

# Madison County Housing Authority PHA Plan

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:** Madison County Housing Authority

**PHA Number:** IL015

**PHA Fiscal Year Beginning:** 01/2002

### 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)  
Madison County Community Development Office

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)

---

## STANDARD HOUSING AUTHORITY

# TABLE OF CONTENTS

---

Executive Summary	1
Housing Needs	6
Financial Resources	12
Eligibility, Selection, and Admissions	14
Rent Determination	22
Operation and Management	26
Grievance Procedures	28
Capital Improvements	29
Demolition and/or Disposition	42
Designated Housing	43
Conversion of Public Housing	44
Homeownership	45
Community Service and Self-Sufficiency	47
Safety and Crime Prevention	50
Ownership of Pets in Public Housing	52
Civil Rights Certification	56
Audit	57
Asset Management	58
Resident and Public Comments	59
Consistency with Consolidated Plan	61
Attachments:	
Deconcentration Policy	62
Annual Statement/P&E Reports	63
Organizational Chart IL015a06	Separate Attachment
Component 10(B) Voluntary Conversion Initial Assessments IL015b06	Separate Attachment

**Copies of any information not physically included with this document can be reviewed in the Main Office of the Madison County Housing Authority.**

**Annual PHA Plan**  
**PHA Fiscal Year 2002**  
[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.

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards 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. Here are just a few highlights of our Annual Plan:

We have adopted the following local preferences:

Homeless Preference: Using the HUD definition of homeless

Displaced Preference: Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws.

Applicants whose head or spouse is employed and working at least thirty-two (32) hours per week.

Applicants with an adult family member enrolled in an employment training program or attending school on a full-time basis. This preference is also extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work.

Applicants who reside or work in the jurisdiction of Madison County Housing Authority.

Applicants who are Elderly (62 or over), Handicapped or Disabled for Elderly Public Housing Projects.

Veteran Preference: Veterans who have served in the Armed Forces of the USA and were discharged or released under conditions other than dishonorable. Serviceman: A person presently serving in the Armed Forces of the USA. Dependent: A family member who is deriving direct benefits from a veteran because of his/her veteran status.

We have adopted an aggressive screening policy for public housing to ensure to the best of our ability that new admissions will be good neighbors. In our Section 8 program, we are screening applicants to the fullest extent allowable while not taking away the ultimate responsibility from the landlord. Our screening practices will meet all fair housing requirements.

We have implemented a deconcentration policy.

Applicants will be selected from the waiting list by preference and in order of the date and time they applied.

We have established a minimum rent of \$1.

We have established flat rents for all of our developments.

In an attempt to encourage work and advancement in the workplace, we are not requiring interim re-certifications if a resident has an increase in income. The increase will be reported at the next regular re-certification.

We are going to utilize 110% of the published FMR's as our payment standard for the Section 8 Program.

We are in the process of submitting applications for demolition and/or disposition at four of our family sites; Grenzer Homes, Venice Homes, Curran Homes and Sullivan Homes.

#### 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 Included in Plan
- FY 2002 Capital Fund Program Annual Statement Included in Plan
- 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 2002 Capital Fund Program 5 Year Action Plan Included in Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) Included in Plan
- 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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
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 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 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
	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	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	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
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
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
	?? Blood Borne Disease Policy ?? Capitalization Policy ?? Check Signing Policy ?? Community Space Policy ?? Criminal Records Management Policy ?? Disposition Policy ?? Drug Free Policy ?? Equal Housing Opportunity Policy ?? Ethics Policy ?? Fund Transfer Policy ?? Hazardous Materials Policy ?? Investment Policy ?? Maintenance Policy ?? Natural Disaster Policy ?? Personnel Policy ?? Pest Control Policy ?? Procurement Policy	Annual Plan: Operations and Management

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	744	5	3	4	na	na	na
Income >30% but <=50% of AMI	4835	5	3	4	na	na	na
Income >50% but <80% of AMI	5404				na	na	na
Elderly	na	na	na	na	na	na	na
Families with Disabilities	na	na	na	na	na	na	na
Race/Ethnicity	na	na	na	na	na	na	na
Race/Ethnicity	na	na	na	na	na	na	na
Race/Ethnicity	na	na	na	na	na	na	na
Race/Ethnicity	na	na	na	na	na	na	na

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: 1995
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

## 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			
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	733		
Extremely low income <=30% AMI	713	97.3	
Very low income (>30% but <=50% AMI)	18	2.5	
Low income (>50% but <80% AMI)	2	Less than 1	
Families with children	557	76	
Elderly families	23	3.1	
Families with Disabilities	97	13.2	
White/non Hispanic	225	30.7	
Black/non Hispanic	506	96	
American Indian	0	Less than 1	
Asian	1	Less than 1	
Hispanic	1	Less than 1	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	1	Less than 1	
1BR	193	26.3	
2 BR	313	42.7	
3 BR	178	24.3	
4 BR	45	6.1	

Housing Needs of Families on the Waiting List			
5 BR	3	Less than 1	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
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	1586		
Extremely low income <=30% AMI	1569	99	
Very low income (>30% but <=50% AMI)	17	1	
Low income (>50% but <80% AMI)	0		
Families with children	1182	74.5	
Elderly families	72	4.5	
Families with Disabilities	190	12	
White/non Hispanic	769	52.9	
Black/non Hispanic	788	46.6	
American Indian	9	less than 1	
Asian	5	less than 1	
Hispanic	15	less than 1	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

**C. Strategy for Addressing Needs**

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

**(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

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

Select all that apply

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

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)
  - Work with other agencies and developers to expand housing using allotment of project based certificates

**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
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)  
Work with other agencies and developers to expand housing using allotment of project based certificates

**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.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2002 grants)</b>		
a) Public Housing Operating Fund	\$1,744,772	Public housing operations
b) Public Housing Capital Fund	\$1,840,397	Public housing capital improvements, management improvements, administrative expenses
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$3,766,221	HAP payments and administrative expenses
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
FY2000 DEGP	\$50,000	Public housing safety/security
FY2001 DEGP	\$204,661	
FY2000 CAPITAL FUND	\$1,647,406	Public housing capital improvements, management improvements, administrative expenses
FY2001 CAPITAL FUND	\$1,840,397	
<b>3. Public Housing Dwelling Rental Income</b>	\$527,092	Public Housing operations
<b>4. Other income (list below)</b>		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
Investment income	\$70,434	
Misc.	\$42,000	
<b>4. Non-federal sources</b> (list below)		
<b>Total resources</b>	\$11,733,380	

### **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) 20  
 When families are within a certain time of being offered a unit: (state time)  
 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**

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

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

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

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

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

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

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

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

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

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

### **(3) Assignment**

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

- One
- Two
- Three or More

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

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

### **(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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.

1 Date and Time

Former Federal preferences:

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

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: ALL PUBLIC HOUSING DEVELOPMENTS  
Garesche Homes, Viola Jones Homes, Grenzer Homes, Curran Homes, Northgate Homes, Lee Wright Homes, Sullivan Homes, Venice Homes, Olin Building, Braner Building
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below: : ALL PUBLIC HOUSING DEVELOPMENTS  
Garesche Homes, Viola Jones Homes, Grenzer Homes, Curran Homes, Northgate Homes, Lee Wright Homes, Sullivan Homes, Venice Homes, Olin Building, Braner Building
- Other (list policies and developments targeted below)

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

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

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

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: : ALL PUBLIC HOUSING DEVELOPMENTS  
Garesche Homes, Viola Jones Homes, Grenzer Homes, Curran Homes, Northgate Homes, Lee  
Wright Homes, Sullivan Homes, Venice Homes, Olin Building, Braner Building

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)  
Screening for income eligibility and to determine if applicant owes money to another housing program or authority
- Other (list below)

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

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

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

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

- Criminal or drug-related activity
- Other (describe below)

**(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: Handicapped, Disabled, Special Needs, Large Families

**(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)

Applicants on waiting list more than two years

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.

