

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

McKeesport Housing Authority Agency Plan

Annual Plan for Fiscal Year 2001

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

PHA Plan Agency Identification

PHA Name: McKeesport Housing Authority

PHA Number: PA-005

PHA Fiscal Year Beginning: (04/2001)

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

Annual PHA Plan
PHA Fiscal Year 2001
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

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

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration
- FY 2001 Capital Fund Program Annual Statement (pa005a01.xls)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- Statement of progress in meeting Five Year Goals and Objectives
- Membership of Resident Advisory Board
- Resident Membership of the PHA Governing Board
- Section 8 Homeownership Capacity Statement
- Implementation of Public Housing Resident Community Service Requirements
- Description of Pet Policy

Optional Attachments:

- PHA Management Organizational Chart
- FY 2001 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/1899 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing	Annual Plan: Rent Determination

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1080	5	5	1	N/A	1	N/A
Income >30% but <=50% of AMI	436	5	5	1	N/A	1	N/A
Income >50% but <80% of AMI	196	3	5	1	N/A	1	N/A
Elderly	490	4	N/A	N/A	N/A	N/A	N/A
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity (Black)	445	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity (White)	1281	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity (Hispanic)	9	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity							

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

- Consolidated Plan of the Jurisdiction/s
Indicate year: 2000-2004
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)
Survey of housing and social services providers

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

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

Housing Needs of Families on the Waiting List As of November 1, 2000			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	82		185
Extremely low income <=30% AMI	75	91%	
Very low income (>30% but <=50% AMI)	7	9%	
Low income (>50% but <80% AMI)	0	0%	

Housing Needs of Families on the Waiting List As of November 1, 2000			
Families with children	56	68%	
Elderly families	3	4%	
Families with Disabilities	24	29%	
Race/ethnicity:White	20	24%	
Race/ethnicity:Black	61	74%	
Race/ethnicity:Hisp.	0	0%	
Race/ethnicity:Other	1	1%	
Characteristics by Bedroom Size (Public Housing Only)			
EFF	0	0	30
1BR	45	55%	49
2 BR	26	32%	88
3 BR	11	13%	18
4 BR	0		
5 BR	0		
5+ BR	0		
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List As of November 1, 2000			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover

Housing Needs of Families on the Waiting List As of November 1, 2000			
Waiting list total	148		112
Extremely low income <=30% AMI	125	84%	
Very low income (>30% but <=50% AMI)	23	16%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	136	92%	
Elderly families	9	6%	
Families with Disabilities	27	18%	
Race/ethnicity:White	52	35%	
Race/ethnicity:Black	94	64%	
Race/ethnicity:Hisp.	1	.05%	
Race/ethnicity:Other	1	.05%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	25	17%	11
2 BR	67	45%	47
3 BR	47	32%	49
4 BR	9	6%	5
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other

funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2001 grants)		
a) Public Housing Operating Fund	2,650,000	
b) Public Housing Capital Fund	3,064,896	
c) HOPE VI Revitalization	-0-	
d) HOPE VI Demolition	-0-	
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,925,518	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	243,893	
g) Resident Opportunity and Self-Sufficiency Grants	-0-	
h) Community Development Block Grant	-0-	
i) HOME	-0-	
Other Federal Grants (list below)	-0-	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
Comp Grant (Capital Fund)	4,441,131	P.H. Capital Improve.
CGP RHF Funds	593,845	P.H. Safety/Security
3. Public Housing Dwelling Rental Income		
Commissions/Excess Utilities	1,932,927	P.H. Operations
	157,868	P.H. Operations
4. Other income (list below)		
Interest Income – Operating	99,500	P.H. Operations
Interest Income – Capital	96,000	P.H. Operations
4. Non-federal sources (list below)		
Section 202 Mgt. Fee	5,460	Mgt. Operations
Total resources	12,627,360	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: When information is made available to MHA

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

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other: Credit Check

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

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

e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC authorized source)

(2) Waiting List Organization

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

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

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

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

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

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

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

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

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

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

(3) Assignment

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

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

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

Other preferences: (select below)

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

- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)
 - Working Families
 - Victims of fire, flood, or displaced by Federal actions

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

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

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

(6) Deconcentration and Income Mixing

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

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

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

- Adoption of site based waiting lists
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

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

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

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

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

B. Section 8

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

(1) Eligibility

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

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)

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

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

d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

Criminal or drug-related activity

Other (describe below)

Previous landlord complaints, housekeeping, lienable delinquent utilities

(2) Waiting List Organization

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

None

Federal public housing

Federal moderate rehabilitation

Federal project-based certificate program

Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenantbased assistance? (select all that apply)

PHA main administrative office

Other (list below)

(3) Search Time

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

If yes, state circumstances below:

Illnesses, difficulty finding unit, unforeseen circumstances

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent(5) **Special purpose section 8 assistance programs**)

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

3 Date and Time

Former Federal preferences

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

2 High rent burden

Other preferences (select all that apply)

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

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

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

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

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
 Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.79 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

3. If yes to question 2, list these policies below: **See Page 40 of ACOP**

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

1. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

Flat rents . . . see attached schedule.

