

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLANS TEMPLATE (HUD-50075 Small PHA) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** Ionia Housing Commission

**PHA Number:** MI33-P117-001/4/5

**PHA Fiscal Year Beginning: (mm/yyyy)** 10/2003

### **PHA Plan Contact Information:**

Name: Brenda J. Hoover

Phone: (616) 527-9060

TDD:

Email (if available): ioniahc@chartermi.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

[24 CFR Part 903.7]

## i. Table of Contents

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

<b>Contents</b>	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary (optional)	
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2. Capital Improvement Needs	
3. Demolition and Disposition	
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5. Crime and Safety: PHDEP Plan	
6. Other Information:	
A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	
<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C : Capital Fund Program 5 Year Action Plan	
<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 D : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment E : Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment __: 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 (List below, providing each attachment name)	
Attachment F : Progress in meeting the Five-Year Plan Mission and Goals	
Attachment G : Component 3, (6) Deconcentration and Income Mixing	
Attachment H : Component 10 (b) Voluntary Conversion Initial Assessments	
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## **ii. Executive Summary**

[24 CFR Part 903.7 9 (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.

IHC has no plans to change any programs or policies, except those resulting from QHWRA.

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 190,952

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 J & K

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(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>
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:

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply

- with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

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

[24 CFR Part 903.7 (m)]

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

- 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**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
 Yes  No: below or  
 Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Other: (list below)

## B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
  - Other: (list below) IHC will continue to preserve, maintain and improve its existing housing via the CFP. We interact with area service and support agencies and provide applicants and tenants with information on agencies that assist with specific or special needs.
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: IHC has had a Capital Needs Assessment (CNA) performed and the results are now included in the 5-year plan portion of this document.**

**B. Significant Amendment or Modification to the Annual Plan: None**

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing commission that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

**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 jurisdictions 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
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 <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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 <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
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
X	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
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input 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
	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
	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

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	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) <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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## 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 I: Summary</b>					
PHA Name: Ionia Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P11750103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" 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	30,262			
3	1408 Management Improvements				
4	1410 Administration	12,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	42,500			
10	1460 Dwelling Structures	50,000			
11	1465.1 Dwelling Equipment—Nonexpendable	15,000			
12	1470 Nondwelling Structures	10,000			
13	1475 Nondwelling Equipment	16,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

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

<b>PHA Name:</b> Ionia Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P11750103 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 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
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	190,952			
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**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Ionia Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P11750103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
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	
HA-Wide	Operations	1406		30,262				
"	Administration	1408		12,000				
"	Fees & Costs	1430		15,000				
001	Landscape circle & area outside apts. 106/108 (due to apts. facing brick wall)	1450		2,500				
004	Add parking area	"		10,000				
004	Reconstruct entry/exit area	"		10,000				
005	Bus turnaround @ west end of site	"		20,000				
001	Replace LR windows w/ 5' patio doors & cement slabs	1460		10,000				
"	Replace toilets	"		15,000				
"	Replace bathtubs w/ fiberglass tubs/surrounds (Pine Vista)	"		30,000				
"	Replace bathroom ceramic tile (Pine Vista)	"		10,000				
HA-Wide	Replace office carpeting	1470		10,000				
"	Replace rooftop heating/cooling units (3)	1475		16,000				

<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: Ionia Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P11750103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
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	
HA-Wide	TOTALS			190,762				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Ionia Housing Commission		<b>Grant Type and Number</b> Capital Fund Program No: MI33P11750103 Replacement Housing Factor No:			Federal FY of Grant: 2003		
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	
MI117-001/4/5	6/30/2005			9/30/2006			

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

PHA Name: Ionia Housing Commission	<b>Grant Type and Number</b> Capital Fund Program No: MI33P11750103 Replacement Housing Factor No:	Federal FY of Grant: 2003
------------------------------------	----------------------------------------------------------------------------------------------------------	---------------------------

