

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

Attachment i100v04
**Housing Authority of the
County of Coles**

PHA PLAN

Annual Plan for Fiscal Year 2004
5 Year Plan for Fiscal Years 2004 - 2008

**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: Coles County Housing Authority

PHA Number: IL 100

PHA Fiscal Year Beginning: (07/01/04)

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
- PHA local 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
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the 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)

5-YEAR PLAN
PHA FISCAL YEARS 2004 - 2008
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- X The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- X PHA Goal: Expand the supply of assisted housing
Objectives:
 Apply for additional rental vouchers:
X Reduce public housing vacancies:
 Leverage private or other public funds to create additional housing opportunities:
 Acquire or build units or developments
Other (list below)
- X PHA Goal: Improve the quality of assisted housing
Objectives:
X Improve public housing management: (PHAS score) The Coles County Housing Authority shall strive to improve public housing management so that HUD can recognize it as a high performer by June 30, 2005.
 Improve voucher management: (SEMAP score)
 Increase customer satisfaction:
 Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)

- X Renovate or modernize public housing units: The Coles County Housing Authority shall actively pursue all available modernization funds through official HUD PIH notices and renovate REAC score designated developments by June 30, 2005.
- X Provide replacement public housing: (22 units) to replace demolished units due to flooding.
- Provide replacement vouchers:
- Other: (list below)

- PHAGoal: Increase assisted housing choices
Objectives:
 - Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- X PHA Goal: Provide an improved living environment
Objectives:
 - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - X Implement public housing security improvements: The Coles County Housing Authority will redesign and re-activate the neighborhood watch program in our housing – thereby reducing crime rate. Security cameras will also be installed in Park Tower to increase security for elderly residents.
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

X PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- X Increase the number and percentage of employed persons in assisted families: The Coles County Housing Authority shall strive to increase the percentage of employed persons in assisted families by meeting Section 3 goals by June 30, 2005.
- X Provide or attract supportive services to improve assistance recipients' employability: The Coles County Housing Authority shall strive to establish a strong working relationship with three (3) area social service agencies with the ability to provide job training skills and GED education by June 30, 2005.
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

X PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: The Coles County Housing Authority shall maintain 100% of its units to meet HQS standards by June 30, 2005.
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below)

Other PHA Goals and Objectives: (list below)

END OF COMMENTS

Annual PHA Plan
PHA Fiscal Year 2004
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

COLES COUNTY HOUSING AUTHORITY
EXECUTIVE SUMMARY

The Housing Authority has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements. We have adopted the following mission statement to guide the activities of the Housing Authority:

The mission of the PHA is the same as that of the Department of Housing and Urban Development: To provide adequate and affordable housing, economic opportunity and a suitable living environment, free from discrimination.

We have also adopted the following goals and objectives for the next five years:

(1) PHA Goal: Expand the supply of assisted housing.

Objective: Reduce public housing vacancies:

- **The Coles County Housing Authority will strive to achieve an occupancy percentage of 97% by June 30, 2005.**
- (2) **PHA Goal: Improve the quality of assisted housing.**

Objectives: Improve the quality of assisted housing:

- **The Coles County Housing Authority shall strive to improve management (PHAS scores), in order to be designated a high performer by June 30, 2005.**
 - **Renovate or modernize public housing units:**
 - **The Coles County Housing Authority shall actively pursue all available modernization funds through HUD PIH notices and shall renovate REAC score designated developments by June 30, 2005.**
- (3) **PHA Goal: Provide an improved living environment.**

Objective: Implement public housing security improvements:

- **The Coles County Housing Authority will re-design and activate the neighborhood watch program in our housing, thereby reducing crime rate.**
- (4) **PHA Goal: Promote self-sufficiency and asset development of assisted households.**

Objectives: Increase the number and percentage of employed persons in assisted families:

- **The Coles County Housing Authority will strive to increase employed persons in assisted families by meeting Section 3 goals by June 30, 2005.**

- **Provide or attract supportive services to improve the assisted recipients' employability:**
 - **The Coles County Housing Authority shall strive to establish a working relationship with three (3) area social service agencies with the ability to provide job training skills and GED education programs by June 30, 2005.**
- (5) PHA Goal: Ensure equal opportunity and affirmatively further fair housing.**

Objectives: Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, or disability:

- **The Coles County Housing Authority shall strive to maintain that 100% of its units meet HQS standards by June 30, 2005.**

Our Annual Plan is based on the premise that if we accomplish our goals and objectives, we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc., set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan.

