

HousingAuthorityofOwenton(KY098)  
SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: 2003

**NOTE:THISPHAPLANSTEMPLATE(HU D50075)ISTOBECOMPLETEDINACCORDANCEWITH  
INSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** Housing Authority of Owenton

**PHANumber:** KY098

**PHAFiscalYearBeginning:**(mm/yyyy) 07/2003

**PHA Plan Contact Information:**

Name: Sandy Lengel

Phone: 502 -484-2939

TDD: 1-800-648-6056

Email(if available): slengel2@bellsouth.net

**Public Access to Information**

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

- Main administrative office of the PHA
- 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 2003**  
[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"/> Other (List below, providing each attachment name)   |                     |
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**ii. Executive Summary**

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan. The only major changes proposed for the 4<sup>th</sup> year are increasing the Flat Rent amounts by the increase in the Fair Market Rents from 2001 to 2002, increasing the Security Deposit requirements (for new residents only) to \$150, enforcing the provisions of our Pet Policy and continuing our 5 year Capital Improvements Program.

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

Not Applicable

**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? \$53,000 (approximate amount of FFY 2002 actual)

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 C

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

The Capital Fund Program Annual Statement is provided as Attachment B

**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<br/>(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: <u>(DD/MM/YY)</u>  |  |

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

**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.SafetyandCrimePrevention:PHDEPPlan ProgramcancelledbyCongress inFFY2002Thus,thissectionisNOTAPPLICABLEanylonger.**

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmayskiptothenextcomponentPHAseligibleforPHDEP fundsmustprovideaPHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEP funds.

A.  Yes  No: I sthePHAeligibletoparticipateinthePHDEPinthefiscalyearcoveredby thisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)PHDEPgrantfortheupcoming year? \$ \_\_\_\_\_ N/A \_\_\_\_\_

C.  Yes  No Does the PHA planto participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skiptonext component.

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

**6.OtherInfo rmation**

[24CFRPart903.79(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 commen ts are Attached at Attachment (Filename) X See A.3. Other below.

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

The PHA changed portions of the PHA Plan in responseto comments A list of these changes is included

Yes  No: below or

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

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

Other: (list below) Resident Council was understanding and appreciative of the Housing Authority's 5 year Capital Funds (Improvements) program and offered suggestions for future consideration. The other major changes addressed in the Executive Summary were discussed with members of the Resident Council who attended the joint meeting on Friday, March 14, 2002.

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

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

1. Consolidated Plan jurisdiction: (provide name here)

Commonwealth of Kentucky (State Plan) Kentucky Housing Corporation

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

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (List such initiatives below)  
The Housing Authority of Owenton (HAO) will continue, as a part of its 5-year Capital Improvements Program, to make needed physical improvements to offer a better living environment to all current and future residents. HAO will continue to offer affordable rents by offering residents the choice of Flat Rents (at rates substantially below the HUD FMRs) and Income-Based Rents. However, every tenant will be required to pay at least a minimum rent amount. These actions will provide improved living conditions and housing resources for and to HAO's qualified low-income clientele.
- 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) The State Consolidated Plan sets forth the following, with which the HAO's activities are consistent: "Expand the supply of safe, decent, sanitary and affordable housing for very low and low-income families through... rehabilitation..."

## 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:

The Housing Authority (HA) of Owenton has chosen the following as its definition of Substantial Deviation from its Annual Plan:

a.) Redirection of more than 20% of its operating budget funds from any budgeted/scheduled activity to another activity or:

b.) A major change in program direction (e.g., new or different housing selection preference criterion, new or changed deductions from income-based rents, additional efforts to enhance deconcentration opportunities, changes in the basis of determining

**Ceiling/Flatrent amounts, etc.) that requires action on the part of the Board of Commissioners; or**

**c.) Increasing or decreasing the total number of HA employees by more than 50% from that authorized on the July 1st of each fiscal year.**

