

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: 2002

**ALBIONHOUSINGAUTHORITY  
AGENCYPLAN**

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

## PHA Plan Agency Identification

**PHAName:** Albion Housing Authority

**PHANumber:** NE040

**PHAFiscalYearBeginning:** 10/2001

### PHA Plan Contact Information:

Name: Gayle Olson

Phone: 402-395-2204

TDD: same

Email(if available): aha@megavision.com

### Public Access to Information

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

- Main administrative office of the PHA 827 West Columbia
- PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered :

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

# Annual PHA Plan

Fiscal Year 2001

[24CFR Part 903.7]

## i. Table of Contents

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

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<input checked="" type="checkbox"/> Attachment D: Capital Fund Program 5 Year Action Plan (2003-2006)	
<input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment E: Resident Membership on PHA Board or Governing Body	
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<input checked="" type="checkbox"/> Attachment G: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other	
Attachment B: Performance and Evaluation Report (2000 & 2001 Capital Fund)	
Attachment H: Voluntary Conversion	

## ii. Executive Summary

[24CFR Part 903.79(r)]

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

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

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

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

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

**Minimum Rent** – The Board policy changed the minimum rent from \$25.00 to \$50.00 to help with the increases in cost of utilities and upkeep on the apartments. All residents were notified of the change of policy. The increase did not negatively impact the residents.

### 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$58,565

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

D. Capital Fund Program Grant Submissions

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

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

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

The Capital Fund Program Annual Statement is provided as Attachment B&C

### 3.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

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

#### 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

#### **Component 3, (6) Deconcentration and Income Mixing** (Insert from PIH2001 -4decon)

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

If yes, list these developments as follows

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

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

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

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

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

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

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

[24CFR Part 903.7(m)]

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

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

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

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

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

## **6. Other Information**

[24CFR Part 903.79(r)]

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

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

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

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

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included  
 Yes  No: be lower  
 Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

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

- Other: (list below) -

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

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

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

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

- The PHA has based its statement of needs of families in the jurisdiction on the need expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

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

Other:

The Albion Housing Authority is working closely with the city of Albion and development committee to improve present housing in Albion and help with future housing needs.

The Albion Housing Authority serves as the board for the Northeast Economic Development Committee.

3. PHA Requests for support from the Consolidated Plan Agency

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

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

The 2001 -2004 State of Nebraska Consolidated Plan does not quantify housing needs.

This Plan calls for maintaining existing and creating additional affordable housing. In this sense the efforts of Albion Housing Authority to maintain the public housing inventory is in accordance with the State Consolidated Plan.

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

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

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

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

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

A Significant Amendment or Modification to the Annual Plan includes: changes in budget items and capital fund projects due to emergencies, adjustment in policies to address issues increases cost of utilities.

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**ALBIONHOUSINGAUTHORITY**  
**ATTACHMENTC**  
**CapitalFundAnnualPlan**

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:</b> <b>Summary</b>					
PHAName: Albion Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01 )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	\$5,800			
3	1408 Management Improvements	\$2,000			
4	1410 Administration	\$6,500			
5	1411 Audit	\$1,400			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$36,00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	\$6,865			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

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

PHAName: Albion Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor or Grant No:	Federal FY of Grant: 2002
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: 01 )  
 Performance and Evaluation Report for Period Ending:  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2 - 19)	\$58,565			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHAName: Albion Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE040	Management Improvements Help with Agency Plan, Gilat Planning	1408		\$2000				
	Operation	1406		\$5,800				
	Administration	1410		\$6,500				
	Audit	1411		\$1,400				
	Dwelling Structures	1460		\$36,000				
	New windows for community room & soffits siding, dry clean draperies in living room, new storm doors, paint and carpet 1/2 of apartments							
	Non Dwelling Structures	1470		\$6,865				
	Privacy fence for security to residents on west of property							

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

PHAN Name: Albion Housing Authority		Grant Type and Number Capital Fund Program No: NE040 Replacement Housing Factor No:				Federal FY of Grant: 2002	
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	
NE040							

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**ALBIONHOUSINGAUTHORITY**  
**ATTACHMENTB**  
**PerformanceandEvaluationReport**

**CAPITAL FUND PROGRAM TABLES START HERE**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Albion Housing Authority		Grant Type and Number Capital Fund Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: March 31 <sup>st</sup> , 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	\$2000.00		\$401.16	\$401.16
	Management Improvements Hard Costs				
4	1410 Administration	\$4500.00		\$3283.75	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$46915.00		\$369.01	\$369.01
11	1465.1 Dwelling Equipment — Nonexpendable	\$4000.00		\$1759.37	\$1759.37
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
		ORIGINAL	REVISED	OBLIGATED	EXPENDED

