

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

PHA Plans

5 Year Plan for Fiscal Years 2001- 2005

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**

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

**PHA Plan
Agency Identification**

PHA Name: Housing Authority of the City of Marion, IN

PHA Number: INP041-001-002-003-004-005

PHA Fiscal Year Beginning: (07/1/2000)

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHA FISCAL YEARS 2000 - 2004
[24 CFR Part 903.5]

A. Mission

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

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

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

B. Goals

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

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other: Build for sale 15 units of affordable housing.
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)

- Increase customer satisfaction:
- Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)
- Implement preventative maintenance program to reduce work orders.
- Investigate possible alternative pest control options.
- Develop and implement a maintenance inventory control plan.
- If funding is available expand services coordinator program to include public housing elderly buildings.

PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling:
- Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: Develop Affordable Housing 28 rental units, 2 units of transitional housing and 2 units in cooperation with DFC for Family Unification Learning Center, and 15 homeownership units.

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

PHA Goal: Provide an improved living environment

Objectives:

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

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
 - Increase the number and percentage of employed persons in assisted families:
 - Provide or attract supportive services to improve assistance recipients' employability:
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
 - Administer IDA program in partnership with non profit corporation to 50 applicants.
 - Administer FSS Program as funding is available.
 - Collaborate with DFC to provide family unification services and Salvation Army to provide transitional housing services.
 - Administer HomeOwnership Counseling/Downpayment Assistance Program for income eligible clients.

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
 - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
 - Evaluate competition and implement affirmative marketing plan and review annually.
 - Investigate a blended management model to partner property management with social services.
 - Evaluate our administrative procedures to identify opportunities to improve ease and speed of service to customers.
 - Review and address relevant issues raised during HUD resident survey process.

Other PHA Goals and Objectives: (list below)

PHA Goal: Participate in redevelopment of existing neighborhoods as part of urban renewal efforts.

- Develop plan to implement one or more of the following strategies:
- Owner Occupied rehab.
 - Renter Occupied rehab.
 - Vacant lot development.

Annual PHA Plan
PHA Fiscal Year 2000

[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.

In 1994 the Marion Housing Authority completed a Housing Needs Assessment to identify the most pressing housing needs in our Community. Since that time the Authority has devoted a substantial amount of its time to the development of affordable housing. As of October 1999 the Authority has developed 24 rental units of affordable housing and has started on 15 units of homeownership. In addition the Authority will begin developing a site which will include 8 units 2 of which will serve transitional housing clients and 2 in partnership with the Division of Family and Children which will be Family Unification Learning Center units. The Authority is currently administering \$250,000 of Homeownership Down payment Assistance Funds and has assisted 30 families in becoming home owners. The Authority has applied for an additional \$250,000 to continue the program. The Authority is also in the process of bringing on board 50 preservation vouchers. The Authority is also participating in the administration of 50 IDA's with its subsidiary non profit corporation.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Table of Contents

	<u>Page #</u>
Annual Plan	
i. Executive Summary	1
ii. Table of Contents	
1. Housing Needs	5
2. Financial Resources	11
3. Policies on Eligibility, Selection and Admissions	13
4. Rent Determination Policies	21
5. Operations and Management Policies	25
6. Grievance Procedures	27
7. Capital Improvement Needs	27
8. Demolition and Disposition	32
9. Designation of Housing	33
10. Conversions of Public Housing	34
11. Homeownership	36
12. Community Service Programs	37
13. Crime and Safety	40
14. Pets (Inactive for January 1 PHAs)	42
15. Civil Rights Certifications (included with PHA Plan Certifications)	48
16. Audit	48
17. Asset Management	48
18. Other Information	

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 (Chapter 4 of ACOP)
- FY 2000 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart

- FY 2000 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
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), 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
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 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
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 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	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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.79 (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

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	1183	5	5	5	5	5	5
Income >30% but <=50% of AMI	1112	5	5	5	5	5	5
Income >50% but <80% of AMI	1310	3	4	4	3	3	3
Elderly	3875	3	2	2	2	2	2
Families with Disabilities	1114	4	3	3	3	2	2
Race/Ethnicity W	4146	4	3	4	3	3	3
Race/Ethnicity B	824	4	3	4	3	3	3
Race/Ethnicity H	156	4	3	4	3	3	3
Race/Ethnicity O	133	4	3	4	3	3	3

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

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

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

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

Housing Needs of Families on the Waiting List
--

Housing Needs of Families on the Waiting List			
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	153		1041
Extremely low income <=30% AMI	129	84%	
Very low income (>30% but <=50% AMI)	20	13%	
Low income (>50% but <80% AMI)	4	2%	
Families with children	105	69%	
Elderly families	39	25%	
Families with Disabilities	39	25%	
Race	36	24%	
ethnicity	4	3%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	48	31	132
2 BR	56	37	221
3 BR	43	28	493
4 BR	4	3	156
5 BR	2	1	39
5+ BR			

Housing Needs of Families on the Waiting List	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (2BR only)	
If yes:	
How long has it been closed (# of months)? 6 months	
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	155		1423
Extremely low income <=30% AMI	112	72%	
Very low income (>30% but <=50% AMI)	42	27%	
Low income (>50% but <80% AMI)	1	.01%	
Families with children	121	78%	
Elderly families	43	28%	
Families with Disabilities	38	25%	
Race	40	26%	
Ethnicity	8	5%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			

Housing Needs of Families on the Waiting List			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input 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: (list below)

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

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

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work (Ceiling Rents)
- 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: Three buildings are currently designated as units for elderly and families with disabilities.

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 2000 grants)		
a) Public Housing Operating Fund	336,209.	
b) Public Housing Capital Fund	436,222.	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	755,352.	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	30,771.	
h) Community Development Block Grant		
i) HOME (Phase III TJ)	210,215.	New Construction
Other Federal Grants (list below)		
Homeownership Counseling Down Payment Assistance	250,000.	Public Housing Support Services
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	529,580.	Public Housing Operations
4. Other income (list below)		
Investment Income	35,186.	PH Operations
Other Income	13,000.	PH Operations
Hilltop Towers Section 8 New Construction	485,100.	Other

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
4. Non-federal sources (list below)		
Total resources	3,081,635.	

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: (30 Days)
- Other: (describe)

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

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

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

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

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

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

- Community-wide list
- Sub-jurisdictional lists

- Site-based waiting lists
- Other (describe)

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

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

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

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

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

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

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

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

(3) Assignment

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

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

Other preference(s) (list below)

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

- The PHA-resident lease
- The PHA’s Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source: Tenant Handbook

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: Employing waiting list “skipping” to maintain deconcentration of poverty or income mixing goals at potential targeted developments.

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 do you share with prospective landlords? (select all that apply)

Criminal or drug-related activity

Other: Previous landlord references and housekeeping.

(2) Waiting List Organization

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

- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

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

- PHA main administrative office
- Other (list below)

(3) Search Time

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

If yes, state circumstances below:

Overall lack of available affordable rental units in community.

Illness.

Payment Standard is very low making it difficult for families to find units.

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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 your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)

- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

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

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

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

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

- For the earned income of a previously unemployed household member
 For increases in earned income
 Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

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

- For household heads
 For other family members
 For transportation expenses
 For the non-reimbursed medical expenses of non-disabled or non-elderly families
 Other (describe below)

e. Ceiling rents

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

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

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

- For all developments
 For all general occupancy developments (not elderly or disabled or elderly only)
 For specified general occupancy developments
 For certain parts of developments; e.g., the high-rise portion
 For certain size units; e.g., larger bedroom sizes
 Other (list below)

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

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

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \$200.00
- 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) Currently using ceiling rents.

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies .

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

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

(2) Minimum Rent

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

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

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

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

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	270	51
Section 8 Vouchers	246	117
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	In process of receiving 50 preservation vouchers.	
Individual Development Accounts	50	0
Comprehensive Grant Program	270	
Affordable Housing Rental Units	24	2
Family Self Sufficiency	24	10
Section VIII New Construction	98	18
Homeownership Counseling Down payment Assistance Program	30	
Transitional Housing Units	Pending development of 2 units	
Family Unification Learning Center	Pending development of 2 units	
Affordable Homes for Purchase to income eligible families	15 units	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)

- Procurement Policy
- Fire Safety and Emergency Evacuation Plan
- Pest Control Policy
- Maintenance Plan
- Tenant Handbook
- Admissions and Continued Occupancy Policy
- Personnel Policy
- Capitalization Policy
- Investment Policy
- Cash Management Policy
- Disposition Policy
- Equal Housing Opportunity Policy
- Purchase Order Policy
- Grievance Policy

(2) Section 8 Management: (list below)

- Administrative Plan
- Grievance Policy

PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office
- PHA development management offices

Other (list below)

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

PHA main administrative office

Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

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

-or-

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

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 70900 FFY of Grant Approval: (10/01/00)

X Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	18,000.00
4	1410 Administration	43,600.00
5	1411 Audit	300.00
6	1415 Liquidated Damages	
7	1430 Fees and Costs	15,000.00
8	1440 Site Acquisition	
9	1450 Site Improvement	25,000.00
10	1460 Dwelling Structures	279,300.00
11	1465.1 Dwelling Equipment-Nonexpendable	18,500.00
12	1470 Nondwelling Structures	33,522.00
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	3,000.00
20	Amount of Annual Grant (Sum of lines 2-19)	436,222.00

21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement

Capital Fund Program (CFP) Part II: Supporting Table

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

IN41-1 12 th St., Houck & Upton	Landscaping-Tree Removal/Replacement	1450	2,500.00
	Exterior Doors	1460	5,000.00
	Bathroom Remodeling	1460	10,000.00
	Storm Doors	1460	750.00
	Kitchen Cabinets/Countertops	1469	3,000.00
	Closet Doors	1460	2,500.00
	Water Heaters	1460	750.00
	Painting	1460	1,750.00
	Floor Tile	1460	2,500.00
	Windows	1460	2,000.00
	Ranges/Refrigerators	1465	3,250.00
	IN41-2 Coulton Ct, Curfman Rd & North Ct.	Landscaping-Tree Removal/Replacement	1450
Exterior Doors		1460	5,000.00
Bathroom Remodeling		1460	10,000.00
Storm Doors		1460	750.00
Kitchen Cabinets/Countertops		1469	3,000.00
Closet Doors		1460	2,500.00
Water Heaters		1460	750.00
Painting		1460	1,750.00
Floor Tile		1460	2,500.00
Windows		1460	2,000.00
Ranges/Refrigerators		1465	3,250.00
IN41-3 Norman Manor Apts		Carpet Replacements	1460
	Painting	1460	2,500.00
	HVAC	1460	4,500.00
	Payback for Emergency Funds	1460	200,800.00
IN41-4 Riverside Apts.	Carpet Replacement	1460	1,000.00
	Painting	1460	2,000.00
	HVAC	1460	4,000.00
IN41-5 Martin Boots Apts	Re-pave Martin Boots Parking Lot	1450	20,000.00
	Carpet Replacement	1460	1,000.00
	Painting	1460	2,000.00
	HVAC	1460	4,000.00
	Refrigerators	1465	12,000.00
IN41-ALL PHA-Wide	HVAC – Administration Bldg.	1470	10,000.00
	Remodeling Administration Bldg	1470	23,522.00
	Section 3	1408	3,000.00
	Staff Training	1408	15,000.00
	Administration	1410	43,600.00
	A/E Services	1430	15,000.00
	Audit	1411	300.00
	Contingency	1502	3,000.00
FY 2000 Annual Plan 32			