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	
MI117-001/4/5	6/30/2005			9/30/2006			

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name Ionia Housing Commission		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: MI33P11750104 PHA FY: 9/30/04	Work Statement for Year 3 FFY Grant: MI33P11750105 PHA FY: 9/30/05	Work Statement for Year 4 FFY Grant: MI33P11750106 PHA FY: 9/30/06	Work Statement for Year 5 FFY Grant: MI33P11750107 PHA FY: 9/30/07
	Annual Statement				
HA-Wide		Tuckpoint, clean & reseal brick veneer	Repair, reseal & restripe parking lots, driveways	Miscellaneous concrete work	Sealcoat & restripe parking lots, driveways
"		Administer program, operations & A/E fees	Administer program, operations & A/E fees	Administer program, operations & A/E fees	Administer program, operations & A/E fees
"		Replace appliances, toilets & water heaters		Replace appliances, toilets & water heaters	Replace appliances, toilets & water heaters
"				Landscape improvements & plantings	
MI117-01		Replace screen system & repaint railings on patios	Replace EPDM roofs & roof drains		Replace 1 <sup>st</sup> floor common-area windows & stile doors
"		Replace windows & sills at 50 units & repaint stucco		Restore masonry & caulk	Entry canopy & light bollards
"		Replace interior & exterior windows		Replace wood utility shed	Community room expansion
"				Paint sidewalk railing	
"				Replace common-area hand-rails	
"				Repaint fire stairwells (walls/floors), corridors & commons	
"				Install dryer vents & covers (family units)	
"				Refinish bathtubs	
MI117-04/5		Recaulk interior & exterior windows	Bus turnaround at west end of Phase II		
			Replace VCT, sheet goods & vinyl base		
CFP Funds Listed for 5-year planning		\$190,952	\$190,952	\$190,952	\$190,952

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: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual Statement						
Total CFP Estimated Cost			\$			\$



## PHA Public Housing Drug Elimination Program Plan

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

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

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

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

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

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

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

### **E. Target Areas**

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

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

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

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

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

**G. PHDEP Program History**

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

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

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

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

**C. PHDEP Plan Goals and Activities**

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

<b>9110 – Reimbursement of Law Enforcement</b>		<b>Total PHDEP Funding: \$</b>
Goal(s)		
Objectives		

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 – Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 – Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1.							
2.							
3.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

**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: **Mary Jane Collier**

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): **Appointed 10/02/01 through 12/31/04**

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: **12/31/2003**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **The Honorable Daniel Balice, Mayor of the City of Ionia, MI 48846**

## **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.) All Ionia Housing Commission program tenants comprise our Resident Advisory Board. They were all chosen and given the opportunity to review and comment on this Annual Plan. The list of tenants would be unreasonably long. They are Ionia Housing Commission tenants residing at Pine Vista Apartments (50), Robertson Court Apartments (16), scattered-site houses (4), West Meadows Apartments (40) and Section 8 Housing Choice Voucher participants (20).

## **Attachment F: Progress in meeting the 5-Year Plan Mission and Goals**

### **MISSION:**

The Ionia Housing Commission (IHC) continues to be strongly committed to excellence in offering quality affordable housing options and opportunities.

### **GOALS:**

PHA GOAL #1: To date the IHC continues to be unable to apply for additional rental vouchers due to continuing difficulty in maintaining a 96.5 to 97% occupancy average due to turnarounds, etc. Management would like to request a HUD exception, if possible. With only 20 vouchers it is very difficult. There are available units to place persons in, but timing (due to landlord screening, etc.) is killing our chances of being able to apply for the much-needed vouchers.

PHA GOAL #2: The IHC maintains "High Performer" status and we continually take all job related responsibilities very seriously.

PHA GOAL #3: The Section 8 Administrator performs outreach on an ongoing basis. She continues to work with the list of local landlords from the City of Ionia's Rental Inspector's office. She is also reaching out to a broader area, being cautious not to impinge on other Commission's territories.

