

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Madison County Housing Authority</u> PHA Code: <u>IL015</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2012</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>260</u> Number of HCV units: <u>1087</u>																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> 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 for the next five years:																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: financial resources, fiscal year audit, payment standards, and (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>Madison County Housing Authority, 1609 Olive St., Collinsville, IL 62234</b>																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																										
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										
<b>9.0</b>	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.																										

9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> <li>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## Instructions form HUD-50075

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### 1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### 2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### 3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

### 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

**7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers**

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

**8.0 Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

**8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

**8.2 Capital Fund Program Five-Year Action Plan**

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

**8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a 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. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

**Section 6.0 -- PHA Plan Elements. (24 CFR 903.7)**

*Instructions:*

*For each Element below that **HAS** changed since the last PHA Plan, using the HUD 50075 instructions, enter the “changed” text in column 3.*

*For each Element below that **HAS NOT** changed since the last PHA Plan, enter “No Change” in column 3.*

<b>Housing Authority #</b>	<b>Housing Authority Name</b>	<b>Fiscal Year Begin Date</b>
ILO15	Madison County Housing Authority	01/01/2012

	<b>Plan Element</b>	<b>Column #3</b>
1.	Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.	No change.
2.	Financial Resources.	Changed.
3.	Rent Determination.	Changed. Section 8 Admin Plan amended 04.2011. Sections revised include periodic payment/payments in lieu of earnings, processing interim re-exams, and project based vouchers.
4.	Operation and Management.	Changed. Account Write Off Procedures for Meachum Crossing Apartments policy approved 04.2011.
5.	Grievance Procedures.	No change.
6.	Designated Housing for Elderly and Disabled Families.	No change.
7.	Community Service and Self-Sufficiency.	No change.
8.	Safety and Crime Prevention.	Changed. Resident Needle and Syringe Disposal Policy approved 03.2011.
9.	Pets.	No change.
10.	Civil Rights Certification.	No change.

**Section 6.0 -- PHA Plan Elements. (24 CFR 903.7)**

11.	Fiscal Year Audit.	Changed. Audit completed. No findings or challenges pertaining to audit.
12.	Asset Management.	No change.
13.	Violence Against Women Act (VAWA).	No change.
14.	Other	2011 Annual Plan was amended to include the addition of a new Olin Building Water Service System Improvements project. Amendment was approved by HUD in 09.2011.

# Financial Resources

Sources and Uses of Funds		
Anticipated Sources of Funds	Anticipated Funding	Anticipated Uses of Funds
Operating Funds (HUD)	900,000	Operations
Capital Fund Grant (HUD)	523,000	Capital improvements
Replacement Housing Factor Grant (2 <sup>nd</sup> 5 Year Increment—1 <sup>st</sup> Year) (HUD)	700,000	Development of new public housing units
HCV Section 8 Program (HUD)	5,150,000	HAP payments, administrative
HCV Family Self-Sufficiency (FSS) Coordinator (Grant)	69,000	FSS Coordinator
Community Services Block Grant	0	FSS Coordinator
Available CFP and RHF Funds		Capital Improvements Public Housing Developments
IL06P015501-10	604,446	“
IL06P015501-11	521,072	“
IL06P015501-08	226,038	“
IL06P015501-09	505,530	“
IL06R015501-08	347,381	Development of new public housing units
IL 06 R 015-501-11	366,432	
IL06 R 015-502-11	299,095	
IL06R015501-09	488,787	“
IL06R015503-09	176,560	
IL06R015502-10	191,443	
IL06R015501-10	629,525	
Rental Income from Public Housing Units	304,366	Operations of public housing
<b>Other income</b>		
Investments	20,000	operations
Back rent debts to MCHA	20,000	Section 8 Program, UIG debt
CFP and RHF Loan repayments	15,000	Affordable housing
Proceeds from lease of property AMP 611	5,748	Operations of AMP
Participation fee Alton Pointe	53,000	Affordable housing



#3 Rent Determination  
Attachments

## **5-I.B. BRIEFING [24 CFR 982.301]**

The PHA must give the family an oral briefing and provide the family with a briefing packet containing written information about the program. Families may be briefed individually or in groups. At the briefing, the PHA must ensure effective communication in accordance with Section 504 requirements (Section 504 of the Rehabilitation Act of 1973), and ensure that the briefing site is accessible to individuals with disabilities. For a more thorough discussion of accessibility requirements, refer to Chapter 2.

### PHA Policy

Briefings will be conducted on an individual basis or in group meetings.

~~Generally, the head of household is required to attend the briefing. If the head of household is unable to attend, the PHA may approve another adult family member to attend the briefing.~~

Head of Household and all members 18 years or old must attend the briefing. Original signatures are required on all briefing documents.

Families that attend group briefings and still need individual assistance will be referred to an appropriate PHA staff person.

Briefings will be conducted in English. For limited English proficient (LEP) applicants, the PHA will provide translation services in accordance with the PHA's LEP plan (See Chapter 2).

## **Notification and Attendance**

### PHA Policy

Families will be notified of their eligibility for assistance at the time they are invited to attend a briefing. The notice will identify who is required to attend the briefing, as well as the date and time of the scheduled briefing.

If the notice is returned by the post office with no forwarding address, a notice of denial (see Chapter 3) will be sent to the family's address of record, as well as to any alternate address provided on the initial application.

Applicants who fail to attend a scheduled briefing will automatically be scheduled for another briefing. The PHA will notify the family of the date and time of the second scheduled briefing. Applicants who fail to attend two scheduled briefings, without PHA approval, will be denied assistance (see Chapter 3).

## Family Obligations [24 CFR 982.551]

Following is a listing of a participant family's obligations under the HCV program:

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.

### PHA Policy

Damages beyond normal wear and tear will be considered to be damages which could be assessed against the security deposit.

Any remaining balance owed after the security deposit has been applied the tenant is responsible for amount due to the landlord. Payments must be made in full prior to eligibility to move into a new unit.

- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice, as described in Chapter 8 of this plan.
- The family must not commit any serious or repeated violation of the lease.

### PHA Policy

The PHA will determine if a family has committed serious or repeated violations of the lease based on available evidence, including but not limited to, a court-ordered eviction, or an owner's notice to evict.

Serious and repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, or living or housekeeping habits that cause damage to the unit or premises and criminal activity. Generally, the criteria to be used is whether the reason for the eviction was through no fault of the tenant or guests.

- The family must notify the PHA and the owner before moving out of the unit or terminating the lease.

### PHA Policy

The family must comply with lease requirements regarding written notice to the owner. The family must provide written notice at least 30 days in advance for the termination of the voucher assistance and or vacating the property. The family must provide written notice to the PHA at the same time the owner is notified.

The family must provide the PHA a letter of "good standing" from the landlord stating the family does not owe any monies for rent, and other charges.

- The family must promptly give the PHA a copy of any owner eviction notice.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.

#### PHA Policy

The request to add a family member must be submitted in writing and approved prior to the person moving into the unit. The PHA will determine eligibility of the new member in accordance with the policies in Chapter 3.

The PHA has the right to deny adding a new family member if the unit size increases. Each case will be reviewed on an individual basis.

- The family must promptly notify the PHA in writing if any family member no longer lives in the unit.
- If the PHA has given approval, a foster child or a live-in aide may reside in the unit. The PHA has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when PHA consent may be given or denied. For policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides, see Chapter 3 (Sections I.K and I.M), and Chapter 11 (Section II.B).
- The family must not sublease the unit, assign the lease, or transfer the unit.

#### PHA Policy

Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.

- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
- The family must promptly notify the PHA when the family is absent from the unit.

#### PHA Policy

Notice is required under this provision only when any family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to the PHA at the start of the extended absence.

### **Earned Income Limit on Child Care Expense Deduction**

When a family member looks for work or furthers his or her education, there is no cap on the amount that may be deducted for child care – although the care must still be necessary and reasonable. However, when child care enables a family member to work, the deduction is capped by “the amount of employment income that is included in annual income” [24 CFR 5.603(b)].

The earned income used for this purpose is the amount of earned income verified after any earned income disallowances or income exclusions are applied.

When the person who is enabled to work is a person with disabilities who receives the earned income disallowance (EID) or a full-time student whose earned income above \$480 is excluded, child care costs related to enabling a family member to work may not exceed the portion of the person’s earned income that actually is included in annual income. For example, if a family member who qualifies for the EID makes \$15,000 but because of the EID only \$5,000 is included in annual income, child care expenses are limited to \$5,000.

The PHA must not limit the deduction to the least expensive type of child care. If the care allows the family to pursue more than one eligible activity, including work, the cap is calculated in proportion to the amount of time spent working [HCV GB, p. 5-30].

#### PHA Policy

When the child care expense being claimed is to enable a family member to work, only one family member’s income will be considered for a given period of time. When more than one family member works during a given period, the PHA generally will limit allowable child care expenses to the earned income of the lowest-paid member. The family may provide information that supports a request to designate another family member as the person enabled to work.

In order for a family to qualify for child care expenses the family must supply the PHA / Caseworker with a written statement or receipt indicating the amount the family is responsible for paying the provider.

### **Eligible Child Care Expenses**

The type of care to be provided is determined by the assisted family. The PHA may not refuse to give a family the child care expense deduction because there is an adult family member in the household that may be available to provide child care [VG, p. 26].

### ***Allowable Child Care Activities***

#### PHA Policy

For school-age children, costs attributable to public or private school activities during standard school hours are not considered. Expenses incurred for supervised activities after school or during school holidays (e.g., summer day camp, after-school sports league) are allowable forms of child care.

The costs of general housekeeping and personal services are not eligible. Likewise, child care expenses paid to a family member who lives in the family’s unit are not eligible; however, payments for child care to relatives who do not live in the unit are eligible.

## **7-I.B. OVERVIEW OF VERIFICATION REQUIREMENTS**

### **HUD's Verification Hierarchy**

HUD authorizes the PHA to use five methods to verify family information and specifies the circumstances in which each method will be used. In general HUD requires the PHA to use the most reliable form of verification that is available and to document the reasons when the PHA uses a lesser form of verification. In order of priority, the forms of verification that may be used are:

- Up-front Income Verification (UIV) whenever available
- Third-party Written Verification
- Third-party Oral Verification
- Review of Documents
- Self-Certification

Each of the verification methods is discussed in subsequent sections below. Exhibit 7-1 at the end of the chapter contains an excerpt from the notice that provides guidance with respect to how each method may be used.

### **Requirements for Acceptable Documents**

#### PHA Policy

The documents must not be damaged, altered or in any way illegible. If so the PHA will require the original copy and generally must be dated within 60 calendar days of the date they are provided to the PHA.

The PHA will accept documents dated up to 6 months before the effective date of the family's reexamination if the document represents the most recent scheduled report from a source. For example, if the holder of a pension annuity provides semi-annual reports, the PHA would accept the most recent report.

Print-outs from web pages are considered original documents.

The PHA staff member who views the original document must make a photocopy, annotate the copy with the name of the person who provided the document and the date the original was viewed, and sign the copy.

Any family self-certifications must be made in a format acceptable to the PHA and must be signed in the presence of a PHA representative or PHA notary public.

### **File Documentation**

The PHA must document in the file how the figures used in income and rent calculations were determined. All verification attempts, information obtained, and decisions reached during the verification process will be recorded in the family's file in sufficient detail to demonstrate that the PHA has followed all of the verification policies set forth in this plan. The record should be sufficient to enable a staff member or HUD reviewer to understand the process followed and conclusions reached.

### **Family Member(s) Permitted to Work**

The PHA must verify that the expenses claimed actually enable a family member, or members, (including the person with disabilities) to work.

#### PHA Policy

The PHA will seek third-party verification from a Rehabilitation Agency or knowledgeable medical professional indicating that the person with disabilities requires attendant care or an auxiliary apparatus to be employed, or that the attendant care or auxiliary apparatus enables another family member, or members, to work (See 6-II.E.).

If third-party and document review verification has been attempted and is either unavailable or proves unsuccessful, the family must certify that the disability assistance expense frees a family member, or members (possibly including the family member receiving the assistance), to work.

### **Unreimbursed Expenses**

To be eligible for the disability expenses deduction, the costs must not be reimbursed by another source.

#### PHA Policy

An attendant care provider will be asked to certify that, to the best of the provider's knowledge, the expenses are not paid by or reimbursed to the family from any source.

The family will be required to certify that attendant care or auxiliary apparatus expenses are not paid by or reimbursed to the family from any source.

### **7-IV.D. CHILD CARE EXPENSES**

Policies related to child care expenses are found in Chapter 6 (6-II.F). The amount of the deduction will be verified following the standard verification procedures described in Part I of this chapter. In addition, the PHA must verify that:

- The child is eligible for care.
- The costs claimed are not reimbursed.
- The costs enable a family member to pursue an eligible activity.
- The costs are for an allowable type of child care.
- The costs are reasonable.

#### PHA Policy

In order for a family to qualify for child care expenses the family must supply a written statement or receipt indicating the amount the family is responsible for paying the provider.