**However, NONE of these changes will be considered a Substantial Deviation IF those changes result from Government (i.e., Federal, State, or Local) action over which the HA exercises no control.**

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

**The HA has chosen to use the HUD definition of Significant Amendment or Modification. Specifically, it will consider the following to be such modifications/amendments :**

- a.) Changes to rent or admission policies or organization of its waiting list.**
- b.) Additions of non -emergency work items (not included in the current Annual Statement or 5 -Year Action Plan) or change in use of the replacement reserve funds under the Capital Grant Funds Program and,**
- c.) Any change with regard to demolition or disposition, designation of projects/buildings (for the elderly/disabled or families with disabilities), homeownership programs or conversion activities.**

**However, NONE of these changes will be considered Substantial Amendments/Modifications IF those changes result from Government (i.e., Federal, State, or Local) action over which the HA exercises no control.**

**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>                                |
| X  | 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                                      |
| X  | 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                                      |
| X  | 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                                   |
| 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/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<br><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 |
| X  | Public housing rent determination policies, including the method for setting public housing flat rents<br><input checked="" 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<br><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<br><input type="checkbox"/> check here if included in Section 8 Administrative Plan   | 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>  |
| 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  | Results of latest binding Public Housing Assessment System (PHAS) Assessment  | Annual Plan: Management and Operations   |
| X  | 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<br><input type="checkbox"/> check here if included in Section 8 Administrative Plan   | Annual Plan: Operations and Maintenance  |
| X  | Public housing grievance procedures<br><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<br><input 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 any active grant year   | Annual Plan: Capital Needs   |
| X  | 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   |
| X  | 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 303 of the US Housing Act of 1937 | Annual Plan: Conversion of Public Housing  |

| <b>List of Supporting Documents Available for Review</b> |  |   |
|--|--|---|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>   | <b>Related Plan Component</b>                     |
|  | Approved or submitted public housing home ownership programs/plans   | Annual Plan: Homeownership                        |
|  | Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)  | Annual Plan: Homeownership                        |
| X  | 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 |
| X  | 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          |
| X  | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)<br><input type="checkbox"/> check here if included in the public housing A&O Policy  | Pet Policy  |
| X  | 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                         |

| List of Supporting Documents Available for Review |   |                        |
|---|---|------------------------|
| Applicable & On Display                           | Supporting Document   | Related Plan Component |
|   | Troubled PHAs: MOA/Recovery Plan  | Troubled PHAs          |
| X   | Other supporting documents<br>Community Services Requirements Implementation Plan | Annual Plan            |

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

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

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

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

Elected

Appointed

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

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

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

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

Other (explain):

B. Date of next term expiration of a governing board member: 2-28-04

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor (of Owenton) David M. Wotier

**Required Attachment E: 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.) Crystal Agrue, Janice Lindley and Mary King. s

**Required Attachment F. Deconcentration and Income Mixing**

- 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. SMALL PHA with less than 100 units in Management (exempt from Deconcentration Rule.)
- 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: NOT APPLICABLE

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

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

|  |  |                                     |
|--|--|-------------------------------------|
| <b>PHAN Name: Housing Authority of Owenton</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: KY36P09850103<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant:</b><br>2003 |
|--|--|-------------------------------------|

**Original Annual Statement**
 **Reserve for Disasters/Emergencies**
 **Revised Annual Statement (revision no: )**  
 **Performance and Evaluation Report for Period Ending:**
 **Final Performance and Evaluation Report**