PHA GOAL #4: New motion detector lighting has been added on the rear of the units at the West Meadows development. We continue our working relationship with Ionia Public Safety and the tenants.

PHA GOAL #5: The IHC shares a manual of local service providers and works with local agencies (i.e., FIA, Commission on Aging, Community Mental Health, Girl Scouts, Eight Cap, etc. to assist tenants and applicants with their needs.

PHA GOAL #6: IHC continued to pride itself in its overall endeavors to assure all applicants, tenants, guests, etc. receive only the highest standard of personal service, living environment, etc., and continues all efforts to project a positive attitude into all we do.

**Attachment G:**

**Component 3, (6) Deconcentration and Income Mixing**

Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? **Yes**

Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? **No**

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)]

**Table Library**

# Attachment I: Policy for Pet Ownership in Public Housing Family Developments

## **IONIA HOUSING COMMISSION PET POLICY AND PERMIT WEST MEADOWS AND ROBERTSON COURT**

### Purpose

The purpose of the Ionia Housing Commission (hereinafter referred to as IHC) Pet Policy is to insure that those residents who desire pets are responsible pet owners, and that those residents who do not desire pets are not inconvenienced by pets on the premises. It also is intended to assure that pets on the premises are properly cared for. Further goals of this policy are to assure a decent, safe, and sanitary living environment for existing and prospective tenants, and to protect and preserve the physical condition of the premises and the financial interest of the IHC in the premises.

### **OWNING A PET WITHIN THE IONIA HOUSING COMMISSION'S PROPERTIES IS A PRIVILEGE THAT MUST NOT BE ABUSED.**

### General Policy

All pets permitted at West Meadows and Robertson Court will be with the approval of the Executive Director. Permission to maintain a pet will not be unreasonably withheld if all terms of this Pet Policy are met and the presence of the pet on the premises does not frustrate the purpose and goals of this Pet Policy as set forth above.

### Pet Deposit

A pet deposit of \$100 for a cat and \$50 for any other allowed pet type (see "Types of Pets Allowed") is required before entrance of a pet. This is an obligation in addition to any other financial obligations generally imposed on tenants by terms of their leases. The IHC will use the pet deposit only to pay reasonable expenses directly attributable to the presence of the pet in the development, including (but not limited to) the cost of repairs and replacements to, and fumigation of, the tenant's living unit. The IHC will refund any unused portion of the pet deposit to the tenant within 30 days after the tenant moves from the living unit. The pet deposit is not part of the rent payable by the tenant.

### Damages

Pet owners are responsible for paying the total cost of repairing any damages caused by a pet to any property owned by the IHC in excess of the pet deposit, whether the damages are within the living unit or outside on the grounds, including any part of the building itself. This includes furniture and shrubbery, walls, windows, rugs, etc. The Executive Director will assess reasonable costs for damages.

Tenants desiring pets must fill out a Pet Permit and sign this Pet Policy before any pet is introduced into the living unit. If the tenant refuses to sign, no pet will be permitted.

### **GUESTS MAY NOT BRING THEIR PETS ONTO IONIA HOUSING COMMISSION PROPERTY AT ANY TIME.**

### Types of Pets Allowed

Domestic pets permitted per household include:

- one cat; or
- one bowl or tank of fish (maximum tank size - twenty gallons); or

two caged birds (parakeets or canaries only)

Any exceptions are subject to the judgment of the Executive Director.

If the City of Ionia requires legal licensing of cats, a license must be obtained and a copy of the license must be submitted to the IHC management office.

#### Neutering

**Neutering of cats is required. Verification (letter or invoice from the veterinarian) of neutering must be provided to the IHC.**

#### Pet Offspring

No pet, already pregnant, may be introduced into any unit. No pet offspring will be allowed.

