

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2013
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1.0	PHA Information PHA Name: <u>Marion County Housing Authority</u> PHA Code: <u>OR014</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/01/2012</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>17</u> Number of HCV units: <u>1182</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
5.2	Goals and Objectives. 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.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: MCHA has closed the Section 8 waiting list. MCHA will be applying for Project Based Vouchers and for Preservation funds. (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. MCHA will be displaying its 5-Year Annual Plan at the main administrative office located at 2645 Portland Road NE, Salem, Oregon 97301. The plan will also be available on the PHA website at http://www.mchaor.us . Violence Against Women Act (VAWA) – Exhibit 1.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> The Section 32 Homeownership program has been successful in the sale of 21 homes with two more sales pending. The Housing Authority anticipates the sale of its remaining 17 homes by September 2012. Twelve homes, of the remaining homes, are located in Woodburn which should help with increasing the number of homes sold. Marion County Housing Authority will be applying Section 8 Project-Based Vouchers for its LIHTC projects(s). Project(s) will be converted to no more than 25% of the units to Section 8 Project-Based Vouchers.				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. 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. OR16P014110, OR16P0014111, OR16R01450112 Exhibit 2, <i>Capital Funds Program Annual Statement/Performance & Evaluation Report</i> .				

8.2	<p>Capital Fund Program Five-Year Action Plan. 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.</p> <p>OR014P014 Exhibit 3 - <i>Capital Fund Program Five-Year Action Plan</i>.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <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.</p>
9.0	<p>Housing Needs. 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.</p> <p>Marion County Housing Authority reviewed the State of Oregon Consolidated Plan 2011-2015, as it pertains to the housing needs (problems) by Race, National Origin or Disability. The agency specifically looked at the Consolidated Plan's table for Race, Ethnicity and Housing Problems on Table D as it related to MCHA's Exhibit 4 for the Housing Needs of Families of Marion County Housing Authority's Waiting List.</p> <p>It should be noted that Marion County has a higher need than the State of Oregon as a whole for housing families with Household Incomes of less than or equal to 30% of the AMI.</p> <p>Exhibit 4-<i>Strategy for Addressing Housing Needs</i>.</p>

Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

Within Marion County Housing Authority's (MCHA) jurisdiction, there is a shortage of affordable housing for all eligible populations. MCHA will maximize the number of affordable units available to the PHA within its current resources by:

Employing effective maintenance and management policies to minimize the number of public housing units off-line.

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 minority and poverty concentration.

Maintain or increase Section 8 applicants to increase owner acceptance of the program.

MCHA reviews the Consolidated Plan to ensure consistency between its programs and the broader community strategies.

Marion County Housing Authority will make every effort to increase the number of affordable housing units by:

Applying for additional Section 8 vouchers should they become available.

9.1

Leveraging Section 32 Homeownership resources for development of affordable housing in Marion County.

Pursue housing resources other than public housing or Section 8 tenant-based assistance.

Marion County Housing Authority will target available assistance to the elderly by applying for special purpose vouchers targeted to the elderly should they become available.

MCHA will target available assistance to families with disabilities by applying for special purpose vouchers targeted to families with disabilities should they become available and affirmatively market to local non-profit agencies that assist families with disabilities.

MCHA will increase awareness of PHA resources among families of races and ethnicities with disproportionate needs by affirmatively marketing to races/ethnicities show to have disproportionate housing needs.

MCHA will conduct activities to affirmatively further fair housing by counseling Section 8 tenants as to location of units outside areas of poverty or minority concentration and assist them to locate those units and will market the Section 8 program to owners outside of areas of poverty/minority concentrations.

MCHA will work with other service providers to help low-income families with their housing needs by utilizing its Section 8 Housing Choice Voucher Program.

MCHA will pursue project based vouchers for its projects, and seek preservation funds.

MCHA will establish a local residency preference to assist applicants who are working or have been notified that they are hired to work in the locality as well as applicants already living within Marion County Housing Authority's jurisdiction (outside the urban growth boundaries of Salelm/Keizer).

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(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.</p> <p><i>Marion County has made excellent progress in meeting its Mission and Goals set in 2011, as provided in the following excerpts:</i></p> <p>MCHA estimates Customer Satisfaction Surveys continue with a very favorable response in eight of ten responders.</p> <p>Public Housing units were refurbished and repaired with roofs, flooring, cabinets, etc and sold to three families with annual incomes between 45% to 55% of the area median income (AMI).</p> <p>The Family Self Sufficiency (FSS) program was again successful in meeting goals of providing a program for at least 26 families. MCHA plans to expand the program next year to at least 75 families. A survey has been mailed to Section 8 Housing Choice Voucher families explain the program and inviting participation. The Housing Authority plans to encourage homeownership through the FSS program and specifically with its Section 32 Homeownership program.</p> <p>Case Management in the FSS program will continue to promote education towards a General Education Degree (GED) and job opportunities with the local Community College; to help families knock down barriers and to lead them out of poverty and all its depreciations.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><i>Marion County Housing's definition of significant amendment and substantial deviation/modification:</i></p> <p>Substantial Deviation from the Plan: Additions of non-emergency work item (items not included in the current annual statement or 5-Year Plan or change in use of replacement reserve funds under the Capital Fund.</p> <p>Significant Amendment or Modification to the Annual Plan: Changes to rent or admissions policies or organization of the waiting list.</p>
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EXHIBIT 1