1      Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- 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)

Applicants on waiting list more than two years

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)  
Board Resolution

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

- Through published notices
- Other (list below)  
Local Special Needs Agencies

### **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)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The “rental value” of the unit
- Other (list below)

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase

Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_

Other (list below)

Do not need to report change in income but must report changes to family composition

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)

Rents surveyed exceeded the operating costs, the Authority established the flat rent based on operating costs

## **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	833	86
Section 8 Vouchers	916	90
Section 8 Certificates		
Section 8 Mod Rehab	49	13
Special Purpose Section 8 Certificates/Vouchers (list individually)	Na	
Public Housing Drug Elimination Program (PHDEP)	694	70
Other Federal Programs(list individually)		

**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)  
 ?? Admissions and Continued Occupancy Policy

- ?? Blood Borne Disease Policy
- ?? Capitalization Policy
- ?? Check Signing Policy
- ?? Community Space Policy
- ?? Criminal Records Management Policy
- ?? Disposition Policy
- ?? Drug Free Policy
- ?? Equal Housing Opportunity Policy
- ?? Ethics Policy
- ?? Fund Transfer Policy
- ?? Hazardous Materials Policy
- ?? Investment Policy
- ?? Maintenance Policy
- ?? Natural Disaster Policy
- ?? Personnel Policy
- ?? Pest Control Policy
- ?? Pet Policy
- ?? Procurement Policy
- ?? Rent Collection Policy

(2) Section 8 Management: (list below)

## Administrative Plan

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

### **B. Section 8 Tenant-Based Assistance**

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

### **A. Capital Fund Activities**

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

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

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure 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)

## Madison County Housing Authority-PHA Plan Table Library

### Component 7

### Capital Fund Program Annual Statement

### Parts I, II, and III

### Annual Statement

### Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number **IL06P01550102** FFY of Grant Approval: (10/2002)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	0.00
2	1406 Operations	184,038.00
3	1408 Management Improvements	198,536.00
4	1410 Administration	67,798.00
5	1411 Audit	0.00
6	1415 Liquidated Damages	0.00
7	1430 Fees and Costs	65,025.00
8	1440 Site Acquisition	0.00
9	1450 Site Improvement	100,000.00
10	1460 Dwelling Structures	690,000.00
11	1465.1 Dwelling Equipment-Nonexpendable	0.00
12	1470 Nondwelling Structures	0.00
13	1475 Nondwelling Equipment	0.00
14	1485 Demolition	535,000.00
15	1490 Replacement Reserve	0.00
16	1492 Moving to Work Demonstration	0.00
17	1495.1 Relocation Costs	0.00
18	1498 Mod Used for Development	0.00
19	1502 Contingency	0.00
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>1,840,397.00</b>
21	Amount of line 20 Related to LBP Activities	0.00
22	Amount of line 20 Related to Section 504 Compliance	0.00
23	Amount of line 20 Related to Security	0.00
24	Amount of line 20 Related to Energy Conservation Measures	0.00

**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
IL 15-1 Garesche Homes	☐ ☐ Install Security Storm Doors	1460	150,000.00
IL 15-3 Grenzer Homes	☐ ☐ Install Security Storm Doors and Replace Entry Door Hardware	1460	135,000.00
IL 15-4 Curran Homes	☐ ☐ Demolition of 27 Bldgs	1485	270,000.00
	☐ ☐ Sidewalk Replacement	1450	100,000.00
	☐ ☐ Replace Entry Canopies	1460	150,000.00
	☐ ☐ Install Central Air Conditioning	1460	90,000.00
	☐ ☐ Entry Door, Hardware & Frames	1460	65,000.00
	☐ ☐ Exterior Siding Repairs	1460	50,000.00
	☐ ☐ Install Security Storm Doors	1460	50,000.00
IL 15-8 Sullivan Homes	☐ ☐ Demolition of 7 Bldgs.	1485	150,000.00
IL 15-9 Venice Homes	☐ ☐ Demolition of 11 Bldgs	1485	115,000.00

**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
PHA-WIDE	<b>Management Improvements</b> <input type="checkbox"/> <input type="checkbox"/> Staff Training <input type="checkbox"/> <input type="checkbox"/> Preventive Maintenance Supplies <input type="checkbox"/> <input type="checkbox"/> Preventive Maintenance Team Salaries & Benefits	1408 1408 1408	30,000.00 10,000.00 158,536.00
PHA-WIDE	<b>Administration Costs</b> <input type="checkbox"/> <input type="checkbox"/> Salaries & Benefits Percentage of HA staff <input type="checkbox"/> <input type="checkbox"/> Operations	1410 1406	67,798.00 184,038.00
PHA-WIDE	<b>Fees and Costs</b> <input type="checkbox"/> <input type="checkbox"/> A & E Costs	1430	65,025.00

**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)
IL 15-1 Garesche Homes	09/30/2004	09/30/2005
IL 15-3 Grenzer Homes	09/30/2004	09/30/2005
IL 15-4 Curran Homes	09/30/2004	09/30/2005
IL 15-8 Sullivan Homes	09/30/2004	09/30/2005