## **Inspection Results and Reinspections**

### PHA Policy

If any HQS violations are identified, the owner will be notified of the deficiencies and be given a time frame of fourteen (14) days to correct them. If requested by the owner, the time frame for correcting the deficiencies may be extended by the PHA for good cause. The PHA will reinspect the unit within 5 business days of the date the owner notifies the PHA that the required corrections have been made.

If the time period for correcting the deficiencies (or any PHA-approved extension) has elapsed, or the unit fails HQS at the time of the reinspection, the PHA will notify the owner and the family that the unit has been rejected and that the family must search for another unit. The PHA may agree to conduct a second reinspection, for good cause, at the request of the family and owner.

Following a failed reinspection, the family may submit a new Request for Tenancy Approval for the unit if the family has not found another unit by the time the owner completes all repairs and the family continues to wish to live in the unit.

### **Utilities**

Generally, at initial lease-up the owner is responsible for demonstrating that all utilities are in working order including those utilities that the family will be responsible for paying.

### **Appliances**

#### PHA Policy

~~If the family is responsible for supplying the stove and/or refrigerator, the PHA will allow the stove and refrigerator to be placed in the unit after the unit has met all other HQS requirements. The required appliances must be in place before the HAP contract is executed by the PHA. The PHA will execute the HAP contract based upon a certification from the family that the appliances have been installed and are working. A confirmatory inspection will be scheduled within 30 days of HAP contract approval.~~

all appliances must be in the unit in order for it to pass HQS standards.

## **8.II.C. ANNUAL HQS INSPECTIONS [24 CFR 982.405(a)]**

### **Scheduling the Inspection**

Each unit under HAP contract must have an annual inspection no more than 12 months after the most recent inspection.

#### PHA Policy



## 11-I.D. EFFECTIVE DATES

The PHA must establish policies concerning the effective date of changes that result from an annual reexamination [24 CFR 982.516].

### PHA Policy

In general, an *increase* in the family share of the rent that results from an annual reexamination will take effect on the family's anniversary date, ~~and the family will be notified at least 30 days in advance.~~ And the family will be notified in a reasonable amount of time. They will be notified 15 to 30 days in advance. If notification exceeds this time frame the increase will go into effect the 1<sup>st</sup> of the following month.

~~If less than 30 days remain before the scheduled effective date, the increase will take effect on the first of the month following the end of the 30-day notice period.~~

If a family moves to a new unit, the increase will take effect on the effective date of the new lease and HAP contract, and no 30-day notice is required.

If the PHA chooses to schedule an annual reexamination for completion prior to the family's anniversary date for administrative purposes, the effective date will be determined by the PHA, but will always allow for the 30-day notice period.

If the family causes a delay in processing the annual reexamination, *increases* in the family share of the rent will be applied retroactively, to the scheduled effective date of the annual reexamination. The family will be responsible for any overpaid subsidy and may be offered a repayment agreement in accordance with the policies in Chapter 16.

In general, a *decrease* in the family share of the rent that results from an annual reexamination will take effect on the family's anniversary date.

If a family moves to a new unit, the decrease will take effect on the effective date of the new lease and HAP contract.

If the PHA chooses to schedule an annual reexamination for completion prior to the family's anniversary date for administrative purposes, the effective date will be determined by the PHA.

If the family causes a delay in processing the annual reexamination, *decreases* in the family share of the rent will be applied prospectively, from the first day of the month following completion of the reexamination processing.

Delays in reexamination processing are considered to be caused by the family if the family fails to provide information requested by the PHA by the date specified, and this delay prevents the PHA from completing the reexamination as scheduled.

## **New Family and Household Members Requiring Approval**

With the exception of children who join the family as a result of birth, adoption, or court-awarded custody, a family must request PHA approval to add a new family member [24 CFR 982.551(h)(2)] or other household member (live-in aide or foster child) [24 CFR 982.551(h)(4)].

When any new family member is added, the PHA must conduct a reexamination to determine any new income or deductions associated with the additional family member, and to make appropriate adjustments in the family share of the rent and the HAP payment [24 CFR 982.516(e)].

If a change in family size causes a violation of Housing Quality Standards (HQS) space standards (see Chapter 8), the PHA must issue the family a new voucher, and the family and PHA must try to find an acceptable unit as soon as possible. If an acceptable unit is available for rental by the family, the PHA must terminate the HAP contract in accordance with its terms [24 CFR 982.403].

### PHA Policy

Families must request PHA approval to add a new family member, live-in aide, foster child, or foster adult. This includes any person not on the lease who is expected to stay in the unit for more than 30 consecutive days, or 90 cumulative days, within a twelve month period, and therefore no longer qualifies as a "guest." Requests must be made in writing and approved by the PHA prior to the individual moving in the unit.

The PHA will not approve the addition of a new family or household member unless the individual meets the PHA's eligibility criteria (see Chapter 3).

The PHA will not approve the addition of a foster child or foster adult if it will cause a violation of HQS space standards.

If the PHA determines an individual meets the PHA's eligibility criteria as defined in Chapter 3, the PHA will provide written approval to the family. If the approval of a new family member or live-in aide will cause overcrowding according to HQS standards, the approval letter will explain that the family will be issued another voucher and will be required to move.

If the PHA determines that an individual does not meet the PHA's eligibility criteria as defined in Chapter 3, the PHA will notify the family in writing of its decision to deny approval of the new family or household member and the reasons for the denial.

The PHA will make its determination within 10 business days of receiving all information required to verify the individual's eligibility.

The PHA has the right to deny adding a new family member if the unit size increases and the PHA does not have sufficient funding to accommodate the higher subsidy cost. Each case will be reviewed on an individual basis.

## 12-I.E. MANDATORY POLICIES AND OTHER AUTHORIZED TERMINATIONS

### Mandatory Policies [24 CFR 982.553(b) and 982.551(l)]

HUD requires the PHA to establish policies that permit the PHA to terminate assistance if the PHA determines that:

- Any household member is currently engaged in any illegal use of a drug, or has a pattern of illegal drug use that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents
- Any household member's abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents
- Any household member has violated the family's obligation not to engage in any drug-related criminal activity
- Any household member has violated the family's obligation not to engage in violent criminal activity

### *Use of Illegal Drugs and Alcohol Abuse*

#### PHA Policy

The PHA will terminate a family's assistance if any household member is currently engaged in any illegal use of a drug, or has a pattern of illegal drug use or manufactures and sells illegal drugs that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.

The PHA will terminate assistance if any household member's abuse or pattern of abuse of alcohol threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.

*Currently engaged in* is defined as any use of illegal drugs during the previous six months.

The PHA will consider all credible evidence, including but not limited to, any record of arrests, convictions, or eviction of household members related to the use of illegal drugs or abuse of alcohol.

In making its decision to terminate assistance, the PHA will consider alternatives as described in Section 12-II.C and other factors described in Section 12-II.D. Upon consideration of such alternatives and factors, the PHA may, on a case-by-case basis, choose not to terminate assistance.

alcohol rehabilitation program, or has otherwise been rehabilitated successfully (42 U.S.C. 13661). For this purpose, the owner may require the tenant to submit evidence of the household member's current participation in, or successful completion of, a supervised drug or alcohol rehabilitation program or evidence of otherwise having been rehabilitated successfully.

The owner's termination of tenancy actions must be consistent with the fair housing and equal opportunity provisions in 24 CFR 5.105.

An owner's decision to terminate tenancy for incidents related to domestic violence, dating violence, or stalking is limited by the Violence Against Women Reauthorization Act of 2005 (VAWA). (See Section 12-II.E.)

### **12-III.E. EFFECT OF TENANCY TERMINATION ON THE FAMILY'S ASSISTANCE**

If a termination is not due to a serious or repeated violation of the lease, and if the PHA has no other grounds for termination of assistance, the PHA may issue a new voucher so that the family can move with continued assistance (see Chapter 10).

<b>EXHIBIT 12-1: STATEMENT OF FAMILY OBLIGATIONS</b>
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Following is a listing of a participant family's obligations under the HCV program:

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.

#### PHA Policy

Damages beyond normal wear and tear will be considered to be damages which could be assessed against the security deposit. Any remaining balance owed after the security deposit has been applied the tenant is responsible for amount due to the landlord. Payments must be made in full prior to eligibility to move into a new unit.

- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice, as described in Chapter 8 of this plan.
- The family must not commit any serious or repeated violation of the lease.

#### PHA Policy

Notice is required under this provision only when all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to the PHA at the start of the extended absence.

- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease [Form HUD-52646, Voucher].
- The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program. (See Chapter 14, Program Integrity for additional information).
- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for HUD and PHA policies related to drug-related and violent criminal activity.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for a discussion of HUD and PHA policies related to alcohol abuse.
- An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher]
- Not showing for two (2) scheduled "annual review" appointments will be cause for termination.
- Not allowing an HQS inspection to be conducted – this includes "not home" or "refusing" the inspection will be cause for termination.
- A family cannot make any type of rental "side-payments" to the landlord or leasing agent.
- Assisted family's are responsible for all members and their guest at all times.
- Utility services must be ON at ALL times. Services must be in the Head of Households name or a member of the household that is 18 years or older **ONLY**.
- If a family fails to allow a landlord access to his / her property after a 24 hour notice has been given to the family will be cause for termination.
- The assisted family and its members must supply require/requested information to the Section 8 Department or Central Office **ONLY**.

## **Consideration of Remedies**

All errors and instances of program abuse must be corrected prospectively. Whether the PHA will enforce other corrective actions and penalties depends upon the nature of the error or program abuse.

### PHA Policy

In the case of family-caused errors or program abuse, the PHA will take into consideration (1) the seriousness of the offense and the extent of participation or culpability of individual family members, (2) any special circumstances surrounding the case, (3) any mitigating circumstances related to the disability of a family member, (4) the effects of a particular remedy on family members who were not involved in the offense.

In the case of owner-caused errors or program abuse, the PHA will take into consideration (1) the seriousness of the offense, (2) the length of time since the violation has occurred, and (3) the effects of a particular remedy on family members who were not involved in the offense.

## **Notice and Appeals**

### PHA Policy

The PHA will inform the relevant party in writing of its findings and remedies within 15 business days of the conclusion of the investigation. The notice will include (1) a description of the error or program abuse, (2) the basis on which the PHA determined the error or program abuses, (3) the remedies to be employed, and (4) the families right to appeal the results through the informal review or hearing process, if applicable (see Chapter 16).

## **PART II: CORRECTIVE MEASURES AND PENALTIES**

### **14-ILA. SUBSIDY UNDER- OR OVERPAYMENTS**

A subsidy under- or overpayment includes (1) an incorrect housing assistance payment to the owner, (2) an incorrect family share established for the family, and (3) an incorrect utility reimbursement to a family.

#### **Corrections**

Whether the incorrect subsidy determination is an overpayment or underpayment of subsidy, the PHA must promptly correct the HAP, family share, and any utility reimbursement prospectively.

### PHA Policy

Increases in the family share will be implemented only after the family has received 30 days notice. **THE 30 DAY NOTIFICATION WILL NOT APPLY IF IT IS DETERMINED IT WAS A FAMILY CAUSED ERROR OR PROGRAM ABUSE.**

Any decreases in family share will become effective the first of the month following the discovery of the error.

#4.

## Account Write offs

Account write offs require approval from the Board of Commissioners accompanied by a resolution.

An account will be considered inactive and deemed uncollectable after no activity for 60 days.

The accounting coordinator will submit a list of accounts to the Board of Commissioners requesting approval to write off accounts.

Upon Board approval, accounts are written off in the computer system and the Fee Accountant is notified of write off amounts by program/AMP totals. Accounts are then submitted to the Collection Agency and reported to Credit Bureau where they remain until paid in full.

Circumstances may arise when an account must be written off before being inactive for 60 days. Such an instance is the death of a resident with no estate to pay off account. All instances will be documented on request submitted to Board of Commissioners for approval to write off account.

#8.

**MADISON COUNTY HOUSING AUTHORITY  
RESIDENT  
Needle & Syringe Disposal Policy**

**PURPOSE:** This policy has been developed to address the safe disposal of medical sharps (needles & syringes). Improper disposal of needles and syringes by residents of the housing authority pose a serious health risk to our maintenance staff and others. Maintenance and other staff can be pricked or injected with potentially infected needles while handling and disposing of garbage. Used needles can transmit serious diseases, such as HIV and Hepatitis B & C.

**SCOPE:** The Needle & Syringe Disposal Policy is in effect for all housing authority residents.

**STATEMENT OF POLICY:** It is the policy of the housing authority to fully enforce the safety guidelines related to the proper disposal of needles and syringes by residents of the housing authority.

**SAFETY GUIDELINES:** In order to prevent housing authority maintenance staff and others from being punctured by potentially infectious needles, the following safety guidelines must be complied with at all times.

