

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

Mount Kisco Housing Authority

Mount Kisco

New York

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

PHA Plan Agency Identification

PHA Name: Mount Kisco Housing Authority

PHA Number: NY999

PHA Fiscal Year Beginning: (mm/yyyy) 04/01/2003

PHA Plan Contact Information:

Name: Caryl Ballin

Phone: (914) 666-7578

TDD: 800-545-1833

Email (if available): habitatmgt@aol.com

Public Access to Information

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

- Main administrative office of the PHA
- 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 20**
[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.

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<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan		
<input checked="" type="checkbox"/> Attachment ny038d01 : Resident Membership on PHA Board or Governing Body		25
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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)		
• ny038f01 P&E FY2000		
• ny038g01 P&E FY2001		
• ny038h01 P&E FY2002		

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.

There has been no changes in the policies or programs

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? \$ 125,000.00

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 **ny038c01**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **ny038b01**

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

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

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: Westchester County
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)
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:

- Any change to the Mission Statement;
- 50% deletion from or addition to the goals and objectives as a whole; and
- 50% or more decrease in the quantifiable measure of any individual goal or objective.

B. Significant Amendment or Modification to the Annual Plan:

- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement;
- Any change in the policy or procedure that requires a regulatory 30-day posting;

- Any submission to HUD that requires a separate notification to residents, such as Homeownership programs; and
- Any change inconsistent with the local, approved Consolidated Plan.

Attachment A
Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
	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
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 <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 <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
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 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · 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); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · 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. 	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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)

Mount Kisco Housing Authority
Attachment "ny038d01"

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:

- 1) Minie Thompson
- 2) Sheree Underwood

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

- Elected
 Appointed

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

- 1) 5 Yrs. – 8/01/2005
- 2) 5 Yrs. – 8/01/2004

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: 8/01/2004

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

Pat Reilly, Mayor, Village of Mount Kisco

**Mount Kisco Housing Authority
Attachment "ny038e01"**

**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.)

Minnie Thompson
Sheree Underwood
Judy Roth
Harriet Blackwell

Annual Statement for Year # 1 CFP 2003

HA Name: <p style="text-align: center;">MOUNT KISCO HOUSING AUTHORITY</p>	Comprehensive Grant Program: <p style="text-align: center;">NY36P038 2003</p>
Original Annual Statement Reserve for Disasters/Em Revised Annual Statement/Revision Number___ Performance and Evaluation Report for Program Year Ending. Final Performance and Evaluation Report.	

TOTAL ESTIMATED COST			TOTAL ACTUAL COST (2)		
Line No.	by Development Account	Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 20)	\$125,141.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpandable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (May not to exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$125,141.00	\$0.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director & Date:			Signature of public Housing Director/Office of Native American Programs Administrator & Date:		

Annual Statement/Performance and Evaluation Report
 Capital Fund Program (CFP) PART III: Implementation Schedule
MOUNT KISCO HOUSING AUTHORITY
(CFP2003)

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

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Operations PHA-Wide	5/30/2005			5/30/06			

Signature of Executive Director & Date:

X

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

X

1 To be Completed for the Performance and Evaluation Report or a Revised Annual Statement

2 To be Completed for the Performance and Evaluation Report.

Five-Year Action Plan

Part I: Summary
Capital Fund Program (CFP)

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

Attachment ny038c01

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

H A Name: MOUNT KISCO HOUSING AUTHORITY		Locality: (City/County & State) Mount Kisco, Westchester, New York		Original	Revision No. _____
A. Development Number/Name	Work Statement for Year 1 FFY: 2003	Work Statement Year 2 FFY: __ 04 __	Work Statement Year 3 FFY: __05 __	Work Statement Year 4 FFY: __ 06 __	Work Statement Year 5 FFY: __07 __
NY38-1	See Annual Statement				
B. Physical Improvements Subtotal					
C. Management Improvement					
D. HA-Wide Nondwelling Structures & Equipment					
E. Administration					
F. Other		\$ 125,141.00	\$ 125,141.00	\$ 125,141.00	\$ 125,141.00
G. Replacement Reserve					
H. Total CGP Funds		\$ 125,141.00	\$ 125,141.00	\$ 125,141.00	\$ 125,141.00
I. Total Non-CGP Funds					
J. Grand Total					
Signature of Executive Director:		Date	Signature of Public Housing/Director of Native American Programs Administra	Date:	

