

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: **2003**

**HOUSINGAUTHORITYOFTHECITYOFOILCITY**  
**OILCITY,PENNSYLVANIA**

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

**PHA Plan  
Agency Identification**

**PHAName: HOUSING AUTHORITY OF THE CITY OF OIL CITY**

**PHANumber: PA059**

**PHAFiscalYearBeginning:(mm/yyyy) 10/2003**

**PHA Plan Contact Information:**

Name: **Gretchen Thomas**  
Phone: **(814)676 -5764**  
TDD:  
Email(if available): **gthomas@csonline.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**  
**FiscalYear20 03**  
 [24CFRPart903.7]

**i. Table of Contents**

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

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**Attachments**

- Attachment A** : Supporting Documents Available for Review
- Attachment B** : Capital Fund Program Annual Statement (Fiscal Year 2003)
- Attachment B** : Capital Fund Program 5 Year Action Plan (Fiscal Year 2003–2007)
- Attachment C** : Capital Fund Program Performance and Evaluation Report (FY 2002)
- Attachment D** : Capital Fund Program Performance and Evaluation Report (FY 2001)
- Attachment E** : Capital Fund Program Performance and Evaluation Report (FY 2000)
- Attachment\_\_ : Capital Fund Program Replacement Housing Factor Annual Statement (**Not applicable**)
- Attachment\_\_ : Public Housing Drug Elimination Program (PHDEP) Plan (**Not applicable**)
- Attachment F** : Resident Membership on PHA Board or Governing Body
- Attachment G** : Membership of Resident Advisory Board or Boards

- Attachment \_\_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plantext) **(Included in PHA Plantext)**
- Attachment H** : Deconcentration & Income Mixing
- Attachment I** : Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments
- Other (List below, provide name of each attachment)

## ii. Executive Summary

[24CFR Part 903.79(r)]

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

**This section is left blank since it is optional.**

## 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.

**We have made numerous changes to our policies and/or programs based on changes in statutes and/or HUD regulations that have occurred in the past year. HUD mandated all of these. In addition, we are considering the following significant discretionary changes for Fiscal Year October 1, 2003:**

- **Discretionary change to the ACOP regarding number of unit offers and refusals (Three unit offers – first two refusals, applicant moved to the bottom of the list; third refusal, applicant removed from list).**
- **Change to the public housing lease to agree with the ACOP (Guests allowed to stay 15 consecutive calendar days, and no more than 30 calendar days in a twelve-month period).**

## 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? **\$264,150**

C.  Yes  No Does the PHA plant 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 **B**

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

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

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

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

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
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**

[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 to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

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

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

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

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA 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 PH/DEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24CFR Part 903.79(r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (Filename)

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 end of the RAB Comments in Attachment \_\_\_\_\_.

Other: (list below)

### **RAB Comments and Housing Authority responses are provided below.**

A Resident Advisory Board meeting was held Wednesday, June 4, 2003 at 10:00 A.M. The Annual and Five year plans were reviewed with members and comments/suggestions were accepted for consideration.

Members present were:

**Joyce Chambers      Donald Stillings      Paul Swarthout      Pat Swarthout**

Members unable to attend but providing written comments:

**Stacy Lewis      Rick Wilson      Teresa Wilson      Ken Kirkpatrick**

<b>COMMENTSONMORANTOWERS:</b>	<b>HOUSINGAUTHORITYRESPONSE:</b>
Requested new washer/dryers	PHA in possession of bids. Decision pending.
Fix security light in laundry room	Light has been repaired by PHA.
Requested shelving in bathrooms	Vanities included in year 2 of Plan

COMMENTSONCENTURYTERRACE:	HOUSINGAUTHORITYRESPONSE:
Installspeedbumpstocontroltraffic	Consulted city officials – main driveway is a city street, unable to install speed bumps
Requestedadditionallandscaping	Includedinyear5ofPlan
Requestedsecondplaygroundarea	Includedinyear3ofPlan
Repaintlinesinparking	Repaveparkinglotinyear3ofPlan

COMMENTS ON SIVERLY APARTMENTS:	HOUSINGAUTHORITYRESPONSE:
NewHVACunits	Includedin2003CFP
Requestedrearpatioconnectedtobuilding	Includedinyear2of Plan
Requestedoutsidestorageshed	Includedinyear4ofPlan
Requestedoutsiderecyclingarea	Willlookintorelocatingrecyclingbins
Requestednewwashers/dryers	PHAinpossessionofbids.Decisionpending.
Requestedadditionaloutsideheating	Willincludeinrearpatioaddition -year2
Requestedadditionalshelvinginbathroom	Vanitiesincludedinyear4ofPlan

