

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear:2003 (revised)

AntlersHousingAuthority

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

**PHA Plan  
Agency Identification**

**PHAName:** Housing Authority of the City of Antlers

**PHANumber:** OK025

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

**PHA Plan Contact Information:**

Name: Patsy A. Etchieson

Phone: 580-298-5542

TDD:

Email(if available): ok025antlers@netscape.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

**AnnualPHAPlan  
FiscalYear2003**

[24CFRPart903.7]

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ProvideatableofcontentsforthePlan,includingattachments,andalistofsupportingdocumentsavailablefor publicinspection.ForAttachments,indicatewhichattachmentsare providedbyselectingallthatapply.Providethe attachment’sname(A,B,etc.)inthespacetotheleftofthenameoftheattachment.Iftheattachmentisprovidedas aseparatefilesubmissionfromthePHAPlansfile,providethefilenameinparenthes esinthespacetotheleftof thetitle.

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## i. Executive Summary

[24CFR Part 903.79(r)]

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

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

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

This revision includes updated Capital Fund P&E reports and new Attachment K: Voluntary Conversion Initial Assessment.

### 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$156,578**.

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 F.

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

The Capital Fund Program Annual Statement is provided as Attachment E.

### 3.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

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

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

[24CFR Part 903.79(k)]

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

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

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

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

## **5.SafetyandCrimePrevention:PHDEPPlan**

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmayskip to thenextcomponentPHAseligibleforPHDEPfundsmustprovidea PHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfunds.

A.  Yes  No: IsthePHAeligibletoparticipateinthePHDEPinthefiscalyearcoveredby thisPHAPlan?

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

C.  Yes  No DoesthePHAplantoparticipateinthePHDEPintheupcomingyear? If yes, answerquestionD. Ifno, skiptonextcomponent.

D.  Yes  No: ThePHDEPPlanisattachedatAttachment

## **6.OtherInformation**

[24CFRPart903.79(r)]

### **AttachmentA. ResidentAdvisoryBoard (RAB)RecommendationsandPHA Response**

1.  Yes  No: DidthePHAreceiveanycommentsonthePHAPlanfromtheResident AdvisoryBoard/s?

2. Ifyes, thecommentsareAttachedatAttachment(Filename)

3. InwhatmannerdidthePHAaddressthosecomments?(selectallthatapply)

ThePHAchangedportionsofthePHAPlaninresponsetocomments Alistofthesechangesisincluded

Yes  No: below

Yes  No: attheendoftheRABCommentsinAttachment

Consideredcomments, butdeterminedthatnochangestothePHAPlanwere necessary. AnexplanationofthePHA'sconsiderationis includedattheend oftheRABCommentsinAttachment

Other:(listbelow)

### **AttachmentB. StatementofConsistencywiththeConsolidatedPlan**

ForeachapplicableConsolidatedPlan, makethefollowingstatement(copyquestionsasmanytimesasnecessary).

1. Consolidated Plan jurisdiction: (provide name here) State of Oklahoma Department of Commerce

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)

- Strategy #6: Enhance the capacity of public and private rural affordable housing providers.
- Strategy #9: Market public affordable housing resources available to the supportive housing industry.
- Strategy #10: Coordinate supportive services with affordable rural housing development.
- Strategy #11: Coordinate with public housing authorities in the development and implementation of the affordable housing portion of the State's Consolidated Plan.

## Attachment 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:

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

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

Significant Amendment or Modification to the Annual Plan is defined as discretionary changes in the implementation of the Annual Plan which require formal approval of the Board of Commissioners.