#### **Medical Care**

*A certificate or letter from the veterinarian, establishing that the pet is in good health, free of infestation, its shots are current, and it is not pregnant, must be presented to the Executive Director before any pet is allowed in the living unit. Annual certification of same shall be required.*

**All shots must be kept up to date each year and proof submitted at tenant's annual recertification.**

Cats must have proper medical shots as listed:

- distemper and rabies,
- others, as recommended by veterinarian or required by State or local law, ordinance or regulation.

Kittens may be admitted with the preliminary shot only, as long as the tenant provides proof within three months that the necessary succeeding shots are administered by a veterinarian.

#### Pet Behavior

##### **Cats:**

*If a cat jumps on, hisses at, or bites a resident, the cat may be removed immediately at the discretion of the Executive Director pursuant to any available means or procedure referred to in the section of this policy on "Pet Removal".*

Cats will not be permitted outside of their living units unless they are caged, leashed or held when in transit. **They may not roam at will on any IHC grounds.** IHC reserves the right to remove from the premises any unidentified (no identification tag) animal found on IHC property. Pets with identification tags shall be returned to the owner(s), unless no one is home, in which case they will be taken to the local animal shelter. A written warning shall be issued any time a pet is found roaming on IHC grounds. **Warning: Pets are not allowed in the West Meadows community room, or anywhere near the playground areas.**

Cats must use owner's litter pans and may not use the grounds to defecate or urinate. If a cat does defecate on IHC property, the owner is responsible for removing and properly disposing of said waste. If the cat damages anything on IHC grounds, the owner is responsible for any and all replacement costs of damage incurred.

The pet owner(s) will receive a written warning any time there is a violation of this policy. The pet will be removed after three warnings pursuant to any available means or procedure referred to in the section of this policy on "Pet Removal".

The pet owner(s) shall exempt the IHC from any and all responsibility for injury or illness caused by the tenant-owned pet.

#### Care of the Living unit

*Living units containing pets must be kept clean and free of odors at all times. The IHC requires front paw de-clawing, proper veterinarian care and the neutering of all cats. (See section on "Neutering.")*

Commercial cat litter (not sand, newspaper or earth) must be used for cats. Pans must be cleaned daily and kept odor free. Litter must be disposed of in double plastic bags, properly tied. **LITTER MUST NOT BE FLUSHED DOWN TOILETS, SINKS OR TUBS.**

#### **Absence of Owner**

No pet may be unattended for more than 24 hours. If a pet owner wants to go on vacation or becomes ill, arrangements must be made for proper care of the pet. If the Executive Director finds the pet not properly cared for, the pet will be immediately removed to the local animal shelter pursuant to any available means or procedure referred to in the section of this policy on "Pet Removal".

Pet owners must leave with the Executive Director the name and address of a person to contact if the tenant cannot take proper care of their pet.

#### Abuse of Pets

**TENANTS ARE REMINDED THAT PETS NEED LOVE, PROPER FOOD, FRESH WATER, PROFESSIONAL HEALTH CARE AND GOOD GROOMING.**

If, in the opinion of the Executive Director, a pet is not being properly cared for, the pet will be removed after one warning pursuant to any available means or procedure referred to in

the section of this policy on "Pet Removal". If a pet is physically abused, the pet will be immediately removed pursuant to any available means or procedure referred to in the section of this policy on "Pet Removal".

#### Pet Removal

A pet may be removed from the premises pursuant to any State or local laws, ordinances or regulations, or pursuant to the IHC grievance hearing procedure. The IHC reserves the right to choose the most expeditious remedy, process or procedure available according to the circumstances or urgency of the case.

In the event that State or local laws, ordinances or regulations differ or conflict with the provisions or requirements of the IHC grievance procedure in any way, the Executive Director may pursue the most expeditious remedy or procedure, including any State or local remedy or procedure to the exclusion of the IHC grievance procedure as permitted by law and 24 Code of Federal Regulations Part 942.

