

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear:2002

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

## PHAPlan AgencyIdentification

**PHAName:** MountHope

**PHANumber:** WV007

**PHAFiscalYearBeginning:(07/01/2002)**

**PHAPlanContactInformation:**

Name:NancyMartin  
Phone:304877 -6541  
TDD: 304877- 6541  
email(ifavailable):mhha@cwv.net

**PublicAccesstoInformation**

**Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedby contacting:(selectallthatapply)**

- xx Mainadministrativeofficeofthe PHA
- PHAdevelopmentmanagementoffices

**DisplayLocationsForPHAPlansandSupportingDocuments**

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectall thatapply)

- xx MainadministrativeofficeofthePHA
- PHAdevelopmentmanagementoffices
- Mainadministrativeofficeofthelocal,countyorStategovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPlanSupportin gDocumentsareavailableforinspectionat:(selectallthatapply)

- xx MainbusinessofficeofthePHA
- PHAdevelopmentmanagementoffices
- Other(listbelow)

**PHAProgramsAdministered :**

- PublicHousingandSection8
- Section8Only
- xxPublicHousingOnly

**AnnualPHAPlan  
FiscalYear2002**  
[24CFRPart903.7]

**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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**ii. Executive Summary**

[24CFRPart903.79(r)]

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

**There are no changes in policies or programs discussed in last year's PHA Plan.**

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

A. xx 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? \$189,000.00 estimated need \_\_\_\_\_

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

D. Capital Fund Program Grant Submissions

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

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

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

The Capital Fund Program Annual Statement is provided as Attachment

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

1. xx 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: Stadium Terrace 1b. Development (project) number: WV007001
2. Activity type: Demolition xx Disposition <input type="checkbox"/>
3. Application status (select one) Approved xx Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (28/01/02)
5. Number of units affected: 20 6. Coverage of action (select one) xx Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units xx Public housing for 20 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: 03/18/02 b. Actual or projected start date of relocation activities: 09/01/01 c. Projected end date of activity: 04/15/02

#### **4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

- A.  Yes xx 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 homeowner 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.SafetyandCrimePrevention:PHDEPPlan**

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmayskip to thenextcomponent PHAeligibleforPHDEPfundsmust provideaPHDEPPlanmeetingsspecifiedrequirementsprior to receiptofPHDEP funds.

A.  YesxxNo: IsthePHAeligible to participateinthePHDEP inthefiscalyear coveredbythisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)PHDEPgrantforthe upcomingyear? \$ \_\_\_\_\_

C.  YesxxNo DoesthePHAplantoparticipateinthePHDEP intheupcoming year? Ifyes, answerquestionD. Ifno, skip to nextcomponent.

D.  Yes  No: ThePHDEPPlanisattachedatAttachment \_\_\_\_\_

## **6.OtherInformation**

[24CFRPart903.79(r)]

### **A. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse**

1. xx Yes  No: DidthePHAreceive anycomments onthePHAPlanfromthe ResidentAdvisoryBoard/s?

2. Ifyes, thecommentsareAttachedatAttachment(Filename)D

3. InwhatmannerdidthePHAaddressthosecomments?(selectallthatapply)

- ThePHAchangedportionsofthePHAPlaninresponsetocomments  
Alistofthesechangesisincluded  
 Yes  No: belowor  
 Yes  No: attheendoftheRABCommentsinAttachment  
\_\_\_\_\_.

xx Consideredcomments, butdeterminedthatnochangestothePHAPlan wereneccessary. AnexplanationofthePHA'sconsiderationisincludedat theattheendoftheRABCommentsinAttachmentC.

Other:(listbelow)

### **B.StatementofConsistencywiththeConsolidatedPlan**

ForeachapplicableConsolidatedPlan, makethefollowingstatement(copyquestionsasmanytimesas necessary).