- **Never dispose of needles and syringes in the garbage.**
- Make arrangements with your Home Health Care Aide. They may provide sharps containers. Once they are full they can provide for their proper disposal.
- Contact your local hospitals, they may offer a program regarding the safe and responsible disposal of syringes and needles generated in the home. They may provide sharps containers. The sharps container must be returned to the hospital when full for proper disposal.
- Ask your physician if she/he will take your used syringes once they are properly placed in a sharps container.
- Contact your local health department to see if they have a needle disposal program or if there are local needle disposal facilities in your area.
- If the above guidelines are not available follow these instructions. To safely dispose of your needles and syringe in your trash do the following: Place needles in rigid plastic bottles like empty laundry detergent or fabric softener bottles with screw on caps. When  $\frac{3}{4}$  full seal the bottle tightly with its original lid and wrap duct tape over the lid. Do not use milk jugs or cartons that can be easily punctured. You could also check with local pharmacies. Ask if they sell sharps containers specially designed for disposal in your household trash. Label the container as follows; SYRINGES – **DO NOT RECYCLE.**

**POLICY REVIEW:** Residents of the housing authority who violate the safety guidelines for disposal of needles and syringes can be subject to eviction. This policy will be subject to review and modification.



**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

<b>Part I: Summary</b>						
PHA Name/Number Madison County Housing Authority IL015		Locality (City/County & State)			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY __2012__	Work Statement for Year 2 FFY ____2013____	Work Statement for Year 3 FFY __2014__	Work Statement for Year 4 FFY __2015__	Work Statement for Year 5 FFY ____2016____
B.	Physical Improvements Subtotal	Annual Statement	839,000	1,027,949	750,000	1, 035,000
C.	Management Improvements		55,000	30,000	3,000	15,000
D.	PHA-Wide Non-dwelling Structures and Equipment			1,000,000	260,000	
E.	Administration		65000			180,000
F.	Other					
G.	Operations					
H.	Demolition				250,000	
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number		Locality (City/county & State)			<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY ____2012____	Work Statement for Year 2 FFY ____2013____	Work Statement for Year 3 FFY ____2014____	Work Statement for Year 4 FFY ____2015____	Work Statement for Year 5 FFY ____2016____
	AMP 127 Lee Wright Homes, Garesche Homes, Viola Jones					
	IL015-006 AMP 611 Northgate Homes			725,000	<a href="#">350,000</a>	<a href="#">980,000</a>
	IL 015-010 AMP 611 Olin Building		350,000	196,000	<a href="#">635,000</a>	<a href="#">170,000</a>
	IL015-011 AMP 611 Braner Building		364,000	50,000	<a href="#">178,000</a>	<a href="#">80,000</a>
	Agency Wide		245,000	50,000	<a href="#">50,000</a>	
	MCHA COCC			1,030,000		

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____	Work Statement for Year ____2013_____ FFY ____2013____			Work Statement for Year: ____2014_____ FFY ____2014____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	IL015-010 Olin Building Flooring Improvements	59	150,000	MCHA COCC (Administrative Offices) Acquisition/Rehab OR New Construction	1	1,000,000
	IL015-011 Braner Building elevators	2	250,000	IL015-002 Northgate Homes kitchen and bath improvements	99	200,000
	IL015-006 Northgate Homes landscaping and site improvements	1	25,000	IL015-006 Northgate Homes water and sewer improvements	99	250,000
	IL015-010 Olin Building HVAC and Energy Related Improvements	59	200,000	IL015-006 Northgate Homes Flooring improvements	99	100,000
	IL015-011 Braner Building emergency call system	1	9,000	IL015-006 Northgate Homes parking and site improvements		50,000
	IL015-011 Braner Building flooring replacement	1	40,000	IL015-010 Olin Building common area and office renovation	1	50,000
	IL015-011 Braner Building roof replacement	1	40,000	IL015-010 Olin Building doors	65	26,000
	Agency wide ada improvements	1	75,000	IL015-010 Olin Building plumbing improvements, bath improvements	59	120,000
	Agency wide training	1	30,000	IL015-011 Braner Building office and common area renovations	1	50,000
	Agency wide administration	1	65,000	MCHA COCC Electronic Filing System	1	30,000

**Capital Fund Program—Five-Year Action Plan**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

	Agency wide fees and costs	1	50,000	IL015-011Braner Building energy efficiency improvements	1	50,000
	Agency wide security improvements	1	25,000	IL015-011Braner Building doors	75	75,000
				Agency wide	dehumidifiers	50,000
	Subtotal of Estimated Cost		\$ 959,000	Subtotal of Estimated Cost		\$2,051,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ 2015 _____ FFY _____ 2015 _____			Work Statement for Year: _2016_____ FFY _____ 2016 _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	IL015-001 Garesehe Homes windows, siding, brick replacement		150,000	IL015-001 Garesehe Homes structural improvements		250,000
Annual	IL015-001 Garesehe Homes bath and kitchen improvements	75	200,000	IL015-001 Garesehe Homes windows,		75,000
Statement	IL015-001 Garesehe Homes sewage/plumbing improvements		100,000	IL015-001 Garesehe Homes doors, storm doors, storage unit improvements		50,000
	IL015-002 Viola Jones Homes lighting improvements	37	25,000	IL015-002 Viola Jones Homes street improvements		65,000
	IL015-002 Viola Jones Homes furnace & hot water heaters	37	48,000	IL015-002 Viola Jones Homes site improvements		40,000
	IL015-002 Viola Jones Homes sewage/plumbing improvements		125,000	IL015-002 Viola Jones Homes energy efficiency		50,000
	IL015-010 Olin Building elevators	2	250,000	IL015-010 Olin Building site improvements	1	25,000
	IL015-010 Olin Building roof		35,000	IL015-010 Olin Building windows, exterior doors		25,000
	IL015-010 Olin Building electrical and power supply improvements		150,000	IL015-010 Olin Building boiler, hot water system replacement		60,000

**Capital Fund Program—Five-Year Action Plan**

**U.S. Department of Housing and Urban Development  
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Expires 4/30/2011**

	IL015-011 Braner Building site improvements		50,000	IL015-011 Braner Building boiler –hot water system replacement		60,000
	IL015-011 Braner Building signage		3,000	IL015-011 Braner Building exterior and site improvements		15,000
	IL015-011 Braner Building ADA improvements		15,000	IL015-011 Braner Building common area furnishings, mail boxes		15,000
	Olin Building Appliances		100,000	Northgate Homes Storm doors, Doors, and Locks	99	150,000
	Northgate Homes Appliances		100,000	Northgate Homes Siding, guttering, downspout replacement, windows	99	250,000
	IL015-011 Braner Building Fire Safety, Lighting, and Security improvements		50,000	Agency wide Parking improvements		250,000
	Agency wide Lighting improvements		50,000	Braner Building Electrical, and Back Up Power Improvements		50,000
	IL015-006 Northgate Homes Demolition Asbestos Removal		250,000	IL015-006 Northgate Homes Relocation		180,000
	Olin Building Painting	59	100,000	IL015-006 Northgate Homes roofs, windows, and exterior improvements		150,000
	IL015-011 Braner Building appliances	69	60,000			
	Subtotal of Estimated Cost		\$1,213,000	Subtotal of Estimated Cost		\$1,230,000

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$



## #9. Fiscal Year Audit

No findings or challenges pertaining to the FY 2010 audit.

## 14. Other Changes

MCHA Amended the FY 2011 Plan to incorporate some changes within the Capital Fund Program, including a new project, Olin Building Fire Service System Improvements with an initial budget of \$75,000. Amendment was approved by HUD in 09.2011.

In addition, MCHA is proposing to amend our 5 Year Plan for the Years 2010-2014 to incorporate the following changes:

*MCHA has a goal to investigate and pursue if applicable the conversion of a portion or in entirety the Northgate Homes public housing complex into Section 8 rental units. All existing tenants would receive some form of rental assistance. Conversion in this context means the removal of developments from public housing Annual Contributions Contracts, and the provision of tenant-based or project-based assistance, and/or relocation to comparable housing, for residents. Voluntary conversion may be undertaken only where it would be beneficial to the residents of the development being taken off public housing and to the surrounding area, and where it would not have an adverse impact on the availability of affordable housing in the area. Further, conversions are permitted only if they are cost-effective. HUD has defined a cost methodology that PHAs must use to compare the cost of continuing to operate developments as public housing to the cost of providing tenant-based assistance was also published as a final rule on March 21, 2006.*

MCHA has a goal to pursue a new Administrative Office Building. MCHA may purchase and rehabilitate an existing building or construct a new facility.

The HUD Form 50075.2 including various Capital Fund Projects is being revised—see attachment.

This Amendment to the 5 Year Plan for years 2010-2014 is being submitted to HUD in October, 2011.

## **Section 6.0 Item #8. Safety and Crime Prevention**

### **Needle & Syringe Disposal Policy**

**PURPOSE:** This policy has been developed to address the safe disposal of medical sharps (needles & syringes). Improper disposal of needles and syringes by residents of the housing authority pose a serious health risk to our maintenance staff and others. Maintenance and other staff can be pricked or injected with potentially infected needles while handling and disposing of garbage. Used needles can transmit serious diseases, such as HIV and Hepatitis B & C.

**SCOPE:** The Needle & Syringe Disposal Policy is in effect for all housing authority residents.

**STATEMENT OF POLICY:** It is the policy of the housing authority to fully enforce the safety guidelines related to the proper disposal of needles and syringes by residents of the housing authority.

**SAFETY GUIDELINES:** In order to prevent housing authority maintenance staff and others from being punctured by potentially infectious needles, the following safety guidelines must be complied with at all times.

- **Never dispose of needles and syringes in the garbage.**
- Make arrangements with your Home Health Care Aide. They may provide sharps containers. Once they are full they can provide for their proper disposal.
- Contact your local hospitals, they may offer a program regarding the safe and responsible disposal of syringes and needles generated in the home. They may provide sharps containers. The sharps container must be returned to the hospital when full for proper disposal.
- Ask your physician if she/he will take your used syringes once they are properly placed in a sharps container.
- Contact your local health department to see if they have a needle disposal program or if there are local needle disposal facilities in your area.
- If the above guidelines are not available follow these instructions. To safely dispose of your needles and syringe in your trash do the following: Place needles in rigid plastic bottles like empty laundry detergent or fabric softener bottles with screw on caps. When  $\frac{3}{4}$  full seal the bottle tightly with its original lid and wrap duct tape over the lid. Do not use milk jugs or cartons that can be easily punctured. You could also check with local pharmacies. Ask if they sell sharps containers specially designed for disposal in your household trash. Label the container as follows; **SYRINGES – DO NOT RECYCLE.**

**POLICY REVIEW:** Residents of the housing authority who violate the safety guidelines for disposal of needles and syringes can be subject to eviction. This policy will be subject to review and modification.

## **Section 6.0**

### **Item 13. Violence Against Women Act (VAWA)**

In compliance with HUD Notices PIH 2006-23 and PIH 2007-5 pertaining to the passage of the Violence Against Women Act and Department of Justice Reauthorization Act of 2005, Madison County will prohibit the eviction of, and removal of assistance from, certain persons living in public or Section 8 assisted housing if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as the terms are defined in Section 3 of the United States Housing Act of 1937 as amended by VAWA (42 USC 13925). All related policy changes are specifically defined in the Administrative and Continued Occupancy Policy (ACOP) and the Section 8 Administrative Plan.

Capital Fund P & Es  
Annual Statement 501-12

501-07

501-08

501-09

501-10

501-11

Stimulus 501-09

501-12

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary

PHA Name: <b>MADISON COUNTY HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: IL06P015501-07 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: 2007 FFY of Grant Approval:
--	---	--

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
				Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			154,594.00		154,594.00	79,263.36
3	1408 Management Improvements			30,000.00		30,000.00	14,198.20
4	1410 Administration (may not exceed 10% of line 21)			77,297.00		77,297.00	77,297.00
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs			70,000.00	82,000.00	82,000.00	80,377.00
8	1440 Site Acquisition						
9	1450 Site Improvement			5000.00	0.00	0.00	0.00
10	1460 Dwelling Structures			416,083.00	429,083.00	429,083.00	399,341.74
11	1465.1 Dwelling Equipment—Nonexpendable			20000.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

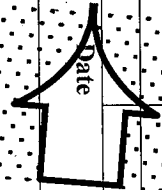
<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2007	
PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06FP015501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	Expended
		Original	Revised <sup>2</sup>			
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)	772,974.00	772,974.00	772,974.00	650,477.30	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