Capital Fund Program (CFP)

Annual Statement for Year 1 2003	Work Statement for Year 4 FFY: 2006			Work Statement for Year 5 FFY: 2007		
	Development Number/Name/General Description of Major Work Category	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Category	Quantity	Estimated Cost
See Annual Statement	1406 OPERATIONS			1406 OPERATIONS		
	Operations		\$ 125,141.00	Operations		\$ 125,141.00
	Subtotal Account # 1406		\$ 125,141.00	Subtotal Account # 1406		\$ 125,141.00
	Subtotal of Estimated Cost		\$ 125,141.00	Subtotal of Estimated Cost		\$ 125,141.00

HA Name: MOUNT KISCO HOUSING AUTHORITY	Comprehensive Grant Program: NY36P038501-00	FFY of Grant Approval: 2000
Original Annual Statement Reserve for Disasters/Emr Revised Annual Statement/Revision Number____		Performance and Evaluation Report for Program Year Ending.
Final Performance and Evaluation Report.		SEPTEMBER 30, 2002

TOTAL ESTIMATED COST			TOTAL ACTUAL COST (2)			
Line No.	by Development Account	Original	Revised (1)	Obligated	Expended	
1	Total Non-CGP Funds					
2	1406 Operations (May not to exceed 20% of line 20)	\$38,173.00	\$38,173.00	\$38,173.00	\$38,173.00	
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated damages					
7	1430 Fees and Costs	\$26,000.00	\$26,000.00	\$26,000.00	\$15,958.30	
8	1440 Site Acquisition					
9	1450 Site Improvements					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment - Nonexpandable	\$65,193.00	\$65,193.00	\$65,193.00	\$64,475.16	
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency (May not to exceed 8% of line 20)					
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$129,366.00	\$129,366.00	\$129,366.00	\$118,606.46	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures					

Signature of Executive Director & Date:

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

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

2- To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program (CFP) PART III: Implementation Schedule

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

OMB Approval No. 2577-0157 (exp. 7/31/98)
MOUNT KISCO HOUSING AUT.
CFP2000

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Operations	9/30/2002		7/31/01	9/30/04	8/15/01		
Fees & Costs PHA - Wide	9/30/2002		3/31/02	9/30/04			
Dwelling Equipment PHA - Wide	9/30/2002		9/30/2002	9/30/04			

Signature of Executive Director & Date:

X

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

X

1 To be Completed for the Performance and Evaluation Report or a Revised Annual Statement

2 To be Completed for the Performance and Evaluation Report.

HA Name: MOUNT KISCO HOUSING AUTHORITY	Comprehensive Grant Program: NY36P03850501	FFY of Grant Approval: 2001
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Original Annual Statement Reserve for Disasters/Emr Revised Annual Statement/Revision Number___ Performance and Evaluation Report for Program Year Ending.
 Final Performance and Evaluation Report. **SEPTEMBER 30, 2002**

TOTAL ESTIMATED COST

TOTAL ACTUAL COST (2)

Line No.	by Development Account	Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 20)	\$43,366.00	\$43,366.00	\$43,366.00	\$20,000.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs	\$24,000.00	\$24,000.00	\$24,000.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures	\$64,103.00	\$64,103.00	\$16,990.00	\$16,990.00
11	1465.1 Dwelling Equipment - Nonexpandable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (May not to exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$131,469.00	\$131,469.00	\$84,356.00	\$36,990.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director & Date:

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

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

2- To be completed for the Performance and Evaluation Report.