**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)
IN41-1 12 th St, Houck & Upton	09/30/2002	09/30/2003
IN41-2 Coulton Ct., Curfman Rd. & North Ct.	09/30/2002	09/30/2003
In41-3 Norman Manor Apts	09/30/2002	09/30/2003
IN41-4 Riverside Apts.	09/30/2002	09/30/2003
IN41-5 Martin Boots Apts.	09/30/2002	09/30/2003
IN41-ALL PHA-Wide	09/30/2002	09/30/2003

(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

-or-

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

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

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

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

1. Development name:

2. Development (project) number:

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

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

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

If yes, list development name/s below:

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

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

7. Timeline for activity:
- a. Actual or projected start date of activity:
 - b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

Designation of Public Housing Activity Description	
1a. Development name:	
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"/>	

<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)</p>
<p>5. If approved, will this designation constitute a (select one)</p> <p><input type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>6. Number of units affected:</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.79 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:

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

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)]

The Marion Housing Authority currently administers in partnership with its non profit corporation an Individual Development Account program to 50 families. In addition the Marion Housing Authority is administering \$250,000 of Home ownership counseling down payment assistance. The Marion Housing Authority is also in the process of developing 15

units of affordable housing for purchase by families at or below 80% of AMI. The Marion Housing Authority also administers an active Family Self-Sufficiency Program.

A. Public Housing

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

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

2. Activity Description

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

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

5. Number of units affected:
6. Coverage of action: (select one)
- 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:

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?

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.)

- 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)

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)

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)

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 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 2000 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

PET POLICY

[24 CFR 5.309]

INTRODUCTION

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

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

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

ANIMALS THAT ASSIST PERSONS WITH DISABILITIES

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

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

That there is a person with disabilities in the household;

That the animal has been trained to assist with the specified disability

A. MANAGEMENT APPROVAL OF PETS

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

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

Registration of Pets

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

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

Dogs and cats must be spayed or neutered.

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

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

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

Refusal To Register Pets

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

PHA will refuse to register a pet if:

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

Keeping the pet would violate any House Pet Rules;

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

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

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

B. STANDARDS FOR PETS

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

Persons With Disabilities

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

That there is a person with disabilities in the household;

That the animal has been trained to assist with the specified disability; and

That the animal actually assists the person with the disability.

Types of Pets Allowed

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

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

1. Dogs

Maximum number: 1

Maximum adult weight: 15 pounds

Must be housebroken

Must be spayed or neutered

Must have all required inoculations

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

2. Cats

Maximum number 1

Must be spayed or neutered

Must have all required inoculations

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

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

3. Birds

Maximum number 2

Must be enclosed in a cage at all times

4. Fish

Maximum aquarium size **50 gallon**

Must be maintained on an approved stand

5. Rodents (Guinea pig, hamster, or gerbil ONLY)

Maximum number 2

Must be enclosed in an acceptable cage at all times

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

6. Turtles

Maximum number 2

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

C. PETS TEMPORARILY ON THE PREMISES

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

Residents are prohibited from feeding or harboring stray animals.

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

D. DESIGNATION OF PET/NO-PET AREAS

The following areas are designated no-pet areas:

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

E. ADDITIONAL FEES AND DEPOSITS FOR PETS

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

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

Monthly payments in an amount no less than \$100 until the specified deposit has been paid.

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

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

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

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

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

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

Fumigation of the dwelling unit;

Common areas of the project.

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

F. ALTERATIONS TO UNIT

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

G. PET WASTE REMOVAL CHARGE

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

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

The cost of repairs and replacements to the dwelling unit;

Fumigation of the dwelling unit.

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

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

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

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

H. PET AREA RESTRICTIONS

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

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

Under no circumstances are pets allowed to be chained up or kept outside of units.

I. NOISE

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

J. CLEANLINESS REQUIREMENTS

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

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

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

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

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

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

K. PET CARE

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

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

L. RESPONSIBLE PARTIES

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

M. INSPECTIONS

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

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

N. PET RULE VIOLATION NOTICE

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

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

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

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

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

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

O. NOTICE FOR PET REMOVAL

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

The Notice shall contain:

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

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

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

P. TERMINATION OF TENANCY

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

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

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

Q. PET REMOVAL

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. Includes pets who are poorly cared for or have been left unattended for over **8** hours.

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

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

R. EMERGENCIES

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

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

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 903.79 (r)]

A. Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
 Attached at Attachment (File name)
 Provided below:

3. In what manner did the PHA address those comments? (select all that apply)
 Considered comments, but determined that no changes to the PHA Plan were necessary.
 The PHA changed portions of the PHA Plan in response to comments
List changes below:
 Other: (list below)

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: Made Resident Advisory Board aware of opportunity to serve on Board of Commissioners. Their decision was to continue meeting as an Advisory Board every other month instead of serving on the Board of Commissioners. They felt they could have a much better opportunity to give input with the Housing Authority staff at this meeting than with only one Resident serving on the Board.

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: (1999 Consolidated Plan for Indiana)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

1. Affordable Housing and job training were Indiana citizen's top concerns.
2. Quality and condition of housing was perceived as a major problem.
3. 60% of respondents said adequate housing was a problem.

- Other: Marion Housing Authority's Housing Needs Assessment.

Analysis of the Housing Needs Assessment for Marion, IN indicates

1. The single greatest housing problem faced by one-third of the residents of Marion is a lack of safe, decent, affordable housing, especially affordable rental housing units for families at or below 60% of area median income limits.

2. An increasing amount of Marion's housing stock is becoming unusable as it and the Community grows older, pointing to the need for rehabilitation of existing housing units.
 3. The percentage of homeowners to renters is slipping, indicating a growing inability of households to maintain ownership or become new homeowners. Efforts are needed to assist more households to maintain their ownership or to become homeowners.
 4. There is a small group of Marion residents that are unable to provide for their own housing needs because of their situation or circumstances such as abuse, abandonment, disease, handicaps or domestic violence. Efforts need to be undertaken to provide housing and specialized services for those in need.
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Consolidated Plan commits funds to:

Develop a Continuum of Care process to identify service gaps of the states most needy.

Continue the mortgage revenue bond and mortgage credit certificate programs which allow lower income homebuyers to become homeowners.

Continue the down payment assistance program.

Continue to provide funds for owner-occupied and rental units rehabilitation.

Continue the Low Income Housing Tax Credit program to increase the supply of affordable housing.

Continue to provide HOME and CDBG funds to promote transitional housing units.

D. Other Information Required by HUD

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

Attachments

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

PHA Plan Table Library

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

Annual Statement

Capital Fund Program (CFP) Part I: Summary - Revised

Capital Fund Grant Number 70900 FFY of Grant Approval: (10/01/00)

X Original Annual Statement - Reflects revised CF Formula amount and deduct of payback for emergency funds.

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	21,000.00
4	1410 Administration	43,600.00
5	1411 Audit	300.00
6	1415 Liquidated Damages	
7	1430 Fees and Costs	20,000.00
8	1440 Site Acquisition	
9	1450 Site Improvement	25,000.00
10	1460 Dwelling Structures	105,000.00
11	1465.1 Dwelling Equipment-Nonexpendable	18,500.00
12	1470 Nondwelling Structures	51,548.00
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	3,000.00
20	Amount of Annual Grant (Sum of lines 2-19)	287,948.00
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	

24	Amount of line 20 Related to Energy Conservation Measures	
----	---	--

Annual Statement

Capital Fund Program (CFP) Part II: Supporting Table

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

IN41-1 12 th St., Houck & Upton	Landscaping-Tree Removal/Replacement	1450	2,500.00
	Exterior Doors	1460	5,000.00
	Bathroom Remodeling	1460	15,000.00
	Storm Doors	1460	1,500.00
	Kitchen Cabinets/Countertops	1460	5,500.00
	Closet Doors	1460	5,000.00
	Water Heaters	1460	750.00
	Painting	1460	1,750.00
	Floor Tile	1460	4,500.00
	Windows	1460	3,000.00
	Ranges/Refrigerators	1465	3,250.00
IN41-2 Coulton Ct, Curfman Rd & North Ct.	Landscaping-Tree Removal/Replacement	1450	2,500.00
	Exterior Doors	1460	5,000.00
	Bathroom Remodeling	1460	15,000.00
	Storm Doors	1460	1,500.00
	Kitchen Cabinets/Countertops	1460	5,500.00
	Closet Doors	1460	5,000.00
	Water Heaters	1460	750.00
	Painting	1460	1,750.00
	Floor Tile	1460	4,500.00
	Windows	1460	3,000.00
	Ranges/Refrigerators	1465	3,250.00
IN41-3 Norman Manor Apts	Carpet Replacements	1460	1,000.00
	Painting	1460	1,500.00
	HVAC	1460	4,500.00
	Payback for Emergency Funds	1460	200,800.00
IN41-4 Riverside Apts.	Carpet Replacement	1460	1,000.00
	Painting	1460	2,000.00
	HVAC	1460	4,000.00
IN41-5 Martin Boots Apts	Re-pave Martin Boots Parking Lot	1450	20,000.00
	Carpet Replacement	1460	1,000.00
	Painting	1460	2,000.00
	HVAC	1460	4,000.00
	Refrigerators	1465	12,000.00
IN41-ALL PHA-Wide	HVAC – Administration Bldg.	1470	10,000.00
	Remodeling Administration Bldg	1470	41,548.00
	Section 3	1408	6,000.00
	Staff Training	1408	15,000.00
	Administration	1410	43,600.00
	A/E Services	1430	20,000.00
	Audit	1411	300.00
Contingency	1502	3,000.00	
Table Library			

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)
IN41-1 12 th St, Houck & Upton	09/30/2002	09/30/2003
IN41-2 Coulton Ct., Curfman Rd. & North Ct.	09/30/2002	09/30/2003
In41-3 Norman Manor Apts	09/30/2002	09/30/2003
IN41-4 Riverside Apts.	09/30/2002	09/30/2003
IN41-5 Martin Boots Apts.	09/30/2002	09/30/2003
IN41-ALL PHA-Wide	09/30/2002	09/30/2003

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
IN41-1	12 th , Houck and Upton Streets	0	0%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Exterior Doors		5,000.00	07/01/2000
Bathroom Remodeling		30,000.00	07/01/2000
Storm Doors		3,000.00	07/01/2000
Landscaping – Tree Removal/Planting		1,500.00	07/01/2000
Kitchen Cabinets/Countertops		12,000.00	07/01/2000
Closet Doors		10,000.00	07/01/2000
Water Heaters		3,000.00	07/01/2000
Painting		10,500.00	07/01/2000
Ranges/Refrigerators		13,000.00	07/01/2000
Floor Tile		10,000.00	07/01/2000
Window Replacements		11,000.00	07/01/2000
Vinyl Siding and Trim		1,000.00	07/01/2001
Faucets		10,000.00	07/01/2002
Concrete and Grading		20,000.00	07/01/2002
Total estimated cost over next 5 years		140,000.00	