**DATE**  
  
**HERE SIGN**

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2007				
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No: IL06F015501-07 CFPP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
IL 015-001	APPLIANCES	1465		0.00	0.00		0.00	
	LANDSCAPING & SITE IMPROVE	1450		0.00	0.00		0.00	
	GUTTERING/DOWNSPOUTS/EXTERIOR IMPROVEMENTS	1460		0.00	0.00		0.00	
IL 015-002	A/C & UNIT GUARDS	1460		0.00	0.00		0.00	
	SITE IMPROVEMENTS W/ LANDSCAPING	1450		0.00	0.00		0.00	
IL 015-006	SEWER IMPROVEMENTS	1460		0.00	0.00		0.00	
	APPLIANCES	1465		0.00	0.00		0.00	
	AC UNITS / GUARDS	1460		158,451	98,346	98,436	91,097.50	
IL 015-010	EMERGENCY GENERATOR	1475		0.00	0.00	0.00	0.00	
	EMERGENCY ELECTRICAL CONSULTANT FEES	1430		7,000.00	7,000.00	7,000.00	5,377.00	
	EMERGENCY ELECTRICAL UPGRADE	1460		89,799.00	89,799.00	89,799.00	89,799.00	COMPLETE
IL 015-011	PLUMBING IMPROVEMENTS	1460		2,858.25	2,858.25	2,858.25	2,800.00	
	PLUMBING IMPROVEMENTS	1460		68,884.31	71,773.31	71,773.31	71,773.31	COMPLETE
	HVAC IMPROVEMENTS	1460		82,664.69	82,664.69	82,664.69	82,664.69	COMPLETE
	CONSULTANT FEES	1430		50,000.00	50,000.00	50,000.00	50,000.00	COMPLETE
	CONSULTANT FEES ASBESTOS	1430		25,000.00	25,000.00	25,000.00	25,000	
	PLUMBING: SPRINKLER SYSTEM IMPROVEMENTS	1460		14,470.00	14,470.00	14,470.00	14,470.00	COMPLETE
	PLUMBING: WATER LINE IMPROVEMENTS	1460		11,955.75	11,955.75	11,955.75	0.00	
	ADA ELECTRICAL CHANGES	1460		0.00	57,216	57,216	46,737.24	

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

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



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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 Expires 4/30/2011

**Part II: Supporting Pages**

PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P015501-07 CFFP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2007	
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Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AGENCY WIDE	MANAGEMENT IMPROVEMENTS	1408		30,000.00	30,000.00	30,000.00	14,198.20	
	SALARIES & BENEFITS	1410		77,297.00	77,297.00	77,297.00	77,297.00	COMPLETE
	FEES & COSTS / A&E FEES	1430		0.00	0.00	0.00	0.00	
	OPERATIONS	1406		154,594.00	154,594.00	154,594.00	79,263.36	
TOTALS				772,974.00	772,974.00	772,974.00	650,477.30	

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2007	Reasons for Revised Target Dates <sup>1</sup>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
IL015-001	09/12/2009	09/12/2009	09/12/2011	09/12/2011		
IL015-002	09/12/2009	09/12/2009	09/12/2011	09/12/2011		
IL015-006	09/12/2009	09/12/2009	09/12/2011	09/12/2011		
IL015-010	09/12/2009	09/12/2009	09/12/2011	09/12/2011		
IL015-011	09/12/2009	09/12/2009	09/12/2011	09/12/2011		
AGENCY WIDE	09/12/2009	09/12/2009	09/12/2011	09/12/2011		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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 Expires 4/30/2011

<b>Part I: Summary</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P015501-08 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>
<b>PHA Name:</b> MADISON COUNTY HOUSING AUTHORITY		

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement Performance and Evaluation Report for Period Ending: 06-30-2011	Summary by Development Account	Original	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		Obligated	Total Actual Cost <sup>1</sup>
				Total Estimated Cost	Revised <sup>2</sup>		
1		Total non-CFP Funds					
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	154,000.00	154,000.00	154,000	1864.15	
3		1408 Management Improvements	40,000.00	40,000.00			
4		1410 Administration (may not exceed 10% of line 21)	77,300.00	77,300.00	77300.00	77,300.00	
5		1411 Audit					
6		1415 Liquidated Damages					
7		1430 Fees and Costs	39,825.00	39,825.00	39825.00	39,825.00	
8		1440 Site Acquisition					
9		1450 Site Improvement					
10		1460 Dwelling Structures	368,851.00	408,213.00	408,213.00	374,310.96	
11		1465.1 Dwelling Equipment—None expendable					
12		1470 Non-dwelling Structures	39,362.00	0.00			
13		1475 Non-dwelling Equipment					
14		1485 Demolition					
15		1492 Moving to Work Demonstration					
16		1495.1 Relocation Costs	19,856.00	19,856.00	19,856.00	19,856.00	
17		1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2008	
PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P015501-08 Replacement Housing Factor Grant No: Date of CRFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	739,194.00	739,194.00	699,194.00	513,156.11
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CRFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2008				
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No: IL06P015501-08						
		CFPP (Yes/No):						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
IL 015-010	EMERGENCY ELECTRICAL IMPROVEMENTS	1460		85,000	85,000	85,000	85,000	
	EMERGENCY ELECTRICAL IMPROVEMENTS	1460		27,597	27,597	27,597	27,596	
IL 015-011	PLUMBING IMPROVEMENTS	1460		28,254	28,254	28,254	0.00	
	CONSULTANT FEES	1430		39,825,	39,825	39,825	39,825	
	ASBESTOS ABATEMENT	1460		228,000	228,000	228,000	228,000	
	RELOCATION	1495		19,856	19,856	19,856	19,856	
	ROOF	1460		0.00	28,509.96	28,509.96	28,509.96	
	PAINTING	1460		0.00	10,852.04	10,852.04	5,205	
	UNIT REHABILITATION	1460		0.00	0.00	0.00	0.00	
AGENCY WIDE	CAMERA MONITORING & SECURITY	1408		20,000	20,000	0.00	0.00	
	NON DWELLING IMPROVEMENTS	1470		39,362	0.00			
	MANAGEMENT IMPROVEMENTS	1408		20,000	20,000	0.00	0.00	
	SALARIES & BENEFITS	1410		77,300	77,300	77,300	77,300	
	FEES & COSTS/A&E FEES	1430		0.00	0.00			
	OPERATIONS	1406		154,000	154,000	154,000	1,864.15	
TOTALS				739,194	739,194	699,194	513,156.11	

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
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 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: MADISON COUNTY HOUSING AUTHORITY

Federal FFY of Grant: 2008

Reasons for Revised Target Dates <sup>1</sup>

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IL 015-010	06/12/2010	06/12/2010	06/12/2012	06/12/2012	
IL 015-011	06/12/2010	06/12/2010	06/12/2012	06/12/2012	
AGENCY WIDE	06/12/2010	06/12/2010	06/12/2012	06/12/2012	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part I: Summary**

PHA Name: <b>MADISON COUNTY HOUSING AUTHORITY</b>	Grant Type and Number: Capital Fund Program Grant No: IL06P015501-09 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: 2009 FFY of Grant Approval:
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement Performance and Evaluation Report for Period Ending: 06-30-2011 <input type="checkbox"/> Reserve for Disasters/Emergencies Summary by Development Account	Original	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		Obligated	Total Actual Cost <sup>1</sup> Expended
			Total Estimated Cost	Revised <sup>2</sup>		
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	157,000.00	157,000.00	0.00	0.00	0.00
3	1408 Management Improvements	50,000.00	50,000.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	78,000.00	78,000.00	78,000.00	78,000.00	78,000.00
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	30,000.00	30,000.00	30,000.00	28,388.88	
8	1440 Site Acquisition					
9	1450 Site Improvement	0.00	0.00			
10	1460 Dwelling Structures	249,000.00	305,460.00	226,179.50	136,168.34	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition	0.00	0.00			
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs	224,756.00	168,296.00	50,000.00	40,668.53	
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2009	
PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P015501-09 Replacement Housing Factor Grant No: Date of CRFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	Expended
		Original	Revised <sup>2</sup>			
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)	788,756.00	788,756.00	384,179.50	283,225.75	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

Signature of Executive Director \_\_\_\_\_ Date 10/13/11 Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CRP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009		Status of Work	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No.: IL06FP015501-09 CFPP (Yes/No): Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
AMP 127				Original	Revised <sup>1</sup>		
IL 015-001	GARESCH DEMOLITION	1485		0.00	0.00	0.00	0.00
	GARESCH RELOCATION	1495		114,756	76,071	0.00	0.00
IL015-002	VIOLA JONES DEMOLITION	1485		0.00	0.00	0.00	0.00
	VIOLA JONES RELOCATION	1495		60,000	42,225	0.00	0.00
AMP 611							
IL 015-006	NORTHGATE FLUE ASBESTOS REMOVAL			0.00	56460.00	0.00	0.00
IL 015-006	NORTHGATE HVAC IMPROVEMENTS	1460		50,000	22,820.50	0.00	0.00
IL 015-010	OLIN BUILDING DOORS	1460		0.00	14,100	14,100	14,100
IL 015-011	BRANER PLUMBING IMPROVE	1460		77,509.96	77,509.96	77,509.96	30,384
	BRANER RELOCATION	1495		50,000.00	50,000.00	50,000	40,668.53
	BRANER ROOF REPLACEMENT	1460		121,490.04	107,765.54	107,765.54	68,415.04
	BRANER ADDITIONS	1460		26,804	26,804	26,804	0.00
AGENCY WIDE	OPERATIONS	1406		157,000	157,000	0.00	0.00
	CAMERA MONITORING & SECURITY	1408		20,000	20,000	0.00	0.00
	MANAGEMENT IMPROVE & TRAIN	1408		30,000	30,000	0.00	0.00
	SALARIES & BENEFITS	1410		78,000	78,000	78,000	78,000
	FEES & COSTS/A&E FEES	1430		30,000	30,000	30,000	28,388.88
TOTALS				788756.00	788756.00	384,179.50	283,225.75

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program		Federal FFY of Grant: 2009		Reasons for Revised Target Dates <sup>1</sup>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IAMP 611					
IL 015-001	9/15/2011		09/15/2013		
IL 015-006	9/15/2011		9/15/2013		
IL 015-011	09/15/2011		09/15/2013		
AGENCY WIDE	09/15/2011		09/15/2013		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>	<b>PHA Name:</b> MADISON COUNTY HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P015501-10 Replacement Housing Factor Grant No: Date of CFPP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06-30-2011	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>		
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		130,000.00	130,000.00	0.00	0.00
3	1408 Management Improvements		30,000.00	50,000.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)		65,000.00	65,000.00	65,000.00	18,917.91
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		30,000.00	30,000.00	9,545.69	3,332.18
8	1440 Site Acquisition					
9	1450 Site Improvement		25,000.00	25,000.00	0.00	0.00
10	1460 Dwelling Structures		25,000.00	25,000.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition		175,000.00	151,696.00	0.00	0.00
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs		150,000.00	150,000.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
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<b>Part I: Summary</b>		<b>FFY of Grant: 2010</b>	
<b>PHA Name:</b> MADISON COUNTY HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P015501-10 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	650000.00	626696.00	74,545.69	22,250.09
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs	20000.00	20000.00		
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>		<b>Date</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010		Status of Work	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No: IL06P015501-10 GFPP (Yes/No): Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
AMP 611	SITE IMPROVE, LANDSCAPE & REC IMPROVEMENTS	1450		25,000	25,000	0.00	0.00
IL 015-006	PLUMBING IMPROVEMENTS	1460		25,000	25,000	0.00	0.00
AMP 127	UNIT REHAB DEMOLITION	1460		0.00	0.00		
IL 015-001	GARESCH DEMOLITION	1485		100,000	87,000	0.00	0.00
IL 015-002	GARESCH RELOCATION	1495		90,000	90,000	0.00	0.00
	VIOLA JONES DEMOLITION	1485		75,000	64,696	0.00	0.00
	VIOLA JONES RELOCATION	1495		60,000	60,000	0.00	0.00
	RELOCATION	1495		0.00	0.00		
AGENCY WIDE	CAMERAS, MONITORING & SECURITY IMPROVEMENTS	1408		20,000	20,000	0.00	0.00
	MANAGEMENT IMPROVEMENTS /TRAINING	1408		30,000	30,000	0.00	0.00
	SALARIES, BENEFITS	1410		65,000	65,000	65,000	18,917.91
	FEES AND COSTS	1430		30,000	30,000	9,545.69	3,332.18
	OPERATIONS	1406		130,000	130,000	0.00	0.00
TOTALS				650,000	626,696	74,545.69	22,250.09

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

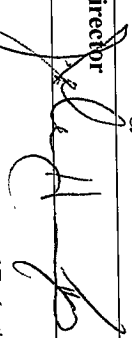
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program				Federal FY of Grant: 2010	Reasons for Revised Target Dates <sup>1</sup>
PHA Name: MADISON COUNTY HOUSING AUTHORITY					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Original Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date
IAMP 611					
AMP 127					
AMP 127					
AGENCY WIDE					
AGENCY WIDE					
AMP 127					
AGENCY WIDE					
AGENCY WIDE					
AGENCY WIDE					