**(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)

**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
IL 015-01	GARESCHÉ HOMES	9	12%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<input type="checkbox"/> CURBS AND GUTTERS		39,000.00	2004
<input type="checkbox"/> PLAYGROUND EQUIPMENT & TOT-LOTS		60,000.00	2003
<input type="checkbox"/> PAINTING AND PLASTERING		62,000.00	2006
<input type="checkbox"/> LOCKS & HARDWARE REPLACEMENT		54,600.00	2004
<input type="checkbox"/> LANDSCAPING		10,000.00	2004
<b>Total estimated cost over next 5 years</b>		<b>225,600.00</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
<b>IL 015-02</b>	<b>VIOLA JONES HOMES</b>	1	3%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<input type="checkbox"/> <b>PAINTING AND PLASTERING</b>		<b>62,400.00</b>	<b>2006</b>
<input type="checkbox"/> <b>FLOOR TILE REPLACEMENTS</b>		<b>40,000.00</b>	<b>2005</b>
<input type="checkbox"/> <b>REPLACE STAIR TREADS/RISERS</b>		<b>22,000.00</b>	<b>2004</b>
<input type="checkbox"/> <b>REPLACE PERIMETER FRAMING</b>		<b>50,000.00</b>	<b>2004</b>
<input type="checkbox"/> <b>DUMPSTER PADS &amp; ENCLOSURES</b>		<b>50,000.00</b>	<b>2004</b>
<b>Total estimated cost over next 5 years</b>		<b>224,400.00</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
<b>IL 015-03</b>	<b>GRENZER HOMES</b>	23	27%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>FLOOR TILE REPLACEMENT</b>		<b>196,800.00</b>	<b>2006</b>
<b>KITCHEN MODERNIZATION</b>		<b>305,000.00</b>	<b>2006</b>
<b>CLOSET DOORS</b>		<b>73,500.00</b>	<b>2003</b>
<b>LANDSCAPING</b>		<b>50,000.00</b>	<b>2004</b>
<b>PLAYGROUND AND TOT-LOTS</b>		<b>20,000.00</b>	<b>2003</b>
<b>NEW APPLIANCES</b>		<b>60,000.00</b>	<b>2004</b>
<b>BATHROOM MODERNIZATION</b>		<b>300,000.00</b>	<b>2006</b>
		<b>1,005,300.00</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
<b>IL 015-04</b>	<b>CURRAN HOMES</b>	74	51%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<input type="checkbox"/> <input type="checkbox"/> <b>INSTALL CLOSET DOORS</b>		<b>145,000.00</b>	<b>2004</b>
<input type="checkbox"/> <input type="checkbox"/> <b>DUMPSTER PADS &amp; ENCLOSURES</b>		<b>10,000.00</b>	<b>2003</b>
<input type="checkbox"/> <input type="checkbox"/> <b>BATHROOM MODERNIZATION</b>		<b>500,000.00</b>	<b>2003</b>
<input type="checkbox"/> <input type="checkbox"/> <b>SANITARY SEWER LINE REPAIRS</b>		<b>100,000.00</b>	<b>2004</b>
<input type="checkbox"/> <input type="checkbox"/> <b>SITE REHAB &amp; STABILIZATION</b>		<b>260,000.00</b>	<b>2003</b>
<input type="checkbox"/> <input type="checkbox"/> <b>KITCHEN MODERNIZATION</b>		<b>500,000.00</b>	<b>2005</b>
<input type="checkbox"/> <input type="checkbox"/> <b>ROOF REPLACEMENT</b>		<b>260,000.00</b>	<b>2004</b>
<input type="checkbox"/> <input type="checkbox"/> <b>REPLACE APPLIANCES</b>		<b>184,400.00</b>	<b>2006</b>
<b>Total estimated cost over next 5 years</b>		<b>1,959,400.00</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
<b>IL 015-06</b>	<b>NORTHGATE HOMES</b>	11	11%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<input type="checkbox"/> <input type="checkbox"/> <b>SITE REHABILITATION</b>		<b>170,000.00</b>	<b>2003</b>
<input type="checkbox"/> <input type="checkbox"/> <b>KITCHEN MODERNIZATION</b>		<b>500,000.00</b>	<b>2004</b>
<input type="checkbox"/> <input type="checkbox"/> <b>EXTERIOR SIDING REPAIRS</b>		<b>10,000.00</b>	<b>2003</b>
<input type="checkbox"/> <input type="checkbox"/> <b>FLOOR TILE REPLACEMENT</b>		<b>119,000.00</b>	<b>2004</b>
<input type="checkbox"/> <input type="checkbox"/> <b>INSTALL CLOSET DOORS</b>		<b>100,000.00</b>	<b>2005</b>
<input type="checkbox"/> <input type="checkbox"/> <b>DUMPSTER PADS &amp; ENCLOSURES</b>		<b>20,000.00</b>	<b>2005</b>
<input type="checkbox"/> <input type="checkbox"/> <b>REPLACE STOVES &amp; REFRIGERATORS</b>		<b>70,000.00</b>	<b>2005</b>
<b>Total estimated cost over next 5 years</b>		<b>989,000.00</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
<b>IL 015-07</b>	<b>LEE WRIGHT HOMES</b>	28	28%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<input type="checkbox"/> <input type="checkbox"/> <b>KITCHEN MODERNIZATION</b>		<b>300,000.00</b>	<b>2004</b>
<input type="checkbox"/> <input type="checkbox"/> <b>REPLACE FLOOR TILE</b>		<b>175,000.00</b>	<b>2005</b>
<input type="checkbox"/> <input type="checkbox"/> <b>INSTALL DUMPSTER PADS</b>		<b>10,000.00</b>	<b>2005</b>
<input type="checkbox"/> <input type="checkbox"/> <b>REPLACE GALVANIZED SUPPLY LINES</b>		<b>100,000.00</b>	<b>2005</b>
<input type="checkbox"/> <input type="checkbox"/> <b>REPLACE FURNACES</b>		<b>90,000.00</b>	<b>2003</b>
<b>Total estimated cost over next 5 years</b>		<b>675,000.00</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
<b>IL 015-08</b>	<b>SULLIVAN HOMES</b>	74	74%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<input type="checkbox"/> <input type="checkbox"/> <b>REPLACE ENTRY DOORS &amp; FRAMES</b>		<b>100,000.00</b>	<b>2004</b>
<input type="checkbox"/> <input type="checkbox"/> <b>REPLACE STORM DOORS</b>		<b>75,000.00</b>	<b>2004</b>
<input type="checkbox"/> <input type="checkbox"/> <b>REPLACE FLOOR TILE</b>		<b>175,000.00</b>	<b>2004</b>
<input type="checkbox"/> <input type="checkbox"/> <b>INSTALL SECURITY SCREENS</b>		<b>125,000.00</b>	<b>2003</b>
<input type="checkbox"/> <input type="checkbox"/> <b>ENTRANCE CANOPY REPLACEMENT</b>		<b>150,000.00</b>	<b>2003</b>
<input type="checkbox"/> <input type="checkbox"/> <b>KITCHEN MODERNIZATION</b>		<b>350,000.00</b>	<b>2005</b>
<input type="checkbox"/> <input type="checkbox"/> <b>WINDOW REPLACEMENT</b>		<b>200,000.00</b>	<b>2003</b>
<b>Total estimated cost over next 5 years</b>		<b>1,175,000.00</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
<b>IL 015-10</b>	<b>OLIN BUILDING</b>	7	11%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<input type="checkbox"/> <b>KITCHEN MODERNIZATION</b>		<b>200,000.00</b>	<b>2003</b>
<input type="checkbox"/> <b>INSTALL EMERGENCY GENERATOR</b>		<b>50,000.00</b>	<b>2003</b>
<input type="checkbox"/> <b>REPLACE FLOOR TILE</b>		<b>75,000.00</b>	<b>2004</b>
<input type="checkbox"/> <b>PAINT APARTMENTS-INTERIOR</b>		<b>40,000.00</b>	<b>2006</b>
<input type="checkbox"/> <b>UPGRADE ELECTRICAL</b>		<b>260,000.00</b>	<b>2006</b>
<b>Total estimated cost over next 5 years</b>		<b>625,000.00</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
<b>IL 015-11</b>	<b>BRANER BUILDING</b>	12	16%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<input type="checkbox"/> <b>UPGRADE ELECTRICAL</b>		<b>80,000.00</b>	<b>2006</b>
<input type="checkbox"/> <b>UPGRADE ENTRY SYSTEM</b>		<b>10,000.00</b>	<b>2003</b>
<input type="checkbox"/> <b>REPLACE DOMESTIC HOT WATER SYSTEM</b>		<b>45,000.00</b>	<b>2003</b>
<input type="checkbox"/> <b>REPLACE FLOOR TILE</b>		<b>150,000.00</b>	<b>2006</b>
<input type="checkbox"/> <b>KITCHEN MODERNIZATION</b>		<b>200,000.00</b>	<b>2006</b>
<b>Total estimated cost over next 5 years</b>		<b>485,000.00</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
	PHA WIDE			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>MANAGEMENT IMPROVEMENTS</b>				
<input type="checkbox"/> STAFF TRAINING			30,000.00	2003
<input type="checkbox"/> ADMINISTRATIVE COSTS			67,780.00	2003
<input type="checkbox"/> FEES AND COSTS			90,000.00	2003
<input type="checkbox"/> OFFICE FURNITURE			10,000.00	2003
<input type="checkbox"/> OPERATIONS			184,038.00	2003
<b>Total estimated cost over next 5 years</b>			<b>381,818.00</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
	PHA WIDE			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>MANAGEMENT IMPROVEMENTS</b>				
<input type="checkbox"/> STAFF TRAINING			30,000.00	2004
<input type="checkbox"/> ADMINISTRATIVE COSTS			70,491.00	2004
<input type="checkbox"/> FEES AND COSTS			90,000.00	2004
<input type="checkbox"/> OFFICE FURNITURE			10,000.00	2004
<input type="checkbox"/> OPERATIONS			184,038.00	2004
<b>Total estimated cost over next 5 years</b>			<b>384,519.00</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
	PHA WIDE			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>MANAGEMENT IMPROVEMENTS</b>				
<input type="checkbox"/> <input type="checkbox"/> <b>STAFF TRAINING</b>			<b>30,000.00</b>	<b>2005</b>
<input type="checkbox"/> <input type="checkbox"/> <b>ADMINISTRATIVE COSTS</b>			<b>73,310.00</b>	<b>2005</b>
<input type="checkbox"/> <input type="checkbox"/> <b>FEES AND COSTS</b>			<b>90,000.00</b>	<b>2005</b>
<input type="checkbox"/> <input type="checkbox"/> <b>OFFICE FURNITURE</b>			<b>10,000.00</b>	<b>2005</b>
<input type="checkbox"/> <input type="checkbox"/> <b>OPERATIONS</b>			<b>184,038.00</b>	<b>2005</b>
<b>Total estimated cost over next 5 years</b>			<b>387,348.00</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
	PHA WIDE			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>MANAGEMENT IMPROVEMENTS</b>				
<input type="checkbox"/> <input type="checkbox"/> <b>STAFF TRAINING</b>			<b>30,000.00</b>	<b>2006</b>
<input type="checkbox"/> <input type="checkbox"/> <b>ADMINISTRATIVE COSTS</b>			<b>76,243.00</b>	<b>2006</b>
<input type="checkbox"/> <input type="checkbox"/> <b>FEES AND COSTS</b>			<b>90,000.00</b>	<b>2006</b>
<input type="checkbox"/> <input type="checkbox"/> <b>OPERATIONS</b>			<b>184,038.00</b>	<b>2006</b>
<b>Total estimated cost over next 5 years</b>			<b>380,281.00</b>	

## 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:  
IL06P015-003, Grenzer Homes  
MCHA will be submitting an application for demolition/disposition for this site to do a mixed-finance project in conjunction with adjacent property currently owned by the City of Madison.

- 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

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.)

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	Grenzer Homes
1b. Development (project) number:	IL06P015-003, Grenzer Homes
2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<u>(01/25/02)</u>
5. Number of units affected:	84
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: June, 2003 b. Projected end date of activity: October, 2004

**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.

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

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

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

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

1.  Yes  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)  
**SEE ATTACHMENT il015b06**

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.