Nothing prohibits the IHC or an appropriate community authority from requiring the removal of any pet from a premises, if the pet's conduct or condition is duly determined to constitute, under the provisions of State or local law, a nuisance or a threat to the health or safety of other occupants of the IHC premises or other persons in the community where the development is located. This includes, but is not limited to, situations in which immediate action is needed for removal of any pet from the premises pursuant to State or local laws, ordinances or regulations to preserve the health, safety or welfare of the pet, or the health, safety, welfare, or right to peaceful enjoyment of the premises of any person.

If the above-named tenant(s) or designees are unwilling or unable to care for the pet for any reason, or if, after a period of 24 hours IHC staff have been unable to contact the responsible person(s), IHC may contact an appropriate local authority and request removal of the pet, or IHC staff person(s) may enter the pet owner's dwelling

unit, remove the pet and place it in a facility that will provide care and shelter until the pet owner or stated representative is able or willing to assume responsibility, but not longer than thirty (30) days. The cost of facility care and shelter shall be borne by the tenant(s).

Tenants are advised that pets may, among other things, be seized, impounded and disposed of, for a variety of State and local animal violations including, but not limited to: stray pets; pets creating a threat to public health, safety or welfare; injury caused by pets; and, cruelty to pets.

In cases in which State or local remedies, processes or procedures are not initially utilized for removal of the pet, any decisions made by judgment of the Executive Director that a pet must be removed from the premises shall be presented in writing to the owner (or, sent via 1<sup>st</sup> class mail), in which case the owner may request a grievance hearing pursuant to the IHC grievance procedure.

#### Death of Pet

The pet owner is responsible for arranging for disposal of any dead pet. The remains of the pet must be removed from IHC property.

#### When you vacate

The pet owner must pay the full fees for professional rug shampooing, deodorizing and/or defleaing of the living unit if, in the judgment of the Executive Director, it is necessary before a new tenant can take possession of the living unit and such fees are in excess of the security deposit.

#### Incorporation into Lease

*This Pet Policy is incorporated by reference into the Lease of each Tenant of West Meadows and Robertson Court. This Pet Policy shall be publicly posted in a conspicuous manner in the IHC's office and shall be made available to any Tenant.*

#### **Miscellaneous**

Captions. Captions or paragraph headings contained in this lease are set forth for convenience of reference only and do not affect the substance of the paragraphs so captioned.

Counterparts. The signing of this Pet Policy by the Tenant and IHC may be executed in several counterparts, each of which shall be considered to be an original.

Survival of Portions of the Policy. If any portion of this Pet Policy is invalid or contrary to law, the rest of the policy shall remain in effect.

No Waiver. The failure of the IHC or the Tenant to exercise any right or remedy as provided herein shall not affect the right to do so at a later date for similar or other causes.

**IONIA HOUSING COMMISSION**  
**PET PERMIT**

Parties and Dwelling Unit

The parties of this permit are the Ionia Housing Commission (hereinafter referred to as IHC) and

Tenant Name \_\_\_\_\_  
Address \_\_\_\_\_

The above-noted tenant is allowed the following pet: \_\_\_\_\_.

Pet Security Deposit The tenant has deposited \$\_\_\_\_\_ with the Housing Commission. The Housing Commission will hold the pet security deposit until the tenant vacates the living unit.

License, Photograph and I.D. Tag The tenant agrees to file a copy of any Municipal Registration or license, along with a 3"x5" (or larger) photograph, with the Housing Commission **before the pet is admitted** and to keep same current. Proof must be submitted at each annual recertification.

Inoculations and Fitness The tenant agrees to keep the pet properly inoculated for rabies and distemper, free of infestation or disease, and to keep same current. Proof must be submitted **before the pet is admitted** and at each annual recertification.

Damages: The tenant agrees to assume all personal financial responsibility for damages to any personal or project property caused by the pet and assumes personal responsibility for personal injury to any party, caused by the pet.