**Attachment D. 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
<input checked="" type="checkbox"/>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<input type="checkbox"/>	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<input checked="" type="checkbox"/>	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 whether it is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
<input type="checkbox"/>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<input checked="" type="checkbox"/>	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
<input type="checkbox"/>	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<input checked="" type="checkbox"/>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<input type="checkbox"/>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<input type="checkbox"/>	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
<input checked="" type="checkbox"/>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
<input type="checkbox"/>	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<input checked="" type="checkbox"/>	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<input checked="" type="checkbox"/>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
<input type="checkbox"/>	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
<input checked="" type="checkbox"/>	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
<input type="checkbox"/>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<input type="checkbox"/>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<input type="checkbox"/>	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
<input type="checkbox"/>	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
<input type="checkbox"/>	Policies governing any Section 8 Homeownership program (section of the Section 8 Administrative Plan)	Annual Plan: Homeownership
<input checked="" type="checkbox"/>	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
<input type="checkbox"/>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<input type="checkbox"/>	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
<input type="checkbox"/>	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
<input type="checkbox"/>	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
<input type="checkbox"/>	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies or 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
<input checked="" type="checkbox"/>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
<input checked="" type="checkbox"/>	The result of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the result of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
<input type="checkbox"/>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<input type="checkbox"/>	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**Attachment E. Capital Fund Program Annual Statement**

Fiscal Years Included:

2003 (Funding level not available.)

2002

2001

2000

## CAPITAL FUND PROGRAM

Annual Statement/Performance and Evaluation Report					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: <b>Antlers Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: OK56P02550103 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>
<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	\$33,604.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$13,200.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$109,774.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

<b>PHAName:</b> <b>Antlers Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02550103 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2003</b>
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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
21	Amount of Annual Grant: (sum of lines 21-20)	\$156,578.00			
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				





## CAPITAL FUND PROGRAM

<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>						
<b>PHAName:</b> <b>Antlers Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02550102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2002</b>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <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	\$16,000.00		\$16,000.00	\$16,000.00	
3	1408 Management Improvements					
4	1410 Administration	\$12,000.00				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$13,200.00		3,805.00	\$3,805.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	\$42,824.00				
10	1460 Dwelling Structures	\$52,554.00				
11	1465.1 Dwelling Equipment — Nonexpendable	\$20,000.00				
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	1499 Development Activities					
19	1501 Collateralization or Debt Service					
20	1502 Contingency					

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

<b>PHAName:</b> Antlers Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02550102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
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Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/02     Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 - 20)	\$156,578.00		\$19,805.00	\$19,805.00
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**

PHAName: <b>2002</b>		Grant Type and Number Capital Fund Program Grant No: OK56P02550102 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2002</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
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406		\$16,000.00		\$16,000.00	\$16,000.00	
HA Wide	Administration	1410		\$12,000.00				
HA Wide	A/E	1430		\$13,200.00		\$3,805.00	\$3,805.00	
01	Hot Water Tanks, replace	1460	48	\$18,000.00				
01	Sewerline, replace	1450	300lf	\$20,000.00				
01	Parking & Landscape	1450	2350sf	\$16,774.00				
01	Range, replace	1465.1	48	\$20,000.00				
01	Parking lot striping	1450	2000lf	\$750.00				
01	Culvert cleaning	1450	900lf	\$2,000.00				
01	Handicap signs, replace	1450	2	\$300.00				
01	Gates, patio, replace	1450	26	\$3,000.00				
01	Mailboxes, porch lights, replace	1460	26	\$2,904.00				
01	Toilet, handicap, install	1460	24	\$7,000.00				
01	Paint interior	1460	15	\$24,650.00				



## CAPITAL FUND PROGRAM

<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>						
<b>PHAName:</b> <b>Antlers Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02550101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2001</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: 12/02 <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	\$16,000.00		\$16,000.00	\$16,000.00	
3	1408 Management Improvements					
4	1410 Administration	\$12,000.00				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$13,200.00		\$13,200.00	\$10,845.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	\$46,400.00		\$46,400.00		
10	1460 Dwelling Structures	\$65,000.00		\$39,625.00		
11	1465.1 Dwelling Equipment — Nonexpendable					
12	1470 Non dwelling Structures					
13	1475 Non dwelling Equipment	\$4,804.00		\$4,804.00		
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					
20	1502 Contingency					

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

<b>PHAName:</b> <b>Antlers Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02550101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2001</b>
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 12/02  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 -20)	\$164,804.00		\$120,029.00	\$26,845.00
22	Amount of line 21 Related to LBP Activities	\$0.00			
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				