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

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

## 11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

### A. Public Housing

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

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

#### 2. Activity Description

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

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
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) <input type="checkbox"/> Part of the development <input type="checkbox"/> 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 (I)]

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? DD/MM/YY

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) Madison County Housing Authority and the TANF agency are members of the Work Investment Board of Madison and Bond County and are working toward the goal of providing training and employment opportunities for mutual clients.

### **B. Services and programs offered to residents and participants**

#### **(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Work Investment Board</i>		<i>Specific criteria</i>	<i>PHA main office and satilite IETC office</i>	<i>Both</i>
Community Collaborroration Com.		Specific criteria	Numerous Providers	Both

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: 01/01/2001)
Public Housing	50	66
Section 8	100	167

- b.  Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - Informing residents of new policy on admission and reexamination
  - Actively notifying residents of new policy at times in addition to admission and reexamination.

- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

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

### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

Curran, Sullivan, Garesche, Grenzer, Lee Wright, Viola Jones, Venice and Northgate

#### **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)  
Contracting with local law enforcement departments for targeted patrols, installation of security cameras at four family sites.

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

Curran, Sullivan, Garesche, Grenzer, Lee Wright, Viola Jones, Venice and Northgate

**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)  
Site security cameras are monitored by the Madison and Alton Police Departments. The cameras at the Madison sites are fed through a cable connection directly to the Madison Police Department.

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

Curran, Sullivan, Garesche, Grenzer, Lee Wright, Viola Jones, Venice and Northgate

**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? PHDEP NO LONGER AVAILABLE
- Yes  No: Has the PHA included the PHDEP Plan for FY 2002 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)]

MADISON COUNTY HOUSING AUTHORITY HAS ADOPTED THE FOLLOWING PET POLICIES:

<b>MADISON COUNTY HOUSING AUTHORITY</b>									
<b>PET POLICY</b>									
Pets will be permitted at projects for families, which include Garesche, Grenzer, Viola Jones, Lee Wright, Venice Homes, Curran, Sullivan and Northgate Homes.									
Any resident who wishes to own a pet must file a Pet Registration Application with the Complex's Manager at their respective complex. The registration will include the following:									
Current license, Certification of Inoculation, Verification that the pet has been spayed or neutered, Information to identify pet and establish that it a common household pet, Name, Address & Phone number of at least on responsible party to care for the animal should the owner become unable to take care of the animal.									
Resident must have approval from MCHA before animal is brought onto the premises. A pet reference from current landlord, if applicable, may be required, as well as home visit from MCHA's management to evaluate the animal.									
The Pet Registration Form will be reviewed annually for continued renewal. At the time of resident's annual re-certification, all certifications and licensing as required by the Pet Registration Form will be re-verified.									
Approved applications will be assigned a decal to be placed in a visible location indicating a pet lives in the unit. Residents failing to comply with these procedures could face termination of their Dwelling Lease.									
In addition to the Pet Registration, the following rules will be apply to pet ownership:									
1.	Limit one (1) common household pet per Resident.								
2.	Animal must wear a collar indication owner's name, address and phone number and a current license tags must be displayed. (all license tags expire one year form date of issuance).								
3.	The weight of animal may not exceed thirty (30) pounds at adulthood.								
4.	Cats must be declawed.								

5.	Animal must be controlled by and adult and on a leash when outside the resident's apartment.							
6.	Animal must be secured or caged in the apartment when MCHA's Maintenance or Management personnel are in the resident's apartment. Dogs and cats must be secured or caged in the resident's apartment when resident is not at home.							
7.	Pet owners are responsible for keeping their apartment in clean, safe and sanitary condition and are liable for any damages or infestation to apartment. If damages or infestation occurs to the apartment the resident will be charged.							
8.	Apartments with animals will be inspected every six (6) months.							
9.	All pet owners are required to keep a cleanup device for animal waste, Litter boxes must be cleaned frequently to keep the apartment free from undesirable animal odors.							
10.	The pet owner is responsible for picking up waste left by the pet and disposing of it in a dumpster or other designated area on MCHA's property. The pet owner must use the designated "pet walk" and avoid traveled areas, trees and shrubs for the pet to relieve itself.							
11.	The resident must not alter the apartment, patio, or outside area to provide an enclosure for the animal.							
12.	MCHA will be held harmless should your pet bite, attack, or otherwise injure another resident, visitors or MCHA staff member.							
13.	No animal will be permitted to remain in a resident's apartment that causes excessive noise that disrupts the peace of other residents.							
14.	Animals found unattended and/or without a leash shall be turned over to the Animal Control Authorities.							
15.	Any resident who receives three (3) complaint letters regarding violations of the Pet Policy well be required to permanently remove the animal from the premises with <b>no exceptions</b> . Three (3) violations of the Pet Policy could also result in the eviction of the resident/pt owner.							
MCHA encourages those residents who reside in pet-authorized locations to establish a Pet Association. The association would deal with pet-related issues/complaints and monitor reported violations of the regulations.								
Nothing in these regulation will prohibit MCHA or an appropriate community authority from requiring the removal of any animal form the complex if the animal's conduct or condition is duly determined to constitute, under the provisions of state and local law, a nuisance or a threat to the health, safety and peace of another resident of the complex or other persons in the community where the complex is located.								
Furthermore, in the event of an emergency, MCHA reserves the right to remove any animal that constitutes an immediate threat to health or safety.								

# MADISON COUNTY HOUSING AUTHORITY

## PET POLICY

Pets will be permitted at projects for the elderly, which include the Braner, Olin, Stevens and

May Buildings.

Any resident who wishes to own a pet must file a Pet Registration Application with the Complex's Manager at their respective complex. The registration will include the following:

Current license, Certification of Inoculation, Verification that the pet has been spayed or neutered, Information to identify pet and establish that it is a common household pet, Name, Address & Phone number of at least one responsible party to care for the animal should the owner become unable to take care of the animal.

Resident must have approval from MCHA before animal is brought onto the premises. A pet reference from current landlord, if applicable, may be required, as well as home visit from MCHA's management to evaluate the animal.

The Pet Registration Form will be reviewed annually for continued renewal. At the time of resident's annual re-certification, all certifications and licensing as required by the Pet Registration Form will be re-verified.

Approved applications will be assigned a decal to be placed in a visible location indicating a pet lives in the unit. Residents failing to comply with these procedures could face termination of their Dwelling Lease.

In addition to the Pet Registration, the following rules will apply to pet ownership:

1. Limit one (1) common household pet per Resident.
2. Animal must wear a collar indicating owner's name, address and phone number and a current license tags must be displayed. (all license tags expire one year from date of issuance).
3. The weight of animal may not exceed thirty (30) pounds at adulthood.
4. Cats must be declawed.
5. Animal must be controlled by an adult and on a leash when outside the resident's apartment.
6. Animal must be secured or caged in the apartment when MCHA's Maintenance or Management personnel are in the resident's apartment. Dogs and cats must be secured or caged in the resident's apartment when resident is not at home.
7. Pet owners are responsible for keeping their apartment in clean, safe and sanitary condition and are liable for any damages or infestation to apartment. If damages or infestation occurs to the apartment the resident will be charged.

8.	Apartments with animals will be inspected every six (6) months.							
9.	All pet owners are required to keep a cleanup device for animal waste, Litter boxes must be cleaned frequently to keep the apartment free from undesirable animal odors.							
10.	The pet owner is responsible for picking up waste left by the pet and disposing of it in a dumpster or other designated area on MCHA's property. The pet owner must use the designated "pet walk" and avoid traveled areas, trees and shrubs for the pet to relieve itself.							
11.	The resident must not alter the apartment, patio, or outside area to provide an enclosure for the animal.							
12.	MCHA will be held harmless should your pet bite, attack, or otherwise injure another resident, visitors or MCHA staff member.							
13.	No animal will be permitted to remain in a resident's apartment that causes excessive noise that disrupts the peace of other residents.							
14.	Animals found unattended and/or without a leash shall be turned over to the Animal Control Authorities.							
15.	Any resident who receives three (3) complaint letters regarding violations of the Pet Policy well be required to permanently remove the animal from the premises with <b>no exceptions</b> . Three (3) violations of the Pet Policy could also result in the eviction of the resident/pt owner.							
MCHA encourages those residents who reside in pet-authorized locations to establish a Pet Association. The association would deal with pet-related issues/complaints and monitor reported violations of the regulations.								
Nothing in these regulation will prohibit MCHA or an appropriate community authority from requiring the removal of any animal form the complex if the animal's conduct or condition is duly determined to constitute, under the provisions of state and local law, a nuisance or a threat to the health, safety and peace of another resident of the complex or other persons in the community where the complex is located.								
Furthermore, in the event of an emergency, MCHA reserves the right to remove any animal that constitutes an immediate threat to health or safety.								