1. ConsolidatedPlanjurisdiction: MountHope, WV

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. (list such initiatives below)
- Other: (list below)

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: (describe below)

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

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

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

**Change to rent or admissions policies or organization of the waiting list; addition of non-emergency work items (items not included in the 5-year plan) or changes in use of replacement reserve funds under the capital fund; or any change with regard to demolition or disposition, designation or conversion activities.**

**Any substantial deviation from the Mission Statement and/or goals and objectives presented in the 5 Year Plan that cause changes in the services provided to residents or significant changes to the Agency's financial situation will be documented in subsequent agency plans. An exception in this definition will be made for any of the above that are**

**adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.**

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

## 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>
Xx	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Xx	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
Xx	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
Xx	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
Xx	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
Xx	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
Xx	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
Xx	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Xx	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
Xx	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
Xx	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
xx	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
xx	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for a ny active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
xx	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
xx	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
xx	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	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 PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA 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
xx	The result 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 result 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)

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Mount Hope		Grant Type and Number Capital Fund Program: cfpWV15P00750100 Capital Fund Program 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: 12/31/01		<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	24,900.00	22,564.00	22,564.00	
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	203,524.00	228,240.00	228,240.00	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	64,000.00	41,120.00	41,120.00	
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	5,000.00	5,500.00	5,500.00	
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	297,424.00	297,424.00	297,424.00	
21	Amount of line 20 Related to LBP Activities				



<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHAName: Mount Hope		Grant Type and Number Capital Fund Program: cfpwv15P00750101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
xx <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001		<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	30,350.50		30,350.50	
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,350.50		30,350.50	
8	1440 Site Acquisition				
9	1450 Site Improvement	36,054.00		36,054.00	
10	1460 Dwelling Structures	206,750.00		206,750.00	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	303,505.00		303,505.00	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHAName: Mount Hope		Grant Type and Number Capital Fund Program: cfpwv15P00750101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
xx <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Mount Hope		Grant Type and Number Capital Fund Program: CFP Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<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	9,000.00			
3	1408 Management Improvements	30,000.00			
4	1410 Administration	5,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	36,000.00			
10	1460 Dwelling Structures	20,000.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	30,000.00			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	139,000.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

<b>Annual Statement/Performance and Evaluation Report</b>				
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>				
PHAName: Mount Hope		Grant Type and Number Capital Fund Program: <b>CFP</b> Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <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
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Mount Hope			<b>Grant Type and Number</b> Capital Fund Program #: WV15P00750101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WV007-001	Renovate 50 Bathrooms	1460	50	116,750.00				In progress
Stadium Terrace	Reinsulate water lines	1460		90,000.00				
	Replace selected sewer lines	1450		20,000.00				
	Plant, trim, replace shrubs	1450		16,054.00				
PHA wide	Operations	1406		30,350.50				
	A/E Fees	1430		30,350.50				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Mount Hope			<b>Grant Type and Number</b> Capital Fund Program #: CFP Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WV007-001	Install closet doors	1460	200	20,000.00				
Stadium Terrace	Renovate playgrounds	1450	2	36,000.00				
PHA wide	Replace community room Carpet	1470		5,000.00				
	Replace Heat/AC unit in Office Bldg.	1470		15,000.00				
	New office furniture and furnishings	1470		10,000.00				
	Operations	1406		9,000.00				
	A/E	1430		9,000.00				
	Replace computer system	1408		30,000.00				
	Replace MS/DOS system With Windows based system							
	Administration	1410		5,000.00				







### Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal years. 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.

CFP5 - Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Wv007001	Stadium Terrace	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Install closet doors	20000.00	6/2002
Renovate playgrounds	36000.00	6/2002
Remove top soil, terrace and plant ground cover on front bank of Stadium Terrace	60000.00	6/2003
Repave parking areas, paint fencing at playgrounds repair damage to rock walls.	60000.00	6/2003
Add siding and exterior enhancements to improve look of buildings	160000.00	6/2008
Add parking spaces between buildings if possible	65000.00	6/2008
<b>Total estimated cost over next 5 years</b>	<b>401000.00</b>	

### CapitalFundProg ram5 -YearActionPlan

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA -widephysicalormangementimprovements  
 plannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludinformationfromYearOneofthe5 -Yearcycle,becausethis  
 informationisincludedintheCapitalFundProgramAnnualStatement.