Emergency Provision: The following person(s) have agreed to be responsible for taking care of the pet in the absence of the pet's owner:

Name _____	Name _____
Address _____	Address _____
Phone # _____	Phone # _____

Failure to Comply with Pet Policy: The Tenant agrees to comply with the rules of the IHC Pet Policy. Any violation of the rules of the IHC Pet Policy may be grounds for removal of the pet or termination of the pet owner's tenancy (or both), in accordance with the provisions of 24 CFR part 942 (governing pet ownership in public housing), 24 CFR part 966 (governing lease and grievance procedures), Michigan state law, and local law.

TENANT(S)

IONIA HOUSING COMMISSION

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
IHC Representative

\_\_\_\_\_  
Date

## 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

<b>PHA Name: Ionia Housing Commission</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P11750100 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2000</b>
<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: 3/31/2003 <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	191,653	15,643.79	15,643.79	15,643.79
3	1408 Management Improvements Soft Costs Management Improvements Hard Costs				
4	1410 Administration		10,580.00	10,580.00	10,580.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		2,500.00	2,500.00	2,500.00
10	1460 Dwelling Structures		57,060.29	57,060.29	57,060.29
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures		13,750.00	13,750.00	13,750.00
13	1475 Nondwelling Equipment		92,118.92	92,118.92	92,118.92
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				
	Amount of Annual Grant: (sum of lines.....)	191,653	191,653.00	191,653.00	191,653.00
	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				

**Annual Statement/Performance and Evaluation Report**

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

PHA Name: <b>Ionia Housing Commission</b>	Grant Type and Number Capital Fund Program Grant No: MI33P11750100 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
-------------------------------------------	---------------------------------------------------------------------------------------------------------------	-------------------------------------

Original Annual Statement 
  Reserve for Disasters/ Emergencies 
  Revised Annual Statement (revision no: ) 
  Performance and Evaluation Report for Period Ending: 3/31/2003 
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	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**

PHA Name: Ionia Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P11750100 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
HA-Wide	Operations		1406		15,643.79		15,643.79	
"	Administration		1410		10,580.00		10,580.00	
004/5	Landscaping		1450		770.00		770.00	
001	Add fencing at Pine Vista		"		1,730.00		1,730.00	
"	Replace unit entry fire-rated doors		1460		14,406.99		14,406.99	
"	Replace entry, passage & privacy locks		"		8,712.00		8,712.00	
"	Labor to replace doors & locksets		"		2,900.00		2,900.00	
"	RB Enterprises(wide-angle door viewers)		"		1,848.00		1,848.00	
"	Replace carpeting in Pine Vista apts.		"		29,193.30		29,193.30	
"	Replace P.V. common-area carpeting		1470		13,750.00		13,750.00	
HA-Wide	Pickup trucks w/plows (2) w/trade-ins		1475		36,139.48		36,139.48	
"	Misc. maint. equipment (		"		23,100.65		23,100.65	
"	Laptop computer, laser printers, etc.		"		13,185.79		13,185.79	
005	Lift station replacement		"		19,693.00		19,693.00	

## 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: Ionia Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P11750101 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:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2003 <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	190,769	42,854.16	42,854.16	
3	1408 Management Improvements Soft Costs Management Improvements Hard Costs				
4	1410 Administration		10,327.00	10,327.00	10,327.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		5,229.81	5,229.81	5,229.81
8	1440 Site Acquisition				
9	1450 Site Improvement		15,203.00	15,203.00	6,703.00
10	1460 Dwelling Structures		5,434.50	5,434.50	
11	1465.1 Dwelling Equipment—Nonexpendable		18,914.94	18,914.94	16,094.04
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment		96,805.59	96,805.59	12,339.70
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				
	Amount of Annual Grant: (sum of lines.....)	190,769	190,769	190,769	50,693.55
	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				

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

PHA Name: Ionia Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P11750101 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:    )
   
 Performance and Evaluation Report for Period Ending: 3/31/2003
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	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**