Course of Action: Improve condition of affordable housing in Coles County.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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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. Note: 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.

Required Attachments:

- X Admissions Policy for Deconcentration
- X FY 2004 Capital Fund Program Annual Statement: **(entitled il100a04**
- X FY 2004 Capital Fund Program 5 Year Action Plan: **(entitled il100a04)**
- X Pet Policy **(entitled il1100b04**

- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) FFY 2004: **(il100b03) Forwarded to RPC Cleveland for uploading by mail.**
 - X Performance & Evaluation Report - CFP IL06-P100-50100: **(il100c04)**
 - X Performance & Evaluation Report- CFP IL06-P100-50101: **(il100d04)**
 - X Performance & Evaluation Report – CFP IL06-P100-50102: **(il100e04)**
 - X Performance & Evaluation Report – CFP IL06-R100-50102: **(il100f04)**
 - X Performance & Evaluation Report - CFP IL06-P100-50103: **(il100g04)**
 - X Performance & Evaluation Report – CFP IL06-P100-50203: **(il100h04)**
 - X Performance & Evaluation Report - CFP IL06-R100-50103: **(il100i04)**
 - X Component 3, (6) Deconcentration and Income Mixing: **(il100j04)**
- Optional Attachments:
- X PHA Management Organizational Chart – **See page 27 of the PHA Plan**
 - Public Housing Drug Elimination Program (PHDEP) Plan (N/A)
 - Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) **Attachment il100l04(See page 50 of the PHA Plan)**
 - Other (List below, providing each attachment name): Roster of RAB Members **Attachment il100l04 – See page 50 of the PHA Plan.**

Supporting Documents Available for Review

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	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
See Below	Fair Housing Documentation: 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	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) 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;

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
See Below	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology 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
N/A	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	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	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	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 the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
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	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	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 for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	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
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	2554						
Income >30% but <=50% of AMI	1,644						
Income >50% but <80% of AMI	1,614						
Elderly	1,164						
Families with Disabilities	1,189						
Race/Ethnicity-W	7,455						
Race/Ethnicity-B	237						
Race/Ethnicity-AI	18						
Race/Ethnicity- A/PI	4						
Race/Ethnicity- Other -Hispanic	90						

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s
Indicate year: 2004
- U.S. Census data: State of the Cities Data Systems - Comprehensive Housing Affordability Strategy ("CHAS") dataset: June 8, 2004 - HUD USER.ORG

Note - (Affordability, Supply, Quality, Accessibility, Size and Location information data requested above was not available from the sources listed above.)

- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	85		
Extremely low income <=30% AMI	75	88%	
Very low income (>30% but <=50% AMI)	75	88.24%	
Low income (>50% but <80% AMI)	8	9.4%	
Families with children	63	74%	
Elderly families	63	74%	
Families with Disabilities	18	21%	
Race/ethnicity			
Race/ethnicity-non Hispanic	85	100%	
Race/ethnicity-white	79	93.00%	
Race/ethnicity-black	6	7.05%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	10	12%	
2 BR	30	36%	
3 BR	18	22.00%	

Housing Needs of Families on the Waiting List			
4 BR	12	14.12%	
5 BR	N/A		
5+ BR	N/A		
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

