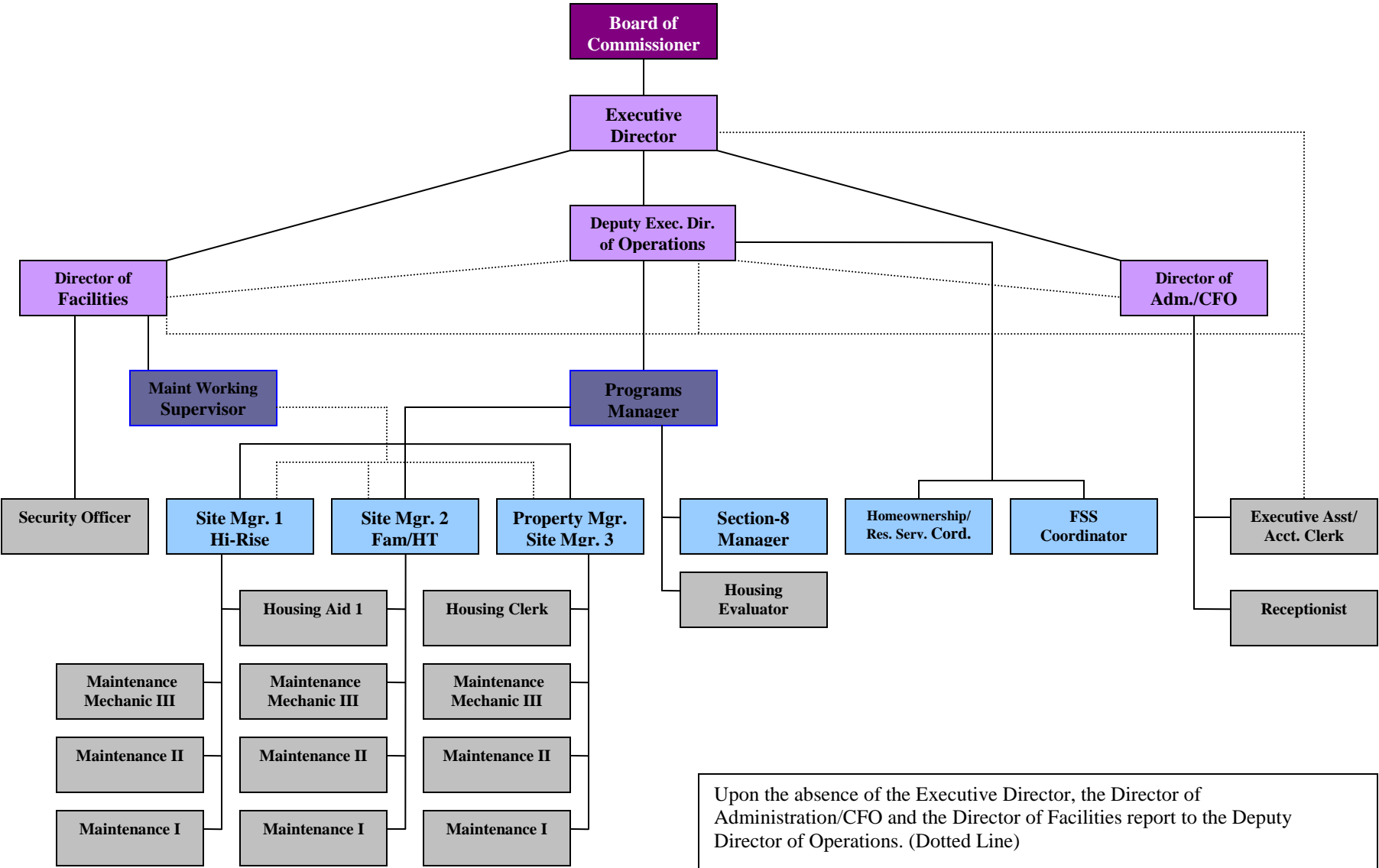
Assistance may be terminated by MHA for the family's failure to comply with any of the obligations outlined above. All termination actions are subject to the requirements and family rights under the Housing Choice Voucher Program.