PHA Name: Ionia Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P11750101 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
HA-WIDE	General Operating		1406		42,854.16			
"	Administering program		1410		10,327.00		10,327.00	
"	Needs Assessment		1430		5,229.81		5,229.81	
"	Landscaping improvements		1450		9,440.00		940.00	
"	Repair/reseal/restripe paving		"		5,763.00		5,763.00	
"	Remove/replace gutter/downspouts – family units		1460		4,385.00			
001	Unit signage (Pine Vista)		"		1,049.50		1,049.50	
HA-WIDE	Inspect/repair 60 furnaces		1465.1		3,887.54		3,887.54	
"	Replace ranges/refrigerators		"		7,340.00		5,358.00	
001	Replace lockset cores/set up grand master system+5 add'l locksets/cores		"		4,993.00		3,951.00	
"	Replace door scopes w/wide angle (50)		"		1,848.00		1,848.00	
004/5	Replace porch lights w/motion lights		"		846.40		846.40	
"	Replace commercial washers/dryers		1475		3,977.00		1,599.00	
"	Replace elevator hydraulic pump		"		3,906.00		3,906.00	
"	Replace/install gang mailbox units		"		1,796.00		1,321.00	
"	Emergency generator update		"		6,420.72		863.71	
"	Replace shut-off valves		"		525.00		525.00	
"	Payment drop box		"		581.00			
"	Update security door release system		"		2,030.00			
HA-WIDE	Misc. small maint. equip.		"		1,973.75			
"	Replace 1 & add 1 tractor snow blowers		"		5,382.18		3,278.59	
001	Replace furniture/gliders/rockers		"		5,034.05			
HA-WIDE	Replace/ install playground equipment & add safety ground surface (to comply with ASTM F1292 & F1951 standards)		"		62,658.89			
004/5	Replace/install ornamental fence sections		"		1,786.00			

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

PHA Name: Ionia Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P11750101 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2001</b>			
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
HA-WIDE	Portable handicap ramp		"			735.00			

## Annual Statement/Performance and Evaluation Report

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

PHA Name: Ionia Housing Commission	Grant Type and Number Capital Fund Program: MI33P11750102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 3/31/2003     
  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	10,082			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	9,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	49,850			
10	1460 Dwelling Structures	26,970			
11	1465.1 Dwelling Equipment—Nonexpendable	13,400			
12	1470 Nondwelling Structures	81,650			
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)	190,952			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	1,500			
23	Amount of line 20 Related to Security	400			
24	Amount of line 20 Related to Energy Conservation Measures	33,750			

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

PHA Name: Ionia Housing Commission		Grant Type and Number Capital Fund Program #: MI33P11750102 Capital Fund Program Replacement Housing Factor #:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Administration	1410		10,082				
"	A/E Services	1430		9,000				
MI117-01	Replace chain-link fence/add pass-thru	1450		2,500				
MI117-04/5	Reconstruct entry to site/add parking	"		30,000				
MI117-01	Replace concrete apron & curb	"		9,350				
"	Landscape between buildings	"		2,000				
"	Site drainage	"		6,000				
"	On-site asbestos survey	1460		3,000				
HA-Wide	Sand, patch, prime & paint storm doors	"	120	4,800				
"	Sand, patch, prime & paint steel doors	"	120	8,850				
MI117-01	Replace bathroom flooring & vinyl base	"		10,320				
"	Repair storage sheds	1470	18	3,300				
"	Repair h/c ramp	"		1,500				
"	Comm. Bldg. garage expansion	"		35,000				
"	Replace overhead garage door	"		2,300				
"	Repair & paint project sign	"		300				
HA-Wide	Replace parking lot & bldg. lights	"		38,250				
MI117-01	Replace beauty shop equipment	"		1,000				
"	Security system switches	1465.1	2	400				
HA-Wide	Replace appliances & water closets	"		10,000				
MI117-01	Replace bathroom lights	"	20	3,000				

**Table Library**