Prohibition Against Denial of Assistance to Victims of Domestic Violence, Dating Violence, and Stalking

II. NOTIFICATION AND VICTIM DOCUMENTATION

Marion County Housing Authority acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial under MCHA's policies. Therefore, if Marion County Housing Authority makes a determination to deny admission to an applicant family, MCHA will include in its notice of denial a statement of the protection against denial provided by VAWA and will offer the applicant the opportunity to provide a documentation affirming that the cause of the unfavorable history is that a member of the applicant family is or has been a victim of domestic violence, dating violence, or stalking.

The documentation must include the following:

Form HUD-50066 or a signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking.

Marion County Housing Authority may require one or both of the following:

A police or court record documenting the actual or threatened abuse, or

A statement signed by an employee, agent, or volunteer of a victim service provider; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The applicant must submit the required documentation with her or his request for an informal review or must request an extension in writing at that time. If the applicant so requests, MCHA will grant an extension of 10 business days, and will postpone scheduling the applicant's informal review until after it has received the documentation or the extension period has elapsed. If after reviewing the documentation provided by the applicant MCHA determines the family is eligible for assistance, no informal review will be scheduled and MCHA will proceed with admission of the applicant.

III. PERPETRATOR REMOVAL OR DOCUMENTATION OF REHABILITATION

In cases where an applicant family includes the perpetrator as well as the victim of domestic violence, dating violence, or stalking, MCHA will proceed as above but will require, in addition, either (a) that the perpetrator be removed from the applicant

household and not reside in the assisted housing unit or (b) that the family provide documentation that the perpetrator has successfully completed, or is successfully participating in a MCHA-approved rehabilitation or treatment program.

If the family elects the second option, the documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from whom the perpetrator has sought or is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation was successfully completed or is progressing successfully. The victim and perpetrator must also sign or attest to the documentation. This additional documentation must be submitted within the same time frame as the documentation required above from the victim.

Terminating the assistance of domestic violence, dating violence, or stalking victims and perpetrators

IV. VICTIM DOCUMENTATION

When a participant family is facing assistance termination because of the actions of a participant, household member, guest, or other person under the participant's control and a participant or immediate family member of the participant's family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, MCHA will require the individual to submit documentation affirming that claim.

The documentation must include the following:

Form HUD-50066 or a signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking.

Marion County Housing Authority may require one or both of the following:

A police or court record documenting the actual or threatened abuse, or

A statement signed by an employee, agent, or volunteer of a victim service provider; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to MCHA within 10 business days after the Housing Authority issues their written request. The 10-day deadline may be extended at MCHA's discretion. If the individual does not provide

the required certification and supporting documentation within 10 business days, or the approved extension period, the Housing Authority may proceed with assistance termination.

If MCHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's tenancy is not terminated, MCHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

V. TERMINATING THE ASSISTANCE OF A DOMESTIC VIOLENCE PERPETRATOR

When the actions of a participant or other family member result in a determination by MCHA to terminate the family's assistance and another family member claims that the actions involve criminal acts of physical violence against family members or others, MCHA will request that the victim submit the above required certification and supporting documentation in accordance with the stated time frame. If the certification and supporting documentation are submitted within the required time frame or any approved extension period, the Housing Authority will either (a) proceed with terminating the individual perpetrator's assistance or (b) require that the family provide documentation that the perpetrator is successfully participating in a MCHA-approved rehabilitation or treatment program.

If the family elects the second option, MCHA will require the perpetrator to submit evidence of his or her current participation in counseling or other treatment. The documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from whom the perpetrator is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation is progressing successfully. The victim and perpetrator must also sign or attest to the documentation. The documentation must be submitted within 10 business days of the Housing Authority's request.

If MCHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's tenancy is not terminated, MCHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

Notification Regarding Applicable Provisions of the Violence Against Women Reauthorization Act of 2005

Notification to Participants

Marion County Housing Authority 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 Housing Authority confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

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

VI. NOTIFICATION TO APPLICANTS

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 MVHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

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

VII. NOTIFICATION TO OWNERS AND MANAGERS

Inform property owners and managers of their screening and termination responsibilities related to VAWA. MCHA will utilize any or all of the following means to notify owners of their VASW responsibilities:

As appropriate in day to day interactions with owners and managers.

Inserts in HAP payments, 1099's owner workshops, classes, orientation, and/or newsletters.

Signs in the Housing Authority lobby and/or mass mailings which include model VAWA certification forms.