OTHER PROVISIONS

Section 8 families that currently receive Section 8 rental assistance can enter a lease-purchase agreement. Prior to closing the sale, they will receive conventional rental assistance and the Section 8 payment cannot be used to cover the “homeownership premium” (the portion of the payment used to accumulate a down payment or reduce the purchase price). Instead, the family must use its own funds for the premium. The MHA must and will exclude the homeownership premium in determining rent reasonableness.

A family receiving homeownership assistance can move to a new unit with homeownership assistance, as long as it is in compliance with program requirements, no family member has any ownership interest in the prior unit, and the MHA has sufficient funds. To move with continued homeowner assistance, families must again meet all eligibility requirements. A family may not move more than one time per year.

ORGANIZATIONAL CHART – MARION HOUSING AUTHORITY



Upon the absence of the Executive Director, the Director of Administration/CFO and the Director of Facilities report to the Deputy Director of Operations. (Dotted Line)

The Executive Assistant/Acct. Clerk also reports to the Executive Director, Deputy Director of Operations and Director of Facilities. (Dotted Line)

Maintenance Working Supervisor has management oversight of facilities but not a direct supervisor role of Site Managers.



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HOUSING AUTHORITY OF THE CITY OF MARION
MONTHLY MEETING OF THE RESIDENT ADVISORY BOARD
March 14, 2007
CENTRAL OFFICE
601 S. ADAMS STREET
MARION, IN 46953

The meeting was called to order by Executive Director Fred Hunt at 11:58 a.m.

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Those present were Riverside Representatives, Terri Browning and Dee Crogun, Norman Manor Representatives, Judy Blessing, Nancy Marshall and Rosemary Edwards, Martin Boots Representatives: JoAnn Anderson and Kay Zirkle. Also present were Executive Director Frederick Hunt, Deputy ED Steve Sapp, Director of Facilities Bob Hiatt, Director of Administration/CFO Jonda Manwell, Accounting/Executive Assistant Shelly Barley and Senior Manager Ada Love.

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Mr. Hunt opened the meeting by letting all those present that he has informed the Board of Commissioners that when residents have their monthly meetings he has been absent and that he wants to change that. He said that he was happy with the input from the residents at the monthly board meetings and that some of that input brought up ideas that maintenance had not thought of. He said that emphasizes the need for resident input and ideas. He said that HUD only requires one meeting a year but that MHA wants to be more active in the resident meetings. He asked the representatives to contact Accounting/Executive Assistant, Shelly Barley, when they have meetings so a representative from MHA can attend. Mr. Hunt asked for questions and the representative from Norman Manor invited the staff to their next fund raiser. Mr. Hunt encouraged the representatives of each high rise to encourage the residents to attend the board meetings when they are at their buildings because the board listens to what the residents have to say. Mr. Sapp informed those present that the board will be meeting at Martin Boots on March 21, 2007 at 11:30 a.m.

Bob Hiatt welcomed all present and spoke about the Capital Funds Program and explained that the funds go to the Family sites as well as Norman Manor, Riverside and Martin Boots. Bob asked the representatives to look at year eleven (11) and explained that the CF has been in place for seventeen (17) years and is there to assist with capital improvements and explained that there are time limits on how long we have to spend it. Bob briefly ran thru the current project in the works to show where the capital fund is for the next few years. He did not cover the family sites due to lack of representation from Family, but did show that flooring, tile, carpet, HVAC units have been purchased using the Capital Fund for Family Housing. Rosemary Edwards, the representative from Norman Manor, spoke about the tiling in their building and the need to replace the old with something new. Mr. Hunt asked if there was a schedule in place to begin replacing the tiling in apartments with long time residents. Mr. Hiatt stated that at this time there is no schedule in place but that is something that needs to be looked at. Mr. Hunt asked that a schedule be put in place within the next 30-45 days to start replacing the tile.