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

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

1. Consolidated Plan jurisdiction: (provide name here) **Commonwealth of Pennsylvania**

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

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

**The Housing Authority will utilize Capital Funds and the Authority's Annual Budget to maintain and upgrade the housing stock of the Authority to provide quality, affordable housing to low-income families in our jurisdiction.**

Other:(listbelow)

3. PHA Requests for support from the Consolidated Plan Agency

Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**The Consolidated Planning Agency (Commonwealth of Pa.) is seeking to promote diversity and comprehensive community development strategies. In order to do this they are promoting fair housing through diversity of race, ethnicity, income levels, gender, and disability. They will also seek to support and assist projects that are integral to the community. The Consolidated Plan supports our efforts in housing extremely low -income families.**

### 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 from the 5 -year Plan occur when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5 -year plan.**

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

**Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.**

**Attachment A:**  
**Supporting Documents Available for Review**  
**Fiscal Year 2003 Annual Plan**

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
N/A	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
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
X	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
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 checked="" type="checkbox"/> check here if included in the public housing A&O Policy (Flat Rents are a separate policy)	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Schedule of flat rents offered 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 checked="" 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
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input checked="" 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
X	Section 8 informal review and hearing procedures <input checked="" 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
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	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
N/A	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
N/A	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
X	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
N/A	Most recent self -sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self -Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
X	<b>Deconcentration Analysis</b>	
X	<b>Voluntary Conversion Initial Assessment</b>	

**AttachmentB**

<b>AnnualStatement/PerformanceandEvaluationReport</b>					
<b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>					
<b>PHAName:</b> HOUSINGAUTHORITYOFTHECITYOFOILCITY		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: <b>PA28P05950103</b> ReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b>  <b>2003</b>	
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:    ) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	25,000			
8	1440SiteAcquisition				
9	1450SiteImprovement	40,000			
10	1460DwellingStructures	109,150			
11	1465.1DwellingEquipment —Nonexpendable	90,000			
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementRe serve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollaterizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2 -20)	<b>264,150</b>			

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

<b>PHAName:</b> HOUSING AUTHORITY OF THE CITY OF OIL CITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>PA28P05950103</b> 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
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	15,950			
26	Amount of line 21 Related to Energy Conservation Measures	43,200			





**AttachmentB**  
**CapitalFundProgramFive -YearActionPlan**  
**PartI:Summary**

PHAName <b>HOUSINGAUTHORITYOF THECITYOFOILCITY</b>					<input type="checkbox"/> Original5 -YearPlan <input checked="" type="checkbox"/> RevisionNo:2
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant: <b>2004</b> PHAFY: <b>10/1/2004</b>	WorkStatementforYear3 FFYGrant: <b>2005</b> PHAFY: <b>10/1/2005</b>	WorkStatementforYear4 FFYGrant: <b>2006</b> PHAFY: <b>10/1/2006</b>	WorkStatementforYear5 FFYGrant: <b>2007</b> PHAFY: <b>10/1/2007</b>
	Annual Statement				
PA59 -1		93,380		42,000	15,000
PA59 -2		64,000	120,000	102,800	60,000
PA5 9-3		72,500	105,500	42,000	15,000
				65,000	142,000
CFPFundsListedfor 5-yearplanning		<b>\$229,880</b>	<b>\$225,500</b>	<b>\$251,800</b>	<b>\$232,000</b>
ReplacementHousing FactorFunds					





**AttachmentC**

<b>AnnualStatement/PerformanceandEvaluationReport</b>					
<b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>					
<b>PHAName:</b> HOUSINGAUTHORITYOFTHECITYOFOILCITY		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: PA28P05950102 ReplacementHousingFactorGrantNo:			<b>FederalFYofGrant:</b>  2002
<b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno: )</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding</b> 3/31/03 <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	20,710		20,710	1,374
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	251,600			
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollaterizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2 -20)	272,310		20,710	1,374

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

<b>PHAName:</b> HOUSING AUTHORITY OF THE CITY OF ILCITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>PA28P05950102</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  <b>2002</b>
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Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending 3/31/03  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	70,000			
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	96,600			





**AttachmentD**

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>					
<b>PHAName:</b> HOUSINGAUTHORITYOFTHECITYOFOILCITY		<b>GrantTypeandNumber</b> CapitalFu ndProgramGrantNo: PA28P05950101 ReplacementHousingFactorGrantNo:			<b>FederalFYof Grant:</b>  2001
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnu alStatement(revisionno:    )					
<input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding 3/31/03 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCo st		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration	8,519		8,519	
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCos ts	20,000		20,000	13,638
8	1440SiteAcquisition				
9	1450SiteImprovement	30,000		30,000	30,000
10	1460DwellingStructures	208,600		208,600	187,023
11	1465.1DwellingEquipment —Nonexpendable	12,000		12,000	4,961
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollaterizationorDebtService				
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> HOUSING AUTHORITY OF THE CITY OF ILCITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P05950101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  2001
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending 3/31/03  
 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)	279,119		279,119	235,622
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	171,600			

