

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

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Small PHA Plan Update  
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:** Snyder County Housing Authority

**PHA Number:** PA092

**PHA Fiscal Year Beginning: (mm/yyyy) 07/2001**

**PHA Plan Contact Information:**

Name: Denise Sieber  
Phone: (570) 837-4288  
TDD: (570) 837-4258  
Email (if available): dsieber@sunlink.net

**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

**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
- Main administrative office of the local, county or 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)

**PHA Programs Administered:**

- Public Housing and Section 8     Section 8 Only     Public Housing Only

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

**i. Table of Contents**

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

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**Attachments**

- Attachment **pa092a01**: Supporting Documents Available for Review
- Attachment **pa092b01**: Capital Fund Program Annual Statement (FY 2001)
- Attachment **pa092b01**: Capital Fund Program 5 Year Action Plan (FY 2001)
- Attachment **pa092c01**: Capital Fund Program Performance and Evaluation Report (FY 2000)
- Attachment **pa092d01**: Capital Fund Program (CIAP) Performance and Evaluation Report (FY 1999)
- Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement (**Not Applicable**)
- Attachment \_\_: Public Housing Drug Elimination Program (PHDEP) Plan (**Not Applicable**)
- Attachment **pa092e01**: Resident Membership on PHA Board or Governing Body
- Attachment **pa092f01**: Membership of Resident Advisory Board or Boards
- Attachment **pa092g01**: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)

Other (List below, providing each attachment name)

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

**This Section is left blank since it is optional.**

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

**We have made numerous changes to our policies and/or programs based on changes in statutes and/or HUD regulations that have occurred in the past year. HUD mandated all of these. In addition, we have made the following significant discretionary changes:**

- 1. We have made a revision to the Capital Fund for FY 2000 and the Capital Fund Five-Year Action Plan. In our original submission to HUD in FY 2000, all funds were allocated to Account 1406, Operations. Our revision allocates funding to various development accounts allowed under the Capital Fund Program. See Attachments pa093b01 and pa093c01 for detailed fund allocation.**
- 2. We are in the process of requesting HUD approval for a revision to our Section 8 Voucher program. The Authority is currently underutilized in the Voucher program. A neighboring county (Juniata) does not have a Housing Authority and therefore there is no rental assistance program for low-income Juniata County residents. The request to HUD is to waive the 12-month requirement under portability for Juniata County residents. This will have a dual advantage:
  - a. Juniata County residents will have a means of rental assistance available to them; and**
  - b. Snyder County Housing Authority will improve their utilization under the Voucher program.****

**The program revision has been developed to ensure that our own residents are taken care of first. In all applicant categories (preference holders and non-preference holders) the Authority will give first priority to Snyder County residents and second priority to Juniata County residents, and then to all other applicants.**

**This will be part of our public hearing process on April 10, 2001.**

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A.  Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$84,060**

C.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment **pa093b01**

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment **pa093b01**

## **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: 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 next component ; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/>

Submitted, pending approval <input type="checkbox"/>
Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for     units <input type="checkbox"/> Public housing for     units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for     units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

A.  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 next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

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 Attached at Attachment (File name) **pa092g01**

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

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes  No: below or

Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment **pa092g01**.

Other: (list below)

### **B. 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: (provide name here) **Commonwealth of Pennsylvania**

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 specific initiatives contained in the Consolidated Plan. (list such initiatives below)

1. **The maintenance of the housing stock is consistent with the Consolidated Plan's priority of maintaining quality, affordable housing.**
2. **The institution of flat rents is consistent with the CP's goal of housing working families and providing more sufficient rental income to the housing authority.**
3. **The housing authority will rehabilitate existing public housing stock in a manner that is sensitive to the need for accessibility to and visitability by persons with disabilities.**
4. **The housing authority will continue to promote resident initiatives that are aimed at promoting the economic self sufficiency of public housing and Section 8 residents.**

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

**The Housing Authority annually requests administrative funds from the local agency. This funding request indirectly impacts the needs of its public housing residents and/or inventory.**

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

**The Consolidated Planning Agency (Commonwealth of Pa.) is seeking to promote diversity and comprehensive community development strategies. In order to do this they are promoting fair housing through diversity of race, ethnicity, income levels,**



gender, and disability. They will also seek to support and assist projects that are integral to the community. The Consolidated Plan supports our efforts in housing extremely low-income families.