## **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?\_1\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- Other: (list below)

3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

Attached at Attachment (File name)

Provided below:

The Advisory Board wanted to see some of the sections of the Pet Policy changed. Some members of the Advisory Board did not feel that having pets in family developments was a good policy and would be difficult to oversee. They wanted to change the amount of the non-refundable security deposit.

Much discussion was held regarding the new maintenance charge list.

Favorable comments from Board regarding planned submission for demolition.

Favorable comments on recommended revisions to open Drug Elimination Programs

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:

The Authority changed the amount of non-refundable security deposit because the Resident Advisory Board felt the amount was too high. An amount was agreed upon between the Authority and the Board.

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 (list) Resident Commissioner is recommended by County Board Chairman and voted on by all County Board Members.

**19. 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: Madison County, Illinois

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)

Improving the vacancy rate, improving quality of housing, improving quantity of housing choice, initiatives for youth groups, Fair Housing initiatives

Other: (list below)

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

Madison County Community Development is working with the Authority on housing initiatives which include using project based certificates to increase housing availability and supporting the Authority in a mixed-finance initiative, they support out FSS initiatives, support the Housing Authority summer youth programs, conducts Fair Housing programs through Urban League

## Attachments

### Attachment A

#### 9.4 DECONCENTRATION POLICY

It is Madison County Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

Madison County Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement. The worksheet for the analysis can be found in **Appendix 1** of the Authority's Admissions and Continued Occupancy Plan.

**Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part I: Summary**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name **MADISON COUNTY HOUSING AUTHORITY**

Comprehensive Grant Number  
**IL06P015707-98**

FFY of Grant Approval **1998**

Original Annual Statement     Reserve for Disaster/Emergencies     Revised Annual Statement/Revision Number \_\_\_\_     Performance & Evaluation Report for Program Year Ending \_\_\_\_\_  
06/30/01  
 Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds	0.00		0.00	0.00
2	1406 Operations (May not exceed 10% of line 19)	0.00		0.00	0.00
3	1408 Management Improvements	207,113.95		207,113.95	207,113.95
4	1410 Administration	73,483.00		73,483.00	73,483.00
5	1411 Audit	0.00		0.00	0.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	63,500.00		63,500.00	63,500.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	56,729.52		56,729.52	56,729.52
10	1460 Dwelling Structures	1,151,191.53		1,151,191.53	1,101,183.79
11	1465.1 Dwelling Equipment - Nonexpendable	0.00		0.00	0.00
12	1470 Nondwelling Structures	0.00		0.00	0.00
13	1475 Nondwelling Equipment	0.00		0.00	0.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1495.1 Relocation Costs	0.00		0.00	0.00
17	1498 Mod Used for Development	0.00		0.00	0.00
18	1502 Contingency (May not exceed 8% of line 19)	0.00		0.00	0.00
19	Amount of Annual Grant (Sum of lines 2-18)	1,552,018.00		1,552,018.00	1,502,010.26
20	Amount of line 19 Related LBP Activities	0.00		0.00	0.00
21	Amount of line 19 Related to Section 504 Compliance	0.00		0.00	0.00
22	Amount of line 19 Related to Security	0.00		0.00	0.00
23	Amount of line 19 Related to Energy Conservation Measures	0.00		0.00	0.00

SIGNATURE OF EXECUTIVE DIRECTOR

SIGNATURE OF PUBLIC HOUSING DIRECTOR AND DATE

1- To be completed for the Performance and evaluation report or a Revised Annual Statement  
2- To be completed for the Performance and Evaluation Report.

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
15-3 GRENZER HOMES	REPLACE GUTTERS AND DOWNSPOUTS	1460	84	17,296.00		17,296.00	17,296.00	CONTRACT COMPLETE SEPT. 2000
	WINDOW REPLACEMENT	1460	84	193,078.48		193,078.48	193,078.48	CONTRACT COMPLETE SEPT. 2000
	ENTRANCE CANOPY REPLACEMENT	1460	84	66,866.99		66,866.99	66,866.99	CONTRACT COMPLETE SEPT. 2000
15-4 CURRAN HOMES	SIDEWALK REPLACEMENT & STOOP REPAIR	1450	LS	0.00		0.00	0.00	NA
15-6 NORTHGATE HOMES	ENTRANCE DOORS AND FRAMES	1460	100	191,562.51		191,562.51	191,562.51	CONTRACT COMPLETE SEPT. 2000
	EXTERIOR SIDING REPAIR	1460	L/S	0.00		0.00	0.00	CONTRACT COMPLETE SEPT. 2000
	INSTALL NEW STORM DOORS	1460	100	81,724.02		81,724.02	81,724.02	CONTRACT COMPLETE SEPT. 2000
15-7 LEE WRIGHT HOMES	WINDOW REPLACEMENT/SECURITY SCREENS	1460	100	323,855.48		323,855.48	323,855.48	CONTRACT COMPLETE SEPT. 2000
		1450	L/S	55,308.69		55,308.69	55,308.69	CONTRACT COMPLETE SEPT. 2000
				13,348.52		13,348.52	13,348.52	CONTRACT COMPLETE SEPT. 2000
15-8 SULLIVAN HOMES	ENTRANCE CANOPY REPLACEMENT	1450	L/S	43,381.00		43,381.00	43,381.00	CONTRACT COMPLETE SEPT. 2000
	REPLACE DAMAGED SIDEWALK							
	SIDEWALK REPLACEMENT							
15-9 VENICE HMS	DEMOLITION OF TWO BUILDINGS	1485	12	0.00		0.00	0.00	NA
	DEMOLITION OF ONE BUILDING	1485	4	0.00		0.00	0.00	NA
	REPLACE FRONT & REAR DOORS FRAMES/HARDWARE	1460	100	0.00		0.00	0.00	NA

- (1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.  
 (2) To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
IL 15-10 OLIN BUILDING	INSTALL EMERGENCY GENERATOR	1460	1	0.00		0.00	0.00	NA
	PAINT BUILDING COMMON AREAS	1460	65	35,117.94		35,117.94	35,117.94	Contract Complete Jan 2001
	REPLACE CARPET IN RECREATION ROOM	1470	L/S	0.00		0.00	0.00	NA
IL 15-11 BRANER BUILDING	REPLACE DOMESTIC HOT WATER HEATER	1460	L/S	0.00		0.00	0.00	NA
	PAINT BUILDING COMMON AREAS	1460	77	28,610.58		28,610.58	28,610.58	Contract Complete Jan 2001
HA WIDE	EXTRAORDINARY MAINTENANCE	1460	100%	157,770.84		157,770.84	107,763.10	68% expended

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X****X**

- (1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.

Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE ADMINISTRATION COSTS	SALARIES & BENEFITS PERCENTAGE OF HA STAFF RELATIVE TO MANAGEMENT IMPROVEMENTS OR COMPREHENSIVE GRANT	1410	5	73,483.00		73,483.00	73,483.00	100% expended
	CGP AUDIT COSTS	1411	LS	0.00		0.00	0.00	NA
PHA WIDE TRAINING MANAGEMENT IMPROVEMENTS	PHA WIDE TRAINING-COMMISSIONERS DEPARTMENT HEADS STAFF	1408	27	29,806.95		29,806.95	29,806.95	100% expended
	PREVENTIVE MAINTENANCE TEAM SALARIES & BENEFITS	1408	5	175,978.00		175,978.00	175,978.00	100% expended
	PM SUPPLIES & EQUIPMENT	1408		1,329.00		1,329.00	1,329.00	100% expended
	COST ALLOCATION METHODOLOGY:  ALL ADMINISTRATIVE COST ASSOCIATED WITH THE COMPREHENSIVE GRANT PROGRAM WILL BE COMPILED UTILIZING TIME SHEETS AND CHARGED TO THE COMPREHENSIVE GRANT PROGRAM. BENEFITS ON THE SALARY EXPENSES WILL ALSO BE CHARGED TO THE COMPREHENSIVE GRANT PROGRAM.							