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

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

- Yes for all developments
- Yes but only for some developments
- No

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

Not applicable. . . no ceiling rents

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

- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply) **Not applicable. . . no ceiling rents**

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

f. Rent re-determinations:

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

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

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

(2) Flat Rents

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

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood

Other (list/describe below)

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies

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

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

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply) **Not applicable**

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

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply) **Not applicable**

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

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

- Annually
 Other (list below)

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

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

(2) Minimum Rent

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

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

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

See Section 8 Administrative Plan

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

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

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA doesnot operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	1064	185
Section 8 Vouchers	382	112
Section 8 Certificates	100	

Section 8 Mod Rehab	3	0
Special Purpose Section 8 Certificates/Vouchers (list individually)	0	
Public Housing Drug Elimination Program (PHDEP)	1064	
Section 8 Substantial Rehab	7	2
Programs(list individually)	0	

C. Management and Maintenance Policies

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

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

- Domestic housekeeping policy
- Self Sufficiency policy
- Homeownership policy
- Safety policy
- Maintenance policy
- Admissions & Continued Occupancy policy
- Residence council policy
- Drug elimination policy
- Grievance policy
- Procurement policy

(2) Section 8 Management: (list below)

Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) (pa005a01.xls)

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) (pa005b01.xls)

-or-

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

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

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

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

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below: Harrison Village

Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

St. Marys development site and scattered site development

Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?

If yes, list developments or activities below:

- MHA is working with the City of McKeesport to prepare a replacement housing strategic plan. Development sites may include the St. Marys site and/or scattered site units.

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description	
1a. Development name:	Harrison Village
1b. Development (project) number:	PA-5-5
2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<u>01/04/2001</u>
5. Number of units affected:	12
6. Coverage of action (select one)	<input checked="" type="checkbox"/> Part of the development - Building #8 only <input type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: 01-10-2001 b. Projected end date of activity: 31-12-2001

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing

Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below

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

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing

Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

Conversion of Public Housing Activity Description	
1a. Development name: McKeesport Towers	
1b. Development (project) number: PA-5-7	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input checked="" type="checkbox"/> Other (explain below) MHA is currently considering the conversion of certain difficult-to-rent efficiency units into one bedroom units.	
3. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	
<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input checked="" type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)	

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)		
1a. Development name:	Harrison Village	Crawford Village
1b. Development (project) number:	PA 5-2, PA 5-5	PA 5-1, PA 5-3, PA 5-4
2. Federal Program authority:		
<input type="checkbox"/>	HOPE I	
<input checked="" type="checkbox"/>	5(h)	
<input type="checkbox"/>	Turnkey III	
<input type="checkbox"/>	Section 32 of the USHA of 1937 (effective 10/1/99)	
3. Application status: (select one)		
<input type="checkbox"/>	Approved; included in the PHA’s Homeownership Plan/Program	
<input type="checkbox"/>	Submitted, pending approval	
<input checked="" type="checkbox"/>	Planned application	
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY) 30/06/2001		

5. Number of units affected:
6. Coverage of action: (select one)
- Part of the development
- Total development

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below: MHA is in the process of establishing criteria for participation, including credit worthiness standards, rental history and certain income criteria other than those established by HUD regulations for the Section 8 Program as a whole.

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- Yes No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 12/5/00

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Maintenance Assistance Program</i>	<i>4 people</i>	<i>Specific</i>	<i>PHA main office</i>	<i>Public housing</i>

(2) Family Self Sufficiency program/s - N/A

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2001 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

b. Yes No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address

the steps the PHA plans to take to achieve at least the minimum program size?

If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

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

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

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

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

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

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

- E.R. Crawford Village
- H.B. Harrison Village

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

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

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

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

- E.R. Crawford Village
- H.B. Harrison Village

C. Coordination between PHA and the police

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

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action

- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
 - Police regularly testify in and otherwise support eviction cases
 - Police regularly meet with the PHA management and residents
 - Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
 - Other activities (list below)
2. Which developments are most affected? (list below)
- E.R. Crawford Village
 - H.B. Harrison Village

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2001 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 2001 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: PA005V01.doc)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
2. Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes No: Were there any findings as the result of that audit?
4. Yes No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain? _____

5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHAMUST select one)
- Attached at Attachment (File name)
 Provided below:

Members of the Resident Advisory Board commented on the Agency Plan as follows:

- Expressed support for the need to continue the capital improvement program at public housing facilities

- Expressed support for the designation of McKeesport Towers as an elderly housing facility
- Expressed support for the continuation of MHA's drug elimination program
- Expressed support for the creation of replacement public housing units including the new construction of public housing units on the St. Marys site and scattered site development
- Expressed support for a Section 8 homeownership program
- Expressed support for the conversion of efficiency units to one bedroom apartment units at McKeesport Towers

3. In what manner did the PHA address those comments? (select all that apply)

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments
List changes below:

Other: (list below) RAB comments were generally supportive of the Agency Plan

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

1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. Yes No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

Other (list)

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

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

D. Other Information Required by HUD

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

- (1) From time to time, the Annual Plan and/or the Five Year Plan may require revisions. Board of Commissioner's formal approval of revisions to the Annual Plan and/or Five Year Plan will only be required when the proposed changes constitute a "substantial deviation" or a "significant amendment or modification" to the approved plan.

