

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

**ALBION HOUSING AUTHORITY  
AGENCY PLAN**

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

## PHA Plan Agency Identification

**PHA Name:** ALBION Housing Authority

**PHA Number:** NE040

**PHA Fiscal Year Beginning:** 10/2001

### PHA Plan Contact Information:

Name: Gayle Olson

Phone: 402-395-2204

TDD: same

Email (if available): aha@megavision.com

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered:

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

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

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<input type="checkbox"/> Attachment __ : Public Housing Drug Elimination Program (PHDEP) Plan	
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## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

Our annual plan is based on the emphasis that if we accomplish our goals and objectives we will be working toward the achievement of our mission statement

The plans, statement, budget summary, and policies set forth in the annual plan all lead toward the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the consolidated plan.

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

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

#### **Police Officer Policy**

The Albion Housing Authority will allow police officers to live at Albion Housing Authority above income guidelines, the ACCOP Policy was amended on 4/19/01, resolution #158, and also put into place the police officer policy at this time. The residents of Albion Housing Authority feel much safer when we can have a police officer living on the grounds. We will work with the city to try to make housing available, when possible, to accommodate a police officer.

**Pet Policy** is in place.

#### **Community Services Policy:**

The Albion Housing Authority has established a Community Service Program for those residents that need to perform community service in order to live at the housing authority. Those residents under 62 years of age and who are unemployed and do not have a disability, must perform 8 hours of community service a month.

They may contact the schools, Head Start, or Public Library to do their community service. The individual may contact the Albion Housing Authority for ideas on how community service may be performed. The Albion Housing Authority needs help with crafts, setting up for activities, and other jobs can be performed at the decision of the Executive Director.

The person must have the hours signed off by the place where the community service was performed and turn into the office by the 10<sup>th</sup> of each month.

**2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA’s estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$58,565.00

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

D. Capital Fund Program Grant Submissions

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

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

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

The Capital Fund Program Annual Statement is provided as Attachment C

**3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

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

**Component 3, (6) Deconcentration and Income Mixing** (Insert from PIH 2001-4decon)

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

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

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

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

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

[24 CFR Part 903.7 (m)]

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

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

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

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

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

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are Attached at Attachment (File name)

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

- The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
 Yes  No: below or

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

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

Other: (list below) –

### **B. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: State of Nebraska Non-Entitlement Areas

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

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other:

The 2001-2004 Consolidated Plan does not quantify housing needs. The Albion Housing Authority is working with the City of Albion and serving as the board for the Northeast Economic Development Committee to improve housing in Albion.

3. PHA Requests for support from the Consolidated Plan Agency

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

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

The 2001-2004 State of Nebraska Consolidated Plan does not quantify housing needs. This Plan calls for maintaining existing and creating additional affordable housing. In

this sense the efforts of ALBION Housing Authority to maintain the public housing inventory is in accordance with the State Consolidated Plan.

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

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

24 CFR Part 903.7(r) PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

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

A Substantial Deviation from the 5-year Plan is any changes in the mission statement and/or strategies to implement the mission of the authority. This includes but is not limited to the reallocation of funds or the redefinition of clients. Changes that result from HUD mandates are excluded.

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

A Significant Amendment of Modification to the Annual Plan includes: changes in budget items and capital fund projects due to emergencies, adjustment in policies to address issues such as vacancies; and initiate development projects that will affect the use of capital funds. Changes that result from changes in regulations and other HUD mandates that are excluded.

Public Hearing was held on April 19, 2001. The annual plan was then approved and adopted by the Board of Directors.

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

**ALBION HOUSING AUTHORITY  
ATTACHMENT A**

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

**Attachment A**  
**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
✓	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
✓	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
✓	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
✓	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
✓	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
	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
✓	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
✓	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
✓	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
✓	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
✓	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	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 (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
✓	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
✓	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**CIAP Budget /Progress Report**  
**Part III: Implementation Schedule**

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

**OMB Approval No. 2577-0044**  
**(exp. 04/30/2004)**

Development Number	Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual

form **HUD-52825** (10/96)  
ref Handbook 7485.1

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

**ALBION HOUSING AUTHORITY  
ATTACHMENT B  
Performance and Evaluation Report**

Copy from PIH 2000-4a

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> ALBION Housing Authority		<b>Grant Type and Number Capital Fund</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: March 31 <sup>st</sup> , 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	\$2000.00		\$401.16	\$401.16
	Management Improvements Hard Costs				
4	1410 Administration	\$4500.00		\$3283.75	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$46915.00		\$369.01	\$369.01
11	1465.1 Dwelling Equipment—Nonexpendable	\$4000.00		\$1759.37	\$1759.37
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:  
Summary**