## CAPITAL FUND PROGRAM

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: <b>Antlers Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: OK56P02550100 Replacement Housing Factor Grant No:			Federal FY of Grant: <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: 12/31/02 <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	\$16,000.00		\$16,000.00	\$16,000.00
3	1408 Management Improvements				
4	1410 Administration	\$12,000.00		\$1,536.00	\$1,536.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$1,250.00		\$1,250.00	\$1,250.00
10	1460 Dwelling Structures	\$45,000.00		\$45,000.00	\$22,000.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	\$77,281.00		\$77,281.00	\$52,989.18
13	1475 Nondwelling Equipment	\$10,000.00		\$10,000.00	\$0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

<b>PHAName:</b> <b>Antlers Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P02550100 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2000</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 12/31/02  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 -20)	\$161,531.00		\$161,531.00	\$93,755.18
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**

PHAName: <b>Antlers Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: OK56P02550100 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</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
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406		\$16,000.00		\$16,000.00	\$16,000.00	Complete
HA Wide	Administration	1410		\$12,000.00		\$1,536.00	\$1,536.00	Complete
01	Parking striping & numbers	1450	150lf	\$750.00		\$750.00	\$750.00	Complete
01	Drainage, between 2 units	1450	200lf	\$500.00		\$500.00	\$500.00	Complete
01	Turbinevents, replace	1460	26	\$4,000.00		\$4,000.00	\$4,000.00	Complete
01	Water heaters, replace	1460	48	\$15,000.00		\$15,000.00	\$0.00	omitted
01	Sheetrock & Wall repairs -bath	1460	24	\$13,000.00		\$13,000.00	\$13,000.00	Complete
01	Patio gates, replace	1460	24	\$3,000.00		\$3,000.00	\$0.00	omitted
01	Mailboxes, porch lights, replace	1460	48	\$3,000.00		\$3,000.00	\$3,000.00	Complete
01	House numbers, replace	1460	49	\$2,000.00		\$2,000.00	\$2,000.00	Complete
HA Wide	Administration building, new	1470	1304sf	\$77,281.00		\$77,281.00	\$52,989.18	In progress
03	Water heaters, replace	1460	15	\$5,000.00		\$5,000.00	\$0.00	omitted
HA Wide	Office equipment	1475		\$10,000.00		\$10,000.00		





**Attachment F. Capital Fund Program 5 - Year Action Plan**

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

PHAName		<b>Antlers Housing Authority</b>			<input type="checkbox"/> Original 5 - Year Plan <input checked="" type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHAFY:	Work Statement for Year 3 FFY Grant: 2005 PHAFY:	Work Statement for Year 4 FFY Grant: 2006 PHAFY:	Work Statement for Year 5 FFY Grant: 2007 PHA FY:	
	<b>Annual Statement</b>					
HA Wide		46,804	114,804	54,578	66,804	
001		28,000	50,000	72,000		
002		90,000		30,000	34,774	
003					55,000	
Total CFP Funds (est.)		164,804	164,804	156,578	156,578	
Replacement Housing Factor Funds						





**Attachment G. 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 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.

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

**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 Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

**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>Originals 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 TAMatch	
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	

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9115 -SpecialInitiative</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9116 -GunBuybackTAMatch</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9120 -SecurityPersonnel</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9130 –EmploymentofInvestigators</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
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 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9180 -DrugTreatment</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedA ctivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

**Attachment H. Resident Member on the PHA Governing Board**

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

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

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

C. The term of appointment is (include the date term expires): 9/7/2000 to 9/6/2003

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 governing board member: September 2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):  
Roy Earl Jackson, Mayor, City of Antlers

**Attachment I. 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.)

John Author  
Becky Horner  
Kathleen Sharrock  
Alice Breshears  
Teresa Newburn

**Attachment J. Comments of Resident Advisory Board or Boards and  
Explanation of PHA Response**

Nonreceived.

**AttachmentK. VoluntaryConversionInitialAssessments**

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

3

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

0

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

3

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
Not applicable	

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

E. Description of the result(s) of these assessments:

We have reviewed our developments for conversion and have found that it is not going to work. We conducted assessments on all developments. Our developments are as follows:  
 Elderly Units (26 units) Southside (22 family units)  
 Butler Circle (20 family units)  
 Stamper Drive (15 family units, 1 elderly unit)

Certified by Patsy A Etchison, Executive Director of the Housing Authority of the City of Antlers, on May 12, 2003.