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Mr. Hiatt went on to note that in the current year money is set aside for work on curbs and asphalt and at this time is the only major improvement for Norman Manor. These repairs are also scheduled for Riverside. He addressed the need for additional parking and will ask for a bid for parking expansion when bids are requested for the upgrade to the parking lot. Norman Manor representatives asked for additional handicapped parking as there is only a total of three (3) spaces set aside for handicapped parking, two (2) in the front and one (1) in the back. The representatives also asked for enforcement for handicapped parking especially on weekends and said

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that the sign for **Resident Parking Only** is not very noticeable. Mr. Hunt said that we have police that patrol on weekends and maybe that is something they could begin to look at. Terri Browning, a Riverside representative, asked if the police officers walk through the building as she has not seen them. Mr. Hiatt explained that they work a very late shift and that may be the reason they have not been seen. The representatives mentioned that when they have called the Marion Police Department for a disturbance they are told that there is security through MHA for them. Mr. Hunt said that he is bothered by the information that the Police Department would tell them MHA has security and that it's not a police problem because we pay taxes and should be covered even though we pay for extra security. He also has suggested that a staff member ride with the officer to verify that they are doing what they have been hired to do.

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Mr. Hunt asked for the RAB meeting to go to a quarterly meeting instead of yearly for better communication of issues instead of saving them up for a year. Mr. Hunt informed the representatives that we are moving toward asset management which brings funds in for each site instead of in one block which causes many changes within the HA including job changes. He said that all these changes must be completed by **July 1, 2007** and because of this time crunch there is too much going on right now to meet every two months. Mr. Hunt also mentioned that quarterly meetings would be more manageable and should include the police officers so they can hear what security issues concern them.

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Family Housing - Mr. Hiatt then drew everyone's attention to year 11 and explained the few items listed for family housing especially new HVAC systems to eliminate window air conditioning units.

Norman Manor - Mr. Hiatt addressed the listing for Norman Manor noting that there is floor tile listed as work to be done. Bob asked for some input as to what should be included in the 2011 allocations. Bob explained that the allocation for carpeting was mostly for move outs due to the abuse and use the carpets receive. The Norman Manor representative asked if the tables that were stolen would be replaced. Mr. Hunt said that they would be replaced and that a police report should be filed. Mr. Hunt mentioned video surveillance as a possibility to try to deter theft and to give a higher sense of security to the residents. Bob said that had been addressed some years ago but due to cost and implementation it did not happen. Mr. Hunt suggested we revisit this issue. Mr. Sapp stated that would be a CF issue and that's why we are here today.

Riverside - Mr. Hiatt also noted the list of improvements for Riverside and said that most of the high rises will have the same areas for repair and upkeep. The representative from Riverside said that the biggest issue is parking which has already been addressed. She also suggested the area around the dumpster as additional space for parking. Bob agreed that the area around the dumpster is the most logical place for expansion. Bob asked about the need for additional handicapped spaces and the representative said that there could probably never be enough space as this is an elderly and handicapped building but that she has not heard many complaints. She also mentioned that the area in front of the front entrance has started to break down again and needed to be repaired. Bob said that would he would have Lamar work on getting that repaired.

Martin Boots - Bob asked for any items needing to be addressed and Kay said that there are none.

Norman Manor asked for a summary sheet stating what they can spend in their budget. Steve explained that there is the amount remaining and the new budget which they should allocated for their needs. Mr. Sapp said he would get separate amounts for each building as the amount is broken down per the amount of units. Mr. Hunt stated that every agency he has been involved with allocated the budget to the resident president and put those funds into a separate bank account and each month the resident treasurer would report to the board what was spent. Mr. Hunt said some research needs to be done as to why it's not done like this. Mr. Sapp explained that

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the resident boards decided that they did not want to be responsible for that function, but that certainly didn't mean it could not be changed.

Mr. Sapp announced the next RAB meeting will be in May and will send out letters reminding all of representatives of the next meeting. He will also be sending out information regarding the balance in each account as well.

Mr. Hunt wrapped up the meeting noting that Shelly will provide each Resident President with minutes from each meeting to keep in their files. The security officer issue will be addressed before the next meeting. He again asked the representatives to notify Shelly of their resident meetings. He also noted that we will be looking at the tiling issues not just for move outs, but for long term residents as well. He also noted that the security camera issue will also be addressed within the next 30-60 days.

He asked for any other comments since there were no further comments the meeting was adjourned.

Respectfully Submitted,

Shelly J. Barley
Accounting/Executive Assistant