CFP5 -YearActionPlan		
<input type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
Wv007002	MidtownTerrace	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
Renovateplaygrounds	18000.00	6/2004
Sitework,plantshrubs,repairsidewalks	16000.00	6/2004
Aircondition30elderlyapartments	60000.00	6/2003
Replaceallpatioanddumpsterfencing	25000.00	6/2006
Repaveparkingareasandstreet	60000.00	6/2006
Aircondition55familyunits	110000.00	6/2007
<b>Totalestimatedcostovernext5years</b>	<b>289000.00</b>	

### Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA development 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.

CFP5 - Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Wv007001 Wv007002	Phawide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace community room carpet	5000.00	6/2002
Replace heating and air condition units in office and community room	15000.00	6/2002
Purchase new office furniture and furnishings	10000.00	6/2002
Replace computer system and convert existing desktop to windows	30000.00	6/2002
Build 40x80 maintenance shop and garage	150000.00	6/2005
Operations (for all fiscal years)	58000.00	6/2002
A/E services --- (for all fiscal years)	58000.00	6/2002
Administration --- (for all fiscal years)	58000.00	6/2002
<b>Totalestimatedcostovernext5years</b>	<b>384000.00</b>	

## Required Attachment A1: 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: Marina Washington

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

Elected

Appointed

C. The term of appointment is five years expiring December 13, 2005

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

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

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

Other (explain):

B. Date of next term expiration of a governing board member: December 13, 2002

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

Michael Martin, Mayor, City of Mount Hope

**Required Attachment B: 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.)

Hazel Kent, Patricia Hicks, Joe McGraw, Faye Armstrong, Judith Vagner, Micki Oba

**Attachment C****Resident Comments**

Suggested items for inclusion at Stadium Terrace were:

1. Adding a bathroom window.
2. Adding a half bath downstairs.
3. Adding steps on front bank on front of apartments 12/13 and 20/21 areas.
4. Add a paved ramp on front bank.

Suggested items for inclusion at Midtown Terrace were:

1. Add a skylight to the kitchen.

Generally, residents were pleased with the capital fund items, which had been included in the Agency Plan.

**Attachment D****PHA Response to Resident Comments**

The items requested by residents were discussed at the March 2002 board meeting. Commissioners asked that these items be placed in our Agency Plan in future years. One exception to the items was adding a bathroom window at Stadium Terrace; since the bathrooms are being renovated currently with a tub surround, which covers the area where a window used to be in the bathrooms several years ago.

The Housing Authority staff will begin cost estimates for the items discussed by residents at the public meeting held for comments on the Agency Plan.

**UPDATE TO FOLLOW UP PLAN ON RESIDENT ASSESSMENTS**

The Housing Authority contracts with the Mount Hope Police Department for patrol of the grounds with a K-9 unit on a regular basis. There have been no arrests for drug related crimes on the premises in the past fiscal year. Our number of police calls on site have been reduced as a result of this patrol.

We are constantly improving the grounds with tree and shrub garden to remedy the look of the neighborhood. Demolition of 20 of the older units at Stadium Terrace was completed this fiscal year. The older units located at Stadium Terrace were built in 1940 and are showing their age. We plan to give them a face-lift as we have money available through the CFPP PROGRAMS.

ATTACHMENT E

Voluntary Conversion Initial Assessments

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

2

- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions? (e.g. elderly and/or disabled developments not general occupancy projects?)

None

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

2

- d. There are no developments that are appropriate for conversion based on the Required Initial Assessment

**ATTACHMENT F DECONCENTRATION FACTORS****Component 3(6) Deconcentration and Income Mixing**

a. ~~xx~~ 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/xxxx/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.