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

**X**

(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement  
 (2) To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
HA WIDE FEES & COSTS  15-3 GRENZER IL 5-4 CURRAN IL 5-6 NORTHGATE IL 5-7 LEE WRIGHT IL 5-8 SULLIVAN, IL 5-9 VENICE, IL 5-10 OLIN, IL 5-11 BRANER	A & E DESIGN FOR INSTALLATION OF WINDOWS, DOORS, EMERGENCY GENERATOR AND CANOPY REPLACEMENT	1430		63,500.00		63,500.00	63,500.00	Contract complete September 2000
	50 % OF SALARY & BENEFITS OF CONSTRUCTION INSPECTOR	1430	1	0.00		0.00	0.00	NA

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

**X**

(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.  
 (2) To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
IL 15-3 GRENZER HOMES	09/30/2000		03/30/2000	09/30/2001		12/30/00	
IL 15-4 CURRAN HOMES	09/30/2000		03/30/2000	09/30/2001		12/30/00	
IL 15-6 NORTHGATE HOMES	09/30/2000		03/30/2000	09/30/2001			
IL 15-7 LEE WRIGHT HOMES	09/30/2000		03/30/2000	09/30/2001		12/30/00	
IL 15-8 SULLIVAN HOMES	09/30/2000		03/30/2000	09/30/2001		12/30/00	
IL 15-9 VENICE HOMES	09/30/2000		NA	09/30/2001		NA	
IL 15-10 OLIN BUILDING	09/30/2000		03/30/2000	09/30/2001		03/31/01	
IL 15-11 BRANER BUILDING	09/30/2000		03/30/2000	09/30/2001		03/31/01	

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

- (1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- (2) To be completed for the Performance and Evaluation Report.

Page 6 of 6

Facsimile of form **HUD-52837** (10/96) ref Handbook 7485.3

## Annual Statement/Performance and Evaluation Report Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157 (exp.  
7/31/98)

HA Name: **MADISON COUNTY HOUSING AUTHORITY**

Comprehensive Grant Number:  
**IL 06P015708-99**

FFY of Grant Approval:  
1999

- Original Annual Statement     
  Reserve for Disaster/Emergencies     
  Revised Annual Statement/Revision Number  
 Performance and Evaluation Report for Program Year Ending 06-30-01     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds	0.00		0.00	0.00
2	1406 Operations (May not exceed 10% of line 19)	0.00		0.00	0.00
3	1408 Management Improvements	202,998.00		177,998.00	83,145.76
4	1410 Administration	60,858.00		60,858.00	58,304.04
5	1411 Audit	1,000.00		1,000.00	1,000.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	50,000.00		50,000.00	19,040.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	130,000.00		0.00	0.00
10	1460 Dwelling Structures	1,079,032.00		895,026.27	746,937.61
11	1465.1 Dwelling Equipment--Nonexpendable	109,565.00		109,565.00	29,389.00
12	1470 Nondwelling Structures	263,040.00		263,040.00	186,590.10
13	1475 Nondwelling Equipment	0.00		0.00	0.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1495.1 Relocation Costs	5,000.00		5,000.00	348.00
17	1498 Mod Used for Development	0.00		0.00	0.00
18	1502 Contingency (may not exceed 8% of line 19)	0.00		0.00	0.00
19	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	1,901,493.00		1,562,487.27	1,124,754.51
20	Amount of line 19 Related to LBP Activities	0.00		0.00	0.00
21	Amount of line 19 to Section 504 Compliance	989,040.00		989,040.00	811,287.26
22	Amount of line 19 Related to Security	0.00		0.00	0.00

23	Amount of line 19 Related to Energy Conservation Measures	0.00		0.00	0.00
----	---	------	--	------	------

Signature of Executive Director & Date:  
*M. JACKIE BONE, EXECUTIVE DIRECTOR*

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

facsimile of form **HUD-52837** (10/96)  
 ref Handbook

<sup>2</sup> To be completed for the Performance and Evaluation Report.  
 7485.3

**Annual Statement/Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost <sup>2</sup>		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

IL 15-3 GRENZER HMS	CONVERT 4 UNITS FOR 504 ACCESSIBILTY	1460	4	183,000.00	183,000.00	177,820.05	Contract signed 9-00 work approximately 96% complete
IL 15-4 CURRAN HMS	CONVERT 5 UNITS FOR 504 ACCESSIBILTY	1460	5	243,000.00	243,000.00	232,243.61	Contract signed 9-00 work approximately 96% complete
IL 15-8 SULLIVAN HMS	CONVERT 5 UNITS FOR 504 ACCESSIBILITY	1460	5	245,000.00	245,000.00	195,245.50	Contract signed 9-00 work approximately 96% complete
IL 15-9 VENICE HMS	CONVERT 3 UNITS FOR 504 ACCESSIBILITY	1460	3	0.00	0.00	0.00	NA
IL 15-10 OLIN BUILDING	UPGRADE ENTRY SYSTEM	1460	1	10,000.00	0.00	0.00	NA
IL 15-11 BRANER BLDG	REPAIR BALCONIES & RAILINGS	1460	7	38,000.00	38,000.00	7,090.92	Contract signed 9-00 work approximately 96% complete
	INSTALL EMERGENCY GENERATOR	1460	1	41,000.00	41,000.00	24,533.10	Contract signed 9-00 work approximately 96% complete
HA WIDE	EXTRAORDINARY MAINTENANCE	1460	100%	319,032.00	145,026.27	110,004.43	76% expended
<b>TOTAL</b>		<b>1460</b>		<b><u>1,079,032.00</u></b>	<b><u>895,026.27</u></b>	<b><u>746,937.61</u></b>	
<b>HA WIDE</b>	REPLACE STOVES & REFRIGERATORS	1465.1	200	109,565.00	109,565.00	29,389.00	27% expended
<b>TOTAL</b>		<b>1465.1</b>		<b><u>109,565.00</u></b>	<b><u>109,565.00</u></b>	<b><u>29,389.00</u></b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement (10/96)

<sup>2</sup> To be completed for the Performance and Evaluation Report. 7485.3

Annual Statement/Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost <sup>2</sup>		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
IL 15-3 GRENZER HMS	504 ACCESSIBILITY REQUIREMENTS AT MANAGEMENT /MAINTENANCE BUILDING	1470	1	50,000.00		50,000.00	34,982.11	Contract signed 9-00 work approximately 96% Complete
IL 15-4 CURRAN HMS	504 ACCESSIBILITY REQUIREMENTS AT MANAGEMENT /MAINTENANCE BUILDING & COMMUNITY CENTER	1470	2	60,000.00		60,000.00	45,425.50	Contract signed 9-00 work approximately 96% Complete
IL 15-6 NORTHGATE HMS	504 ACCESSIBILITY REQUIREMENTS AT MANAGEMENT /MAINTENANCE BUILDING & COMMUNITY CENTER	1470	2	72,040.00		72,040.00	42,671.66	Contract signed 9-00 work approximately 96% Complete
IL 15-7 LEE WRIGHT HMS	504 ACCESSIBILITY REQUIREMENTS AT MANAGEMENT /MAINTENANCE BUILDING & COMMUNITY CENTER	1470	2	81,000.00		81,000.00	63,510.83	Contract signed 9-00 work approximately 96% Complete
IL 15-8 SULLIVAN HMS	504 ACCESSIBILITY REQUIREMENTS AT MANAGEMENT /MAINTENANCE BUILDING & COMMUNITY CENTER	1470	2	0.00		0.00	0.00	NA
<b>TOTAL</b>		<b>1470</b>		<b><u>263,040.00</u></b>		<b><u>263,040.00</u></b>	<b><u>186,590.10</u></b>	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement (10/96)

facsimile of form HUD-52837

<sup>2</sup> To be completed for the Performance and Evaluation Report.  
7485.3

ref Handbook

Page 3 of 9

Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost <sup>2</sup>		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA WIDE MANAGEMENT IMPROVEMENTS	PHA WIDE TRAINING MODERNIZATION STAFF EXECUTIVE DIRECTOR BOARD OF COMMISSIONERS MAINTENANCE STAFF ADMINISTRATIVE ASSISTANT DEPARTMENT HEADS	1408	3 1 5 10 1 4	30,000.00		30,000.00	18,488.88	62% expended
	PREVENTIVE MAINTENANCE TEAM	1408	5	147,998.00		147,998.00	64,656.88	44% expended
	PREVENTIVE MAINTENANCE SUPPLIES & EQUIPMENT	1408		25,000.00		0.00	0.00	NA
	<b>TOTALS</b>	<b>1408</b>		<b><u>202,998.00</u></b>		<b><u>177,998.00</u></b>	<b><u>83,145.76</u></b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement (10/96)

facsimile of form HUD-52837

<sup>2</sup> To be completed for the Performance and Evaluation Report.  
7485.3

ref Handbook

Page 4 of 9

Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost <sup>2</sup>		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