The Coles County Housing Authority will strive to the maximum extent possible to meet the housing needs of the families in its jurisdiction and on its waiting list. While the Authority intends to address each needs that exists in its jurisdiction, we are not optimistic about achieving this objective. The Authority is concerned that it lacks, and given projected congressional budget cuts, will continue to lack the resources needed to effectively address our housing needs. Realizing that neither the Authority nor the Federal Government currently has the resources necessary to accomplish our objectives, the Authority plans to apply for grant opportunities made available by the U.S. Department of Housing and Urban Development over the course of the next year. Whenever possible, the Authority will respond to HUD NOFA's (Notices of Funding Availability) to increase the amount of affordable housing in Coles County.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- X Employ effective maintenance and management policies to minimize the number of public housing units off-line
- X Reduce turnover time for vacated public housing units
- X Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources

- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- X Other: (list below)
 Establish a working relationship with an area social service agency in order to effectively investigate possible grant funding programs through state housing agencies (Illinois Housing Development Authority)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- X Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- Employ admissions preferences aimed at families who are working

- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)
Adopt rent policies to support and encourage occupancy.

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2003 grants)		
a) Public Housing Operating Fund	437,069	
b) Public Housing Capital Fund	303,420	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	N/A	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	N/A	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)	N/A	
2. Prior Year Federal Grants (unobligated funds only) (list below)	106,705.00 58,195.00 39,038.00 30,309.00	CFP 50102 CFP 50203 RHF 50102 RHF 50103
3. Public Housing Dwelling Rental Income	292,920.00	Operations
4. Other income (list below)		
Excess Utilities		
Interest	1,300.00	Operations
4. Non-federal sources (list below)		
Total resources	1,268,956.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping

Other (describe)

- c. X Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. X Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. X Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- X Other (describe)

The Coles County Housing Authority is a county housing authority and the waiting list will be kept on a county wide basis.

b. Where may interested persons apply for admission to public housing?

- X PHA main administrative office
- PHA development site management office
- X Other (list below)

Applications will be accepted through the mail.

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3. Yes No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

b. Yes No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

- Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

- 1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

2 Date and Time

Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction

- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- X Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- X The PHA-resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- X At an annual reexamination and lease renewal
- X Any time family composition changes
- X At family request for revision
- Other (list)

(6) Deconcentration and Income Mixing

a. Yes X No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. Yes X No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- Adoption of site based waiting lists

If selected, list targeted developments below:

- Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments

If selected, list targeted developments below:

- Employing new admission preferences at targeted developments

If selected, list targeted developments below:

- Other (list policies and developments targeted below)

- d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

- e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
 Actions to improve the marketability of certain developments
 Adoption or adjustment of ceiling rents for certain developments
 Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
 Other (list below)

- f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
 List (any applicable) developments below:

- g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
 List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
 - Criminal and drug-related activity, more extensively than required by law or regulation
 - More general screening than criminal and drug-related activity (list factors below)
 - Other (list below)
- b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
 - Other (describe below)

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
 - Federal public housing
 - Federal moderate rehabilitation
 - Federal project-based certificate program
 - Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- PHA main administrative office
 - Other (list below)

(3) Search Time

- a. Yes No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

(4) Admissions Preferences

- a. Income targeting

- Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

- b. Preferences

1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
 Victims of domestic violence
 Substandard housing
 Homelessness
 High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
 Veterans and veterans' families
 Residents who live and/or work in your jurisdiction
 Those enrolled currently in educational, training, or upward mobility programs
 Households that contribute to meeting income goals (broad range of incomes)
 Households that contribute to meeting income requirements (targeting)
 Those previously enrolled in educational, training, or upward mobility programs
 Victims of reprisals or hate crimes
 Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
Victims of domestic violence
Substandard housing
Homelessness
High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
 Veterans and veterans’ families
 Residents who live and/or work in your jurisdiction
 Those enrolled currently in educational, training, or upward mobility programs
 Households that contribute to meeting income goals (broad range of incomes)
 Households that contribute to meeting income requirements (targeting)
 Those previously enrolled in educational, training, or upward mobility programs
 Victims of reprisals or hate crimes
 Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
 Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD
 The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers

- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan
 Briefing sessions and written materials
 Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- Through published notices
 Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- X The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- \$50

2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

- Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
- Yes but only for some developments
- No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95th percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The “rental value” of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- Other (list below)

Report on family composition and change in income is required at all times.

g. Yes No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below) - Survey letters are sent to similar sized PHA's with in our geographic vicinity.