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

PHAName: HOUSING AUTHORITY OF THE CITY OF OIL CITY		Grant Type and Number Capital Fund Program Grant No: PA28P05950101 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
				Original	Revised	Funds Obligated	Funds Expended	
PA59 -ALL	Administration	1410		8,519		8,519		
PA59 -ALL	Fees & Costs	1430		20,000		20,000	13,638	
PA59 -2	Install Energy Efficient Windows	1460	138	96,600		96,600	96,600	
PA59 -2	Install Energy Efficient Furnaces	1460	25	50,000		50,000	50,000	
PA59 -2	Install Energy Efficient Storm Doors	1460	100	25,000		25,000	25,000	
PA59 -2	Kitchen Range Replacement	1465.1	30	12,000		12,000	4,961	
PA59 -3E	Conversion of apts. to handicap units	1460	1	15,000		15,000	15,000	
PA59 -3F	Roof replacement	1460	4	10,000		10,000		
PA59 -3F	Deck replacement	1460	4	12,000		12,000	423	
PA59 -3	Sidewalk replacement	1450		30,000		30,000	30,000	



**Attachment E**

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: HOUSING AUTHORITY OF THE CITY OF OIL CITY		Grant Type and Number Capital Fund Program Grant No: PA028P05950100 Replacement Housing Factor Grant No:			Federal FY of Grant:  2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <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				
3	1408 Management Improvements				
4	1410 Administration	8,305		8,305	8,269
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fee and Costs	10,000		10,000	9,663
8	1440 Site Acquisition				
9	1450 Site Improvement	48,000		48,000	48,000
10	1460 Dwelling Structures	78,600		78,600	78,600
11	1465.1 Dwelling Equipment — Nonexpendable	128,750		128,750	95,421
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				

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

<b>PHAName:</b> HOUSING AUTHORITY OF THE CITY OF OIL CITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>PA028P05950100</b> 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: **3/31/03**  
 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 20-26)	<b>273,655</b>		273,655	239,953
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	22,000			
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	120,000			

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

PHAName: HOUSING AUTHORITY OF THE CITY OF OIL CITY		Grant Type and Number Capital Fund Program Grant No: PA28P05950100 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
				Original	Revised	Funds Obligated	Funds Expended	
PA59 -ALL	Administration	1410		8,305		8,305	8,269	
PA59 -ALL	Fee and Costs	1430		10,000		10,000	9,663	
PA59 -1	Addition of rear patio	1450	1	21,000		21,000	21,000	
PA59 -2	Sidewalk Replacement	1450		22,000		22,000	22,000	
PA59 -2	Dumpster Pads	1450		5,000		5,000	5,000	
PA59 -1	Hallway Renovations	1460	2	7,000		7,000	7,000	
PA59 -2	Replacement of Furnaces	1465	25	50,000		50,000	43,567	
PA59 -2	Install hard-wired smoke detectors	1465	50	33,780		33,780	33,780	
PA59 -2	Electrical services/shingles	1460		40,600		40,600	40,600	
PA59 -3F	Roof Replacement	1460	2	6,000		6,000	6,000	
PA59 -3E	Roof Replacement	1460	1	25,000		25,000	25,000	
PA59 -3E	Purchase HVAC units	1465	30	45,000		45,000	18,074	



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

**Housing Authority of the City of Oil City  
Fiscal Year 2003 Annual Plan**

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: **James A. Stiller**

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

- Elected
- Appointed

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

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

**Malachy McMahan, Mayor of Oil City**

## **Required Attachment G: Membership of the Resident Advisory Board or Boards**

**Housing Authority of the City of Oil City  
Fiscal Year 2003 Annual Plan**

- i. 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.)

**Joyce Chambers**

**Kenneth Kirkpatrick**

**Stacy Lewis**

**Donald Stillings**

**Rick Wilson**

**Teresa Wilson**

**Paul Swarthout**

**Pat Swarthout**

## Required Attachment H: Deconcentration & Income Mixing

Housing Authority of the City of Oil City  
Fiscal Year 2002 Annual Plan

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

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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)]

The deconcentration analysis is a Supporting Document to the Annual Plan.

**Required Attachment I: Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments**

**Housing Authority of the City of Oil City  
Fiscal Year 2003 Annual Plan**

Component 10(B) Voluntary Conversion Initial Assessments

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

**Two(2)**

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

**Two(2)**

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

**Two(2)**

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

Development Name	Number of Units
None	

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **Not Applicable**

**None of the developments owned and operated by the Housing Authority of the City of Oil City have been determined to be appropriate for conversion. The Required initial Assessment is a Supporting Document to the Annual Plan.**