

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

Small PHA Plan Update  
Annual Plan for Fiscal Year: **2002**

**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:** MARSHALL COUNTY HOUSING AUTHORITY

**PHA Number:** IN103

**PHA Fiscal Year Beginning: (mm/yyyy)** 01/01/2002

**PHA Plan Contact Information:**

Name: G. DEAN BYERS, DIRECTOR  
Phone: 574-936-1835  
TDD:  
Email (if available): 103@hoosierlink.net

**Public Access to Information**

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

Main administrative office of the PHA

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

Main business office of the PHA

**PHA Programs Administered:**

Section 8 Only

**Annual PHA Plan**

**Fiscal Year 2002**

[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.

**Contents**

**Page #**

**Annual Plan**

.Executive Summary (optional)

.Annual Plan Information

.Table of Contents

.Description of Policy and Program Changes for the Upcoming Fiscal Year

**NONE**

.Other Information:

- . Resident Advisory Board Consultation Process
- . Statement of Consistency with Consolidated Plan
- . Criteria for Substantial Deviations and Significant Amendments

**Attachments**

Attachment A : Supporting Documents Available for Review

Attachment \_\_: Resident Membership on PHA Board or Governing Body

Attachment \_\_: Membership of Resident Advisory Board or Boards

Attachment \_\_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)

Other (List below, providing each attachment name)

**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

**NONE**

**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.

**NONE**

**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? \$ \_\_\_\_\_

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

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

The Capital Fund Program Annual Statement is provided as Attachment

**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

**Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)**

1a. Development name: 1b. Development (project) number:

2. Activity type: Demolition Disposition

3. Application status (select one) Approved Submitted, pending approval Planned application

4. Date application approved, submitted, or planned for submission: (DD/MM/YY)

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

7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)

8. Timeline for activity: a.

Actual or pr

#### **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.

. 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: (provide name here)

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: (list below)

. 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: (describe below)

**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:**

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

**NONE**

**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.

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display Document</b>	<b>Related Plan Component</b>	<b>Supporting</b>
	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year
(not required for this update)	State/Local Government Certification of Consistency with the Consolidated Plan	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 Yea
	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	Annu
	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 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 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 check here if included in the public housing A & O Policy	Annual Plan:	
Rent Determination		
Section 8 rent determination (payment standard) policies 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		
Results of latest binding Public Housing Assessment System (PHAS) Assessment		Annu
Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)		Annu
Results of latest Section 8 Management Assessment System (SEMAP)		Annu
Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan:	
Operations and Maintenance		
Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures	
Section 8 informal review and hearing procedures 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 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:	Annu
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).		Annu
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		Annu
Approved or submitted public housing homeownership programs/plans		Annu
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		
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		

grant program reports Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant)  
 Annual Plan: Community Service & Self-Sufficiency  
 performance report The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual  
 Annual Plan: Safety and Crime Prevention  
 PHDEP-related documentation: · Baseline law  
 enforcement services for public housing developments assisted under the PHDEP plan; · 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); · Partnership agreements (indicating specific leveraged support) with  
 agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;  
 · Coordination with other law enforcement efforts; · Written  
 agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · 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. 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) check here if included in the public housing A & O Policy Pet P  
 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

PHAs Troubled PHAs: MOA/Recovery Plan Troubled

necessary) Other supporting documents (optional) (list individually; use as many lines as  
 (specify as needed)

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

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

Line No.	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total non-CFP Funds		
2	1406 Operations		
3	1408 Management Improvements		
4	1410 Administration		
5	1411 Audit		
6	1415 liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures		
11	1465.1 Dwelling Equipment-Nonexpendable		
12	1470 Nondwelling Structures		
13	1475 Nondwelling Equipment		
14	1485 Demolition		
15	1490 Replacement Reserve		
16	1492 Moving to Work Demonstration		

17 1495.1 Relocation Costs  
18 1498 Mod Used for Development  
19 1502 Contingency  
20 Amount of Annual Grant: (sum of lines 2-19)  
21 Amount of line 20 Related to LBP Activities  
22 Amount of line 20 Related to Section 504 Compliance  
23 Amount of line 20 Related to Security  
24 Amount of line 20 Related to Energy Conservation Measures