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	
IN41-2	Coulton Ct, Curfman Rd/North Ct	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Exterior Doors			5,000.00	07/01/2000
Bathroom Remodeling			30,000.00	07/01/2000
Storm Doors			3,000.00	07/01/2000
Landscaping – Tree Removal/Planting			1,500.00	07/01/2000
Kitchen Cabinets/Countertops			12,000.00	07/01/2000
Closet Doors			10,000.00	07/01/2000
Water Heaters			3,000.00	07/01/2000
Painting			10,500.00	07/01/2000
Ranges/Refrigerators			13,000.00	07/01/2000
Floor Tile			10,000.00	07/01/2000
Window Replacements			11,000.00	07/01/2000
Vinyl Siding and Trim			1,000.00	07/01/2001
Faucets			10,000.00	07/01/2002
Concrete and Grading			20,000.00	07/01/2002
Total estimated cost over next 5 years			140,000.00	

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	
IN41-3	Norman Manor Apartments	6 **	9%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
HVAC			16,800.00	07/01/2000
Painting			15,000.00	07/01/2000
Payback of Emergency Funds for Structural Problems and Renovation of 1 st Fl			803,200.00	07/01/2000
Renovate an upper floor apartment			38,522.00	07/01/2001
Carpet Replacement			1,800.00	07/01/2001
Re-seal Parking Lot			3000.00	07/01/2004
Range/Refrigerator Replacement			2,500.00	07/01/2004
Total estimated cost over next 5 years			880,822	

** Vacancies due to Comp. Grant Project.

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
IN41-4	Riverside Apartments	0	0%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
HVAC		16,600.00	07/01/2000
Painting		12,000.00	07/01/2000
Re-Seal Parking Lot		3,000.00	07/01/2001
Carpet Replacement		1,600.00	07/01/2001
Bathroom Vanities		7,500.00	07/01/2002
Remodel Common Areas/Apartments		29,750.00	07/01/2003
Re-seal Parking Lot		3,000.00	07/01/2004
Range/Refrigerator Replacement		2,000.00	07/01/2004
Total estimated cost over next 5 years		75,450.00	

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
IN41-5	Martin Boots Apartments	0	0%

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
HVAC	16,600.00	07/01/2000
Painting	12,000.00	07/01/2000
Replace all Refrigerators	10,000.00	07/01/2001
Repair Retaining Wall	15,000.00	07/01/2001
Carpet Replacement	1,600.00	07/01/2001
Bathroom Vanities	7,500.00	07/01/2002
Remodel Common Areas/Apartments	29,750.00	07/01/2003
Re-seal Parking Lot	3,000.00	07/01/2004
Range/Refrigerator Replacement	2,000.00	07/01/2004
Total estimated cost over next 5 years	97,450.00	

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

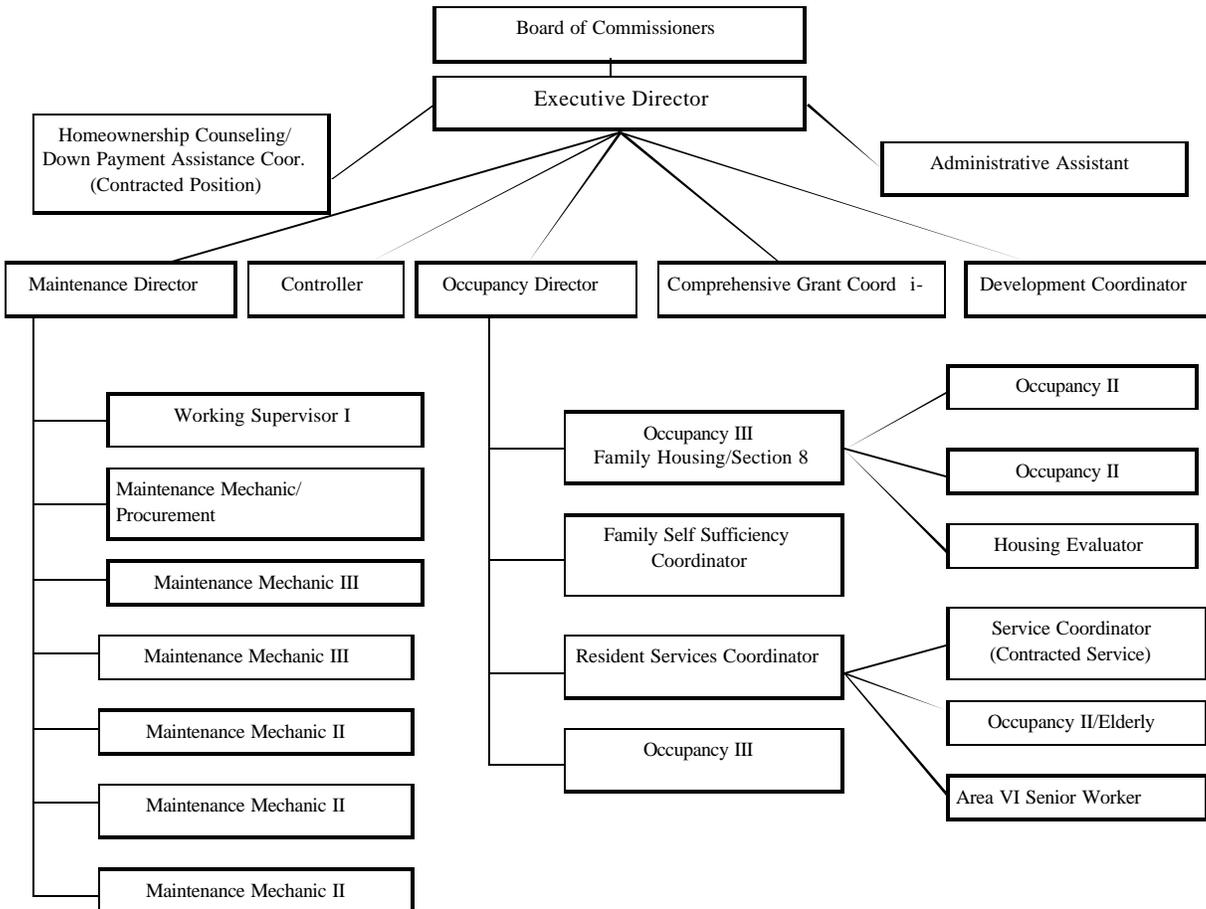
Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One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

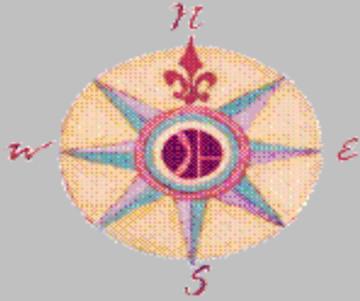
Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
IN41-All	PHA-Wide	N/A	N/A
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Section 3		12,000.00	07/01/2000
Staff Training		60,000.00	07/01/2000
Office Equipment		3,000.00	07/01/2000
Administration		174,400.00	07/01/2000
A/E Services		60,000.00	07/01/2000
Audit Fee		1,200.00	07/01/2000
Contingency		16,566.00	07/01/2000
HVAC – Administration Bldg.		10,000.00	07/01/2000
Administration Bldg. Remodeling		4,000.00	07/01/2000
HA Vehicles		80,000.00	07/01/2001
Total estimated cost over next 5 years		411,166.00	

ORGANIZATIONAL STRUCTURE

A copy of the agency's organizational chart follows.

ORGANIZATIONAL CHART – MARION HOUSING AUTHORITY





Computer Software, Consulting & Financial Management
A subsidiary of Hawkins, Ash, Baptie & Company, LLC