All information provided regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared database nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

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

EXHIBIT 2

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: 2010 FFY of Grant Approval:	
PHA Name: Marion County Housing Authority		Grant Type and Number Capital Fund Program Grant No:OR16P01450110 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2011		Revised Annual Statement (revision no) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated
			Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	65,105	65,105
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)	7,233	7,233
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 ⁴		

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ 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 I: Summary		FFY of Grant: 2010	
PHA Name: Marion County Housing Authority	Grant Type and Number Capital Fund Program Grant No: OR16PO1450110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2011		<input type="checkbox"/> Revised Annual Statement (revision no) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
Line		Original	Obligated
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)	72,338	72,338
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 <i>Dominic C. Kilgus</i>		Signature of Public Housing Director	
Date 12/07/2011		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ 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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 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
OR0146001	03/31/2011	09/30/2011	03/31/2012	09/30/2011		

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.

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		Grant Type and Number		FFY of Grant: 2011	
PHA Name:		Capital Fund Program Grant No: OR16P01450111		FFY of Grant Approval:	
Marion County Housing Authority		Replacement Housing Factor Grant No:			
Date of CFFP:					
Type of Grant	Summary by Development Account	Original	Revised ²	Obligated	Total Actual Cost ¹
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2011					
Line					
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	35,222	0	0	0
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 ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ 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 I: Summary		FFY of Grant: 2011	
PHA Name: Marion County Housing Authority	Grant Type and Number Capital Fund Program Grant No: OR16PO1450111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (revision no 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
Line		Original	Obligated
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)	35,222	0
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 of Public Housing Director	
<i>Dominic C. Wilford</i>		Date 12/07/2011	
		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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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
 Office of Public and Indian Housing
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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Marion County Housing Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
OR0146001	03/31/2013		03/31/2014		

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.

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

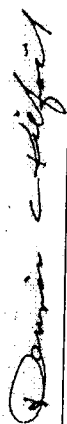
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FFY of Grant: 2012	
PHA Name:		Capital Fund Program Grant No: OR16P01450112		FFY of Grant Approval:	
Marion County Housing Authority		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	16,845	0	0	0
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 ⁴				

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PHA Name: Marion County Housing Authority		Capital Fund Program Grant No: OR16P01450112		FFY of Grant Approval:	
Date of CFFP:		Replacement Housing Factor Grant No:			
Type of Grant		Original Annual Statement		Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line		Original	Revised²	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)	16,845	0	0	0
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 12/05/2011		Signature of Public Housing Director	
					
				Date	

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 Expires 4/30/2011

Part II: Supporting Pages		Federal FFY of Grant: 2012					
PHA Name: Marion County Housing Authority		Grant Type and Number	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
		Capital Fund Program Grant No: OR16P01450112		Original	Funds Obligated ²	Funds Expended ²	
		CFFP (Yes/No): No		Revised ¹			
		Replacement Housing Factor Grant No:		0	0	0	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Funds Obligated ²	Funds Expended ²	Status of Work
OR014076001	Operations	1406		16,845	0	0	
	Total	1406		16,845	0	0	

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

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: 2012
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
OR0146001	03/31/2014		03/31/2014		

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.

Capital Fund Program—Five-Year Action Plan

EXHIBIT 3

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

Part I: Summary

PHA Name/Number and Authority	Marion County Housing Authority OR16P014	Locality (City/County & State) Salem, Marion, Oregon				Revision No:
		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	
A.	Development Number and Name Marion County Housing Authority OR16P014	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 End of Public Housing Program FFY 2016
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations		35,000			
H.	Demolition			35,000	N/A	N/A
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		35,000			
L.	Total Non-CFP Funds					
M.	Grand Total					

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

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY	Work Statement for Year 2 FFY2013			Work Statement for Year 3 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 Annual Statement	HA-wide general maintenance and operations	N/A	35,000	HA-wide general maintenance and operations	N/A	35,000
			Subtotal of Estimated Cost			
			\$35,000			
			Subtotal of Estimated Cost			
			\$35,000			

Capital Fund Program—Five-Year Action Plan

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Work Statement for Year 1 FFY	Work Statement for Year 4 FFY 2015			Work Statement for Year 5 End of Public Housing Program 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 Annual Statement	End of Public Housing Program	N/A	0	End of Public Housing Program	N/A	0	
Subtotal of Estimated Cost			\$	Subtotal of Estimated Cost			\$

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

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY	Work Statement for Year 4 FFY 2015		Work Statement for Year 5 FFY 2016	
	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	N/A	0	N/A	0
Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost \$	

EXHIBIT 4

Housing Needs of Families on Marion County Housing Authority's Waiting Lists		
Section 8 Housing Choice Voucher Program		
	# of families	% of total families
Waiting List Total	1300	100%
Extremely Low Income (<=30% AMI)	1024	79%
Very Low Income (>30% but <=50% AMI)	237	18%
Low Income (>50% but <80% AMI)	39	3%
Families with Children	842	65%
Elderly Families	81	6%
Families with Disabilities	239	18%
Race/Ethnicity - White	Non-Hispanic	611
	Hispanic	234
Race/Ethnicity - Black	419	32%
Race/Ethnicity - Native American/Alaskan Native	12	1%
Race/Ethnicity - Asian	11	1%
Race/Ethnicity - Native Hawaiian/Pacific Islander	13	1%
Is the waiting list closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long has it been closed (# of months)? 8 months Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		