PHA Name: ALBION Housing Authority		Grant Type and Number Capital Fund Capital Fund Program Grant No: Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: March 31 <sup>st</sup> , 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
		ORIGIN AL	REVISED	OBLIGATED	EXPENDED
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	\$57,415		\$5813.29	5813.29
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: ALBION Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P04050100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Work
NE040	MANAGEMENT IMPROVEMENTS	1408		\$2000			
	Computer - management						In Progress
	Anniversary – Harmony Homes				\$401.16		Complete
	ADMINISTRATION	1410		\$4500			
	Oversee project , obtain bids, paperwork				\$3283.75		In Progress
	DWELLING STRUCTURE	1460		\$46915			In progress
	New siding, fascia, soffett on <b>13 residential buildings</b>				<b>\$369.01</b>		
	DWELLING EQUIPMENT	1465		\$4000			
	New washer & 2 dryers				\$1759.37		Complete
	Phone project, additional lines						In Progress

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

PHA Name: ALBION Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P04050100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Work
	TOTAL			<u>\$57415</u>			

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

PHA Name: ALBION Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date) 03/31/01			All Funds Expended (Quarter Ending Date) 03/31/01			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE040	6/30/2001				9/30/2001		
							Siding bid took more work and additional time
							New washer & dryer purchased

**CIAP Budget / Progress Report**  
**Part I: Summary**  
 04/30/2004)

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0044  
 (exp.

Not Applicable

**Comprehensive Improvement Program for the Assistance of Public and Indian Housing**

HA Name:	Organization Project Number:	FFY of Grant Approval
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<input type="checkbox"/> Original CIAP Budget <input type="checkbox"/> Revised CIAP Budget/Revision Number            Progress Report for Period Ending <input type="checkbox"/> Final Progress Report					
Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds				
2	1406 Operations (may not exceed 10% of line 16)				
3	1408 Management Improvements				
4	1410 Administration				
5	1415 Liquidated Damages				
6	1430 Fees and Costs				
7	1440 Site Acquisition				
8	1450 Site Improvement				
9	1460 Dwelling Structures				
10	1465.1 Dwelling Equipment—Nonexpendable				
11	1470 Nondwelling Structures				
12	1475 Nondwelling Equipment				
13	1485 Demolition				
14	1495.1 Relocation Cost				
15	1498 Mod Used for Development				
16	<b>Amount of CIAP Grant</b> (Sum of lines 2-14)				
17	Amount of line 16 Related to LBP Activities				
18	Amount of line 16 Related to Security				
19	Amount of line 16 Related to Section 504 Compliance				
20	Amount of line 16 related to Energy Conservation Measures				

Signature of Executive Director Date (mm/dd/yyyy)	<p><b>HUD Certification:</b> In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).</p> Signature of Director, Office of Public Housing / ONAP Administrator <span style="float: right;">Date</span> (mm/dd/yyyy)
form HUD-52825 (10/96) ref Handbook 7485.1	

**CIAP Budget /Progress Report**  
**Part II: Supporting Pages**  
 (exp. 04/30/2004)

U.S. Department of Housing  
 and Urban Development

OMB Approval No. 2577-0044

**Office of Public and Indian Housing**

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		

form HUD-52825 (10/96)  
 ref Handbook 7485.1

**CIAP Budget /Progress Report  
Part III: Implementation Schedule**

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

**OMB Approval No. 2577-0044  
(exp. 04/30/2004)**

Development Number	Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual

form HUD-52825 (10/96)  
ref Handbook 7485.1

Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

**ALBION HOUSING AUTHORITY**  
**ATTACHMENT C**  
**Capital Fund Annual Plan**

Copy from PIH 2000-4a

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: ALBION Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:01) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	\$2,000			
	Management Improvements Hard Costs	\$6,500			
4	1410 Administration	\$1,240			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<b>7000</b>			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	<b>\$41,916</b>			
13	1475 Nondwelling Equipment				
14	1485 Demolition				

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:  
 Summary**

PHA Name: ALBION Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no:01)  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2-19)		\$58,656		
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security– Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: ALBION Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Work
NE040	Management Improvements Computer help and programs		1408		\$ 2,000			
	Administration Administrative Fees for projects		1410		\$ 6,500			
	Audit		1411		\$ 1,240			
	Dwelling Structure: <b>New blinds for resident apartments (moved up from 2003 because badly needed)</b>		<b>1460</b>		<b>\$7,000</b>			
	Non-Dwelling Structure: <b>1. Community Room building: New windows Siding and soffet to repair damage to areas from window replacement &amp; to match resident buildings done with 2000 CFP 2. New building for resident recreation</b>		<b>1470</b>		<b>\$41,916</b>			
	<b>Total</b>				<b>\$58,656</b>			





Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

**ALBION HOUSING AUTHORITY  
ATTACHMENT D  
Five Year Action Plan**

Copy from PIH 2000-4a

## Capital Fund Program Five-Year Action Plan

### Part I: Summary

PHA Name: ALBION Housing Authority						<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 02			
Development Number/Name/ HA-Wide	Year 1 2001	Work Statement for Year 2 FFY Grant: 2002 PHA FY:10/2002		Work Statement for Year 3 FFY Grant: 2003 PHA FY: 10/2003		Work Statement for Year 4 FFY Grant: 2004 PHA FY: 10/2004		Work Statement for Year 5 FFY Grant: 2005 PHA FY: 10/2005	
NE 040	Annual Statemen	OPERATIONS	\$5800	OPERATIONS	\$5000	OPERATIONS	\$5000	OPERATIONS	\$5000
		MANAGEMENT	2000	MANAGEMENT	2000	MANAGEMENT	2000	MANAGEMENT	2500
		ADMINISTRATION	6500	ADMINISTRATION	6500	ADMINISTRATION	6500	ADMINISTRATION	6500
		FEES AND COSTS	0	FEES AND COSTS	0	FEES AND COSTS	0	FEES AND COSTS	0
		SITE IMPROVEMENT	0	SITE IMPROVEMENT	0	SITE IMPROVEMENT	10000	SITE IMPROVEMENT	20000
		DWELLING STRUCTURE	37356	DWELLING STRUCTURE	27156	DWELLING STRUCTURE	31156		0
		NON-DWELLING STRUCTURE:	5000	NON-DWELLING STRUCTURE	15000	NON-DWELLING STRUCTURE	1000	DWELLING EQUIPMENT	9656
		NON-DWELLING EQUIPMENT	2000	NON-DWELLING EQUIPMENT	3000	NON-DWELLING EQUIPMENT	3000	NON-DWELLING EQUIPMENT	15000
<b>Total CFP Funds (Est.)</b>		<b>\$58656.00</b>		<b>\$58656.00</b>		<b>\$58656.00</b>		<b>\$58656.00</b>	
Total Replacement Housing Factor Funds									

## Capital Fund Program Five-Year Action Plan

<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year : 2002 FFY Grant: 2002 PHA FY:10/2002			Activities for Year: 2003 FFY Grant: 2003 PHA FY: 10/2003		
	Operations	\$5800		Operations	\$5000	
	Administration	6500		Administration	6500	
	Management	2000		Management	2000	
	Site Improvement:	0		Site Improvement	0	
	<b>Dwelling Structures:</b> Carpet all apartments Security Dry clean Living Room drapes, rehang and purchase new security blinds Paint all apts.	<b>\$20000</b>  <b>\$8356</b>  <b>\$9000</b>		<b>Dwelling Structures</b> Storm doors New Plumbing	<b>\$10000</b>  <b>\$17156</b>	
	Non-Dwelling Structure Hot Water Heaters New tools for shop	<b>5000</b>		Non-Dwelling Structure: Beauty Shop in Comm. Bldg	<b>\$15000</b>	
	Non-Dwelling Equip: Copier for office	<b>2000</b>		Non-Dwelling Equip Equipment	<b>3000</b>	
	<b>Total Amount of Grant</b>	<b>\$58,656.00</b>			<b>\$58,656.00</b>	

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

Activities for Year 1	Activities for Year : 2004 FFY Grant: 2004 PHA FY: 10/2004		Activities for Year: 2005 FFY Grant: 2005 PHA FY10/2005		
	Operations	\$5000		Operations	\$5000
	Management Replace office equipment-computer	2000		<b>Management Update office equipment, software programs, and training for software</b>	<b>2500</b>
	Administration	6500		Administration	6500
	<b>Site Improvement Concrete and landscaping</b>	<b>10000</b>		<b>Site Improvement Reseed Lawns</b>	<b>\$20000</b>
	<b>Dwelling Structures Maintenance Shop</b>	<b>31156</b>		<b>Dwelling Equipment New Stoves &amp; Vents</b>	<b>\$9656</b>
	<b>Non-Dwelling Structures Upkeep on buildings</b>	<b>1000</b>		<b>Non Dwelling Equipment: New Snow Blower &amp; Lawn Mower Big Screen TV &amp; New furniture for Community Room</b>	<b>\$15000</b>
	<b>Non-Dwelling Equip Repairs &amp; Small tool replacement</b>	<b>3000</b>			
	<b>Total Annual Grant</b>	<b>\$58,656.00</b>		<b>Total Annual Grant</b>	<b>\$58,656.00</b>
	<b>Total estimated cost over next 5 years</b>	<b>\$58656 X 5 = \$293,280</b>			

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

**ALBION HOUSING AUTHORITY  
ATTACHMENTS E,F,G**

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

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

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

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

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

Elected

Appointed

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

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member: 10/31/2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Jim Tisthammer, Mayor of Albion

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

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

**PUBLIC HOUSING RAB MEMBERS:**

**Thelma Johannes, Apt # 134 827 W Columbia, Albion, Nebraska 68620**

**Ce Ce Ternus Apt # 135 827 W Columbia, Albion, Nebraska 68620**

**Evelyn Loeske Apt # 122 827 W Columbia, Albion, Nebraska 68620**

**Margret Briese Apt #131 827 West Columbia, Albion, Nebraska 68620**

**Required Attachment G:  
Comments of Resident Advisory Board or Boards**

**RAB BOARD RECOMMENDATIONS AND ALBION HOUSING AUTHORITY RESPONSE:**

**No recommendations from Residents Advisory Board.  
No response necessary from Albion Housing Authority.**