Click on Buttons below to Go To Available Reports

**Schedule of All
Positions and Salaries**

**Schedule of Nonroutine
Expenditures**

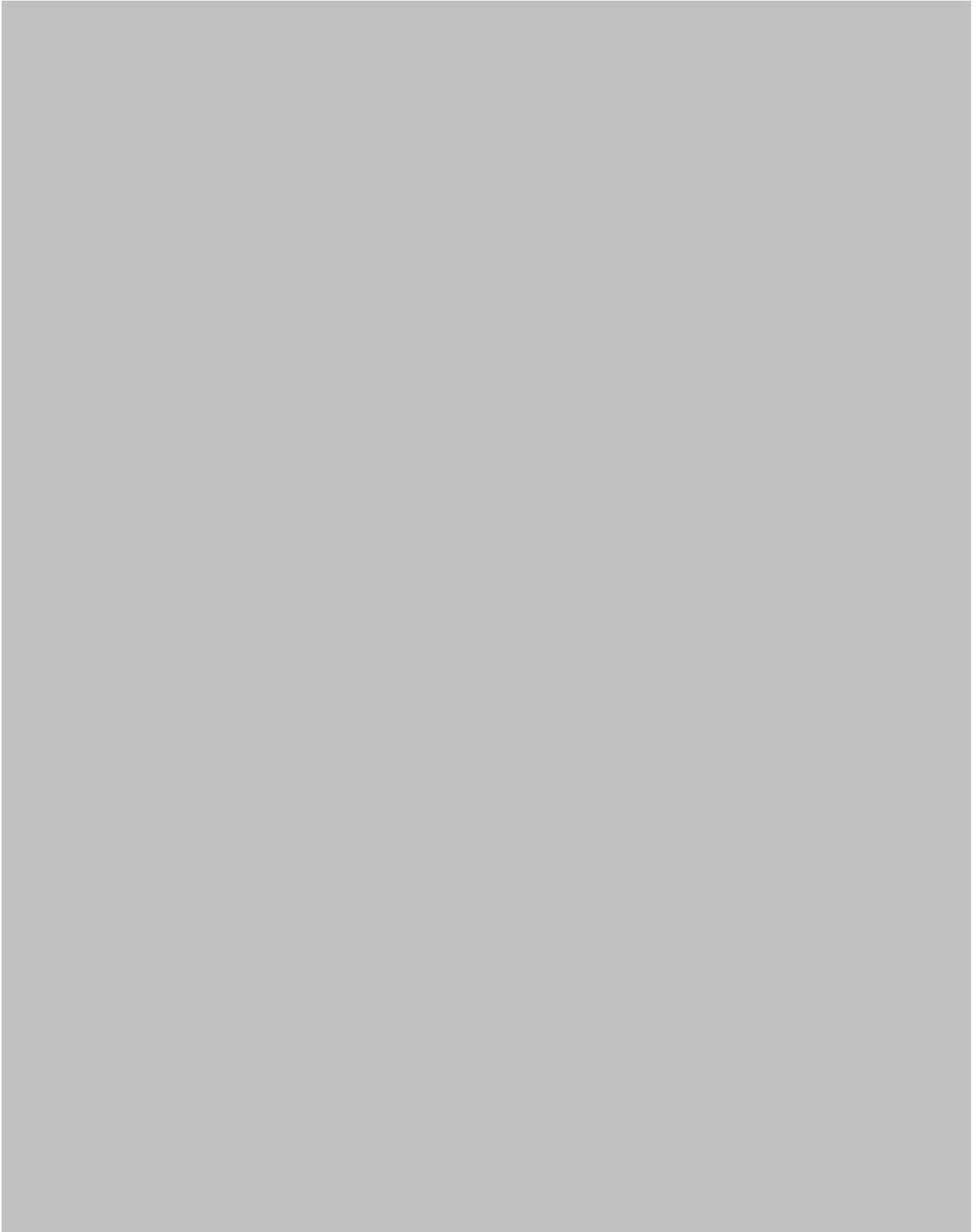
**Schedule of
Expenses**

**Summary of Budget Data
and Justifications**

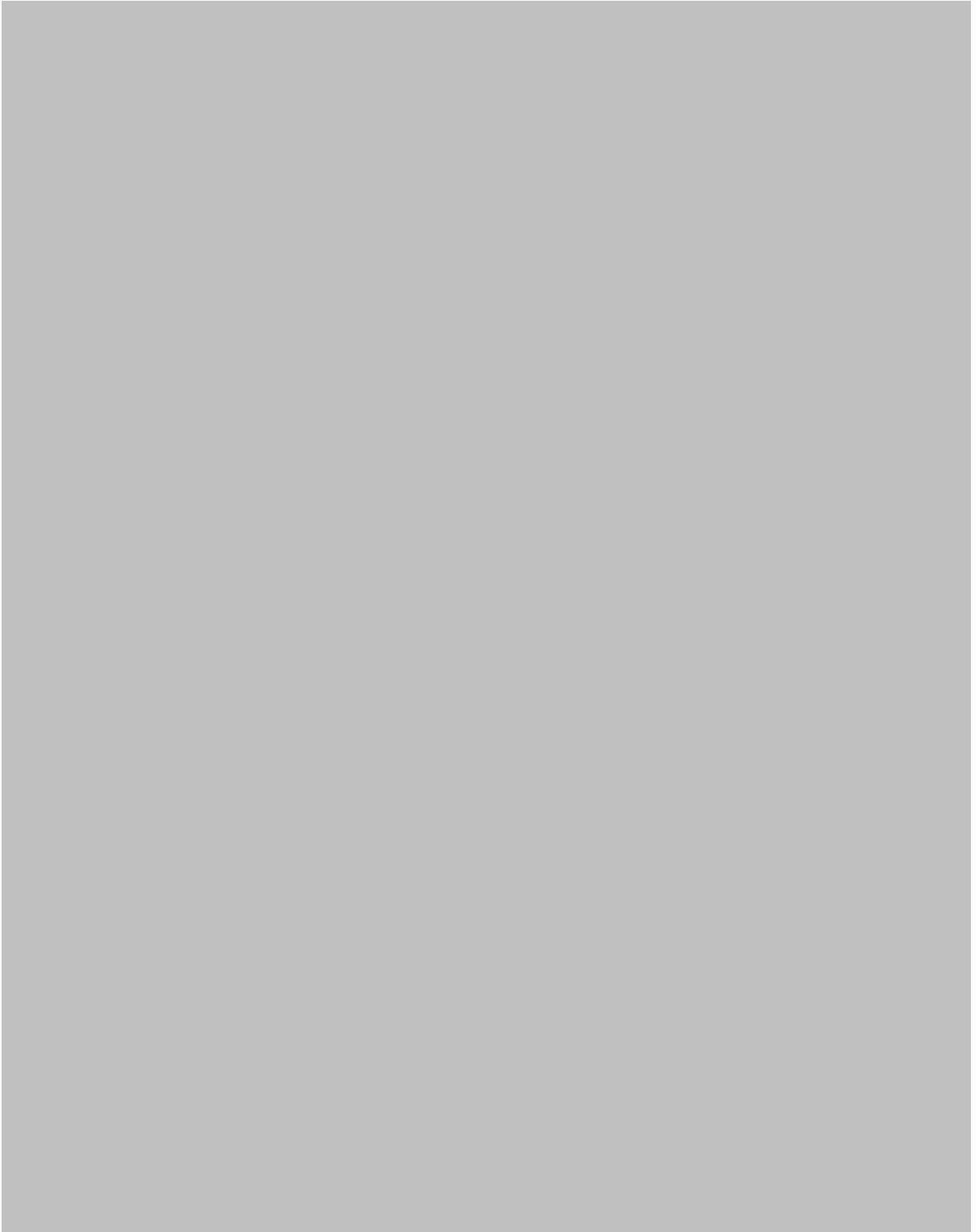
**Certification for a
Drug-Free Workplace**

**Board Resolution
Approving Budget**

Contents



Contents



Contents



*Management Services
LLP*

**Module of Admin
e other than Salary**

**Operating
Budget**

Contents



Contents



Contents



Contents



Contents



Contents



Contents





Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date)	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation	
			No. Months	Amount								
(1)	(1a) 02/01/00	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
1. Executive Director	A-T	53,020.00	55,121.00	12	55,121	44,097				11,024		80%LR, 15% S 8 NC,5%S 8Ex.
2. Controller	A-T	38,000.00	39,770.00	12	39,770	27,839				7,954	3,977	70%LR, 10% S8 NC,10%S8Ex.10C
3. Development Director	A-T	45,020.00	46,709.00	12	46,709	14,013					32,696	30%LR, 70% CHDO
4. Occupancy Director	A-T	30,584.00	32,745.00	12	32,745	24,559				8,186		75%LR, 5% S8 NC, 20%S8 Ex.
5. Administrative Assistant	A-T	26,219.00	27,260.00	12	27,260	21,808				5,452		80%LR, 20% Section 8
6. Comprehensive Grant Coordinator	A-T	41,058.00	42,692.00	12	42,692	4,269					38,423	90% CGP, 10%LR
7. Occupancy III	A-T	25,125.00	26,122.00	12	26,122	6,531				19,592		25%LR, 75% Section 8
8. Occupancy III	A-T	23,685.00	24,596.00	12	24,596	24,596						100%LR
9. Occupancy II	A-T	19,473.00	20,244.00	12	20,244					20,244		100% Section 8 NC
10. Occupancy II	A-T	20,688.00	21,507.00	12	21,507	16,130				5,377		75%LR, 25% Section 8
11. Occupancy II	A-T	18,694.00	19,434.00	12	19,434	13,604				3,887	1,943	70%LR,20%S8 Ext.,10%TJ
12. FSS Coordinator	A-T	24,200.00	25,160.00	12	25,160	5,032				20,128		20%LR, 80% Sec. 8 Exist.
13. Housing Evaluator	A-T	20,650.00	21,877.00	12	21,877	7,219				14,658		33%LR, 67% Sec.8
14. Tenant Services (Part Time)	TS	11,050.00	12,680.00	9	12,680	11,412				1,268		90%LR, 10% Sec. 8 Exist.
15. Clerk (Part Time)	AN-T	10,720.00	10,720.00	6	10,720	8,040				2,680		75%LR, 15%S8 NC,10% S8 Ex
TOTALS THIS PAGE					426,637	229,149				120,449	77,039	

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official _____ Date _____

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date) 02/01/00	Requested Budget Year				Allocation of Salaries by Program						
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation	
			No. Months	Amount								
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Maintenance Director	M	34,050.00	35,350.00	12	35,350	25,806				9,545		73%LR, 27% Sec.8 NC
Working Supervisor I	M	27,240.00	28,321.00	12	28,321	28,321						100%LR
Maintenance III	M	23,237.00	24,158.00	12	24,158	24,158						100%LR
Maintenance III	M	24,968.00	25,959.00	12	25,959	25,959						100%LR
Maintenance II	M	19,960.00	20,750.00	12	20,750	20,750						100%LR
Maintenance II	M	20,480.00	21,291.00	12	21,291	21,291						100%LR
Maintenance II	M	22,194.00	23,074.00	12	23,074					23,074		100% Section 8 NC
Maintenance II/Procurement	M	25,501.00	26,513.00	12	26,513	19,620				6,893		74%LR, 26% Sec. 8 NC
Maintenance II	M	20,480.00	21,291.00	6	21,291	10,646					10,646	50% Thomas Jeff., 50%LR
Overtime	M	15,000.00	15,000.00		15,000	13,000				2,000		87%LR, 13% S8 NC
TOTALS THIS PAGE					241,707	189,550				41,512	10,646	

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date) 02/01/00	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation	
			No. Months	Amount								
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS THIS PAGE												

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date) 02/01/00	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation	
			No. Months	Amount								
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS THIS PAGE												

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date) 02/01/00	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation	
			No. Months	Amount								
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS THIS PAGE												

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date)	02/01/00	Requested Budget Year			Allocation of Salaries by Program						
			Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation
				No. Months	Amount							
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS THIS PAGE												

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official _____ Date _____

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date) 02/01/00	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation	
			No. Months	Amount								
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS THIS PAGE												

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date) 02/01/00	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation	
			No. Months	Amount								
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS THIS PAGE												

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date) 02/01/00	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation	
			No. Months	Amount								
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS THIS PAGE												

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date) 02/01/00	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation	
			No. Months	Amount								
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS THIS PAGE												

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date) 02/01/00	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation	
			No. Months	Amount								
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS THIS PAGE												

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality							Fiscal Year End		
Housing Authority of the City of Marion, IN			Marion, IN 46953							06/30/01		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date)	02/01/00	Requested Budget Year			Allocation of Salaries by Program						
			Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation
				No. Months	Amount							
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS THIS PAGE												

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

Operating Budget
 Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority		Locality					Fiscal Year End					
Housing Authority of the City of Marion, IN		Marion, IN 46953					06/30/01					
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date) 02/01/00	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs TJ CGP CHDO	Method of Allocation	
No. Months	Amount		(6)	(7)								(8)
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Total Salaries for all Categories												
Administrative Non-Technical Salaries	AN-T				10,720	8,040				2,680		
Administrative Technical Salaries	A-T				403,237	209,697				116,501	77,039	
Tenant Services Labor	TS				12,680	11,412				1,268		
Maintenance Labor	M				241,707	189,550				41,512	10,646	
Utilities	U											
Other	O											
Total Payroll					668,344	418,698				161,961	87,685	

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

To the best of my knowledge, 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)

Executive Director or Designated Official

Date

Instructions for Preparation of Form HUD-52566

This form is to be prepared to show proposed staffing for the Requested Budget Year. All employees of the Housing Authority must be listed.

Identification: The identification boxes at the top of the form are self-explanatory.

Position Title and Name by Organizational Unit and Function:

Column (1): List each position title according to Organizational Unit, i.e., Central Office, Central Maintenance, Project or Project Management Group, Section 8, Modernization, and Function within each organization unit, i.e., Office of Director, Accounting and Purchasing Section, Leasing and Occupancy Section, General Maintenance, etc. All seasonal temporary labor may be combined on a single line designated "Casual Labor" or "Temporary Labor."