Development Number/Name HA-wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Fund Expended (2)	
	Operations	1406						
	Operations			\$43,366.00	\$43,366.00	\$43,366.00	\$20,000.00	47% Completed
	Total Account # 1406			\$43,366.00	\$43,366.00	\$43,366.00	\$20,000.00	
	A/E Fees	1430						
	Sundry (Printing & Advertisement)			\$1,000.00	\$1,000.00	\$1,000.00	\$0.00	Obligated
	Modernization Coordinator			\$23,000.00	\$23,000.00	\$23,000.00	\$0.00	Obligated
	Total Account # 1430			\$24,000.00	\$24,000.00	\$24,000.00	\$0.00	
	Dwelling Structures	1460						
	Bathroom Renovation. New Toilet,sink,bathtub			\$49,103.00	\$47,113.00	\$0.00	\$0.00	No Activity
	Apartment painting (20% of total apts.)			\$15,000.00	\$14,990.00	\$14,990.00	\$14,990.00	Completed
	New Furnaces (CFP2000 Item)			\$0.00	\$2,000.00	\$2,000.00	\$2,000.00	Completed
	Total Account # 1460			\$64,103.00	\$64,103.00	\$16,990.00	\$16,990.00	
	GRAND TOTAL			\$131,469.00	\$131,469.00	\$84,356.00	\$36,990.00	

Signature of Executive Director & Date:

X

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

X

1 To be Completed for the Performance and Evaluation Report or a Revised Annual Statement

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program (CFP) PART III: Implementation Schedule

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

OMB Approval No. 2577-0157 (exp. 7/31/98)
MOUNT KISCO HOUSING AUT.

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Operations PHA - Wide	6/30/03			6/30/2005			
Fees & Costs PHA - Wide	6/30/03			6/30/05			
Dwelling Structures PHA - Wide	6/30/03			6/30/05			

Signature of Executive Director & Date:

X

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

X

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Annual Statement for Year # 1 CFP 2002

HA Name: MOUNT KISCO HOUSING AUTHORITY	Comprehensive Grant Program: NY36P03850502	2002
Original Annual Statement Final Performance and Evaluation Report.	Reserve for Disasters/Em Revised Annual Statement/Revision Number____	Performance and Evaluation Report for Program Year Ending. SEPTEMBER 30, 2002

TOTAL ESTIMATED COST			TOTAL ACTUAL COST (2)		
Line No.	by Development Account	Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 20)	\$49,141.00	\$49,141.00	\$49,141.00	\$20,000.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs	\$23,000.00	\$23,000.00	\$0.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures	\$45,000.00	\$45,000.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpandable	\$8,000.00	\$8,000.00	\$0.00	\$0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (May not to exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$125,141.00	\$125,141.00	\$49,141.00	\$20,000.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director & Date:			Signature of public Housing Director/Office of Native American Programs Administrator & Date:		

Development Number/Name HA-wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Fund Expended (2)	
	Operations	1406						
	Operations			\$49,141.00	\$49,141.00	\$49,141.00	\$20,000.00	40 % Completed
	Total Account # 1406			\$49,141.00	\$49,141.00	\$49,141.00	\$20,000.00	
	A/E Fees	1430						
	Modernization Coordinator			\$23,000.00	\$23,000.00	\$0.00	\$0.00	No Activity
	Total Account # 1430			\$23,000.00	\$23,000.00	\$0.00	\$0.00	
	Dwelling Structures	1460						
	New Vinyl Floor			\$30,000.00	\$30,000.00	\$0.00	\$0.00	No Activity
	Apartment painting (20% of total apts.)			\$15,000.00	\$15,000.00	\$0.00	\$0.00	No Activity
	Total Account # 1460			\$45,000.00	\$45,000.00	\$0.00	\$0.00	
	Dwelling Equipment	1465						
	Stoves			\$3,000.00	\$3,000.00	\$0.00	\$0.00	No Activity
	Refrigerators			\$5,000.00	\$5,000.00	\$0.00	\$0.00	No Activity
	Total Account # 1465			\$8,000.00	\$8,000.00	\$0.00	\$0.00	
	GRAND TOTAL			\$125,141.00	\$125,141.00	\$49,141.00	\$20,000.00	

Signature of Executive Director & Date:

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

X

X

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program (CFP) PART III: Implementation Schedule
MOUNT KISCO HOUSING AUTHORITY
(CFP2002)

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

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Operations	5/30/04			5/30/06			
Fees & Costs PHA - Wide	5/30/04			5/30/06			
Dwelling Structures PHA - Wide	5/30/04			5/30/06			
Dwelling Equip. PHA - Wide	5/30/04			5/30/06			

Signature of Executive Director & Date:

X

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

X

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