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
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 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2011	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: 1 Replacement Housing Factor Grant No: L06P015501-11 Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)	521,072.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)		
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date	Signature of Public Housing Director
		7/26/13/11	
Date			Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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<b>Part I: Summary</b> PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P015501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>
				Revised <sup>2</sup>	Final Performance and Evaluation Report		
1		Total non-CFP Funds					
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	104,214.00				
3		1408 Management Improvements	30,000.00				
4		1410 Administration (may not exceed 10% of line 21)	52,107.00				
5		1411 Audit					
6		1415 Liquidated Damages					
7		1430 Fees and Costs	30,000.00				
8		1440 Site Acquisition					
9		1450 Site Improvement	304,751.00				
10		1460 Dwelling Structures					
11		1465.1 Dwelling Equipment—Nonexpendable					
12		1470 Non-dwelling Structures					
13		1475 Non-dwelling Equipment					
14		1485 Demolition					
15		1492 Moving to Work Demonstration					
16		1495.1 Relocation Costs					
17		1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages			Grant Type and Number			Federal FFY of Grant: 2011		
PHA Name: MADISON COUNTY HOUSING AUTHORITY			Capital Fund Program Grant No: IL06F015501-11					
			CEFP (Yes/No):			Replacement Housing Factor Grant No:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 611								
15-6	Northgate Homes Parking Improvements	1450		15,000.00				
15-10	Olin Building Parking Improvements	1450		5,000.00				
15-11	Braner Building Parking Improvements	1450		5,000.00				
	Braner Building Elevator Improvements	1450		200,000.00				
	Braner Building Masonry Cleaning, Tuckpoint, Sealant and Concrete Repair	1450		79,751.00				
AGENCY WIDE								
	Operations	1406		104,214.00				
	Management Improvements/Training	1408		30,000.00				
	Administration	1410		52,107.00				
	Fees & Costs	1430		30,000.00				
TOTALS				521,072.00				

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
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 Expires 4/30/2011

**Part III: Implementation Schedule for Capital Fund Financing Program**  
 PHA Name: MADISON COUNTY HOUSING AUTHORITY

Federal FY of Grant: 2011

Reasons for Revised Target Dates

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP 611					
15-6	08/02/2013		08/02/2015		
15-10	08/02/2013		08/02/2015		
15-11	08/02/2013		08/02/2015		
AGENCY WIDE	08/02/2013		08/02/2015		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
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<b>Part I: Summary</b>		<b>PHA Name:</b> MADISON COUNTY HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06S015501-09 Date of CFPP:		<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06-30-2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements	0.00	0.00	0.00	0.00	
4	1410 Administration (may not exceed 10% of line 21)	184,606.00	184,606.00	184,606.00	165,293.29	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	2,000.00	4,000.00	4,000.00	0.00	
10	1460 Dwelling Structures	1,603,459.00	1,572,459.00	1,572,459.00	1,567,934.00	
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00	16,000.00	16,000.00	16,000.00	
12	1470 Non-dwelling Structures	36,000.00	69,000.00	69,000.00	69,000.00	
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00	
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		FFY of Grant: 2009	
PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: 1 Replacement Housing Factor Grant No: L06S015501-09 Date of CFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,846,065.00	1,846,065.00	1,846,065.00	1,818,227.29
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009		Status of Work	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No: IL06S015501-09 CRFP (Yes/No): Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
AMP 611	PLUMBING/WATER HEATER IMPROVEMENTS	1460		387,995	467,995	467,995	467,995
IL 015-011	KITCHEN/BATH IMPROVEMENTS	1460		199,694	199,964	199,964	199,964
BRANER BLDG	ASBESTOS ABATEMENT	1460		0.00	0.00		
	ADA IMPROVEMENTS	1460		0.00	0.00		
	EXTERIOR IMPROVEMENTS	1470		69,000	69,000	69,000	69,000
	BALCONY RAILINGS						
	EXT. PENTHOUSE LADDERS						
	PENTHOUSE FLASHING						
	EXT. DOOR IMPROVEMENTS						
	REHAB OF UNITS	1460		0.00	0.00		
	ROOF	1460		0.00	0.00		
	BUILDING IMPROVEMENTS	1460		0.00	0.00		
	UNIT CONVERSION	1460		37,000	37,000	37,000	37,000
	PAINTING	1460		65,000	65,000	65,000	65,000
	CLOSETS, DOORS, INTERIOR IMPROVEMENTS	1460		408,000	408,000	408,000	406,000
	ELECTRICAL IMPROVEMENTS	1460		135,000	135,000	135,000	135,000
	HVAC IMPROVEMENTS	1460		72,000	72,000	72,000	71,142
	ADMINISTRATION	1410		184,606	184,606	184,606	165,293.29
	RELOCATION	1495		0.00	0.00		

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

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

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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Part II: Supporting Pages

PHA Name: MADISON COUNTY HOUSING AUTHORITY  
 Grant Type and Number: Capital Fund Program Grant No: IL06S015501-09  
 CFFP (Yes/No):  
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	MANAGEMENT IMPROVEMENTS	1408	0.00	0.00				
	SECURITY CAMERA INSTALL							
	FLOORING	1460	97,000	97,000	97,000	95,333		
	APPLIANCES	1465	16,000	16,000	16,000	16,000		
	SITE IMPROVEMENTS	1450	4,000	4,000	4,000	0.00		
	FIRE SAFETY	1460	3,500	3,500	3,500	3,500		
	CEILING IMPROVEMENTS	1460	87,000	87,000	87,000	87,000		
	DEMOLITION	1485	80,000	0.00				
TOTALS			1,846,065	1,846,065	1,846,065	1,818,227.29		

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

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Part III: Implementation Schedule for Capital Fund Financing Program  
 PHA Name: MADISON COUNTY HOUSING AUTHORITY  
 Federal FFY of Grant: 2009

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP 611 IL 015-011 BRANER BUILDING	03/17/2010	03/17/2010	03/17/2012	03/17/2012	

1 Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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<b>Part I: Summary</b> PHA Name: <b>MADISON COUNTY HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: IL06P015501-12 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2012 FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup>	
			Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		104,214.00			
3	1408 Management Improvements		30,000.00			
4	1410 Administration (may not exceed 10% of line 21)		52,107.00			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		30,000.00			
8	1440 Site Acquisition					
9	1450 Site Improvement		150,000.00			
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment		156,679.00			
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



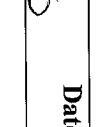
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<b>Part I: Summary</b>		FFY of Grant: 2012	
PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: 1 Replacement Housing Factor Grant No: L06P015501-12 Date of CFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Original	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)	523,000.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

Signature of Executive Director



Date

10/13/11

Signature of Public Housing Director



Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2012				
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No: IL06F015501-12 CFPP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
AMP 611				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
15-6	Northgate Homes Site Improvements	1450		100,000.00				
15-11	Braner Building Site Improvements	1450		50,000.00				
Admin Building	New Construction OR Rehab/Acquisition Administration Building	1475		156,679.00				
AGENCY WIDE								
	Operations	1406		104,214.00				
	Management Improvements/Training	1408		30,000.00				
	Administration	1410		52,107.00				
	Fees & Costs	1430		30,000.00				
TOTALS				523,000.00				

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

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

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Part III: Implementation Schedule for Capital Fund Financing Program						Federal FFY of Grant: 2012	Reasons for Revised Target Dates
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Original Obligation End Date	Actual Obligation End Date	All Funds Expended (Quarter Ending Date)	Original Expenditure End Date	Actual Expenditure End Date	
AMP 611							
15-6	2014			2016			
15-11	2014			2016			
Admin Building	2014			2016			
AGENCY WIDE	2014			2016			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

RHF P & Es

Annual Statement 501-12

501-07

501-08

501-09

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502-10

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502-11

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<b>Part I: Summary</b>		<b>Grant Type and Number</b>		<b>FFY of Grant: 2007</b>	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R015501-07 Date of CFFP:		FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup> Expended
			Total Estimated Cost Original	Total Estimated Cost Revised <sup>2</sup>	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonependable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>		729,242.00	729,242.00	729,242.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>		FFY of Grant: 2007	
PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: 1 Replacement Housing Factor Grant No: L06R015501-07 Date of CFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	729,242.00	729,242.00	729,242.00	729,242.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director	Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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Part II: Supporting Pages			Grant Type and Number			Federal FFY of Grant: 2007		
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No: CHFP (Yes/No):			Replacement Housing Factor Grant No: IL06R015501-07			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AGENCY WIDE	DEVELOPMENT ACTIVITY	1499		729,242	729,242	729,242	729,242	
TOTALS				729,242	729,242	729,242	729,242	

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





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<b>Part I: Summary</b>		<b>FFY of Grant: 2008</b>	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R015501-08 Date of CFFP:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup> Expended
			Total Estimated Cost <sup>2</sup> Original	Total Estimated Cost <sup>2</sup> Revised <sup>2</sup>	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	719,221.00	719,221.00	719,221.00	371,840.33

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>		FFY of Grant: 2008	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		FFY of Grant Approval:	
Grant Type and Number: Capital Fund Program Grant No: 1 Replacement Housing Factor Grant No: L06R015501-08		Date of CRFP:	

Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending: 06/30/2011  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	719,221.00	719,221.00	719,221.00	371,840.33
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director: *[Signature]* Date: 10/13/11

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

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CRFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



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**Part III: Implementation Schedule for Capital Fund Financing Program**  
 PHA Name: MADISON COUNTY HOUSING AUTHORITY

Federal FFY of Grant: 2008

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AGENCY WIDE DEVELOPMENT ACTIVITY	09/12/2011	09/12/2011	09/12/2013	09/12/2013	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 Capital Fund Financing Program

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<b>Part I: Summary</b>	<b>Grant Type and Number</b>	<b>FFY of Grant: 2009</b>
PHA Name: <b>MADISON COUNTY HOUSING AUTHORITY</b>	Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R015501-09 Date of CFFP:	<b>FFY of Grant Approval:</b>

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>		407,486.00	488,787.00	0.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>		FFY of Grant: 2009			
PHA Name: MADISON COUNTY HOUSING AUTHORITY Grant Type and Number: Capital Fund Program Grant No: 1 Replacement Housing Factor Grant No: L06R015501-09 Date of CFP:		FFY of Grant Approval:			
Type of Grant: <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011 <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Description	Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	407,486.00	488,787.00	488,787.00	0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director: 		Date: 10/13/11	Signature of Public Housing Director		
			Date		

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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<b>Part II: Supporting Pages</b>		<b>Grant Type and Number</b>		<b>Federal FFY of Grant: 2009</b>				
PHA Name: <b>MADISON COUNTY HOUSING AUTHORITY</b>		Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: IL06R015501-09						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AGENCY WIDE	DEVELOPMENT ACTIVITY	1499		407,486	488,787	488,787	0.00	
<b>TOTALS</b>				407,486	488,787	488,787	0.00	

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





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<b>Part I: Summary</b>		<b>FFY of Grant: 2010</b>	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R015501-10 Date of CFFP:	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	

Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonependable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	629,525.00	629,525.00	342,871.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: 1 Replacement Housing Factor Grant No: L06R015501-10 Date of CFFP:			

Line	Description	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	629,525.00	629,525.00	342,871.00	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 10/13/11		Signature of Public Housing Director	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program  
 PHA Name: MADISON COUNTY HOUSING AUTHORITY

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FY of Grant: 2010	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
AGENCY WIDE DEVELOPMENT ACTIVITY						
DEVELOPMENT ACTIVITY						

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		<b>FFY of Grant: 2010</b>	
PHA Name: <b>MADISON COUNTY HOUSING AUTHORITY</b>		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R015502-10 Date of CFFP:			

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	Summary by Development Account	Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>	
1		Total non-CFP Funds			
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			
3		1408 Management Improvements			
4		1410 Administration (may not exceed 10% of line 21)			
5		1411 Audit			
6		1415 Liquidated Damages			
7		1430 Fees and Costs			
8		1440 Site Acquisition			
9		1450 Site Improvement			
10		1460 Dwelling Structures			
11		1465.1 Dwelling Equipment—Nonexpendable			
12		1470 Non-dwelling Structures			
13		1475 Non-dwelling Equipment			
14		1485 Demolition			
15		1492 Moving to Work Demonstration			
16		1495.1 Relocation Costs			
17		1499 Development Activities <sup>4</sup>	488,787.00	191,443.00	0.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2010			
PHA Name: MADISON COUNTY HOUSING AUTHORITY		FFY of Grant Approval:			
Grant Type and Number: Capital Fund Program Grant No. 1 Replacement Housing Factor Grant No. L06R015502-10 Date of CFFP:					
Type of Grant: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011 <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	488,0787.00	191,443.00	0.00	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date
		10/13/2011			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010		Status of Work	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No: CFPP (Yes/No):		Replacement Housing Factor Grant No: IL06R015502-10			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
AGENCY WIDE	DEVELOPMENT ACTIVITY	1499		488,787	191,443	0.00	
<b>TOTALS</b>				488,787	191,443	0.00	

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

Part III: Implementation Schedule for Capital Fund Financing Program						Federal FFY of Grant: 2010	Reasons for Revised Target Dates
PHA Name: MADISON COUNTY HOUSING AUTHORITY							
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Original Expenditure End Date	Actual Expenditure End Date	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date			
AGENCY WIDE DEVELOPMENT ACTIVITY							
DEVELOPMENT ACTIVITY							

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
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<b>Part I: Summary</b>		<b>Grant Type and Number</b>		<b>FFY of Grant: 2010</b>	
PHA Name:		Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R015503-09		FFY of Grant Approval:	
		Date of CFFP:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup> Expended
			Original	Final Performance and Evaluation Report Revised <sup>2</sup>	
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonependable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>		176,560.00	176,560.00	0.00

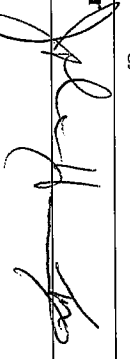
<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: 1 Replacement Housing Factor Grant No: L06R015503-09 Date of CFFP:	FFY of Grant Approval:	