Column (1a): For each position or group of positions as appropriate, enter an account designation as follows:

AN-T	Administrative-Nontechnical positions
A-T	Administrative-Technical positions
M	Maintenance positions
U	Utilities Labor positions
O	Other positions such as staff attorneys and architectural and engineering personnel employed for the sole purpose of preparing plans and specifications for extraordinary maintenance jobs or for betterments and additions.

Column (2) Present Salary Rate: Enter closing date of latest completed payroll in heading. Then, for each position listed in Column (1), enter the present annual salary rate in accordance with the latest payroll record. For new positions to be established in the Requested Budget Year, leave this column blank.

Columns (3), (4), (5) Requested Budget Year:

Salary Rate: For each position listed, enter the proposed salary rate for the Requested Budget Year.

Estimated Payment:

No. Months: For each position listed, enter the estimated equivalent number of full months of employment in the Requested Budget Year.

Amount: For each position listed, enter the estimated amount of salary to be paid during the Requested Budget Year.

Allocation of Salaries by Program: Columns (6) through (11) are to be completed by Housing Authorities who administer programs other than Management.

Column (6) Management: For each position listed enter the amount of salary allocable to management related activities.

Column (7)-Modernization Programs: For each position listed enter the amount of salary allocable to Modernization (CIAP/Comprehensive Grant Program) related activities. The Housing Authority must have an approved CIAP/Comprehensive Plan budget with funds approved under Development Accounts 1410.1 and 1410.2.

Column (8)-Development: For each position listed, enter the amount of salary allocable to activities related to projects in development. Include in one amount the amount chargeable to Development Cost Accounts 1410 and 1425.

Column (9) Section 8 Programs: For each position listed, enter the amount of salary allocable to activities related to Section 8 programs.

Column (10) - Other Programs: For each position listed, enter the amount of salary allocable to activities related to projects which are locally-owned, State-aided, etc., and to all other programs with which the Local Authority is concerned such as Urban Renewal, etc.

Note: This Column should also include the allocation of salary costs of shared resources, i.e., where staff or other resources are shared between a HA program and a program administered by an identity-of-interest non-profit entity, the salary cost must be equitably allocated to each program.

Column (11)-Other: For each position listed, enter the amount of salary allocable as a result of longevity compensation.

Column (12) Method of Allocation: For each position or group of positions listed, show the method used for allocating the salaries listed.

On the basis of information shown on this schedule complete Form HUD-52573, Summary of Budget Data and Justifications, Summary of Staffing and Salary Data section, and Form HUD-52564, Operating Budget.

:HDO



Operating Budget
Schedule of Nonroutine Expenditures

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 0.75 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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, Office of Information Policies and of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington D.C. 20503. Do not send this completed form to either of the above addressees.

and reviewing the collection
Systems, U.S. Department

Local Housing Authority Housing Authority of the City of Marion, IN	Locality Marion, IN 46953	Fiscal Year Ending 06/30/01
--	------------------------------	--------------------------------

Extraordinary Maintenance and Betterments and Additions (Excluding Equipment Additions)					Equipment Requirements					
Work Project Number (1)	Description of Work Project (List Extraordinary Maintenance and Betterments and Additions separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List Replacements and Additions separately) (8)	Requested Budget		
					Estimated Expenditure in Year (6)	Percent Complete Year End (7)		No. of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
EM 01-1	2) Water Heaters	IN41-1-2	1,500		1,500					
EM 01-2	3) Floor Tile	IN41-1-2	5,000		5,000					
EM	4) Carpet	IN41-3-4-5	3,000		3,000					
EM	5) Closet Doors	IN 41-1-2	4,000		4,000					
EM	6) Resurface Parking Lot	IN41-1-2	6,000		6,000					
RE 01-1							Replacement of Equipment Ranges (41-1-2)	11	300	3,300
RE 01-2							Refrigerators (41-1-2)	10	400	4,000
BA01-1							Computer Equipment	1	17,000	17,000
TOTALS THIS PAGE			19,500		19,500					24,300

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)

Forms software only Copyright © 1996 HAB Inc. All rights reserved

Operating Budget
Schedule of Nonroutine Expenditures

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 0.75 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington D.C. 20503. Do not send this completed form to either of the above addressees.

Local Housing Authority Housing Authority of the City of Marion, IN	Locality Marion, IN 46953	Fiscal Year Ending 06/30/01
--	----------------------------------	------------------------------------

Work Project Number (1)	Description of Work Project (List Extraordinary Maintenance and Betterments and Additions separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List Replacements and Additions separately) (8)	Requested Budget		
					Estimated Expenditure in Year (6)	Percent Complete Year End (7)		No. of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
TOTALS THIS PAGE										

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)

Forms software only Copyright © 1996 HAB Inc. All rights reserved

form HUD-52567 (3/95)

ref Handbook 7475.1

Operating Budget
Schedule of Nonroutine Expenditures

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 0.75 hour 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, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington D.C. 20503. Do not send this completed form to either of the above addressees.

Local Housing Authority Housing Authority of the City of Marion, IN	Locality Marion, IN 46953	Fiscal Year Ending 06/30/01
--	----------------------------------	------------------------------------

Work Project Number (1)	Description of Work Project (List Extraordinary Maintenance and Betterments and Additions separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List Replacements and Additions separately) (8)	Requested Budget		
					Estimated Expenditure in Year (6)	Percent Complete Year End (7)		No. of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
TOTALS THIS PAGE										

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)

Forms software only Copyright © 1996 HAB Inc. All rights reserved

form HUD-52567 (3/95)

ref Handbook 7475.1

Operating Budget
Schedule of Nonroutine Expenditures

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 0.75 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington D.C. 20503. Do not send this completed form to either of the above addressees.

Local Housing Authority Housing Authority of the City of Marion, IN	Locality Marion, IN 46953	Fiscal Year Ending 06/30/01
--	----------------------------------	------------------------------------

Work Project Number (1)	Description of Work Project (List Extraordinary Maintenance and Betterments and Additions separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List Replacements and Additions separately) (8)	Requested Budget		
					Estimated Expenditure in Year (6)	Percent Complete Year End (7)		No. of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
TOTALS THIS PAGE										

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)

Forms software only Copyright © 1996 HAB Inc. All rights reserved

form HUD-52567 (3/95)

ref Handbook 7475.1

Operating Budget
Schedule of Nonroutine Expenditures

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 0.75 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington D.C. 20503. Do not send this completed form to either of the above addressees.

Local Housing Authority Housing Authority of the City of Marion, IN	Locality Marion, IN 46953	Fiscal Year Ending 06/30/01
--	----------------------------------	------------------------------------

Work Project Number (1)	Description of Work Project (List Extraordinary Maintenance and Betterments and Additions separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List Replacements and Additions separately) (8)	Requested Budget		
					Estimated Expenditure in Year (6)	Percent Complete Year End (7)		No. of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
TOTALS THIS PAGE										

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)

Forms software only Copyright © 1996 HAB Inc. All rights reserved

form HUD-52567 (3/95)

ref Handbook 7475.1

Operating Budget
Schedule of Nonroutine Expenditures

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 0.75 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington D.C. 20503. Do not send this completed form to either of the above addressees.

Local Housing Authority Housing Authority of the City of Marion, IN	Locality Marion, IN 46953	Fiscal Year Ending 06/30/01
--	----------------------------------	------------------------------------

Work Project Number (1)	Description of Work Project (List Extraordinary Maintenance and Betterments and Additions separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List Replacements and Additions separately) (8)	Requested Budget		
					Estimated Expenditure in Year (6)	Percent Complete Year End (7)		No. of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
TOTALS THIS PAGE										

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)

Forms software only Copyright © 1996 HAB Inc. All rights reserved

Operating Budget
Schedule of Nonroutine Expenditures

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 0.75 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington D.C. 20503. Do not send this completed form to either of the above addressees.

Local Housing Authority Housing Authority of the City of Marion, IN	Locality Marion, IN 46953	Fiscal Year Ending 06/30/01
--	----------------------------------	------------------------------------

Work Project Number (1)	Description of Work Project (List Extraordinary Maintenance and Betterments and Additions separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List Replacements and Additions separately) (8)	Requested Budget		
					Estimated Expenditure in Year (6)	Percent Complete Year End (7)		No. of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
TOTALS THIS PAGE										

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)

Forms software only Copyright © 1996 HAB Inc. All rights reserved

form HUD-52567 (3/95)

ref Handbook 7475.1

Instructions for Preparation of Form HUD-52567

Prepare this form to describe each work project, or job, of extraordinary maintenance, property betterments and additions, and replacement or addition of nonexpendable equipment scheduled for accomplishment in whole or in part during the Requested Budget Year.

Identification: The identification boxes at the top of the form are self-explanatory.

Extraordinary Maintenance and Betterments and Additions

Column (1) Work Project Numbers: For work projects to be started during the Requested Budget Year assign consecutive numbers to identify them with the classification of work and the LHA Fiscal Year, and enter the numbers in this column. For example: For Extraordinary Maintenance jobs to be started during the LHA Fiscal Year 1966, the number would be EM-66-1, EM-66-2, etc. and for Betterments and Additions jobs the numbers would be BA-66-1, BA-66-2, etc.

Column (2) Description: Describe each work project concisely, but sufficiently to give a full understanding of its nature and scope. For work projects started in previous years, point out any significant changes in nature and scope.

Column (3) Housing Project Number: Opposite each work project number and description enter the number of the Housing Projects at which the work is located.

Column (4) Total Estimated Cost: Enter a realistic estimate of the total cost of each work project based, to the extent practicable, on a thorough study of detailed specification of the work. If any part of the work is to be performed by Project staff the estimated cost should include the appropriate portion of their salaries. If there has been a change in the total estimated cost of work started in previous years, the revised total estimate should be entered and note to this effect included in the description column.

Column (5) Percent Complete Current Budget Year End: For work projects started in previous years, enter a realistic estimate of the percentage of work that will have been completed at the end of the Current Budget Year. This percentage may or may not correspond to the percentage of total estimated cost that will have been expended at that time.

Requested Budget Year:

Column (6) Estimated Expenditure In Year: For each work project enter a realistic estimate of the portion of Total Estimated Cost that will be expended during the Requested Budget Year. These estimates should include the appropriate portion of salaries of Project staff which is to perform any of the work.

Column (7) Percent Complete Year End: For each work project enter a realistic estimate of the percentage of work that will have been completed at the end of the Requested Budget Year. This percentage may or may not correspond to the percentage of total estimated cost that will have been expended at that time.

Equipment Requirements

Column (8) Description: Under a heading "Replacement of Equipment" list each type of nonexpendable equipment to be replaced, and separately under a heading "Property Additions" list each new type of nonexpendable equipment to be acquired. Give a brief description of each type and identify the Housing Project to which it is to be assigned.