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

<b>PHAName:</b> Albion Housing Authority	<b>Grant Type and Number Capital Fund</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2000
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no:  
 Performance and Evaluation Report for Period Ending: March 31<sup>st</sup>, 2001  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2-19)	\$57,415		\$5813.29	5813.29
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHAName: Albion Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P04050100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
NE040	MANAGEMENT IMPROVEMENTS	1408		\$2000			
	Computer -management					In Progress	
	Anniversary -Harmony Homes				\$401.16	Complete	
	ADMINISTRATION	1410		\$4500			
	Oversee project, obtain bids, paperwork				\$3283.75	In Progress	
	DWELLING STRUCTURE	1460		\$46915		In progress	
	Newsiding, fascia, soffit on 13 residential buildings				\$369.01		
	DWELLING EQUIPMENT	1465		\$4000			
	New washer & 2 dryers				\$1759.37	Complete	
	Phone project, additional lines					In Progress	
	<b>TOTAL</b>			<b>\$57415</b>	<b>\$5,813.29</b>		

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

PHAName: Albion Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2000
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date) 03/31/01			All Funds Expended (Quarter Ending Date) 03/31/01			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE040	6/30/2001			9/30/2001			

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

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$2,000.00	\$794.78	\$755.82	\$755.82
4	1410 Administration	\$5,856.00	\$5,856.00	\$3,643.75	\$3,643.75
5	1411 Audit	\$1,240.00	\$1,240.00		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$7,644.00	\$9,105.98	\$8,124.64	\$8,124.64
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	\$41,825.00	\$40,363.02	\$36,500.00	\$256.26
13	1475 Nondwelling Equipment	\$0.00	\$1,250.22	\$1,205.22	\$1,205.22
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines 2 - 19)	\$58,565.00	\$58,565.00	\$50,485.69	\$13,985.69
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security -- Soft Costs				
	Amount of Line XX related to Security -- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHAName: Albion Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		
NE040	<b>Management Improvements</b>	1408		\$2000.00	\$794.78	\$755.82	\$755.82	Complete	
	Help with Agency Plan, Gilat Planning								
	Radio ad to help with filling apartment								
	New Typewriter (old one broke - not repairable)								
	<b>Administration</b>	1410		\$5,856.00	\$5,856.00	\$3,643.75	\$3,643.75	In progress	
	Audit	1411		\$1,240.00	\$1,240.00			To be completed	
	<b>Dwelling Structures</b>	1460		\$7,644.00	\$9,105.98	\$8,124.64			
	Wooden Blinds for Bedrooms in all 40 apartments						\$5,310.19	Completed	
	Roll of carpet for apartments that residents move out and new carpet installed & repaint apartments						\$1,846.67	Completed	
	Community Room improvement on kitchen cabinets						\$967.78	Completed	
	<b>New Dwelling Structures</b>	1470		\$41,825.00	\$40,363.02				
	Community Room Addition					\$36,500.00	\$256.26	In Progress	
	<b>Non Dwelling Equipment</b>	1475		\$0.00	\$1,205.22	\$1,205.22	\$1,205.22	Completed	
	New copier for office								



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**ALBIONHOUSINGAUTHORITY  
ATTACHMENTA**

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

## Attachment A

### Supporting Documents Available for Review

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

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

**List of Supporting Documents Available for Review**

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

**List of Supporting Documents Available for Review**

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

Small PHA Plan Update  
Annual Plan for Fiscal Year: 2002

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

## Capital Fund Program Five - Year Action Plan Part I: Summary

PHAName: Albion Housing Authority						<input type="checkbox"/> Original 5 - Year Plan <input checked="" type="checkbox"/> Revision No: 02			
Development Number/Name/HA-Wide	Year 1 2002	Work Statement for Year 2 FFY Grant: 200 3 PHAFY: 10/200 3		Work Statement for Year 3 FFY Grant: 200 4 PHAFY: 10/ 2004		Work Statement for Year 4 FFY Grant: 200 5 PHAFY: 10/200 5		Work Statement for Year 5 FFY Grant: 200 6 PHAFY: 10/200 6	
NE040	Annual Statement	Operation	\$5,800	Operation	\$5,800	Operation	\$5,800	Operation	\$5,000
		Management Improvement	\$2,000	Management Improvement	\$2,000	Management Improvement	\$2,500	Management Improvement	\$1,000
		Administration	\$6,500	Administration	\$6,500	Administration	\$6,500	Administration	\$6,500
		Audit	\$1,285	Audit	\$1,400	Audit	\$1,400	Audit	\$1,500
		Dwelling Structures	\$31,000	Site Improvement	\$6,500	Site Improvement	\$25,000	Site Improvement	\$10,000
		Non-Dwelling Equipment:	\$12,071	Dwelling Structures	\$30,756	Dwelling Structures:	\$4,256	Dwelling Structures:	\$14,356
				Non-Dwelling Equipment:	\$6,500	Non-Dwelling Equipment	\$13,200	Non-Dwelling Equipment	\$20,300
								Dwelling Equipment	\$6,500
<b>Total CFP Funds (Est.)</b>		<b>\$58,656.00</b>		<b>\$58,656.00</b>		<b>\$58,656.00</b>		<b>\$58,656.00</b>	
Total Replacement Housing Factor Funds									