Line	Description	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
			Revised <sup>2</sup>			Expended	
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)	176,560.00	176,560.00		0.00		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

Signature of Executive Director 

Date 10/13/11

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010			
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: IL06R015503-09					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
AGENCY WIDE	DEVELOPMENT ACTIVITY	1499		176,560	176,560	0.00	
TOTALS				176,560	176,560	0.00	

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Part III: Implementation Schedule for Capital Fund Financing Program  
 PHA Name: MADISON COUNTY HOUSING AUTHORITY

Federal FFY of Grant: 2010

Reasons for Revised Target Dates<sup>1</sup>

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AGENCY WIDE DEVELOPMENT ACTIVITY					
DEVELOPMENT ACTIVITY	04/01/2012	04/01/2012	04/01/2014	04/01/2014	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

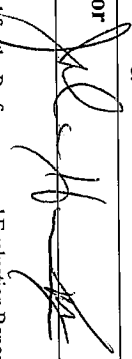
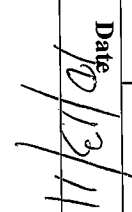
<b>Part I: Summary</b> PHA Name: <b>MADISON COUNTY HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R015502-11 Date of CFFP:
FFY of Grant: 2011 FFY of Grant Approval:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011 Summary by Development Account			<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Actual Cost <sup>1</sup>	
		Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.I Dwelling Equipment—Nonependable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.I Relocation Costs					
17	1499 Development Activities <sup>4</sup>	299,095.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		FFY of Grant: 2011	
PHA Name: MADISON COUNTY HOUSING AUTHORITY Grant Type and Number: Capital Fund Program Grant No: 1 Replacement Housing Factor Grant No: L06R015502-11 Date of CFFP:		FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	299,095.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date	Signature of Public Housing Director
		10/13/11	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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**Part II: Supporting Pages**

PHA Name: <b>MADISON COUNTY HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: IL06R015502-11 CFPP (Yes/No): Replacement Housing Factor Grant No:	Federal FFY of Grant: 2011
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Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AGENCY WIDE	DEVELOPMENT ACTIVITY	1499		299,095.00				
<b>TOTALS</b>				299,095.00				

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Part III: Implementation Schedule for Capital Fund Financing Program					Federal FY of Grant: 2011
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AGENCY WIDE					
DEVELOPMENT ACTIVITY	08/02/2013		08/02/2015		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>	PHA Name: <b>MADISON COUNTY HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R015501-11 Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFF Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					
			<b>366,432.00</b>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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 Expires 4/30/2011

<b>Part I: Summary</b>				FFY of Grant: 2011	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: 1 Replacement Housing Factor Grant No: L06R015501-11 Date of CRFP:		FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>
18a	1501 Collateralization or Debt Service paid by the PHA				Expended
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	366,432.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CRFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

Part II: Supporting Pages			Grant Type and Number	Federal FFY of Grant: 2011		Status of Work	
PHA Name: MADISON COUNTY HOUSING AUTHORITY			Capital Fund Program Grant No: IL06R015501-11 CFPP (Yes/No): Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
AGENCY WIDE	DEVELOPMENT ACTIVITY	1499		366,432.00			
TOTALS				366,432.00			

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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 OMB No. 2577-0226  
 Expires 4/30/2011

**Part III: Implementation Schedule for Capital Fund Financing Program**  
 PHA Name: MADISON COUNTY HOUSING AUTHORITY

Federal FFY of Grant: 2011

Reasons for Revised Target Dates <sup>1</sup>

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates <sup>1</sup>	
AGENCY WIDE	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date
DEVELOPMENT ACTIVITY	08/02/2013		08/02/2015	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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 Expires 4/30/2011

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>				<b>Federal FFY of Grant:</b>	
<b>PHA Name:</b>					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

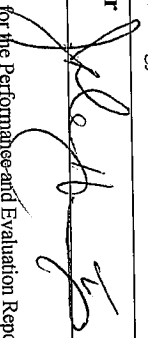
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2012 FFY of Grant Approval:			
PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R015501-12 Date of CFFP:			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	700,000.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2012	
PHA Name: MADISON COUNTY HOUSING AUTHORITY		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: 1 Replacement Housing Factor Grant No: L06R015501-12 Date of CFFP:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Revised <sup>2</sup>
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Obligated
19	1502 Contingency (may not exceed 8% of line 20)		Expended
20	Amount of Annual Grant:: (sum of lines 2 - 19)	700,000.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date	Signature of Public Housing Director
		10/13/11	
Date			Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHP funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: MADISON COUNTY HOUSING AUTHORITY  
 Grant Type and Number:  
 Capital Fund Program Grant No: IL06R015501-12  
 CFFP (Yes/ No):  
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2012

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AGENCY WIDE	DEVELOPMENT ACTIVITY	1499		700,000.00				
<b>TOTALS</b>				700,000.00				

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

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



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part III: Implementation Schedule for Capital Fund Financing Program**  
 PHA Name: MADISON COUNTY HOUSING AUTHORITY

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2012  Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AGENCY WIDE					
DEVELOPMENT ACTIVITY	2014		2016		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Attachments to HUD Form 50075—Section 9 Housing Needs**

**Housing Needs of Families on the Various MCHA Waiting Lists**

Washington Avenue Apartments Public Housing Waiting List (City of Madison)		
	# of families	% of total families
Waiting list total	<u>136</u>	<u>100%</u>
Families with children	<u>128</u>	<u>95%</u>
Elderly families	<u>0</u>	<u>0</u>
Families with Disabilities	<u>20</u>	<u>15%</u>
Race/ethnicity white	<u>21</u>	<u>15%</u>
Race/ethnicity black	<u>112</u>	<u>82.35</u>
Race/ethnicity amer. Indian	<u>3</u>	<u>2%</u>
Characteristics by Bedroom Size		
1BR	<u>0</u>	<u>0</u>
2 BR	<u>91</u>	<u>60.83%</u>
3 BR	<u>45</u>	<u>39.2%</u>
This waiting list is currently <del>closed</del> <del>Open or</del> <del>Closed</del>		

Northgate Homes Public Housing Complex Waiting List, City of Collinsville		
	# of families	% of total families
Waiting list total	<u>424</u>	<u>100%</u>
Families with children	<u>323</u>	<u>76%</u>
Elderly families	<u>8</u>	<u>2%</u>
Families with Disabilities	<u>63</u>	<u>15%</u>
Race/ethnicity white	<u>116</u>	<u>27%</u>
Race/ethnicity black	<u>300</u>	<u>71%</u>
Race/ethnicity amer. Indian	<u>4</u>	<u>1%</u>
Race/ethnicity Hawaiiin/Pac Islander	<u>1</u>	<u>0</u>
Race/ethnicity asian	<u>0</u>	<u>0</u>
Characteristics by Bedroom Size		
1BR	<u>70</u>	<u>17%</u>
2 BR	<u>269</u>	<u>63%</u>
3 BR	<u>52</u>	<u>12%</u>
4 BR	<u>33</u>	<u>8%</u>
5 BR	<u>0</u>	<u>0</u>
5+ BR	<u>0</u>	<u>0</u>
This waiting list is <del>closed</del> <del>open</del> <del>OPEN OR CLOSED</del> <del>&gt;</del> <u>for 2 and 4 bedroom units.</u>		

Olin Building Public Housing Waiting List		
	# of families	% of total families
Waiting list total	<u>108</u>	<u>100%</u>
Families with children	<u>12</u>	<u>11%</u>
Elderly families	<u>8</u>	<u>7%</u>
Families with Disabilities	<u>100</u>	<u>93%</u>
Race/ethnicity white	<u>65</u>	<u>60%</u>
Race/ethnicity black	<u>42</u>	<u>39%</u>
Race/ethnicity amer. Indian	<u>1</u>	<u>1%</u>
Race/ethnicity asian	<u>0</u>	<u>0</u>
Race/ethnicity Hispanic	<u>0</u>	<u>0</u>
Characteristics by Bedroom Size		
0 BR	<u>5</u>	<u>5%</u>
1BR	<u>87</u>	<u>81%</u>
2 BR	<u>16</u>	<u>15%</u>
3 BR	<u>0</u>	<u>0</u>
4 BR	<u>0</u>	<u>0</u>
5 BR	<u>0</u>	<u>0</u>
5+ BR	<u>0</u>	<u>0</u>
This waiting list is currently <u>open</u> . <del>OPEN OR CLOSED</del>		

Braner Building Public Housing Waiting List –City of Collinsville		
	# of families	% of total families
Waiting list total	<u>55</u>	<u>100%</u>
Families with children	<u>15</u>	<u>27%</u>
Elderly families	<u>8</u>	<u>15%</u>
Families with Disabilities	<u>50</u>	<u>91%</u>
Race/ethnicity white	<u>30</u>	<u>55%</u>
Race/ethnicity black	<u>25</u>	<u>45%</u>
Race/ethnicity amer. Indian	<u>0</u>	<u>0</u>
Race/ethnicity asian	<u>0</u>	<u>0</u>
Characteristics by Bedroom Size		
0 BR	<u>5</u>	<u>9%</u>
1BR	<u>30</u>	<u>55%</u>
2 BR	<u>19</u>	<u>35%</u>
This waiting list is currently <u>open</u> . <del>OPEN or CLOSED</del>		

Section 8 tenant-based assistance waiting list		
	# of families	% of total families
Waiting list total	<u>535</u>	<u>100%</u>
Families with children	<u>380</u>	<u>71%</u>
Elderly families	<u>13</u>	<u>.027%</u>
Families with Disabilities	<u>121</u>	<u>23%</u>
Race/ethnicity white	<u>107</u>	<u>20%</u>
Race/ethnicity black	<u>416</u>	<u>76%</u>
Race/ethnicity amer. Indian	<u>5</u>	<u>93%</u>
This waiting list is currently closed but we expect to reopen the list later in the PHA Plan year.		

Alton Pointe Project Based Vouchers Development Waiting list, City of Alton		
	# of families	% of total families
Waiting list total	<u>56</u>	<u>100%</u>
Families with children	<u>31</u>	<u>55%</u>
Elderly families	<u>1</u>	<u>2%</u>
Families with Disabilities	<u>11</u>	<u>20%</u>
Race/ethnicity white	<u>13</u>	<u>23%</u>
Race/ethnicity black	<u>42</u>	<u>75%</u>
Race/ethnicity amer. Indian	<u>1</u>	<u>2%</u>
Characteristics by Bedroom Size		
1BR	<u>17</u>	<u>30%</u>
2 BR	<u>24</u>	<u>43%</u>
3 BR	<u>15</u>	<u>27%</u>
This waiting list is currently <del>closed</del> . <u>OPEN OR CLOSED</u> .		

Alton Pointe Apartments Public Housing Waiting List, City of Alton			
	# of families	% of total families	Annual Turnover
Waiting list total	<u>227</u>	<u>100%</u>	
Families with children	<u>153</u>	<u>67%</u>	
Elderly families	<u>1</u>	<u>0%</u>	
Families with Disabilities	<u>47</u>	<u>21%</u>	
Race/ethnicity white	<u>66</u>	<u>29%</u>	
Race/ethnicity black	<u>160</u>	<u>70%</u>	
Race/ethnicity Amer. Indian	<u>0</u>	<u>0</u>	
<u>Race/ethnicity asian/Pac islander</u>	<u>2</u>	<u>1%</u>	
Characteristics by Bedroom Size			
1BR	<u>65</u>	<u>29%</u>	
2 BR	<u>113</u>	<u>50%</u>	
3 BR	<u>49</u>	<u>22%</u>	
This waiting list is currently <del>OPEN or closed</del> . <u>CLOSED</u> .			

Meachum Crossing Apartments Project-based vouchers waiting list, City of Venice			
	# of families	% of total families	
Waiting list total	<u>546</u>	<u>100%</u>	
Families with children	<u>418</u>	<u>77%</u>	
Elderly families	<u>9</u>	<u>2%</u>	
Families with Disabilities	<u>86</u>	<u>16%</u>	
Race/ethnicity white	<u>61</u>	<u>11%</u>	
Race/ethnicity black	<u>470</u>	<u>86%</u>	
Race/ethnicity amer. Indian	<u>6</u>	<u>1%</u>	
Characteristics by Bedroom Size			
1BR	<u>86</u>	<u>16%</u>	
2 BR	<u>318</u>	<u>58%</u>	
3 BR	<u>141</u>	<u>26%</u>	
This waiting list is currently <del>closed</del> . <u>OPEN OR CLOSED</u> .			

Meachum Crossing Apartments Public Housing Units Waiting List, City of Venice		
	# of families	% of total families
Waiting list total	<u>576</u>	<u>100%</u>
Families with children	<u>365</u>	<u>63%</u>
Elderly families	<u>16</u>	<u>3%</u>
Families with Disabilities	<u>110</u>	<u>19%</u>
Race/ethnicity white	<u>57</u>	<u>10%</u>
Race/ethnicity black	<u>502</u>	<u>87%</u>
Race/ethnicity amer. Indian	<u>6</u>	<u>1%</u>
Race/ethnicity asian/Pac islander	<u>0</u>	<u>0</u>
Characteristics by Bedroom		
Size		
1BR	<u>168</u>	<u>29%</u>
2 BR	<u>278</u>	<u>48%</u>
3 BR	<u>128</u>	<u>22%</u>
This waiting list is currently <del>closed</del> <b>OPEN</b> or <b>CLOSED</b> .		