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

PHA Name: **Grant Type and Number** Capital Fund  
 Program #: Capital Fund Program Replacement Housing Factor #:  
 Development Number General Description of Major Work Categories Dev. Acct No.  
 Quantity Total Estimated Cost  
 Total Actual Cost Status of Proposed  
 Name/HA-Wide Activities

Origin:

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

PHA Name: \_\_\_\_\_ Grant Type and Number \_\_\_\_\_ Capital Fund Program #: \_\_\_\_\_

Capital Fund Program Replacement Housing Factor #: \_\_\_\_\_ **F**

Development Number Name/HA-Wide Activities \_\_\_\_\_ All Fund Obligated (Quart Ending \_\_\_\_\_ **R**

Date) \_\_\_\_\_

All Funds Expended (Quarter Ending Date)

Original      Revised      Actual      Original      Revised      Actual

## Capital Fund Program 5-Year Action Plan

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.

**CFP 5-Year Action Plan**    Original statement    Revised statement

Development Number    Development Name (or indicate PHA wide)

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned St
<b>Total estimated cost over next 5 years</b>		

# PHA Public Housing Drug Elimination Program Plan

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

## **Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an "x")** N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

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

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

<b>PHDEP Target Areas (Name of development(s) or site Area(s))</b>	<b>Total # of Units within the PHDEP Target Total Population to be Served within the PHDEP Target Area(s)</b>

### **F. Duration of Program**

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

**12 Months** \_\_\_\_\_    
 **18 Months** \_\_\_\_\_    
 **24 Months** \_\_\_\_\_

### **G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

<b>Fiscal Year of Funding Date of this Submission</b>	<b>PHDEP Funding Received Grant Extensions or Waivers</b>	<b>Grant #</b>	<b>Fund Balance as of Grant Start Date</b>	<b>Grant T</b>
FY 1995				
FY 1996				
FY 1997				

FY1998  
FY 1999

## **Section 2: PHDEP Plan Goals and Budget**

### **A. PHDEP Plan Summary**

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

### **B. PHDEP Budget Summary**

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

**FFY \_\_\_\_\_ PHDEP Budget Summary Original statement Revised statement dated:**

<b>Budget Line Item</b>	<b>Total Funding</b>
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	

**TOTAL PHDEP FUNDING**

### **C. PHDEP Plan Goals and Activities**

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

**9110 - Reimbursement of Law Enforcement**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

PHEDEP Funding

Other

Funding (Amount/ Source)

Performance Indicators

1.

2.

3.

**9115 - Special Initiative**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Compl

1.

2.

3.

**9116 - Gun Buyback TA Match**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

PHEDEP Funding

Other Funding

(Amount /Source)

Performance Indicators

1.

2.

3.

**9120 - Security Personnel**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complet

1.

2.

3.

**9130 - Employment of Investigators**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complet

- 1.
- 2.
- 3.

**9140 - Voluntary Tenant Patrol**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complet

- 1.
- 2.
- 3.

**9150 - Physical Improvements**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complet

- 1.
- 2.
- 3.

**9160 - Drug Prevention**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Com

- 1.
- 2.
- 3.

**9170 - Drug Intervention**

**Total**

**PHDEP Funding: \$**

Goal(s)				
Objectives				
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Cor
1.				
2.				
3.				

**9180 - Drug Treatment**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

PHDEP Funding

Other Funding

(Amount /Source)

Performance Indicators

1.

2.

3.

**9190 - Other Program Costs**

**Total PHDEP**

**Funds: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complet

1.

2.

3.

**Required Attachment \_\_\_\_: 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:

**REBECCA HOLLAR**

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

Elected

**Appointed**

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

**DECEMBER 31, 2003**

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:

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

**MARSHALL COUNTY COUNCIL  
112 W. JEFFERSON ST.  
PLYMOUTH, IN 46563  
BILL GEE, PRESIDENT OF COUNCIL**

## **Required Attachment \_5\_: 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.)

**MARTY JACKSON**

**JULIA MORALES**

**MARY ATKINS**

**NORMA RUSK**

**CHARLES GREEN**