The McKeesport Housing Authority's definition of "substantial deviation" and "significant amendment or modification" is as follows:

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require the formal approval of the Board of Commissioners.

(2) Statement of progress in meeting five year goals and objectives

a) Goal: Minimize occupancy losses.

1. Established flat rents.
2. Implemented tagging system for delinquent renters (extra notification to residents who are delinquent).
3. Post and notify delinquent residents of outside funding sources for help in paying delinquent rent.
4. Off-peak Rent Office hours for working families to pay rent.

b) Goal: Implement a comprehensive marketing strategy.

The McKeesport Housing Authority will implement a comprehensive marketing plan 01/2000. This plan will include advertising in the local newspaper and newsletters with target population. A representative of the Housing Authority will visit senior groups, social service organizations, and participate in housing fairs throughout Allegheny County.

The plan includes changing the current ads to reflect positive changes in public housing. Brochures and pamphlets are being developed to be distributed during presentations that will reflect changes/improvements in its communities.

The Housing Authority will continue its participation with the Mon Valley Provider's Council that has a specialized committee to address housing needs in the area.

The Housing Authority will also hold open houses at its developments that prospective tenants may visit and inquire about the units and programs available.

The Housing Authority will present marketing ideas to its current residents to generate referrals. A survey of the current tenants provided several avenues in which to generate referrals.

The target audience for the quarterly newspaper will be expanded in efforts of attracting prospective tenants.

c) Goal: Improve the quality and appearance of the public housing stock.

- 1) Extensive modernization to all communities.
- 2) Additional manpower utilized on cleaning of outside grounds.

- 3) Welcome signs and beautification of common areas.
- d) Goal: Provide quality management and maintenance services in order to further PHA's objectives.**
- 1) Management and HQS inspections yearly to resolve maintenance issues.
 - 2) Monthly community Forums staffed by Management, Maintenance, and other departments to hear out resident complaints and issues and resolve resident problems before they go too far.
 - 3) Installed video cameras at all locations to deter crime and give residents a more secure feeling.
 - 4) Implement C.A.M.S. programs.
- e) Goal: Perform an assessment of resident needs.**
- 1) Hold monthly Community Forums at all locations staffed by Resident Initiatives Coordinator, Management, and Maintenance to discuss resident needs and wants. Open forum for residents to speak directly with staff.
 - 2) The Authority currently conducts needs assessments for its residents for the Public Housing Drug elimination Program on a yearly basis. Changes are implemented based on the response received from the tenants.
 - 3) The Housing Authority also conducts needs assessments in the areas of family needs, educational, recreational and social concerns. As a result of a survey conducted this year, McKeesport Housing Authority will implement on-site medical services to meet the needs of its residents. The results of the surveys will be a priority in the development of programs at each of the sites.
- f) Goal: Implement energy conservation measures**
Modernization improvements include the installation of energy efficient HVAC and water heating components in affected public housing units.
- g) Goal: Survey residents to identify potential homeowners.**
- Potential home owners – conditional
 - Homeownership seminar on-site. Mon Valley providing council
- h) Goal: Provide down payment assistance to qualified households.**
- McKeesport Housing Authority is currently developing Section 8 Homeownership Program which will include down payment assistance.
- (3) Resident membership of the PHA Governing Board
The Resident Member of MHA's Board of Directors is Ms. Yvonne Bray. Ms. Bray was appointed by MHA's Board of Directors. She was appointed to a five-year term in 2000. Her term expires in 2004.

(2) Membership of Resident Advisory Board

The members of the Resident Advisory Board include:

Lorraine Baker
501 Pirl Street, Apt. 64-L
McKeesport, PA 15132
Phone: 678-2205

Patty Bandi
3104 Cliff Street
McKeesport, PA 15132
Phone: 678-1936

Ben Gatchie
McKeesport Towers
601 Sixth St., Apt. 1108
McKeesport, PA 15132
Phone: 672-2046

Mary James
Isbir Manor
Apartment 17-8A
McKeesport, PA 15132
Phone: 672-2563

William Stephens
E.R. Crawford Village
Apartment 11A
McKeesport, PA 15132
Phone: 678-1940

(3) Section 8 Homeownership Capacity Statement

McKeesport Housing Authority will establish a minimum homeowner down payment requirement of at least 3 percent of the purchase price. Of this amount, at least 1 percent of the purchase price must come from the buyer's personal resources.

In accordance with PIH Notice 2000-43, MHA's capacity is established through its compliance with this regulatory measure which can be found at 24 CFR 982.625(d)(1).

(4) Implementation of Public Housing Resident Community Service Requirements

The McKeesport Housing Authority has taken the following steps to prepare for the implementation of the Community Service Requirement.