<u>Mod Rehab Units Waiting list, 701 West Main. St., Collinsville, IL 62234</u>		
	# of families	% of total families
<u>Waiting list total</u>	<u>100</u>	<u>100%</u>
<u>Families with children</u>	<u>71</u>	<u>71%</u>
<u>Elderly families</u>	<u>1</u>	<u>1%</u>
<u>Families with Disabilities</u>	<u>14</u>	<u>14%</u>
<u>Race/ethnicity white</u>	<u>38</u>	<u>38%</u>
<u>Race/ethnicity black</u>	<u>56</u>	<u>56%</u>
<u>Race/ethnicity amer. Indian</u>	<u>1</u>	<u>1%</u>
<u>Race/ethnicity asian/Pac islander</u>	<u>0</u>	<u>0</u>
<u>Characteristics by Bedroom</u>		
<u>Size</u>		
<u>1BR</u>	<u>16</u>	<u>16%</u>
<u>2 BR</u>	<u>64</u>	<u>64%</u>
<u>3 BR</u>	<u>20</u>	<u>20%</u>
<u>This waiting list is currently open for 1&amp; 2 bedrooms units.</u>		

## **Attachment 9.1 Strategy for Addressing Housing Needs**

MCHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year includes the following steps.

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

- Reduce turnover time for vacated public housing units
- Continue to 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
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

### **Step 2: Increase the number of affordable housing units by:**

- 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.

### **Step 3. Target available assistance to families at or below 30 % of AMI (addressing need for Families at or below 30% of median)**

- Adopt rent policies to support and encourage work

### **Step 4: Target available assistance to families at or below 50% of AMI (addressing need for Families at or below 50% of median)**

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work

### **Step 5: Target available assistance to the elderly (addressing needs of the elderly)**

- Seek designation of public housing for the elderly

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

**Step 6: Target available assistance to Families with Disabilities (addressing needs of the disabled)**

Carry out the modifications needed in public housing based on the section 504 Needs Assessment

Apply for special-purpose vouchers targeted to families with disabilities, should they become available

Affirmatively market thru local non-profit agencies that assist families with disabilities

**Step 7: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs (addressing needs of Races or ethnicities with disproportionate housing needs)**

Affirmatively market to races/ethnicities shown to have disproportionate housing needs

**Step 8: Conduct activities to affirmatively further fair housing**

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

Work with landlord organizations to expand list of landlords participating in the Section 8 program

**Reasons for Selecting Various Strategies and Steps**

Funding constraints

Staffing constraints

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

Results of consultation with local or state government

Results of consultation with residents and the Resident Advisory Board

Results of consultation with advocacy groups

**Excerpt Taken from the Madison County Consolidated Plan 2010-2014**

**Priority Housing Needs and Priority Non-Homeless Needs** Housing problems and cost burdens are particularly acute for minorities; people with disabilities; the elderly and those with large families. Housing for extremely low income, very low income, and low-income households will be a high priority. Those with extremely low incomes are often at risk of becoming homeless and frequently in need of emergency rental assistance programs. It is difficult to access public or subsidized housing, due to long waiting lists for all subsidized housing. In many cases, extremely low-income homeowners need weatherization, rehabilitation, energy assistance, and lead based paint hazard reduction. Substandard conditions and cost burdens also affect very low

and low-income households. Approximately 8,515 households with moderate incomes need assistance with down payments and purchase arrangements.

Persons with HIV/AIDS, physical or mental disabilities, or substance abuse issues are often among the most impoverished of our citizens. Their special housing needs, especially for those with extremely low incomes, are a priority for housing and housing with support services.

There is a large segment of the Madison County population with special needs. The data and information from agencies indicates that just over 17.8% of the population has a physical and/or mental disability. Additionally, over 14% of the population is age 65 or older. Many of these individuals are in need of supportive housing and other specialized housing with services. Madison County has prioritized housing development for these populations. We also recognize the lack of available funding for supportive services or rental subsidies to support the operations of special developments without which, these populations are more likely to become homeless.

This Consolidated Plan identifies many activities, which will foster and maintain affordable housing directly. In addition, the County provides technical assistance to interested developers of affordable housing projects in Madison County. Projects that are assisted with HOME Program funding or Low Income Housing Tax Credits are required to maintain affordable rents and be leased to low income households for applicable minimum periods of affordability, in most cases 15 to 20 years.

MCCD continues to provide technical assistance to developers seeking funding through the State of Illinois Low Income Housing Tax Credit Program (LIHTC) program. The Tax Credit program provides a tax-related incentive to equity providers for the construction, acquisition, and rehab of multi-family rental housing.

The following obstacles were identified in addressing the priority housing needs:

#### *Rental Housing*

- There is a need for more housing counseling programs, including credit counseling and fair housing counseling.
- There is a lack of operational funding for agencies to own, manage and provide supportive services for homeless and special needs housing.
- In some communities land use ordinances and zoning require changes or variances to allow for the type and/or density of affordable or supportive housing units.
- Nimbyism is a significant barrier to rental housing development, leading to perception problems with renters as a group and particularly special needs populations.
- The high cost of construction, rehabilitation, land, property taxes, and insurance along with the lack of sufficient financial resources is an impediment to rental housing development. There are also increased costs associated with environmental regulations.
- There is a lack of sufficient financial resources for affordable, supportive and homeless housing developments and programs including assisted living projects for the frail elderly and other special needs populations.
- There is a lack of adequate rental assistance programs, particularly for cost burdened households.

#### *Homeownership Units*

- A large segment of population, especially minority populations, is below 30% of the median income. For this population homeownership is beyond their means.
- There is a need for increased housing counseling, including credit, fair housing and mortgage foreclosure counseling.
- The County has had cases of unscrupulous lenders and predatory lenders.
- There have been a large number of bankruptcies.



- The high values and costs of homes in suburban portion of Madison County prevent development of more affordable housing in these areas. High cost of land, rehabilitation, new construction, and property taxes restrict housing development. Environmental regulations also increase housing development costs.
- There is a lack of sufficient funding for various homeownership programs which allow for financing and down payment assistance.
- In sections of the county and in municipalities there is dilapidated and functionally obsolete housing stock; where the cost of rehabilitation would far exceed the value of the property.
- Local building codes, Impact fees and land use ordinances are restrictive on development of affordable homeownership units. Infill developments are especially difficult due to prior land uses, lot sizes, easements and site design suitability.

## Specific Objectives/Affordable Housing Specific Special Needs Objectives

**Priority 2: Provide Decent Affordable Housing (Utilizing all MCCD current programs and 108 loan guarantee program when appropriate)**

Objective – Ensure that residents in Madison County have access to affordable, decent, safe and sanitary housing, with special attention to affordable housing for the extremely low, very low, and low income households, and an emphasis on special needs, minority, and elderly populations.

### 2.0 Provide Decent Affordable Housing

Sustainability of Suitable Living Environment (SL-1)							
Specific Objective	Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed	
<b>Provide Decent Housing (DH-2)</b>							
<b>DH 2.1</b>	Increase the number of affordable, newly constructed rental & permanent supportive housing units through new construction or rehabilitation	HOME	2010	215 Affordable rental units	43		%
			2011		43		%
			2012		43		%
			2013		43		%
			2014		43		%
			MULTI-YEAR GOAL			215	
<b>Provide Decent Housing (DH-2)</b>							
<b>DH 2.2</b>	Public housing redevelopment & relocation of households or businesses	HOME CDBG	2010	50 Redeveloped public housing units	10		%
			2011		10		%
			2012		10		%
			2013		10		%
			2014		10		%
			MULTI-YEAR GOAL			50	
<b>Provide Decent Housing (DH-2)</b>							
<b>DH 2.3</b>	Rehabilitation of existing owner-occupied housing	HOME CDBG	2010	520 Rehabilitated owner occupied housing units	104		%
			2011		104		%
			2012		104		%
			2013		104		%
			2014		104		%

			MULTI-YEAR GOAL		520		%
<b>Provide Decent Housing (DH-2)</b>							
<b>DH 2.4</b>	Homeownership assistance to income eligible households & the promotion of fair housing counseling education	HOME	2010	1,150 low income households assisted	230		%
			2011		230		%
			2012		230		%
			2013		230		%
			2014		230		%
			MULTI-YEAR GOAL		1,150		%
<b>Provide Decent Housing (DH-2)</b>							
<b>DH 2.5</b>	New construction of for-sale single family affordable housing	HOME	2010	25 new single family for-sale homes	5		%
			2011		5		%
			2012		5		%
			2013		5		%
			2014		5		%
			MULTI-YEAR GOAL		25		%
<b>Provide Decent Housing (DH-2)</b>							
<b>DH 2.6</b>	Provide program delivery support and technical assistance for the development of affordable housing	CDBG HOME	2010	Development of 300 new or rehabilitated housing units	60		%
			2011		60		%
			2012		60		%
			2013		60		%
			2014		60		%
			MULTI-YEAR GOAL		300		%
<b>Provide Decent Housing (DH-2)</b>							
<b>DH 2.7</b>	Acquire, rehabilitate existing vacant housing stock for the purpose of resale	HOME CDBG	2010	10 rehabilitated homes sold to qualifying households	2		%
			2011		2		%
			2012		2		%
			2013		2		%
			2014		2		%
			MULTI-YEAR GOAL		10		%

## Housing Needs Statement

### **2.1 - Increase the number of affordable, newly constructed rental & permanent supportive housing units through new construction or rehabilitation.**

**Five-year goal:** 215 new or rehabilitated affordable rental units and or permanent supportive housing units, including units for the elderly and special needs populations.

**Annual goal:** 43 new or rehabilitated affordable rental units and or permanent supportive housing units, including units for the elderly and special needs populations.

**Objective:** Decent Housing

**Outcome:** Affordability

**Strategy:** MCCD will encourage affordable rental developments by continuing to provide technical assistance to developers, and low/no interest loans or grants from HOME program funding to finance gaps. Funding resources may be accessed from private lenders, local funding, Illinois Housing Development Authority, Federal HOME Loan Bank, Rural Development, HOME, CDBG and other Federal or State programs.

**Need Level:** High

**Basis for assigning need:** According to CHAS data in Table 2A of the 2010 consolidated plan and the community needs assessment survey.

### **2.2 – Public housing redevelopment & relocation of households.**

**Five-year goal:** Redevelop or significantly rehabilitate at least 50 public housing units and provide technical assistance and other support to local public housing authorities with their redevelopment efforts. Relocation of households will be done as necessary and in accordance with the relocation policy of Madison County.

**Annual goal:** Redevelop or significantly rehabilitate at least 10 public housing units and provide technical assistance and other support to local public housing authorities with their redevelopment efforts. Relocation of households will be done as necessary and in accordance with the relocation policy of Madison County.

**Objective:** Decent Housing

**Outcome:** Affordability

**Strategy:** MCCD will collaborate with the three local housing authorities, local governments, developers, and consultants for public housing redevelopment activities. MCCD will provide technical assistance, and/or low/no interest loans or grants for redevelopment projects. Funding resources may be available through Public Housing funds, HUD, HOME, CDBG, IHDA sources, Federal Home Loan Bank, Weatherization, private lenders and other Federal or State programs.

**Need Level:** High

**Basis for assigning need:** Dilapidated conditions at the public housing authorities, information provided by the three Madison County PHA's.

### **2.3 – Rehabilitation of existing owner occupied housing.**

**Five-year goal:** Rehabilitate 20 housing units up to HUD's, HQS, local code and other applicable standards. Rehabilitate 500 housing units through either Weatherization, emergency or small rehabilitation programs.

**Annual Goal:** Rehabilitate 4 housing units up to HQS, local codes, and other HOME program required standards. Rehabilitate 100 housing units (not to local code standards) through emergency, Weatherization, Accessibility Ramps, Lead, Healthy Homes and other rehabilitation.

**Objective:** Decent Housing

**Outcome:** Availability/Accessibility

**Strategy:** Residential rehabilitation programs will be funded with CDBG, HOME, IHDA Housing Trust Funds, Federal HOME Loan, Bank, Rural Development, Private Lenders, Weatherization, HUD Lead Grant, HUD Healthy Homes, private funds.

**Need Level:** Medium

**Basis for assigning need:** CHAS statistics that show housing problems for low-income owners as well as the Housing Market Analysis.

## **2.4 - Provide homeownership assistance to income eligible households, & the promotion of Fair Housing Counseling Education.**

**Five-year goal:** Assist 1,150 income eligible homeowners with the purchase of a home and or receive fair housing counseling education.

**Annual goal:** Assist 230 income eligible homeowners with the purchase of a home and or receive fair housing counseling education.