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

Activities for Year 1	Activities for Year: FFY Grant: 200 3 PHAFY: 10/200 3			Activities for Year: FFY Grant: 200 4 PHAFY: 10/200 4		
	Operation		\$5,800	Operation		\$5,800
	Management Improvement		\$2,000	Management Improvement		\$2,000
	Administration		\$6,500	Administration		\$6,500
	Audit		\$1,285	Audit		\$1,400
	Dwelling Structures	Continue working on painting and carpet for apartments; new plumbing where needed; beauty shop for backroom.	\$31,000	Site Improvement	Concrete work and landscaping	\$6,500
	Non-Dwelling Equipment:	Replaces small equip. for shop; new small snowblower; new push lawn mower; replace existing rider mower.	\$12,071	Dwelling Structures	New addition to maintenance shop to allow for winter work and additional storage	\$30,756
				Non-Dwelling Equipment:	Update computer	\$6,500
	<b>Total Amount of Grant</b>		<b>\$58,656.00</b>			<b>\$58,656.00</b>

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

Activities for Year 1	Activities for Year: FFY Grant: 200 5 PHAFY: 10/200 5			Activities for Year: FFY Grant: 200 6 PHAFY 10/200 6		
	Operation		\$5,800	Operation		\$5,800
	Management Improvement		\$2,500	Management Improvement		\$1,000
	Administration		\$6,500	Administration		\$6,500
	Audit		\$1,400	Audit		\$1,500
	Site Improvement	Reseed lawn	\$25,000	Site Improvement:	New white vinyl fence along west edge of property and by trash container area; new picnic tables and bench; yard plant holder for residents' hanging flowers.	\$10,000
	Dwelling Structures:	New stoves and vents	\$4,256	Dwelling Structures:	New windows for apartments if necessary or re-chalk old ones and paint where they can be used; replace valves in boiler room; new mailboxes to provide more security	\$14,356
	Non-Dwelling Equipment:	New large snow blower; continue update community room big screen TV and new furniture; new large lawnmower.	\$13,200	Non-Dwelling Equipment	New wheelchair to help get residents to activities; new speaker or sound system for community room; new tables and chairs for community room; new piano; pickup for maintenance; pool table.	\$20,300
				Dwelling Equipment	New refrigerators; new stoves; new ceiling fans in kitchens; new carbon monoxide detector; new smoke alarm.	\$6,500
			<b>\$58,656</b>	<b>Total Annual Grant</b>		<b>\$58,656.00</b>
	<b>Total estimated cost over next 5 years</b>	<b>\$293,280</b>		Dwelling Equipment	\$6,500	

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: 2002

**ALBIONHOUSINGAUTHORITY  
ATTACHMENTSE,F,G ,H**

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDI N  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

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

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

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

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

Elected

Appointed

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

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

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

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

Other (explain):

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

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

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

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

PUBLIC HOUSING GRAB MEMBERS:

Thelma Johannes, Apt#134827W Columbia, Albion, Nebraska 68620  
CeCe Ternus Apt#135827W Columbia, Albion, Nebraska 68620  
Evelyn Loeske Apt#12 2827W Columbia, Albion, Nebraska 68620  
Margret Briese Apt#131827 West Columbia, Albion, Nebraska 68620

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

No comments

**Required Attachment H:  
 COMPONENT 10(B) VOLUNTARY CONVERSION OF  
 DEVELOPMENT(S) FROM PUBLIC HOUSING STOCK:  
 REQUIRED INITIAL ASSESSMENTS**

1. How many of the PHA's developments are subject to the Required Initial Assessment? One
2. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly, disabled developments not general occupancy projects?) Zero
3. How many Assessments were conducted for the PHA's covered developments? One
4. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments.

Development Name	Number of Units
None	0

5. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.

The Albion Housing Authority has completed the process of conducting the Required Initial Assessment for Voluntary Conversion of Developments of Public Housing Stock. The Certification of Compliance will be submitted to HUD - Omaha. The following is the conclusion of the Board of Commissioners (May 9, 2002 meetings):

“The Albion Housing Authority has opted not to convert public housing to section 8”.