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5 -year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-year Plan:**

**A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.**

#### **B. Significant Amendment or Modification to the Annual Plan:**

**Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.**

## **Required Attachment pa092f01: Membership of the Resident Advisory Board or Boards**

- i. List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

### **Section 8 Participants**

**Anna Krouse  
Shirley Bickhart  
Beverly Curry  
Edna Martin**

### **Public Housing Residents**

**Lori Martin  
Don Shannon  
Danne Ruby**

pa092b01

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name:		Grant Type and Number			Federal FY of Grant:
SNYDER COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No: PA26-P092-501-01 Replacement Housing Factor Grant No:			2001
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	13,000.			
4	1410 Administration	4,000.			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000.			
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.			
10	1460 Dwelling Structures	35,000.			
11	1465.1 Dwelling Equipment—Nonexpendable	6,500.			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	7,560.			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

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

<b>PHA Name:</b> SNYDER COUNTY HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>PA26-P092-501-01</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2001</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2– 20)	84,060.			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security– Soft Costs				
25	Amount of Line 21 Related to Security– Hard Costs				
26	Amount of line 21 Related to Energy Conservation 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: <b>SNYDER COUNTY HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: <b>PA26-P092-501-01</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>			
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	
PA092/Shade View	Replace bi-fold doors	1460		25,000.				
	Replace stairway/storage lighting	1460	60	10,000.				
	Replace stoves and refrigerators	1465.1		6,500.				
	Landscaping	1450		10,000.				
HA-Wide	Resident Computers & equipment	1475		7,560.				
	Resident Computer Training	1408		3,000.				
	Staff Training	1408		10,000.				
	Clerk-of-Works, Salaries, Benefits, Advertising	1410		4,000.				
	Architect	1430		8,000.				

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

PHA Name: <b>SNYDER COUNTY HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program No: <b>PA26-P092-501-01</b> Replacement Housing Factor No:	Federal FY of Grant: <b>2001</b>
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA092/Shade View	2/03			2/04			
HA-Wide	2/03			2/04			

## Capital Fund Program Five-Year Action Plan

### Part I: Summary

PHA Name <b>SNYDER COUNTY HOUSING AUTHORITY</b>		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: <b>1</b>			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2003	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2004	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2005	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2006
	Annual Statement				
PA092/Shade View		65,000.	71,645.	71,645.	71,645.
HA-Wide		19,060.	12,415.	12,415.	12,415.
CFP Funds Listed for 5-year planning		84,060.	84,060.	84,060.	84,060.
Replacement Housing Factor Funds					

## Capital Fund Program Five-Year Action Plan

### Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2002 PHA FY: 2003	Activities for Year: <u>3</u> FFY Grant: 2003 PHA FY: 2004







pa092c01

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

<b>PHA Name:</b> SNYDER COUNTY HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>PA26-P092-501-00</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2000</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/00  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	76,000.	0.		
3	1408 Management Improvements				
4	1410 Administration		4,500.		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		5,000.		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures		72,915.		
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 Collaterization or Debt Service				

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

<b>PHA Name:</b> <b>SNYDER COUNTY HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>PA26-P092-501-00</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2000</b>
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Original Annual Statement
  Reserve for Disasters/ Emergencies
  Revised Annual Statement (revision no: )
  Performance and Evaluation Report for Period Ending: 12/31/00
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	76,000.	82,415.		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation 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: <b>SNYDER COUNTY HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: PA26-P092-501-00 Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2000</b>		
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	
PA92-01/Shade View	Administration/Maintenance Building Addition*	1470		0.	72,915.			
	Operations	1406		76,000.	0.			
	*Partial cost, balance in 1999 CIAP							
HA-Wide	Clerk-of-Works, Salaries, Benefits, Advertising	1410		0.	4,500.			
	Architect/Engineer for Design	1430		0.	5,000.			

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

PHA Name: <b>SNYDER COUNTY HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program No: <b>PA26-P092-501-00</b> Replacement Housing Factor No:					Federal FY of Grant: <b>2000</b>
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA092-01/Shade View	3/31/01	9/30/01		6/30/01	3/31/02		The Housing Authority has had a severe cutback in staff due to major illnesses, thereby putting the Authority behind schedule. The project should be let for bid by June, 2001.
HA-Wide	3/31/01	9/30/01		6/30/01	3/31/02		

pa092d01

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

<b>PHA Name:</b> SNYDER COUNTY HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>PA26-P092-905-99 (CIAP)</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>1999</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/00  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	4,312.	4,368.	4,368.	4,368.00
4	1410 Administration	4,000.	3,944.	326.	325.64
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000.	8,000.		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	55,000.			
11	1465.1 Dwelling Equipment—Nonexpendable	6,500.			
12	1470 Nondwelling Structures		61,500.		
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 Collaterization or Debt Service				