PHA WIDE ADMINISTRATION COSTS	SALARIES & BENEFITS PERCENTAGE OF HA STAFF RELATIVE TO MANAGEMENT IMPROVEMENTS OR CGP	1410		55,858.00		55,858.00	55,858.00	100% expended
	ADMIN OTHER (SUNDRY)	1410		5,000.00		5,000.00	2,446.04	49% expended
<b>TOTAL</b>		<b>1410</b>		<b><u>60,858.00</u></b>		<b><u>60,858.00</u></b>	<b><u>58,304.04</u></b>	
PHA WIDE AUDIT COSTS	CGP AUDIT COSTS	1411		1,000.00		1,000.00	1,000.00	100% expended
<b>TOTAL</b>		<b>1411</b>		<b><u>1,000.00</u></b>		<b><u>1,000.00</u></b>	<b><u>1,000.00</u></b>	
	<p><i>COST ALLOCATION METHODOLOGY:</i></p> <p><i>ALL ADMINISTRATIVE COST ASSOCIATED WITH CGP WILL BE COMPILED USING TIME SHEETS AND CHARGED TO CGP. BENEFITS ON THE SALARY EXPENSES WILL ALSO BE CHARGED TO CGP.</i></p>							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement (10/96)

<sup>2</sup> To be completed for the Performance and Evaluation Report.  
7485.3

Annual Statement/Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost <sup>2</sup>		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA WIDE FEES & COSTS								
HA WIDE	A & E DESIGN FOR 504 ACCESSIBILITY & EXTRA ORDINARY MAINTENANCE	1430	4	50,000.00		50,000.00	19,040.00	38% expended
	50% OF SALARY & BENEFITS OF CONSTRUCTION INSPECTOR	1430	1	0.00		0.00	0.00	NA
<b>TOTAL</b>		<b>1430</b>		<b><u>50,000.00</u></b>		<b><u>50,000.00</u></b>	<b><u>19,040.00</u></b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement (10/96)

<sup>2</sup> To be completed for the Performance and Evaluation Report.  
 7485.3

facsimile of form HUD-52837

ref Handbook

Annual Statement/Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost <sup>2</sup>		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
IL 15-3 GRENZER HOMES	REPLACE DAMAGED SIDEWALKS	1450	LS	100,000.00		0.00	0.00	NA
	DUMPSTER PAD & ENCLOSURE	1450	LS	30,000.00		0.00	0.00	NA
<b>TOTAL</b>		<b>1450</b>		<b><u>130,000.00</u></b>		<b><u>0.00</u></b>	<b><u>0.00</u></b>	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement (10/96)

facsimile of form HUD-52837

<sup>2</sup> To be completed for the Performance and Evaluation Report.  
7485.3

ref Handbook

Page 7 of 9

Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost <sup>2</sup>		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

HA WIDE	CONTINGENCY	1502	1	0.00		0.00	0.00	
<b>TOTAL</b>		<b>1502</b>		<b><u>0.00</u></b>		<b><u>0.00</u></b>	<b><u>0.00</u></b>	N/A
HA WIDE	RELOCATION FOR 504 RENOVACTIONS	1495.1	17	5,000.00		5,000.00	348.00	7% expended
<b>TOTAL</b>		<b>1495.1</b>		<b><u>5,000.00</u></b>		<b><u>5,000.00</u></b>	<b><u>348.00</u></b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement (10/96)

<sup>2</sup> To be completed for the Performance and Evaluation Report.  
7485.3

facsimile of form HUD-52837

ref Handbook

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
IL 15-3 GRENZER HOMES	09/30/2001			09/30/2002			
IL 15-4 CURRAN HOMES	09/30/2001		09/30/00	09/30/2002			
IL 15-6 NORTHGATE HOMES	09/30/2001		09/30/00	09/30/2002			
IL 15-7 LEE WRIGHT HOMES	09/30/2001		09/30/00	09/30/2002			
IL 15-8 SULLIVAN HOMES	09/30/2001		09/30/00	09/30/2002			
IL 15-9 VENICE HOMES	09/30/2001		NA	NA			
IL 15-11 BRANER BUILDING	09/30/2001		09/30/00	09/30/2002			

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Madison County Housing Authority	Grant Type and Number Capital Fund Program Grant No: X IL06P01550101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
--	---	------------------------------

Original Annual Statement 
  Reserve for Disasters/ Emergencies 
  Revised Annual Statement (revision no: ) 
  Performance and Evaluation Report for Period Ending: 12/31/01 
  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	0		0	0
2	1406 Operations	83,548.00		0	0
3	1408 Management Improvements Soft Costs	30,000.00		0	0
	Management Improvements Hard Costs				
4	1410 Administration	65,190.00		0	0
5	1411 Audit	1,000		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	80,000.00		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	50,000.00		0	0
10	1460 Dwelling Structures	1,490,659.00		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	40,000.00		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1502 Contingency	0		0	0
	<b>Amount of Annual Grant: (sum of lines.....)</b>	<b>1,840,397.00</b>		<b>0</b>	<b>0</b>
	Amount of line XX Related to LBP Activities	NA			
	Amount of line XX Related to Section 504 compliance	NA			
	Amount of line XX Related to Security –Soft Costs	NA			
	Amount of Line XX related to Security-- Hard Costs	NA			
	Amount of line XX Related to Energy Conservation Measures	NA			
	Collateralization Expenses or Debt Service	NA			

# Annual Statement/Performance and Evaluation Report

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

### Part II: Supporting Pages

PHA Name: Madison County Housing Authority		Grant Type and Number Capital Fund Program Grant No: X IL06P01550101 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	
				ORIGINAL	REVISED	OBLIGATED	EXPENDED		
IL 15-3 Grenzer	Replace Roofs	1460	14	150,000.00		0	0		
IL 15-4 Curran	Window Replacement Install Security Screens	1460	LS LS	350,000.00 125,000.00		0	0		
IL 15-6 Northgate	Replace Roofs, Guttering and Downspouts Replace Damaged Sidewalks	1460 1450	22 LS	200,000.00 50,000.00		0	0		
IL 15-7 Lee Wright	Replace Roofs Install Entry Doors and Frames Install Storm Doors	1460 1460 1460	LS 200 200	150,000.00 95,000.00 95,659.00		0 0 0	0 0 0		
IL 15-11 Braner	Window Replacement	1460	LS	325,000.00		0	0		
HS Wide Management Improvement	Staff Training	1408	LS	30,000.00		0	0		
HA Wide Administration Costs	Salaries and Benefits Percentage of HA Staff	1410	LS	65,190.00		0	0		
	Vehicle to Monitor CFP Contracts	1475	LS	30,000.00		0	0		
	Office Furniture	1475.1	LS	10,000.00		0	0		
	Operations	1406	LS	83,548.00		0	0		
	CFP Audit Costs	1411	LS	1,000.00		0	0		
HA Wide	Fees and Costs A&E Services	1430	LS	80,000.00		0	0		
	<b>TOTAL</b>			<b>1,840,397</b>		<b>0</b>	<b>0</b>		

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

PHA Name: Madison County Housing Authority

**Grant Type and Number**  
 Capital Fund Program No: X IL06P01550101  
 Replacement Housing Factor No:

**Federal FY of Grant: 2001**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IL 15-3 Grenzer Homes	3/31/2003	6/31/2003		9/30/2004	12/31/2004		APPROVAL LETTER FROM HUD RECEIVED BY HA NOVEMBER 19, 2001-ESTENDED TARGET DATES
IL 15-4 Curran Homes	3/31/2003	6/31/2003		9/30/2004	12/31/2004		TO QUARTER ENDING DATE 18 MONTHS TO OBLIGATE AND 24 MONTHS TO EXPEND FROM 11/19/2001
IL 15-6 Northgate Hms	3/31/2003	6/31/2003		9/30/2004	12/31/2004		
IL 15-7 Lee Wright Hms	3/31/2003	6/31/2003		9/30/2004	12/31/2004		
IL 15-11 Braner Homes	3/31/2003	6/31/2003		9/30/2004	12/31/2004		
HA Wide	3/31/2003	6/31/2003		9/30/2004	12/31/2004		