The Community Service Requirement has been introduced to residents at several resident/management meetings.

Our lease has been updated to include the Community Service Requirement. Residents will sign this revised lease in accordance with the current re-examination schedule for re-examination with January 1, 2001 and after effective dates.

A letter has been prepared and will be mailed to all residents 30 days prior to the beginning of our re-examination process notifying them of the community Service Requirement, of the exemptions to the requirement and the status of each resident. A description of the Service Requirement will also be part of our revised Admission and Occupancy Policy.

The McKeesport Housing Authority has entered into a cooperation agreement with our local welfare agency to reinforce the working relationship currently in place and to assist in verifying resident status.

The McKeesport Housing Authority will administer the Community Service Requirement. We have discussed a process for verification of Community Service activities; as part of our regular re-examination of income and family composition.

We will consider volunteer service with local hospitals, libraries, schools, social service agencies, or any other service, as long as the service is in line with the definition of Community Service . . . is of public benefit, serves to improve the quality of life and enhance resident self-sufficiency or increase resident self-responsibility in the community.

In an agreement for cure is needed, the McKeesport Housing Authority will work closely with individuals to help them fulfill their obligation over the next 12 month lease term. We will assist by working with a social service agency to provide a site, we will monitor the requirement quarterly and continue to develop relationships with agencies that will provide a site for residents performance of community service.

The purpose of this narrative is to identify the administrative measures being undertaken by the McKeesport Housing Authority in implementing the new resident community service requirements imposed by the Quality Housing and Work Responsibility Act of 1998 (QHWRA). Under QHWRA, certain public housing residents are required to perform eight (8) hours of community service per month as a condition of their lease with MHA. Certain public housing residents, such as employed households, elderly households, persons with disabilities, etc., are exempt from the public service requirements of QHWRA.

MHA has developed a written description of its public service requirements. This written description was mailed to all public housing residents on November 6, 2000. The written description defines the circumstances under which adult members of the leaseholder's household may be exempted from the community service requirements of QHWRA. Beginning in November 2000, all expiring leases have been renewed with a revised lease format that includes the new public service requirements.

On November 9, 2000, MHA entered into a cooperation agreement with the local TANF (welfare) agency. This cooperation agreement enables the TANF agency to assist MHA in determining the status of adult public housing residents and whether or not they may be exempt from the public service requirements of QHWRA.

MHA will directly administer the new community service requirements of QHWRA. Primary responsibility for implementation of community service requirements will be assumed by David L. Fath. MHA has identified the types of qualifying community service activities that can be undertaken by public housing residents as follows:

1. Any/all requirements through non-profit organization.
2. Any/all duties/responsibilities through any civic, religious, community organization.
3. Participation with tenant Safety Patrol.
4. Participation with Housing Authority food banks.
5. Volunteer with YMCA Outreach Program.
6. Other activities approved by the Director.

MHA has identified certain partner agencies in the McKeesport Area that have agreed to work with the Authority in placing public housing residents into community service positions as follows:

Agency	Public Service Activities Sponsored
Greater Pittsburgh Community Food Bank	Food banks at HA properties
YMCA Outreach Program	Participation in Youth Outreach activities
MHA	Tenant Safety Patrol
United Way	Placement with Good Neighbor's Program
Civic/Religious Activities in McKeesport	As identified/approved by HA

MHA has developed a policy to manage resident's non-compliance with community service requirements. The elements of the non-compliance policy are as follows:

Compliance Issue
• Failure to complete the monthly requirements of 8 hours monthly.
• Failure to provide HA with exemption documentation of disability, family self sufficiency participation, or employment
• Failure to respond to HA registration requirements, i.e., 1) Initial letter; 2) Orientation; 3) Updates; 4) Lease Renewal
• Failure to complete hours in "approved" location identified by the HA
• Failure to provide HA with appropriate documentation of completion

from authorized community service agency representative.

(5) Description of Pet Policy

MHA's pet policy defines the types of pets that public housing residents are permitted to keep. Certain restrictions are placed on the number, types and sizes of animals that are permitted. Residents are required to preregister their pets with the Authority. Pet registrations must be updated annually. Pet owners must identify three local persons who agree to take responsibility for the pet in the event that the resident moves, becomes ill or dies. All pet owners are required to pay a special security deposit to the Authority. The policy defines how MHA will deal with violations of the pet policy, as well as circumstances involving the death of pets and the performance of maintenance work in dwelling units housing a pet.