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

- e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
- Success rates of assisted families
 - Rent burdens of assisted families
 - Other (list below)

(2) Minimum Rent

- a. What amount best reflects the PHA’s minimum rent? (select one)
- \$0
 - \$1-\$25
 - \$26-\$50
- b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- X A brief description of the management structure and organization of the PHA follows:

**COLES COUNTY HOUSING AUTHORITY
ORGANIZATION CHART**

Jack Record – Chairman
Phyllis Karpus – Vice-Chairman
Chiyo Kirby- Public Housing Resident Commissioner
Teresa Perdieu - Commissioner
Ronnie Wohlstein - Commissioner

Administrative:

Sandy Smith - Executive Director
Pamela Montague - Administrative Assistant –
Karen Hall - Office Clerk

Jenny Doty – Receptionist/Clerical
 Occupancy Specialist - Vacant position

Maintenance:

Greg Skidmore - Maintenance Supervisor
 Doug Pletch - Asst. Supervisor
 Jim Meador - Maintenance Mechanic
 Robert Bryant - Maintenance Mechanic

Resident Managers:

Jean Warfel – Park Tower
 Carolyn Jenkins – East Rudy Place
 Dorothy Honn – West Park Plaza

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	178	
Section 8 Vouchers	N/A	
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)		
Capital Fund		

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

Section 511 of QHWRA
Admissions and Continued Occupancy Policy
Capitalization Policy
Check Signing Policy
Disposition Policy
Drug Free Policy
Equal Housing Opportunity Policy
Record Retention Policy
Facilities Use Policy
Funds Transfer Policy
Maintenance Policy
Procurement Policy
Public Housing Lease
Travel Policy
HUD Maintenance Guidebooks one through six

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office
 PHA development management offices
 Other (list below)

B. Section 8 Tenant-Based Assistance

1. Yes No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)ATTACHMENT il100a04

-or-

The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

Annual Statement for FFY 2004 attached separately as ATTACHMENT
il100a04.

Component 7
Capital Fund Program Annual Statement
Parts I, II, and III

Annual Statement
Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number : FFY of Grant Approval:

_Original Annual Statement

Line No.	Summary by Development Account	Total Estimated
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvement	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
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	1498 Mod used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
21	Amount of line 20 Related to LBP Activities	
Line No.	Summary by Development Account	
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	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Tab

Development Number/Name HA Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement
 Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Coles County Housing Authority will not exceed HUD 24 mo. Guidelines obligation.
 Coles County Housing Authority will not exceed HUD 48 mo. Guidelines expenditure.

(2) Optional 5-Year Action Plan is attached as ATTACHMENT il100a04

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. X Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name: Attachment il100a04

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

Optional 5-Year Action Plan is an separate Attachment.

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Optional 5-Year Action Plan Tables			
Development Number	Development Name	Number Vacant Units	% Vacancies in Development
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)

Total Estimated Cost over next 5 years

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Optional 5-Year Action Plan Tables			
Development Number	Development Name	Number Vacant Units	% Vacancies in Development
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Total Estimated Cost over next 5 years			

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Optional 5-Year Action Plan Tables			
Development Number	Development Name	Number Vacant Units	% Vacancies in Development
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Total Estimated Cost over next 5 years			

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Optional 5-Year Action Plan Tables			
Development Number	Development Name	Number Vacant Units	% Vacancies in Development
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Renovate kitchens			
Total Estimated Cost over next 5 years			

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Optional 5-Year Action Plan Tables			
Development Number	Development Name	Number Vacant Units	% Vacancies in Development
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Total Estimated Cost over next 5 years			

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
 - Revitalization Plan under development
 - Revitalization Plan submitted, pending approval
 - Revitalization Plan approved
 - Activities pursuant to an approved Revitalization Plan underway

- Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

- Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

- Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below
East Rudy Place

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: 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 component 9; if "yes", complete one activity description for each development.)