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Madison County Housing Authority	Grant Type and Number Capital Fund Program Grant No: X IL06P01550100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
--	---	------------------------------

Original Annual Statement 
  Reserve for Disasters/ Emergencies 
  Revised Annual Statement (revision no: ) 
  Performance and Evaluation Report for Period Ending:12/31/01 
  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	0		0	0
2	1406 Operations	0		0	0
3	1408 Management Improvements Soft Costs	207,438		0	0
	Management Improvements Hard Costs				
4	1410 Administration	62,684		0	0
5	1411 Audit	1,000		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	83,371		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	1,372,262		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	67,983		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	5,000		0	0
18	1499 Development Activities	0		0	0
19	1502 Contingency	0		0	0
	Amount of Annual Grant: (sum of lines.....)	1,799,738		0	0
	Amount of line XX Related to LBP Activities	NA			
	Amount of line XX Related to Section 504 compliance	NA			
	Amount of line XX Related to Security –Soft Costs	NA			
	Amount of Line XX related to Security-- Hard Costs	NA			
	Amount of line XX Related to Energy Conservation Measures	NA			

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Madison County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: X IL06P01550100 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2000
--	--	-------------------------------------

Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no:    )

Performance and Evaluation Report for Period Ending:12/31/01  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Collateralization Expenses or Debt Service	NA			

# Annual Statement/Performance and Evaluation Report

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

### Part II: Supporting Pages

PHA Name: Madison County Housing Authority		Grant Type and Number Capital Fund Program Grant No: X IL06P01550100 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
					ORIGINAL	REVISED	OBLIGATED	EXPENDED	
IL 15-1 Garesche	Install Security Screens		1460	84	85,000		0	0	
IL 15-3 Grenzer	Central Air Conditioning		1460	100	110,000		0	0	
	Demolition of 3 Buildings		1485	3	50,987		0	0	
	Relocation Costs		1495.1	LS	5,000		0	0	
	Paint Apartment Interior		1460	84	80,000		0	0	
IL 15-4 Curran	Paint Apartment Interior		1460	145	69,000		0	0	
IL 15-6 Northgate	Paint Apartment Interior		1460	100	90,000		0	0	
IL 15-7 Lee Wright	Central Air Conditioning		1460	100	120,000		0	0	
	Paint Apartment Interior		1460	100	90,000		0	0	
IL 15-8 Sullivan	Central Air Conditioning		1460	100	80,000		0	0	
	Paint Apartment Interior		1460	100	45,000		0	0	
IL 15-9	Window Replacement		1460	LS	125,000		0	0	
	Demolition of 1 Building		1485	1	16,996		0	0	
	Paint Apartment Interior		1460	50	50,000		0	0	
IL 15-10 Olin Bldg	Replace Roof		1460	LS	25,000		0	0	
IL 15-11 Braner	Through wall HVAC units		1460	75	150,000		0	0	
HA WIDE	Extraordinary Maintenance		1460	LS	154,262		0	0	
	A & E Services		1430	LS	59,648		0	0	
	Administrative Salaries/Benefits		1410	LS	62,684		0	0	
	50% Salary/Benefits of Const. Insp.		1430	LS	23,723		0	0	
	Staff Training		1408	LS	30,000		0	0	
	PM Crew Salaries/Benefits		1408	LS	152,438		0	0	
	PM Crew Supplies		1408	LS	25,000		0	0	
	<b>TOTAL</b>				<b>1,799,738</b>		<b>0</b>	<b>0</b>	

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

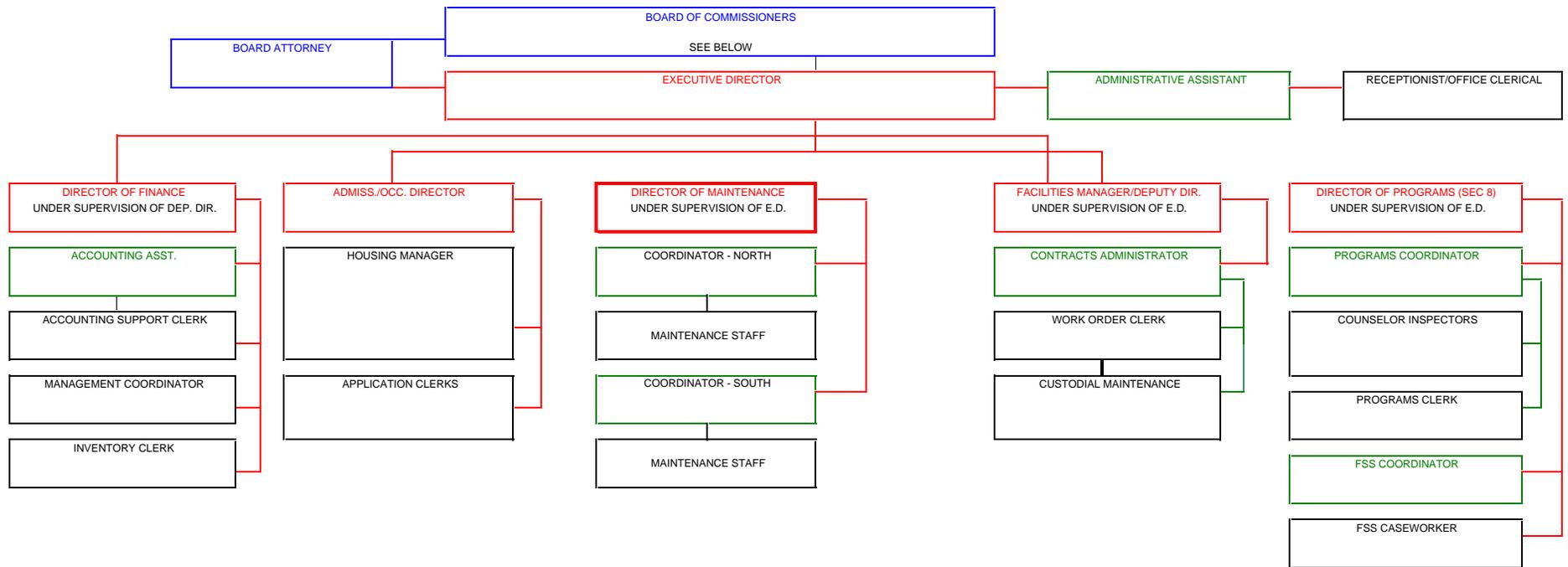
PHA Name: Madison County Housing Authority

**Grant Type and Number**  
 Capital Fund Program No: X IL06P01550100  
 Replacement Housing Factor No:

**Federal FY of Grant: 2000**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IL 15-1 Garesche Homes	3/31/02			9/30/03			
IL 15-3 Grenzer Homes	3/31/02			9/30/03			
IL 15-4 Curran Homes	3/31/02			9/30/03			
IL 15-6 Northgate Hms	3/31/02			9/30/03			
IL 15-7 Lee Wright Hms	3/31/02			9/30/03			
IL 15-8 Sullivan Homes	3/31/02			9/30/03			
IL 15-9 Venice Homes	3/31/02			9/30/03			
IL 15-9 Olin Building	3/31/02			9/30/03			
IL 15-11 Braner Homes	3/31/02			9/30/03			
HA Wide	3/31/02			9/30/03			





**BOARD OF COMMISSIONERS**

**VERNON BLOM, CHAIRMAN  
SAM GUARINO  
ALICE HAYES  
CHARLES HESTER  
JOE YOUNG**

LEGEND:  
 RED - EXECUTIVE STAFF  
 GREEN - NON-UNION ADMINISTRATIVE STAFF  
 BLACK - UNION STAFF

## **ATTACHMENT IL015B06**

### Component 10(B) Voluntary Conversion Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments?

Eight developments are subject to the required initial assessment. They are the following:

IL015-1 Garesche Homes; IL015-2 Viola Jones Homes; IL015-3 Grenzer Homes;

IL015-4 Curran Homes; IL015-6 Northgate Homes; IL015-7 Lee Wright Homes;

IL015-8 Sullivan Homes; IL015-9 Venice Homes

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions?

Two developments are not subject to the required initial assessments. These developments are elderly and/or disabled developments. They are the following:

IL015-10 Olin Building and IL015-11 Braner Homes

c. How many Assessments were conducted for the PHA's covered developments?

Eight Assessments were conducted

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

None