Attachments

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

PHA Plan Table Library

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

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

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
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 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement
Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

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

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

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

Optional Public Housing Asset Management Table

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

Public Housing Asset Management						
Development Classification	Activity Description					
Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home- ownership <i>Component 11a</i>

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

PHA Name: Housing Authority of the City of McKeesport	Grant Type and Number Capital Fund Program Grant No: PA28P00550101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no. **2**)
 Performance and Evaluation Report for Program Year Ending
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	273,567.00	-	-	-
3	1408 Management Improvements	334,539.00	-	-	-
4	1410 Administration	273,567.00	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	144,000.00	-	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	1,710,000.00	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 2,735,673.00	\$ -	\$ -	\$ -
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	150,000.00	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	120,000.00	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	87,103.00	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-	-

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

PHA Name: Housing Authority of the City of McKeesport	Grant Type and Number Capital Fund Program Grant No: CFP902-001 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no.)
 Performance and Evaluation Report for Program Year Ending
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	267,467.00	-	-	-
3	1408 Management Improvements	380,737.00	-	-	-
4	1410 Administration	267,467.00	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	144,000.00	-	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	1,615,000.00	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 2,674,671.00	\$ -	\$ -	\$ -
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	150,000.00	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	120,000.00	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	40,000.00	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-	-

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

PHA Name: Housing Authority of the City of McKeesport		Grant Type and Number Capital Fund Program Grant No: CFP902-001 Replacement Housing Factor Grant			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 5-1 Crawford Village	Complete rehab of row houses. (Divisions 2-16)	1460.00	11	605,000.00				
PA 5-2 Harrison Village	Complete rehab of row houses. (Divisions 2-16)	1460.00	16	880,000.00				
PA 5-7 McKeesport Towers	Renovation of hard to rent efficiencies (Divisions 2-16)	1460.00	5	130,000.00				
PHA Wide	A & E Fees	1430.00		144,000.00				
	Management Improvements							
1.	Community policing program, Tenant Outreach programs, Security systems, and cameras.	1408.00		233,859.00				
2.	MAP & STP tenant training programs.	1408.00		69,119.00				
3.	Human Service Aides for Elderly and Family.	1408.00		77,759.00				

Annual Statement / Performance and Evaluation Report

Capital fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Housing Authority of the City of McKeesport		Grant Type and Number Capital Fund Program Grant No: CFP902-001 Replacement Housing Factor Grant				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations							
PHA Wide	Operating Costs	1406.00		267,467.00				
PHA Wide	Administration							
1.	Executive Director	1410.00	1	32,548.00				
2.	Deputy Executive Director	1410.00	1	46,180.00				
3.	Comptroller	1410.00	1	25,488.00				
4.	Clerical Support	1410.00	1	34,344.00				
5.	Modernization Inspector	1410.00	1	34,776.00				
6.	Accountant	1410.00	1	17,712.00				
7.	Benefits for all positions.	1410.00		76,419.00				

Annual Statement / Performance and Evaluation Report

Capital fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: Housing Authority of the City of McKeesport		Grant Type and Number Capital Fund Program Grant No: CFP902-001 Replacement Housing Factor Grant No:					Federal FY of Grant: 2001	
Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
PA 5-1 Rowhouse Rehab	03/31/2002			03/31/2003				
PA 5-2 Rowhouse Rehab	03/31/2002			03/31/2003				
PA 5-7 Hard to rent Efficiency	03/31/2002			03/31/2003				
PHA Wide Architect Fees	03/31/2002			03/31/2003				
Operations								
1. Operating Costs	09/30/2001			12/31/2001				
Management Improvements								
1. Community security/outreach	09/30/2001			12/31/2002				
2. MAP/STP Training	09/30/2001			12/31/2002				
3. Human Service aides	09/30/2001			12/31/2002				
Administration								
1. Executive Director	09/30/2001			12/31/2002				
2. Dep. Executive Director	09/30/2001			12/31/2002				
3. Comptroller	09/30/2001			12/31/2002				
4. Clerical Support	09/30/2001			12/31/2002				
5. Moderniz. Inspector	09/30/2001			12/31/2002				
6. Accountant	09/30/2001			12/31/2002				
7. Benefits for all positions	09/30/2001			12/31/2002				

**Actual Comprehensive Grant
Cost Certificate**
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(Exp. 3/31/2002)

PHA/IHA Name Housing Authority of the City of McKeesport	Comprehensive Grant Number CFP902-001
	FFY of Grant Approval 2001

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	\$ 2,674,671.00
B. Revised Funds Approved	-
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	-
E. Amount to be Recaptured (A-D)	2,674,671.00
F. Excess of Funds Advanced (C-D)	\$ -

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature X	Date 03/21/2001
---------------------------	-------------------------------

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division) X	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division) X	Date
--	------

Approved (Field Office Manager) X	Date
---	------

**Actual Modernization
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: Housing Authority of the City of McKeesport	Modernization Project Number: CFP902-001
--	--

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	-
B. Funds Disbursed	\$	-
C. Funds Expended (Actual Modernization Cost)	\$	-
D. Amount to be Recaptured (A - C)	\$	-
E. Excess of Funds Disbursed (B - C)	\$	-

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Executive Director & Date:

X

03/21/2001

For HUD Use Only

The Cost Certificate is approved for audit:

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

X

The audited costs agree with the costs shown above:

Verified: (Designated HUD Official)

Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

X

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: <u>2000</u> FFY Grant: <u>2001</u> PHA FY: <u>03/31/2001</u>			Activities for Year: <u>2001</u> FFY Grant: <u>2002</u> PHA FY: <u>03/31/2002</u>			
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost	
See Annual Statement	PA 5-1 Crawford Village	Complete rehab - Divisions 2 - 16	\$165,000.00	PA 5-1 Crawford Village	Complete rehab - Divisions 2 - 16	\$1,485,000.00	
	PA 5-2 Harrison Village	Complete rehab - Divisions 2 - 16	1,320,000.00	PA 5-7 McKeesport Towers	Modernization of Efficiency apartments.	50,000.00	
	PA 5-7 McKeesport Towers	Modernization of Efficiency apartments.	50,000.00	PHA Wide/On Demand	Hard to rent - Apartment renovations PHA - Wide.	26,000.00	
	PHA Wide/On Demand	Hard to rent - Apartment renovations PHA - Wide.	20,000.00	PHA Wide	Ranges/Refrigerators	20,000.00	
				PHA Wide	504 Compliance	25,000.00	
	PHA Wide	Ranges/Refrigerators	20,000.00	5-1, 5-2, and 5-7	Relocation Costs	9,000.00	
	PHA Wide	504 Compliance	25,000.00				
	5-1, 5-2, and 5-7	Relocation Costs	15,000.00	PHA Wide	A & E Fees	144,000.00	
	PHA Wide	A & E Fees	144,000.00				
		Human service aides	57,759.00		Human service aides	57,759.00	
		Community policing program above base-line protection, security cameras/systems, and community outreach	233,859.00		Community policing program above base-line protection, security cameras/systems, and community outreach	233,859.00	
		Computer/telephone eqt	20,000.00		Computer/telephone eqt	20,000.00	
		M.A.P./S.T.P. Training	69,119.00		M.A.P./S.T.P. Training	69,119.00	
		Total CFP Estimated Cost		\$ 2,139,737.00			\$ 2,139,737.00

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages--Work Activities

Activities for Year: <u>2002</u> FFY Grant: <u>2003</u> PHA FY: <u>03/31/2003</u>			Activities for Year: <u>2003</u> FFY Grant: <u>2004</u> PHA FY: <u>03/31/2004</u>		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PA 5-1 Crawford Village	Complete rehab - Divisions 2 - 16	\$1,485,000.00	PA 5-1 Crawford Village	Complete rehab - Divisions 2 - 16	\$1,485,000.00
PA 5-7 McKeesport Towers	Modernization of Efficiency apartments.	50,000.00	PA 5-7 McKeesport Towers	Modernization of Efficiency apartments.	50,000.00
PHA Wide/On Demand	Hard to rent - Apartment renovations PHA - Wide.	26,000.00	PHA Wide/On Demand	Hard to rent - Apartment renovations PHA - Wide.	26,000.00
PHA Wide	Ranges/Refrigerators	20,000.00	PHA Wide	Ranges/Refrigerators	20,000.00
PHA Wide	504 Compliance	25,000.00	PHA Wide	504 Compliance	25,000.00
5-1, 5-2, and 5-7	Relocation Costs	9,000.00	5-1, 5-2, and 5-7	Relocation Costs	9,000.00
PHA Wide	A & E Fees	144,000.00	PHA Wide	A & E Fees	144,000.00
	Human service aides	57,759.00		Human service aides	57,759.00
	Community policing program above base-line protection, security cameras/systems, and community outreach	233,859.00		Community policing program above base-line protection, security cameras/systems, and community outreach	233,859.00
	Computer/telephone eqt.	20,000.00		Computer/telephone eqt.	20,000.00
	M.A.P./S.T.P. Training	69,119.00		M.A.P./S.T.P. Training	69,119.00
Total CFP Estimated Cost		\$ 2,139,737.00			\$ 2,139,737.00

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages--Work Activities

Activities for Year: <u>2002</u> FFY Grant: <u>2003</u> PHA FY: <u>03/31/2003</u>			Activities for Year: <u>2003</u> FFY Grant: <u>2004</u> PHA FY: <u>03/31/2004</u>		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA Wide	Grant Administration	\$267,467.00	PHA Wide	Grant Administration	\$267,467.00
	Executive Director			Executive Director	
	Dep. Executive Director			Dep. Executive Director	
	Comptroller			Comptroller	
	Accountant			Accountant	
	Mod. Inspector			Mod. Inspector	
	Clerical support			Clerical support	
	Benefits for above positions.			Benefits for above positions.	
PHA Wide	Operations	267,467.00	PHA Wide	Operations	267,467.00
Total CFP Estimated Cost		\$ 534,934.00			\$ 534,934.00

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Housing Authority of the City of McKeesport		2901 Brownlee Avenue McKeesport, PA 15132		<input checked="" type="checkbox"/> Original 5-Year <input type="checkbox"/> Revision No.	
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2001 PHA FY: 03/31/2001	Work Statement for Year 3 FFY Grant: 2002 PHA FY: 03/31/2002	Work Statement for Year 4 FFY Grant: 2003 PHA FY: 03/31/2003	Work Statement for Year 5 FFY Grant: 2004 PHA FY: 03/31/2004
	Annual Statement				
CFP Funds Listed for 5-year planning		2,674,671.00	2,674,671.00	2,674,671.00	2,674,671.00
Replacement Housing Factor Funds					