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

<b>PHA Name:</b> <b>SNYDER COUNTY HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>PA26-P092-905-99 (CIAP)</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>1999</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/00  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2– 20)	77,812.	77,812.	4,694.	4,693.64
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security– Soft Costs				
25	Amount of Line 21 Related to Security– Hard Costs				
26	Amount of line 21 Related to Energy Conservation 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:		Grant Type and Number				Federal FY of Grant:		
<b>SNYDER COUNTY HOUSING AUTHORITY</b>		Capital Fund Program Grant No: <b>PA26-P092-905-99 (CIAP)</b> Replacement Housing Factor Grant No:				<b>1999</b>		
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	
92-01/Shade View	Replacement of bi-fold doors	1460		23,000.	0.			
	Replacement of Countertops	1460		25,000.	0.			
	Replacement of Lighting (storage areas)	1460		5,000.	0.			
	Replacement of Lighting (entry ways)	1460		2,000.	0.			
	Replacement of stoves and refrigerators	1465.1		6,500.	0.			
	Administration/Maintenance Bldg. Addition (partial cost)*	1470		0.	61,500.			
	* Balance in 2000 Capital Fund							
HA-Wide	Computers	1408	2	4,312.	4,368.	4,368.	4,368.00	
	Clerk-of-Works, Salaries and Benefits, Advertising	1410		4,000.	3,944.	326.	325.64	



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

PHA Name: <b>SNYDER COUNTY HOUSING AUTHORITY</b>			Grant Type and Number Capital Fund Program No: <b>PA26-P092-905-99 (CIAP)</b> Replacement Housing Factor No:			Federal FY of Grant: <b>1999</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
92-01/Shade View	2/2000	4/2001		3/2000	2/2002		Scope of work was changed to include a new addition to the administration /maintenance building. 1999 funds to be combined with 2000 funds to complete project. In addition, the Housing Authority has had a severe cutback in staff due to major illnesses, thereby putting the Authority behind schedule. The project should be let for bid by June, 2001.
HA-Wide	2/2000	4/2001		3/2000	2/2002		

**Required Attachment pa092e01: Resident Member on the PHA Governing Board**

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- Elected
- Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of a governing board member: **11/01/01**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**Snyder County Board of Commissioners:**

**Steven Bilger**  
**Richard Bailey**  
**Gregory Shambach**

**Attachment pa092a01:**  
**Supporting Documents Available for Review**

PHAs are to 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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: 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	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing rent determination policies, including the method 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 type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
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
X	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	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP) <b>Authority has not received SEMAP score from HUD.</b>	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input 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 any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	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, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	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
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of 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
X	Other supporting documents (optional) (list individually; use as many lines as necessary) <b>Description of Community Service Requirement (included in ACOP)</b>	(specify as needed)

## **Required Attachment pa092g01: Comments of Resident Advisory Board or Boards & Explanation of PHA Response:**

**Comment:** “Capital Fund 5-year Program: I believe all of the financial allotments listed are justifiable and needed. Pet Policy: I agree that pets should be allowed. Community Service: What about families who work full-time jobs in addition to caring for family members? 8 hours may not seem like much, but sometimes ½ hour can be hard to spare”

**HA Response:** Families employed full time are exempt from Community Service.

**Comment:** “I feel the Housing Authority does a fine job. The cost of deposit for pets, especially for the elderly is too high. These people need the companionship of a small pet.”

**HA Response:** Since we only have one family development, with no buildings designated specifically for elderly, we feel it is discriminatory to have a lower deposit just for the elderly.

**Comment:** “ I still think everything in the plan is o.k.”

**HA Response:** No response required.

**Comment:** “What about dead bolts on the front doors instead of the door chains?”

**HA Response:** New doors and locksets are included in the 5-year plan. The Housing Authority has no concern that the doors do not provide adequate safety.

**Comment:** “What about storage sheds for residents?”

**HA Response:** The storage sheds would have to be provided by the Housing Authority so that the sheds were alike and well maintained. The development consists of 20 townhouses in 5 buildings and 20 apartments in 2 buildings. We would be unable to provide storage sheds for the 2 apartment buildings as there is not enough ground and it would detract from the landscape. Therefore, we could only accommodate for half of the apartments, and if it is not feasible for all apartments, we are hesitant to provide such sheds.

**Comment:** “I am in agreement with the current plan described today”

**HA Response:** No response required.

**Comment:** “I am well pleased with the Housing Authority Apartments. It is quite well secured. The emergency in bath and bedroom I was told aren’t that loud. I thank you for making a nice place to live and for your kindness. God Bless you all.”

**HA Response:** No response required. This member resides in a building which the Housing Authority manages, but receives Section 8.

**Comment:** “No access to storage room, to limited especially weekends. I am very well pleased with other things we have.”

**HA Response:** No response required. This member resides in a building which the Housing Authority manages, but receives Section 8.