| Line No. | Summary by Development Account                            | Total Estimated Cost |         | Total Actual Cost |          |
|----------|---|----------------------|---------|-------------------|----------|
|          |   | Original             | Revised | Obligated         | Expended |
| 1        | Total In on-CFP Funds                                     |                      |         |                   |          |
| 2        | 1406 Operations   |                      |         |                   |          |
| 3        | 1408 Management Improvements                              |                      |         |                   |          |
| 4        | 1410 Administration                                       | \$1,250.             |         |                   |          |
| 5        | 1411 Audit  |                      |         |                   |          |
| 6        | 1415 Liquidated Damages                                   |                      |         |                   |          |
| 7        | 1430 Fees and Costs                                       | \$6,750.             |         |                   |          |
| 8        | 1440 Site Acquisition                                     |                      |         |                   |          |
| 9        | 1450 Site Improvement                                     |                      |         |                   |          |
| 10       | 1460 Dwelling Structures                                  |                      |         |                   |          |
| 11       | 1465.1 Dwelling Equipment — Nonexpendable                 |                      |         |                   |          |
| 12       | 1470 Nondwelling Structures                               | \$35,000.            |         |                   |          |
| 13       | 1475 Nondwelling Equipment                                |                      |         |                   |          |
| 14       | 1485 Demolition   |                      |         |                   |          |
| 15       | 1490 Replacement Reserve                                  |                      |         |                   |          |
| 16       | 1492 Moving to Work Demonstration                         |                      |         |                   |          |
| 17       | 1495.1 Relocation Costs                                   | \$10,000.            |         |                   |          |
| 18       | 1499 Development Activities                               |                      |         |                   |          |
| 19       | 1501 Collateralization or Debt Service                    |                      |         |                   |          |
| 20       | 1502 Contingency  |                      |         |                   |          |
| 21       | Amount of Annual Grant: (sum of lines 2 – 20)             | \$53,000.            |         |                   |          |
| 22       | Amount of line 21 Related to LBP Activities               |                      |         |                   |          |
| 23       | Amount of line 21 Related to Section 504 compliance       |                      |         |                   |          |
| 24       | Amount of line 21 Related to Security – Soft Costs        |                      |         |                   |          |
| 25       | Amount of Line 21 Related to Security – Hard Costs        |                      |         |                   |          |
| 26       | Amount of line 21 Related to Energy Conservation Measures |                      |         |                   |          |



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

| PHA Name: Housing Authority of<br>Owenton           |   | Grant Type and Number<br>Capital Fund Program No: KY36P09850103<br>Replacement Housing Factor No: |        |   |         |        | Federal FY of Grant: 2003        |
|---|---|---|--------|---|---------|--------|----------------------------------|
| Development<br>Number<br>Name/HA-Wide<br>Activities | All Fund Obligated<br>(Quarter Ending Date) |   |        | All Funds Expended<br>(Quarter Ending Date) |         |        | Reasons for Revised Target Dates |
|   | Original                                    | Revised   | Actual | Original                                    | Revised | Actual |                                  |
| PHA -Wide   |   |   |        |   |         |        |                                  |
| KY -098   | 06-30-05                                    |   |        | 06-30-07                                    |         |        |                                  |
|   |   |   |        |   |         |        |                                  |
|   |   |   |        |   |         |        |                                  |
|   |   |   |        |   |         |        |                                  |
|   |   |   |        |   |         |        |                                  |
|   |   |   |        |   |         |        |                                  |
|   |   |   |        |   |         |        |                                  |
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|   |   |   |        |   |         |        |                                  |
|   |   |   |        |   |         |        |                                  |