Column (9) Number of Items: Enter the number of items of each type of equipment to be purchased for each Housing Project designated in Column (8).

Column (10) Item cost: Enter estimated net cost of each item of equipment, e.g. purchase price, less discounts, trade-in allowances, and/or proceeds from disposition of equipment being replaced.

Column (11) Estimated Expenditure In Year: For each type of equipment, enter the estimated cost obtained by multiplying the number of items in Column 9 by the item cost in Column 10. Also, enter total cost of equipment listed under each of the headings "Replacement of Equipment" and "Property Additions."

Totals

- a. The total in Column 6 for Extraordinary Maintenance should be entered on Line 510, Column 5, of form HUD-52564.
- b. The total in Column 11 for Replacement of Equipment should be entered on Line 520, Column 5, of form HUD-52564.
- c. The sum of the totals in Columns 6 and 11 for Property Betterments and Additions should be entered on Line 530, Column 5, of form HUD-52564.















4610

7540

7520

1
1
1
1
1

1
1

1

Operating Budget
Schedule of Administration
Expense Other Than Salary

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Public Reporting Burden for this collection of information is estimated to average 1.0 hour 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, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-00260), Washington D.C. 20503. Do not send this completed form to either of the above addressees.

Name of Housing Authority:		Locality:					Fiscal Year End:	
Housing Authority of the City of Marion, IN		Marion, IN 46953					06/30/01	
(1)	(2)	(3)	(4)	(5)	(6a)	(6b)	(6c)	
Description	Total	Management	Mutual Help	Leased Rental	Turnkey III	Section 8	Other S8 NC	
1	Legal Expense (see Special Note in Instructions)	7,100	5,000			100	1,000	1,000
2	Training (list and provide justification)	20,500	4,000		10,000		4,000	2,500
3	Travel - Trips To Conventions and Meetings (list and provide justification)	8,000	1,500		5,000		750	750
4	Other Travel: Outside Area of Jurisdiction	500	500					
5	Within Area of Jurisdiction	2,750	1,500			300	800	150
6	Total Travel	11,250	3,500		5,000	300	1,550	900
7	Accounting	8,000	4,000				1,000	3,000
8	Auditing	4,100	2,000		500	100	1,000	500
9	Sundry Rental of Office Space							
10	Publications	7,500	4,000				2,500	1,000
11	Membership Dues and Fees (list organization and amount)	3,000	2,000				500	500
12	Telephone, Fax, Electronic Communications	10,200	5,000				3,200	2,000
13	Collection Agent Fees and Court Costs	1,000	1,000					
14	Administrative Services contracts (list and provide justification)							
15	Forms, Stationary and Office Supplies	22,000	15,000			1,000	4,500	1,500
16	Other Sundry Expense (provide breakdown)	12,800	5,000			800	4,500	2,500
17	Total Sundry	56,500	32,000			1,800	15,200	7,500
18	Total Administration Expense Other Than Salaries	107,450	50,500		15,500	2,300	23,750	15,400

2. Training for Occupancy, finance, FSS, development and maintenance by certified trainers such as PHADA, Nan McKay, IACED, IHFA, FHLB etc.

11. NAHRO, National and State dues, PHADA, IACED, Chamber of Commerce.

16. Sundry: Postage, hardware and software support, copier maintenance agreements.

To the best of my knowledge, 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 authorized representative & Date:

X

Instructions for Preparation of Form HUD-52571

Prepare this form to reflect detailed estimates of Administration Expense, other than salaries, and the distribution to all programs administered by the Housing Authority

The identification boxes in the upper right hand corner are self-explanatory.

1. Legal Expense: Enter in Column (2), Line 1 the estimated cost of legal service. Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

Special Note: The amount entered on Form HUD-52564 should also include salaries of Staff Attorneys as shown on Form HUD-52566 and included on line for "Other" in the Summary of Staffing and Salary Data section of Form HUD-52573.

2. Training: List and provide justification for all training.

Travel Expense: Justification must be provided for travel.

3. Trips to Conventions and Meetings: Under Justification/Breakdown, List each convention and meeting to be attended by commissioners and staff, with the location. Enter the number of persons expected to attend and show the aggregate number of travel days and the estimated total cost of each trip including subsistence allowance, cost of transportation, and reimbursable miscellaneous expenses. Enter the sum of the total costs of all trips in Column (2). Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

4. Other Travel: Outside Area of Jurisdiction: Enter in Column (2), Line 4 the estimated cost for travel by commissioners and staff, including subsistence, transportation, and reimbursable miscellaneous expenses. Follow instructions 3 above for columns (3) through (6).

5. Other Travel: Within Area of Jurisdiction: Enter in Column (2), Line 5 the estimated cost for travel, including fixed monthly allowances for reimbursement on a mileage basis for use of privately owned automobiles; and reimbursement for authorized use of local public transportation. Follow instructions 3 above for columns (3) through (6).

6. Total Travel: Sum Lines 3, 4, and 5 for Columns (2) through (7) and enter total for each on Line 6 "Total Travel."

7 thru 16. Accounting, Auditing and Sundry: Enter the estimated total for all programs in Column (2) for each item of expense in Lines 7 through 16. In Columns (3) through (6) enter the pro rata share of amounts shown in Column (2) chargeable to all programs administered by the Housing Authority.

14. Administrative Services Contracts: List and provide justification for all contracts (excluding accounting contracts).

16. All Other Sundry Expense: List all items identified under this expense.

18. Total Administration Expense Other Than Salaries:

Add the amounts on the following Lines:

Line 1	Legal Expense
Line 2	Training
Line 6	Total Travel
Line 7	Accounting
Line 8	Auditing
Line 17	Total Sundry

On Line 18 enter the appropriate totals in Columns (2) through (6). The amount shown in Column (3), lines 1, 2, 6, 7, 8, and 17, should be carried forward to Lines 150 through 200 of Form HUD-52564 Operating Budget.

Operating Budget

Summary of Budget Data
and Justifications

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Public Reporting Burden for this collection of information is estimated to average 0.75 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, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026) Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Name of Local Housing Authority:	Locality	Fiscal Year Ending
Housing Authority of the City of Marion, IN	Marion, IN 46953	06/30/01

Operating Receipts

Dwelling Rental: Explain basis for estimate. For HUD-aided low-rent housing, other than Section 23 Leased housing, state amount of latest available total HA monthly rent roll, the number of dwelling units available for occupancy and the number accepted for the same month end. Cite HA policy revisions and economic and other factors which may result in a greater or lesser average monthly rent roll during the Requested Budget Year. For Section 23 Leased housing, state the number of units under lease, the PUM lease price, and whether or not the cost of utilities is included. If not included, explain method for payment at utility costs by HA and/or tenant.

Monthly Rent Roll as of: 1/1/00 equals \$40,780.00 divided by 261 occupied units = \$156.25 Average Monthly Dwelling Rental (AMDR)
times 1.03 Change Factor, X 97% Occupancy Rate, equals \$156.10 times 3240 Units Months Available equals \$505,779.00.

Total Operating Receipts: 505,779

Excess Utilities: (Not for Section 23 Leased housing.) Check appropriate spaces in item 1, and explain "Other". Under item 2, explain basis for determining excess utility consumption. For example, Gas; individual check meters at OH-100-1, proration of excess over allowances at OH-100-2, etc. Cite effective date of present utility allowances. Explain anticipated changes in allowances or other factors which will cause a significant change in the total amount of excess utility charges during the Requested Budget Year.

1. Utility Services Surcharged: Gas Electricity Other (Specify) _____
2. Comments

N/A

Total Excess Utilities: 0

Non-dwelling Rent: (Not for Section 23 Leased housing.) Complete Item 1, specifying each space rented, to whom, and the rental terms. For example: Community Building Space - Nursery School - \$50 per month, etc. Cite changes anticipated during the Requested Budget Year affecting estimated Non-dwelling Rental Income.

1.	Space Rented	To Whom	Rental Terms
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

2. Comments

Total Non-Dwelling Rent: 0

Interest on General Fund Investments: State the amount of present General Fund Investment and the percentage of the General Fund it represents. Explain circumstances such as increased or decreased operating reserves, dwelling rent, operating expenditures, etc., which will affect estimated average monthly total investments in the Requested Budget Year. Explain basis for distribution of interest income between housing programs.

Interest on General Fund investments will not be counted in FYE 6/30/01. See PIH notice 2000-04. Estimated interest to be \$38,430.

Total Interest on Investments: 38,430

Other Comments On Estimates of Operating Receipts: Give comments on all other significant sources of income which will present a clear understanding of the HA's prospective Operating Receipts situation during the Requested Budget Year. For Section 23 Leased housing explain basis for estimate of utility charges to tenants.

Tenant charges estimated to be in the amount of \$11,108.

Total Other Income: 11,110

Operating Expenditures

Summary of Staffing and Salary Data

Complete the summary below on the basis of information shown on form HUD-52566, Schedule of All Positions and Salaries, as follows:

Column (1) Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566.

Column (2) Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to such housing at the rate of 80%, 70%, and 50 % respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 + 5/10).

Column (3) Enter the portion of total salary expense shown in Column (5) or Column (6), form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.

Column (4) Enter the portion of total salary expense shown in Column (5) or Column (10), form HUD-52566, allocable to Section 23 Leased housing in management.

Column (5) Enter the portion of total salary expense shown in Column (5) or Column (7), form HUD-52566, allocable to Modernization programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).

Column (6) Enter the portion of total salary expense shown in Column (5) or Column (9), form HUD-52566, allocable to Section 8 Programs.

Note: The number of equivalent full-time positions and the amount of salary expense for all positions designated "M" on form HUD-52566 must be equitably distributed to account lines Ordinary Maintenance and Operation-Labor, Extraordinary Maintenance Work Projects, and Betterments and Additions Work Projects

Account Line	Total Number of Positions (1)	Equivalent Full-Time Positions (2)	HUD-Aided Management Program			
			Salary Expense			
			Management (3)	Section 23 Leased Housing Only (4)	Modernization Programs (5)	Section 8 Program (6)
Administration-Nontechnical Salaries 1	1		8,040.00			2,680.00
Administration-Technical Salaries 1	13	13	209,697.00			116,501.00
Ordinary Maintenance and Operation-Labor 1	9	8	189,550.00			41,512.00
Utilities-Labor 1						
Other (Specify) (Legal, etc.) 1	1	1	11,412.00			1,268.00
Extraordinary Maintenance Work Projects 2						
Betterments and Additions Work Projects 2						

1 Carry forward to the appropriate line on HUD-52564, the amount of salary expense shown in Column (3) on the corresponding line above. Carry forward to the appropriate line on HUD-52564 (Section 23 Leased Housing Budget), the amount of salary expense shown in Column (4) on the corresponding line above.

2 The amount of salary expense distributed to Extraordinary Maintenance Work Projects and to Betterments and Additions Work Projects is to be included in the cost of each individual project to be performed by the HA Staff, as shown on form HUD-52567.