**Objective:** Decent Housing

**Outcome:** Affordability

**Strategy:** Increase homeownership & Fair Housing opportunities for low and very low-income households, especially those identified as special subgroups including public housing tenants, Section 8 Voucher holders and manufactured housing residents. Assist eligible households with closing costs, down payment, and inspection fees. These programs may be funded with HOME, CDBG, Federal HOME Loan Bank, IHDA Housing Trust Funds, private lenders and other Federal, State or local sources.

**Need Level:** High

**Basis for assigning need:** According to CHAS data in Table 2A of the 2010 consolidated plan and the community needs assessment survey and Analysis of Impediments.

### **2.5 - Assist in the new construction of for-sale, single-family affordable housing where possible and appropriate.**

**Five-year goal:** Produce 25 newly constructed for-sale, single-family homes to be owned by very low or low-income households.

**Annual goal:** Produce 5 newly constructed for-sale, single-family homes to be owned by very low or low-income households.

**Objective:** Decent Housing

**Outcome:** Affordability

**Strategy:** Subsidize high cost of new construction, especially in low value markets, where the need for new construction is great and where many buyers find new home construction costs prohibitive. Work with local communities in neighborhood revitalization efforts which allows for the in-fill of newly constructed housing. Funding resources may be available through private financing, non-profits housing development organizations, Federal HOME Loan Bank, Rural Development, CDBG, HOME funds, and other Federal, State or local programs.

**Need Level:** Medium

**Basis for assigning need:** According to CHAS data in Table 2A of the 2010 consolidated plan and the community needs assessment survey.

## **2.6 - Provide program delivery support and technical assistance for the development of affordable housing.**

**Five-year goals:** To provide technical assistance and CHDO operating funding used to aid in the development of 300 new or rehabilitated housing units.

**Annual goals:** To provide technical assistance and CHDO operating funding used to aid in the development of 60 new or rehabilitated housing units.

**Objective:** Decent Housing

**Outcome:** Affordability

**Strategy:** Maximize housing production by retaining consultants for housing development projects and providing operating funds to eligible CHDO's. Resources expected to be available include CDBG, HOME, HUD TA funding, and local funds.

**Need Level:** High

**Basis for Assigning Need:** According to CHAS data in Table 2A of the 2010 consolidated plan and the community needs assessment survey.

## **2.7 - Acquire, rehabilitate existing vacant housing stock for the purpose of resale.**

**Five-year goals:** Acquire, rehabilitate and resell 10 homes to qualifying households

**Annual goals:** Acquire, rehabilitate and resell 2 homes to qualifying households

**Objective:** Decent Housing

**Strategy:** Provide technical assistance and funding to housing developers to acquire and rehabilitate existing vacant homes to sell to qualifying households. Resources expected to be available include HOME, CDBG, NSP, private and other local resources.

**Need Level:** Medium

**Basis for Assigning Need:** CHAS statistics that show housing problems for low-income owners as well as the Housing Market Analysis.



# **Other HUD Required Submittals**

## **Protections Under the Violence Against Women Reauthorization Act of 2005 (VAWA)**

The Madison County Housing understands that the primary objectives of the VAWA are to reduce violence against women and to protect, or increase the protection of, the safety and confidentiality of women who are victims of abuse.

To assist with this effort, the MCHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance. The notice will explain the protections afforded under the law, inform each applicant of MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

Include in all notices of denial a statement explaining the protection against denial provided by VAWA.

Provide all tenants with notification of their protections and rights under VAWA at the time of admission and annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

Include in all lease termination notices a statement explaining the protection against termination or eviction provided by VAWA.

Below is from the ACOP:

### **NOTIFICATION TO ALL APPLICANTS**

The MCHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each applicant of the MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The MCHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA.

## NOTIFICATION TO TENANTS

VAWA requires MCHAs to notify tenants assisted under public housing of their rights under this law, including their right to confidentiality and limits thereof.

The MCHA will provide all tenants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The MCHA will also include in all lease terminations notices a statement explaining the protection against termination or eviction provided by VAWA.

Below is from Admin Plan:

## NOTIFICATION TO PARTICIPANTS

VAWA requires MCHA to notify public housing program participants of their rights under this law, including their right to confidentiality and limits thereof.

The MCHA will provide all participants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the participant of MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The MCHA will also include in all assistance termination notices a statement explaining termination protection provided by VAWA.

## NOTIFICATION TO APPLICANTS

The MCHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each application of MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The MCHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA.



## NOTIFICATION TO OWNERS AND MANAGERS

VAWA requires MCHA to notify owners and managers of their rights and responsibilities under this law.

Information property owners and managers of their screening and termination responsibilities related to VAWA. The MCHA may utilize any or all of the following means to notify owners of their VAWA responsibilities:

As appropriate in day-to-day interactions with owners and managers, inserts in correspondence, owner workshops and or meetings, orientations and other mailings, signs in lobby and or mass mailings which include model VAWA certification form.

## **Carbon Monoxide Alarm Detector Act Policy**

Madison County Housing Authority will ensure that all public housing units contain at least one approved carbon monoxide detector alarm in operating condition within 15 feet of every room used for sleeping purposes.

In addition, carbon monoxide detectors were installed in all MCHA units during FY 2007 in compliance with the Carbon Monoxide Alarm Detector Act Policy.

In compliance with Illinois Public Act 094-0741, effective January 1, 2007, Madison County Housing Authority will ensure landlords participating in the Section 8 program install carbon monoxide detectors in all buildings containing bedrooms and sleeping facilities.

## **MCHA Resident Advisory Board Members**

**updated 06.15.11**

**Mr. Lester Campbell 937 Judy Nelson Place Venice, IL 62090**

**Mr. Robert Blevens 118 Haller #23 Wood River, IL 62095**

**Ms. Rhonda Clark 46 West Beach Wood River, IL 62095**

**Mr. William Easler 1701 Bryant Avenue Apt 6Edwardsville, IL 62025**

**Ms. Katha Edmonds 1819 Edwardsville Road Madison, IL 62060**

**Ms. Cosonja McClellan 2722 Iowa St. Granite City, IL 62060**

**Mr. Clifford Mathis 118 Haller St. Apt 25 Wood River, IL 62095**

**Mr. Harold Stout 310 Smith Street Apt. 24 East Alton, IL 62024**

**Ms. Cynthia Brooks 1012 James Gray Venice, IL 62090**

**Serene Johnson 1631 Wayne Lanter Ave. Madison, IL 62060**

**Matilda Robinson 1636 Market Street Ave. Madison, IL 62060**

**Katrina Mosby 1647 Wayne Lanter Ave Madison, IL 62002**

**Tameika Rogers 1032 Alton Pointe Circle Drive Alton, IL 62002**

## Resident Comments and Minutes from the Public Hearing on draft Annual Plan and 5 Year Plan

### **Resident Advisory Board Meeting July 6, 2011 5 pm Minutes**

Dorothy Hummel and Marie Nelson from the Madison County Housing Authority staff opened the meeting at 5 pm.

The Resident Advisory Board members in attendance were Matilda Robinson, Bill Easler, and Robert Blevens.

A draft Annual 2012 and amended 5 Year Plan were distributed to members in attendance. In addition, the MCHA staff discussed the proposed amendment to the existing Plan relating to the Olin Building Water Service System Improvements project.

A timeline for the Plan was discussed. Members had general questions regarding the redevelopment of the Garesche and Viola Homes public housing complexes. Mr. Blevens mentioned the usage of water tanks on the roofs of high rises—might help improve water flow at the Olin Building. Ms. Robinson discussed the need for services for residents, including the need for cross walk monitors and other child safety related services. A general discussion was held regarding security measures at Meachum Crossing Apts. and the availability of the various amenities for residents.

The timeline for the approval of the amended 5 Year Plan and Annual Update for 2012 and the Amendment to the Existing 2011 Plan was discussed.

There were no comments on the proposed Amendment to the 2011 Plan, nor on the draft 2012 Plan and draft amended Five Year Plan during the meeting.

Resident Advisory Board members were encouraged to submit any written comments on the Amendment to the 2011 Plan and on the proposed Annual and amended Five Year Plan by August 11, 2011.

The Resident Advisory Board meeting adjourned at 5:30 pm.

### Minutes of Public Meeting held on August 11, 2011 on draft Annual and 5 Year Plan Amendment

The MCHA staff held a public meeting at 11:30 a.m. at the Central Office, 1609 Olive Street, in Collinsville, IL to discuss and receive comments on the draft Annual and 5 Year PHA Plan. MCHA staff were in attendance at the meeting. However, no other people attended the public meeting. In addition, MCHA did not receive any written comments regarding the draft Annual and 5 Year Plan.

No Procurement Policy Changes were made during this year.



**Attachment 10.0a Progress Meeting Mission and Goals**

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

PHA Goal: Expand the supply of assisted housing

Objectives: **Apply for additional rental vouchers: If they become available**

2012 update MCHA is proposing to demolish all dilapidated and functionally obsolete public housing complexes including the Northgate homes complexes in the future. As such, it will be necessary to request relocation vouchers for these displaced tenants in the future.

**Reduce public housing vacancies:**

*Vacancies at MCHA are currently 5.7 % as of 6/21/2011 \**

<i>Vacant</i>	<i>Total</i>	<i>Development</i>
2	21	Alton Pointe Apartments, Alton
0	7	Washington Avenue Apartments, Madison
5	99	Northgate Homes, Collinsville
1	59	Olin Building, East Alton
7	69	Braner Building
0	5	Meachum Crossing
15	260	<i>Total</i>

**Leverage private or other public funds to create additional housing opportunities:**

*Madison County Housing Authority will continue to leverage its replacement housing factor funds and utilize on the on new affordable or newly acquired affordable housing developments*

**Acquire or build units or developments**

*See above section action. MCHA will produce new affordable housing units through affiliate and non-related organizations.*

Other (list below)

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

MCHA will continue to work with various affordable housing developers to implement the project based voucher program.

PHA Goal: Improve the quality of assisted housing

Objectives:

Improve public housing and SEMAP scores

It remains our goal to remain a HUD "high performer" housing authority.

Increase customer satisfaction: work with resident groups to improve living conditions, reduce turnover rate, and concentrate on efforts to improve specific management functions

Renovate or modernize public housing units:  
Olin Building and Braner Building are in need of improvements to the elevator systems.

Demolish or dispose of obsolete public housing

Provide replacement public housing:

*Update*

*7 public housing units date of full availability at the Washington Avenue Apartments March 31, 2005.*

*21 public housing units certificate of occupancy of May 31, 2008 at the Alton Pointe Apartments.*

*5 public housing units at Meachum Crossing Apartments expected were available for occupancy in November, 2009.*

*9 public housing units at Gateway Apartments are expected to become available 12/31/2012.*

Provide replacement vouchers:

*HUD has informed us that replacement vouchers are not available at this time.*

PHA Goal: Increase assisted housing choices

Objectives:

Conduct outreach efforts to potential voucher landlords

*Our Executive Director and Section 8 Director have met with various landlord groups to promote the HCV Voucher Program.*

Increase voucher payment standards if funding available

MCHA Board of Commissioners approved utilizing 100% of the fair market rents as payment standards for the Section 8 program effective November 1, 2011.

Implement public housing or other homeownership programs: MCHA staff will refer potential homebuyers to Madison County Community Development, who administer various homeownership programs.

Maintain public housing site-based waiting lists: *Washington Avenue Apartments, Alton Pointe Apartments, Meachum Crossing, Collinsville Commons and Gateway Apartments and any future mixed finance or project based voucher developments will have site based waiting lists.*

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

PHA Goal: Provide an improved living environment

Objectives:

Implement measures to de-concentrate poverty by bringing higher income public housing households into lower income developments:



*The Washington Avenue, Alton Pointe, and Meachum Crossing contain units affordable to tenants at 30%, 50%, and 60% of the median income. Future affordable housing development efforts will continue to provide housing for a variety of income levels.*

Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:

The most recent mixed finance developments, containing public housing units, (Washington Avenue, Alton Pointe, and Meachum Crossing) contain a mixture of income levels, and market rate units.

Implement public housing security improvements:

Meachum Crossing Apartments contains security cameras, and security alarms in all units, and has a gated secure entry for the development. MCHA intends to put security cameras on all floors at the Braner Building during FY 2012 if funding permits.

Designate developments or buildings for particular resident groups (elderly, persons with disabilities) *Olin and Braner are elderly disabled developments. MCHA may pursue the possibility with HUD of having the Braner and Olin Building serve only the near elderly and elderly.*

### **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:

MCHA operates the FSS Program for Section 8 tenants and will begin to encourage better outreach of social services to residents in public housing developments. In addition, efforts will be made to reduce the number of public housing residents required to provide community service through employment and training referrals. Information on Madison County Employment and Training and two community colleges in the area is distributed to residents.

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

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

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: *MCHA complies with all EEO requirements and affirmatively furthers fair housing.*

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

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

### **Attachment 10.0b Significant Amendment and Substantial Deviation/Modification**

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

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

The PHA will consult with the Resident Advisory Board on proposed significant amendments to the Plan. In addition, the PHA will ensure consistency with the Madison County Consolidated Plan regarding any proposed amendments.