Annual Statement / Performance and Evaluation Report

Capital fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: Housing Authority of the City of McKeesport		Grant Type and Number Capital Fund Program Grant No: PA28P00550101 Replacement Housing Factor Grant No:					Federal FY of Grant: 2001	
Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
PA 5-1 Rowhouse Rehab	03/31/2002			03/31/2003				
PA 5-2 Rowhouse Rehab	03/31/2002			03/31/2003				
PA 5-7 Hard to rent Efficiency	03/31/2002			03/31/2003				
PHA Wide Architect Fees	03/31/2002			03/31/2003				
Operations								
1. Operating Costs	09/30/2001			12/31/2001				
Management Improvements								
1. Community security/outreach	09/30/2001			12/31/2002				
2. MAP/STP Training	09/30/2001			12/31/2002				
3. Human Service aides	09/30/2001			12/31/2002				
Administration								
1. Executive Director	09/30/2001			12/31/2002				
2. Dep. Executive Director	09/30/2001			12/31/2002				
3. Comptroller	09/30/2001			12/31/2002				
4. Clerical Support	09/30/2001			12/31/2002				
5. Moderniz. Inspector	09/30/2001			12/31/2002				
6. Accountant	09/30/2001			12/31/2002				
7. Benefits for all positions	09/30/2001			12/31/2002				

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

PHA Name: Housing Authority of the City of McKeesport	Grant Type and Number Capital Fund Program Grant No: PA28P00550101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
---	--	-------------------------------------

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no. **1**)
 Performance and Evaluation Report for Program Year Ending
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	313,480.00	-	-	-
3	1408 Management Improvements	427,840.00	-	-	-
4	1410 Administration	313,480.00	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	144,000.00	-	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	1,936,000.00	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 3,134,800.00	\$ -	\$ -	\$ -
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	150,000.00	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	120,000.00	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	87,103.00	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-	-

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

PHA Name: Housing Authority of the City of McKeesport		Grant Type and Number Capital Fund Program Grant No: PA28P00550101 Replacement Housing Factor Grant			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 5-1 Crawford Village	Complete rehab of row houses. (Divisions 2-16)	1460.00	10	550,000.00				
PA 5-2 Harrison Village	Complete rehab of row houses. (Divisions 2-16)	1460.00	20	1,100,000.00				
PA 5-7 McKeesport Towers	Renovation of hard to rent efficiencies (Divisions 2-16)	1460.00	11	286,000.00				
PHA Wide	A & E Fees	1430.00		144,000.00				
	Management Improvements							
1.	Community policing program, Tenant Outreach programs, Security systems, and cameras.	1408.00		280,962.00				
2.	MAP & STP tenant training programs.	1408.00		69,119.00				
3.	Human Service Aides for Elderly and Family.	1408.00		77,759.00				

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

PHA Name: Housing Authority of the City of McKeesport		Grant Type and Number Capital Fund Program Grant No: PA28P00550101 Replacement Housing Factor Grant			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations							
PHA Wide	Operating Costs	1406.00		313,480.00				
PHA Wide	Administration							
1.	Executive Director	1410.00	1	48,081.00				
2.	Deputy Executive Director	1410.00	1	44,031.00				
3.	Comptroller	1410.00	1	19,821.00				
4.	Clerical/Administ. Support	1410.00	1	36,077.00				
5.	Modernization Inspector	1410.00	1	45,337.00				
6.	Accountant	1410.00	1	30,723.00				
7.	Benefits for all positions.	1410.00		89,410.00				

**Actual Comprehensive Grant
Cost Certificate**
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(Exp. 3/31/2002)

PHA/IHA Name Housing Authority of the City of McKeesport	Comprehensive Grant Number PA28P00550101
	FFY of Grant Approval 2001

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	\$ 3,134,800.00
B. Revised Funds Approved	-
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	-
E. Amount to be Recaptured (A-D)	3,134,800.00
F. Excess of Funds Advanced (C-D)	\$ -

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature X	Date 04/20/2001
---------------------------	-------------------------------

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division) X	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division) X	Date
--	------

Approved (Field Office Manager) X	Date
---	------

**Actual Modernization
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: Housing Authority of the City of McKeesport	Modernization Project Number: PA28P00550101
--	---

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	-
B. Funds Disbursed	\$	-
C. Funds Expended (Actual Modernization Cost)	\$	-
D. Amount to be Recaptured (A - C)	\$	-
E. Excess of Funds Disbursed (B - C)	\$	-

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Executive Director & Date:

X

04/20/2001

For HUD Use Only

The Cost Certificate is approved for audit:

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

X

The audited costs agree with the costs shown above:

Verified: (Designated HUD Official)

Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

X

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

PHA Name: Housing Authority of the City of McKeesport	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R00550101	Federal FY of Grant: 2001
---	--	-------------------------------------