Specify all proposed new positions and all present positions to be abolished in the Requested Budget Year. Cite prior HUD concurrence in proposed staffing changes or present justification for such changes. Cite prior HUD concurrence in proposed salary increases for Administration Staff or give justification and pertinent comparability information. Cite effective date for current approved wage rates (form HUD-52158) and justify all deviations from these rates.

No new positions added. Salary increases reflects a 4% increase.

Travel, Publications, Membership Dues, and Fees, Telephone and Telegraph, and Sundry: In addition to "Justification for Travel to Conventions and Meetings" shown on Form HUD-52571, give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for these accounts in the Current Budget Year. Explain basis for allocation of each element of these expenses.

Refer to HUD-52571 Administrative Expenses Other Than Salaries.

Utilities: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for each utility service in the Current Budget Year. Describe and state estimated cost of each element of "Other Utilities Expense."

Refer to HUD-52722A Calculation of Allowable Utilities Expense Level.

Total Water	20,056.00
Total Electricity	130,428.00
Total Gas	3,368.00
Total Fuel	
Total Other	
Total Utilities:	153,852

Ordinary Maintenance & Operation-Materials: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for materials in the Current Budget Year.

Materials Estimated at: 66,000.00

Total Maintenance. Materials: 66,000

Ordinary Maintenance & Operation-Contract Costs: List each ordinary maintenance and operation service contracted for and give the estimated cost for each. Cite and justify new contract services proposed for the Requested Budget Year. Explain substantial Requested Budget Year increases over the PUM rate of expenditure for Contract Services in the Current Budget Year. If LHA has contract for maintenance of elevator cabs, give contract cost per cab.

Cable TV	1,000.00	Elevator Service Contract	5,000.00
Pest Control	9,500.00	Misc. Contract Costs	8,000.00
Fire Extinguisher Inspections	4,500.00	Lawn Care	2,000.00
Apartment Painting/Cleaning	11,000.00	Water Softner Service	1,000.00
Beeepers	1,000.00		
Garbage /Trash Collection	7,000.00		

Total Maint. Contract Costs: 50,000

Insurance: Give an explanation of substantial Requested Budget Year estimated increases in the PUM rate of expenditures for insurance over the Current Budget Year. Cite changes in coverage, premium rates, etc.

Fire and Extended Coverage	29,000.00
General Liability	11,000.00
Automobile	2,000.00
Workman's Compensation	5,000.00
Fidelity Bond	500.00
Public Official's Liability	4,500.00

Total Insurance: 52,000

Employee Benefit Contributions: List all Employee Benefit plans participated in. Give justification for all plans to be instituted in the Requested Budget Year for which prior HUD concurrence has not been given.

FICA 7.65%x Total Payroll of \$417,059.00 equals: \$31,905.00
Retirement 7% of Total Payroll of \$417,059.00 equals \$29,190.00
Hospitalization equals \$55,600.00
Unemployment/ 1.20% times 1st \$7,000/person \$168,000.00 equals \$2,016.00

Total Employee Benefits: 118,710

Collection Losses: State the number of tenants accounts receivable to be written off and the number and total amount of all accounts receivable for both present and vacated tenants as of the month in which the estimate was computed.

Estimated at \$4700.00 for the Requested Budget Year.

Total Collection Losses: 4,700

Extraordinary Maintenance, Replacement of Equipment, and Betterments and Additions: Cite prior HUD approval or give justification for each nonroutine work project included in the Requested Budget and for those for future years which make up the estimate on form HUD-52570. Justifying information incorporated on or attached to form HUD-52567 need not be repeated here.

See HUD 52567 (Schedule of Nonroutine Expenditures)

Contracts: List all contracts, other than those listed on page 3 of this form under Ordinary Maintenance & Operation (OMO). Cite the name of the contractor, type of contract, cost of contract, and contract period. Justification must be provided for all contract services proposed for the Requested Budget Year (RBY). Explain substantial RBY increases over the PUM rate of expenditure for these contracts in the Current Budget Year.

**PHA/IHA Board Resolution Approving
Operating Budget or Calculation of
Performance Funding System
Operating Subsidy**

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

OMB No.

Public Reporting Burden for this collection of information is estimated to average 15 minutes 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, Office of Information Policy and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600; and to the Office of Management and Budget, Paperwork Project (2577-0044) Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Acting on behalf of the Board of Commissioners of the below-named Public Housing Agency (PHA)/Indian Housing Authority (IHA), as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

(date)

- Operating Budget Submitted on: April 1, 2000
- Operating Budget Revision Submitted on: _____
- Calculation of Performance Funding System Submitted on: _____
- Revised Calculation of Performance Funding System Submitted on: _____

I certify on behalf of the: (PHA/IHA Name) Housing Authority of the City of Marion, IN

1. All regulatory and statutory requirements have been met:
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments:
3. Proposed budget expenditures are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents:
4. The budget indicates a source of funds adequate to cover all proposed expenditures:
5. The calculation of eligibility for Federal funding is in accordance with the provisions of the regulations:
6. All proposed rental charges and expenditures will be consistent with provisions of law:
7. The PHA/IHA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 905.120(c) and (d):
8. The PHA/IHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i) or 24 CFR 905.120(g):
9. The PHA/IHA will comply with the requirements for the reexamination of family income and composition under 24 CFR 960.209.990.115 and 905.315: and
10. The PHA will comply with the requirements for certification of Housing Manager and Assisted Housing Manager positions (24 CFR 967.304 and 967.305).

I hereby certify that all the information stated within, 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)

Board Chairman's Name (type)	Signature:	Date:
Jerry E. Jones, Chairman		

ing existing
estimate
olicies
Reduction

that:

Certification for a Drug-Free Workplace

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

Public Housing Agency / Indian Housing Authority

OMB No. 21

Public Reporting Burden for this collection of information is estimated to average 0.25 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 Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600; and to Management and Budget, Paperwork Reduction Project (2577-0044) Washington, D.C. 20503.

PHA/IHA Name: Housing Authority of the City of Marion, IN	If Development or CIAP enter the Federal Fiscal Year in which the funds are expected to be reserved:
Program/Activity Receiving Federal Grant Funding: (mark one) <input type="checkbox"/> Development <input type="checkbox"/> CIAP <input checked="" type="checkbox"/> Operating Subsidy <input type="checkbox"/> Sec. 23 Leased Housing	If Operating Subsidy or Section 23, enter the PHA's/IHA's Fiscal Year Ending date in which funds are expected to be obligated: 06/30/2000

Acting on behalf of the above named PHA/IHA as its Authorized Official, I make the following certifications and agreements to the Dept. of Housing and Urban Development (HUD) regarding the sites listed below:

1. I certify that the above named PHA/IHA will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the PHA's/IHA's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 30 days after such conviction;
 - b. Establishing a drug-free awareness program to inform employees about the following:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The PHA's/IHA's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 - c. Making it a requirement that each employee of the PHA/IHA be given a copy of the statement required by paragraph a.;
 - d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment with the PHA/IHA, the employee will do the following:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 30 days after such conviction;
 - e. Notifying the HUD Field Office within ten days after receiving notice under subparagraph d. (2) from an employee or receiving actual notice of such conviction;
 - f. Taking one of the following actions within 30 days of receiving notice under subparagraph d. (2) with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, education, or other appropriate agency;
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. through f.

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

2. Sites for Work Performance. The PHA/IHA shall list in the space provided below the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. (If more space is needed, attach additional page(s) the same size as this form. Identify each sheet with the PHA/IHA name and address, and the program/activity receiving grant funding.)

- Family Housing - 100 units on scattered sites.
- Norman Manor Apartments 121 North Washington Street, Marion, IN 46952
- Hilltop Towers Apartments 520 West Nelson Street, Marion, IN 46952
- Riverside Apartments 706 North River Drive, Marion, IN 46952
- Martin Boots Apartments 619 West Third Street, Marion, IN 46952
- Administrative Office 601 South Adams Street, Marion, IN 46953

Signed by: (Name, Title & Signature of Authorized PHA/IHA Official)

Name & Title:

Jennifer J. Osterholt, Executive Director

Signature & Date:

X

tions,
omments
Management
the Office of

partment

nviction
han five

ceiving
otherwise

ceiving
mployee

n em-

y in a
proved for
law en-

ig-free
ru f.

Operating Budget

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

OMB Approval No. 2577-0026 (exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 116 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, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project 2577-0026, Washington D.C. 20503. Do not send this completed form to either of the above addressees.

a. Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____		b. Fiscal Year Ending 06/30/01	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. <input type="checkbox"/> Other (specify) _____	d. Type of HUD assisted Projects	
e. Name of Public Housing Agency / Indian Housing Authority (PHA/IHA) Housing Authority of the City of Marion, IN				01	<input checked="" type="checkbox"/> PHA/IHA-Owned Rental Housing
				02	<input type="checkbox"/> IHA Owned Mutual Help Homeownership
				03	<input type="checkbox"/> PHA/IHA Leased Rental Housing
				04	<input type="checkbox"/> PHA/IHA Owned Turnkey III Homeownership
				05	<input type="checkbox"/> PHA/IHA Leased Homeownership
f. Address (City, State, zip code) 601 South Adams Street Marion, IN 46953				i. HUD Field Office Chicago	
g. ACC Number ACC #C-2001		h. PAS/LOCCS Project No. Proj. #IN41-1-2-3-4-5			

j. No. of Dwelling Units 270	k. No. of Unit Months Available 3240	m. No. of Projects 5
---------------------------------	---	-------------------------

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 1999 PUM (2)	<input checked="" type="checkbox"/> Estimates or Actual Current Budget Yr. 2000 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
Homebuyers Monthly Payments for:								
010	7710	Operating Expense						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
040	Total	Break-Even Amount (sum of lines 010, 020, and 030)						
050	7716	Excess (or deficit) in Break-Even						
060	7790	Homebuyers Monthly Payments - Contra						
Operating Receipts								
070	3110	Dwelling Rental	162.01	163.45	156.10	505,780		
080	3120	Excess Utilities		0.06	0.06	200		
090	3190	Nondwelling Rental						
100	Total	Rental Income (sum of lines 070, 080, and 090)	162.01	163.51	156.17	505,980		
110	3610	Interest on General Fund Investments	12.52	9.23	11.86	38,430		
120	3690	Other Income	5.29	4.02	3.43	11,110		
130	Total	Operating Income (sum of lines 100,110, and 120)	179.82	176.76	171.46	555,520		
Operating Expenditures - Administration:								
140	4110	Administrative Salaries	53.14	67.04	67.20	217,740		
150	4130	Legal Expense	1.08	1.54	1.54	5,000		
160	4140	Staff Training	1.37	2.16	1.23	4,000		
170	4150	Travel	0.60	1.08	1.08	3,500		
180	4170	Accounting Fees	2.92	1.23	1.23	4,000		
190	4171	Auditing Fees		0.63	0.62	2,000		
200	4190	Other Administrative Expenses	7.37	12.96	9.88	32,000		
210	Total	Administrative Expense (sum of line 140 thru line 200)	66.48	86.64	82.79	268,240		
Tenant Services:								
220	4210	Salaries		3.25	3.52	11,410		
230	4220	Recreation, Publications and Other Services	0.50	1.54	0.93	3,000		
240	4230	Contract Costs, Training and Other	0.56	0.46	0.62	2,000		
250	Total	Tenant Services Expense (sum of lines 220, 230, and 240)	1.06	5.25	5.06	16,410		
Utilities:								
260	4310	Water	6.36	6.14	6.19	20,060		
270	4320	Electricity	42.93	40.26	40.26	130,430		
280	4330	Gas	0.75	1.27	1.04	3,370		
290	4340	Fuel						
300	4350	Labor						
310	4390	Other utilities expense						
320	Total	Utilities Expense (sum of line 260 thru line 310)	50.04	47.67	47.49	153,860		