**CapitalFundProgramFive -YearActionPlanAttachmentC.  
PartI:Summary**

| PHANameHousingAuthority of<br>Owenton |                         |   |   | <input checked="" type="checkbox"/> <b>Original5 -YearPlan</b><br><input type="checkbox"/> <b>RevisionNo:</b> |   |
|---------------------------------------|-------------------------|---|---|---|---|
| Development<br>Number/Name/HA-Wide    | Year1                   | WorkStatementfor<br>Year2<br>FFYGrant:2004<br>PHAFYB:7 -01-04 | WorkStatementfor<br>Year3<br>FFYGrant:2005<br>PHAFYB:7 -01-05 | WorkStatementfor<br>Year4<br>FFYGrant:2006<br>PHAFYB:7 -01-06   | WorkStatementfor<br>Year5<br>FFYGrant:2007<br>PHAFYB:7 -01-07 |
|                                       | Annual<br>Stateme<br>nt |   |   |   |   |
| KY098 -01-GainesVillage               |                         | \$53,000.   | \$53,000.   | \$53,000.   | \$53,000.   |
|                                       |                         |   |   |   |   |
|                                       |                         |   |   |   |   |
|                                       |                         |   |   |   |   |
|                                       |                         |   |   |   |   |
|                                       |                         |   |   |   |   |
|                                       |                         |   |   |   |   |
|                                       |                         |   |   |   |   |
| CFPFundsListedfor5 -year<br>planning  |                         | \$53,000.   | \$53,000.   | \$53,000.   | \$53,000.   |
|                                       |                         |   |   |   |   |
| ReplacementHousingFactor<br>Funds     |                         |   |   |   |   |





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

|  |  |                                  |
|--|--|----------------------------------|
| <b>PH Name: Housing Authority of Owenton</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: KY36P09850102<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant: 2002</b> |
|--|--|----------------------------------|

Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **12-31-02**     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                              |                      |         |                   |          |
| 4        | 1410 Administration                                       | \$2,000.             |         | None              | None     |
| 5        | 1411 Audit  |                      |         |                   |          |
| 6        | 1415 Liquidated Damages                                   |                      |         |                   |          |
| 7        | 1430 Fees and Costs                                       | \$9,000.             |         | None              | None     |
| 8        | 1440 Site Acquisition                                     |                      |         |                   |          |
| 9        | 1450 Site Improvement                                     |                      |         |                   |          |
| 10       | 1460 Dwelling Structures                                  | \$42,098.            |         | \$11,281.         | None     |
| 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       | 1499 Development Activities                               |                      |         |                   |          |
| 19       | 1501 Collateralization or Debt Service                    |                      |         |                   |          |
| 20       | 1502 Contingency  |                      |         |                   |          |
| 21       | Amount of Annual Grant: (sum of lines 2 – 20)             | \$53,098.            |         | \$11,281.         | None     |
| 22       | Amount of line 21 Related to LBP Activities               |                      |         |                   |          |
| 23       | Amount of line 21 Related to Section 504 compliance       |                      |         |                   |          |
| 24       | Amount of line 21 Related to Security — Soft Costs        |                      |         |                   |          |
| 25       | Amount of Line 21 Related to Security — Hard Costs        |                      |         |                   |          |
| 26       | Amount of line 21 Related to Energy Conservation Measures |                      |         |                   |          |



| <b>Annual Statement/Performance and Evaluation Report Attachment G.</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part III: Implementation Schedule</b> |   |   |        |   |         |                                  |                                  |
|---|---|---|--------|---|---------|----------------------------------|----------------------------------|
| PHA Name: Housing Authority of<br>Owenton   |   | <b>Grant Type and Number</b><br>Capital Fund Program No: KY036P09850102<br>Replacement Housing Factor No: |        |   |         | <b>Federal FY of Grant:</b> 2002 |                                  |
| Development Number<br>Name/HA-Wide<br>Activities  | All Fund Obligated<br>(Quarter Ending Date) |   |        | All Funds Expended<br>(Quarter Ending Date) |         |                                  | Reasons for Revised Target Dates |
|   | Original                                    | Revised   | Actual | Original                                    | Revised | Actual                           |                                  |
| PHA -Wide   | 06-30-04                                    |   |        | 06-30-06                                    |         |                                  |                                  |
|   |   |   |        |   |         |                                  |                                  |
|   |   |   |        |   |         |                                  |                                  |
|   |   |   |        |   |         |                                  |                                  |

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

|  |  |                                  |
|--|--|----------------------------------|
| <b>PH Name: Housing Authority of Owenton</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: KY36P09850101<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant: 2001</b> |
|--|--|----------------------------------|

Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **12-31-02**     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                              |                      |         |                   |            |
| 4        | 1410 Administration                                       | \$1,570.00           |         | \$532.43          | \$532.43   |
| 5        | 1411 Audit  |                      |         |                   |            |
| 6        | 1415 Liquidated Damages                                   |                      |         |                   |            |
| 7        | 1430 Fees and Costs                                       | \$10,300.00          |         | \$9,497.43        | \$8,754.93 |
| 8        | 1440 Site Acquisition                                     |                      |         |                   |            |
| 9        | 1450 Site Improvement                                     |                      |         |                   |            |
| 10       | 1460 Dwelling Structures                                  | \$44,000.00          |         | \$44,000.00       | None       |
| 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       | 1499 Development Activities                               |                      |         |                   |            |
| 19       | 1501 Colateralization or Debt Service                     |                      |         |                   |            |
| 20       | 1502 Contingency  |                      |         |                   |            |
| 21       | Amount of Annual Grant: (sum of lines 2 – 20)             | \$55,870.00          |         | \$54,029.86       | \$9,287.36 |
| 22       | Amount of line 21 Related to LBP Activities               |                      |         |                   |            |
| 23       | Amount of line 21 Related to Section 504 compliance       |                      |         |                   |            |
| 24       | Amount of line 21 Related to Security — Soft Costs        |                      |         |                   |            |
| 25       | Amount of Line 21 Related to Security — Hard Costs        |                      |         |                   |            |
| 26       | Amount of line 21 Related to Energy Conservation Measures |                      |         |                   |            |



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

| PHA Name: Housing Authority of<br>Owenton        |   | <b>Grant Type and Number</b><br>Capital Fund Program No: KY036P09850101<br>Replacement Housing Factor No: |        |   |         | <b>Federal FY of Grant:</b> 2001 |                                  |
|--|---|---|--------|---|---------|----------------------------------|----------------------------------|
| Development Number<br>Name/HA-Wide<br>Activities | All Fund Obligated<br>(Quarter Ending Date) |   |        | All Funds Expended<br>(Quarter Ending Date) |         |                                  | Reasons for Revised Target Dates |
|  | Original                                    | Revised   | Actual | Original                                    | Revised | Actual                           |                                  |
| PHA -Wide  |   |   |        |   |         |                                  |                                  |
| KY-098   | 03 -31-03                                   |   |        | 09-30-04                                    |         |                                  |                                  |
| Gaines Village                                   |   |   |        |   |         |                                  |                                  |
|  |   |   |        |   |         |                                  |                                  |

## **Required Attachment H. Report on the Progress in Meeting the 5 -Year Goals/Objectives**

The Housing Authority of Owenton believes it has accomplished its mission of providing decent, safe, sanitary and affordable housing to its clientele. Additionally, we believe we have made substantial progress in meeting its Five -Year Goals/Objectives. Details of these actions/accomplishments are:

1. We have improved the management of the HAO by organizing our files and records, by computerizing many of our records and policies, establishing set hours of operations and basis for residents to communicate their needs for services during and after hours. No HUD or HUD contractor review during the past 12 months has revealed major findings applicable to poor or mismanagement.

2. The HAO has attempted to (and continues to attempt to do so) comply with all applicable Federal, State and Local laws, rules and regulations.

3. The Housing Authority has installed new windows in all units under a Capital Funds Program contract during the past 12 months, thus improving (not only) the marketability of its units.

4. Residents of HAO receive excellent service by its on-maintenance employee. And when needed contract services are secured to provide additional coverage or augment these efforts. HAO believes that it does provide a quality management service as evidenced by our RASS score on Maintenance Services.

5. The Housing Authority of Owenton is an Equal Opportunity Housing Agency and its units and programs are open to all ethnicities, races and low -income eligible families and individuals. No one is turned away or denied service due to race, ethnicity or eligible low -income status.