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no.)
 Performance and Evaluation Report for Program Year Ending
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	-	-	-	-
3	1408 Management Improvements	-	-	-	-
4	1410 Administration	-	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	-	-	-	-
8	1440 Site Acquisition	25,000.00	-	-	-
9	1450 Site Improvement	20,000.00	-	-	-
10	1460 Dwelling Structures	354,127.00	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 399,127.00	\$ -	\$ -	\$ -
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance		-	-	-
24	Amount of line 21 Related to Security - Soft Costs		-	-	-
25	Amount of line 21 Related to Security - Hard Costs		-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-	-

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

PHA Name: Housing Authority of the City of McKeesport		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R00550101			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Townhomes	Site Acquisition	1440.00	1	25,000.00				
	Site Improvements	1450.00	1	20,000.00				
	Construction of townhouses (Divisions 2-16)	1460.00	4	354,127.00				

Annual Statement / Performance and Evaluation Report

Capital fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: Housing Authority of the City of McKeesport	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R00550101	Federal FY of Grant: 2001
---	--	-------------------------------------

Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
New Townhouses	09/30/2002						

**Actual Comprehensive Grant
Cost Certificate**
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(Exp. 3/31/2002)

PHA/IHA Name Housing Authority of the City of McKeesport	Comprehensive Grant Number 0
	FFY of Grant Approval 2001

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	\$ 399,127.00
B. Revised Funds Approved	-
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	-
E. Amount to be Recaptured (A-D)	399,127.00
F. Excess of Funds Advanced (C-D)	\$ -

2. That all modernization work in connection with the Comprehensive Grant has been completed;
 3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
 4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
 5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature X	Date 04/20/2001
---------------------------	-------------------------------

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division) X	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division) X	Date
--	------

Approved (Field Office Manager) X	Date
---	------

**Actual Modernization
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: Housing Authority of the City of McKeesport	Modernization Project Number: 0
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The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	-
B. Funds Disbursed	\$	-
C. Funds Expended (Actual Modernization Cost)	\$	-
D. Amount to be Recaptured (A - C)	\$	-
E. Excess of Funds Disbursed (B - C)	\$	-

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Executive Director & Date:

X

04/20/2001

For HUD Use Only

The Cost Certificate is approved for audit:

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

X

The audited costs agree with the costs shown above:

Verified: (Designated HUD Official)

Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

X

Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

Section 1: General Information/History

A. Amount of PHDEP Grant \$ 261,416

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R XX

C. FFY in which funding is requested 2000

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

McKeesport Housing Authority's PHDEP plan involves addressing the causes of violence of the drug culture, linking the resources of the McKeesport Housing Authority Resident's & law enforcement, state, county, & local governments, social service agencies, & civil organization. This program will provide increased law enforcement and sustained coverage above baseline.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
PA 5-1-8	1,053	1,977

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

6 Months _____ **12 Months** X **18 Months** _____ **24 Months** _____ **Other** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1995					
FY 1996					
FY 1997	341,700	PA28DEP0050197	\$0		6/2000
FY 1998	341,700	PA28DEP0050198	\$0		12/2000
FY 1999	234,017	PA28DEP0050199	\$0		3/2001
FY2000	243,017	PA28DEP0050100	\$229,904.83		12/2001
FY2001	261,416	PA28DEP0050101	\$261,416		3/2002

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY 2000 PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	161,416
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	100,000
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	261,416

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement						Total PHDEP Funding: \$ 234,017	
Goal(s)		Provide 2 Full-time Officers + patrols, surveillance , & security guards for hñrises.					
Objectives		Provide a secure environment and deter crime by keeping a police presence in communities.					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1. 1 FT Security Director			11/00	On going	40,000		Maintain two FTE's.
2. Foot/Bike Patrols			6/98	On going	159,680		Maintain 3.8 FTE's
3. Security Guards/Surv.			6/98	On going	34,337	\$50,000	Maintain 7 FTE's

9120 - Security Personnel						Total PHDEP Funding: \$ 0	
Goal(s)		Provide a secure environment for our elderly residents.					
Objectives		Reduce drug traffic in lobbies and robberies by employing guards.					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.Security guards			6/98	On going		100,000	CGP - Maintain 7 FTE's
2.							
3.							

9130 - Employment of Investigators						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 - Voluntary Tenant Patrol						Total PHDEP Funding: \$	
Goal(s)							
Objectives							

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)		Link cameras to a central monitoring station.					
Objectives		Reduce the need of security guards and allow real time random monitoring.					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Camera Link-up				12/2001	100,000	200,000	CGP Link cameras to monitoring station by 12/31/2001.
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$ 0		
Goal(s)		Provide recreational programs to youth.					
Objectives		Provide an alternative to drug culture.					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. YMCA Outreach	150	500	6/98	On going		\$40,000	CGP - Continued decrease of youth incidents.
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
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Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110	Activities 1-3	80,500	Activities 1-3	\$161,416
9120	Activities 1		Activities 1	
9130				
9140				
9150	Activities 1	100,000	Activities 1	\$100,000
9160	Activities 1		Activities 1	
9170				
9180				
9190				
TOTAL		\$		\$261,416

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”