Housing Authority of the City of Marion, IN

06/30/01

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 1999 PUM (2)	<input checked="" type="checkbox"/> Estimates <input type="checkbox"/> or Actual Current Budget Yr. 2000 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
Ordinary Maintenance and Operation:								
330	4410	Labor	47.40	52.06	58.50	189,550		
340	4420	Materials	20.03	19.44	20.37	66,000		
350	4430	Contract Costs	11.86	16.52	15.43	50,000		
360	Total	Ordinary Maintenance and Operation Expense (line 330 to 350)	79.29	88.02	94.31	305,550		
Protective Services:								
370	4460	Labor						
380	4470	Materials						
390	4480	Contract Costs						
400	Total	Protective Services Expense (sum of lines 370 to 390)						
General Expense:								
410	4510	Insurance	15.71	16.67	16.05	52,000		
420	4520	Payments in Lieu of Taxes	11.20	11.58	10.87	35,210		
430	4530	Terminal Leave Payments						
440	4540	Employee Benefit Contributions	24.94	28.67	36.64	118,710		
450	4570	Collection Losses	0.99	1.45	1.45	4,700		
460	4590	Other General Expense						
470	Total	General Expense (sum of lines 410 to 460)	52.84	58.37	65.01	210,620		
480	Total	Routine Expense (sum of lines 210, 250, 320, 360, 400, and 470)	249.71	285.95	294.65	954,680		
Rent for Leased Dwellings:								
490	4710	Rents to Owners of Leased Dwellings						
500	Total	Operating Expense (sum of lines 480 and 490)	249.71	285.95	294.65	954,680		
Nonroutine Expenditures:								
510	4610	Extraordinary Maintenance	12.79	2.78	6.02	19,500		
520	7520	Replacement of Nonexpendable Equipment	3.14	0.40	2.25	7,300		
530	7540	Property Betterments and Additions	2.67		5.25	17,000		
540	Total	Nonroutine Expenditures (sum of lines 510, 520, and 530)	18.60	3.18	13.52	43,800		
550	Total	Operating Expenditures (sum of lines 500 and 540)	268.31	289.13	308.17	998,480		
Prior Year Adjustments:								
560	6010	Prior Year Adjustments Affecting Residual Receipts						
Other Expenditures:								
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.						
580	Total	Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)	268.31	289.13	308.17	998,480		
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)	(88.49)	(112.37)	(136.72)	(442,960)		
HUD Contributions:								
600	8010	Basic Annual Contribution Earned-Leased Projects:Current Year						
610	8011	Prior Year Adjustments - (Debit) Credit						
620	Total	Basic Annual Contribution (line 600 plus or minus line 610)						
630	8020	Contributions Earned - Op.Sub.-Cur.Yr.(before year-end adj)	120.10	112.18	136.60	442,570		
640		Mandatory PFS Adjustments (net)		(8.41)				
650		Other (specify):						
660		Other (specify):						
670		Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)		(8.41)				
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)	120.10	103.77	136.60	442,570		
690	Total	HUD Contributions (sum of lines 620 and 680)	120.10	103.77	136.60	442,570		
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690)						
		Enter here and on line 810	31.61	(8.60)	(0.12)	(390)		

		Operating Reserve	PHA/IHA Estimates	HUD Modifications
Part I - Maximum Operating Reserve - End of Current Budget Year				
740	2821	PHA/IHA-Leased Housing - Section 23 or 10(c) 50% of Line 480, column 5, form HUD-52564		

		Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End		
780		Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date): 6/30/99	938,343	
790		Provision for Operating Reserve - Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE <input type="checkbox"/> Actual for FYE 6/30/00	(7,237)	
800		Operating Reserve at End of Current Budger Year (check one) <input checked="" type="checkbox"/> Estimated for FYE <input type="checkbox"/> Actual for FYE 6/30/00	931,106	
810		Provision for Operating Reserve - Requested Budget Year Estimated for FYE Enter Amount from line 700 06/30/01	(390)	
820		Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810) 06/30/01	930,716	
830		Cash Reserve Requirement- _____ of line 480		

Comments:

PHA/IHA Approval

Name Jennifer J. Osterholt

Title Executive Director

Signature _____ Date March 23, 1999

Field Office Approval

Name _____

Title _____

Signature _____ Date _____

HAB, INC.
Computer Software, Consulting, & Financial Management Services
 A subsidiary of Hawkins, Ash, Baptie & Company, LLP

HMS HUD Forms
 Version 2.1k 02/19/98

[Click Here to Go To Contents](#)

HMS HUD Forms are designed for ease of use, accuracy in calculations, and the ability to quickly edit/revise without having to recalculate the entire report by hand.

To order any of the many HUD Forms we already have, or to order a custom form, call us at:
(608) 785-7650

Check out our web site at: <http://www.habinc.com>

Developed by: Kevin R. Blum Forms Developer	Proofed & Edited by: Carla Mehner Monica Lambert	Tested by: The Fee Accounting Department and the HAB Inc. TEAM
--	---	---

Printing HUD-52566 and HUD-52567

To print these forms on 8-1/2" X 14" Paper, Select File/Page Setup
 First, Select the Sheet you are changing BEFORE doing the following steps.
 Select the Tab labeled Page, then
 Select Adjust Scaling to % normal Size and change to 93% for HUD-52566 and 95% for HUD-52567.
 Select the down-arrow on the Paper Size Edit box and Select 8-1/2 X 14
 Next, Select the Options button and Choose the Paper Source, (usually Auto Select if you have a paper tray with 8-1/2" X 14" paper in it, or Manual Feed if you need to feed the paper manually).

To change the printing back to 8-1/2" X 11" Paper, do the same steps as above, only selecting the different size paper.
 Also, change the Adjust Scaling to 72% for HUD-52566 and 74% for HUD-52567.

File Directory C:\My Documents\

DATA COLLECTION

HA_NAME	Housing Authority of the City of M	If necessary to make changes to this data, enter only in the cells with the yellow background.	FALSE
HA_ADDRESS	601 South Adams Street		
HA_CITY	Marion		
HA_STATE	16		IN
HA_ZIP	46953		46953
HA_ACC_NUM	ACC #C-2001		
HA_PROJ_NUM	Proj. #IN41-1-2-3-4-5		
HA_FIELD_OFF	Chicago		
HA_FYE_DATE	06/30/01		
HA_NO_UNITS	270		
HA_NO_PROJ	5		

HA_OWN_RENT	TRUE	< Enter a "1" if Yes "0", if No
HA_MUTUAL	FALSE	< Enter a "1" if Yes "0", if No
HA_LEAS_RENT	FALSE	< Enter a "1" if Yes "0", if No
HA_TURNKEY	FALSE	< Enter a "1" if Yes "0", if No
HA_LEAS_HO	FALSE	< Enter a "1" if Yes "0", if No
HA_ORIGINAL		
HA_REVISION		
HA_REV_NUM		

HA_PILOT

HA_PILOT1

OVERVERRIDE INFORMATION - Low Rent

OR_Dwell_Rent	505779
OR_ExUtil	200
OR_NDRent	
OR_Interest	
OR_OthInc	11110
OR_Water	
OR_Electric	
OR_Gas	
OR_Fuel	
OR_OthUtil	
OR_MntMat	
OR_MntCont	
OR_Insurance	
OR_EmpBen	
OR_CollectLoss	

Data collect by Override_dlg1 is in the first 5 yellow spaces

Data collect by Override_dlg2 is in the second 5 yellow spaces

Data collect by Override_dlg2 is in the last 5 yellow spaces

OVERVERRIDE INFORMATION - Mutual Help

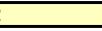
OR_Dwell_Rent1	
OR_ExUtil1	
OR_NDRent1	
OR_Interest1	
OR_OthInc1	
OR_Water1	
OR_Electric1	
OR_Gas1	
OR_Fuel1	
OR_OthUtil1	
OR_MntMat1	
OR_MntCont1	
OR_Insurance1	
OR_EmpBen1	
OR_CollectLoss1	

TimeOut	<input type="text"/>	TimeOut
StartDate	09/29/97	
DaysLeft	-1009	
ExpireDate	10/29/97	
Registered	Registered	

States	
AK	1
AL	2
AR	3
AZ	4
CA	5
CO	6
CT	7
DC	8
DE	9
FL	10
GA	11
HI	12
IA	13
ID	14
IL	15
IN	16
KS	17
MA	18
MD	19
ME	20
MI	21
MN	22
MO	23
MS	24
MT	25
ND	26
NE	27
NH	28
NJ	29
NM	30
NV	31
NY	32
OH	33
OK	34
OR	35
PA	36
RI	37
SC	38
SD	39

TN	40
TX	41
UT	42
VA	43
VT	44
WA	45
WI	46
WV	47
WY	48



HA_PILOT2 

HA_PILOT3 

Data collect by Override_dlg1 is
in the first 5 yellow spaces

Data collect by Override_dlg2 is
in the second 5 yellow spaces

Data collect by Override_dlg2 is
in the last 5 yellow spaces

OVERRIDE INFORMATION - Leased

OR_Dwell_Rent2	
OR_ExUtil2	
OR_NDRent2	
OR_Interest2	
OR_OthInc2	
OR_Water2	
OR_Electric2	
OR_Gas2	
OR_Fuel2	
OR_OthUtil2	
OR_MntMat2	
OR_MntCont2	
OR_Insurance2	
OR_EmpBen2	
OR_CollectLoss2	

Data collect by Override
in the first 5 yellow spac

Data collect by Override
in the second 5 yellow s

Data collect by Override
in the last 5 yellow spac

OVERRIDE INFORMATION - Turnkey III

OR_Dwell_Rent3	
OR_ExUtil3	
OR_NDRent3	
OR_Interest3	
OR_OthInc3	
OR_Water3	
OR_Electric3	
OR_Gas3	
OR_Fuel3	
OR_OthUtil3	
OR_MntMat3	
OR_MntCont3	
OR_Insurance3	
OR_EmpBen3	
OR_CollectLoss3	

Data collect by Override_dlg1 is
in the first 5 yellow spaces

Data collect by Override_dlg2 is
in the second 5 yellow spaces

Data collect by Override_dlg2 is
in the last 5 yellow spaces

ORGANIZATIONAL STRUCTURE

A copy of the agency's organizational chart follows.

ORGANIZATIONAL CHART – MARION HOUSING AUTHORITY