.2. Activity Description -None

- Yes No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
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
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. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs

completing streamlined submissions may skip to component 10.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	<input type="checkbox"/> Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities
3. Application status (select one)	<input type="checkbox"/> Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date this designation approved, submitted, or planned for submission:	(DD/MM/YY)
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. Yes No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	
<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)	

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. Yes No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)

5. Number of units affected:
6. Coverage of action: (select one)
- Part of the development
- Total development

B. Section 8 Tenant Based Assistance

1. 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 component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- Yes No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants
- 26 - 50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA-established eligibility criteria

- Yes No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- Yes X No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive

services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

Yes X No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self

Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing Comprehensive Grant		
Section 8		

b. Yes No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

- 1) Adopt an FSS Action Plan by Housing Commissioners approval.
- 2) Achieve goal of at least the required number of participants.

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- X Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- X Informing residents of new policy on admission and reexamination
- X Actively notifying residents of new policy at times in addition to admission and reexamination.
- X Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- X Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- X Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- X Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- X Resident reports
- X PHA employee reports
- X Police reports

- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below) - East Rudy Place and West Park Plaza

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- X Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- X Volunteer Resident Patrol/Block Watchers Program
- X Other (describe below)

Added Police Patrol Agreement

2. Which developments are most affected? (list below)

**East Rudy Place
West Park Plaza**

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- X Police provide crime data to housing authority staff for analysis and action
- X Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- X Police regularly meet with the PHA management and residents
- X Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

2. Which developments are most affected? (list below)

East Rudy Place

West Park Plaza

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes X No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- Yes X No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

The Coles County Housing Authority is awaiting a final PHDEP rule to be issued and then the plan will be submitted accordingly.

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

See Attachment il100b04

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. X Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. X Yes No: Was the most recent fiscal audit submitted to HUD?
3. X Yes No: Were there any findings as the result of that audit?
4. X Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? 6
5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)? June 15, 2004

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. X Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)
 - Not applicable
 - Private management
 - Development-based accounting
 - Comprehensive stock assessment
 - X Other: (list below)

Land property appraisal due to an audit requirement.

3. Yes X No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
 - Attached at Attachment (File name)
 - X Provided below:

The RAB agreed with the scope of work as reflected in the FFY 2004 Annual Statement & Five Year Plan. The RAB requested that hot water heater replacement be added to the Five Year Plan.

3. In what manner did the PHA address those comments? (select all that apply)
 - Considered comments, but determined that no changes to the PHA Plan were necessary.
 - The PHA changed portions of the PHA Plan in response to comments
List changes below: The PHA Board will be advised that Capital Fund Programs regulation does not permit a discretionary increase in the PHA' grant

formula The Board also approved replacement hot water heaters and furnaces to Five Year Plan in response to the RAB comments.

Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. Yes No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

Board of Commissioners of the Coles County Housing Authority will be presented with potential nominees and with their approval, the name will be submitted to the Coles County Board Chairman for approval.

C. 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)
State of Illinois
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 the initiatives contained in the Consolidated Plan. (list below)
 - Other: (list below)
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

None

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

ATTACHMENT: il100104

Use this section to provide any additional attachments referenced in the Plans.

List of members of the Resident Advisory Board:

- | | |
|----------------------------|--------------------|
| 1) Ken and Patricia Miller | 7) Iris Henson |
| 2) Paula Dyer | 8) Hazel Patterson |
| 3) Becky Manning | 9) Phyllis Freeman |
| 4) Chiyo Kirby | 10) Sharon Shrock |
| 5) Carolyn Jenkins | 11) Diane Mullins |
| 6) Carolyn Queen | 12) Lillian Kemper |

Comments of Resident Advisory Board & Explanation of PHA Response:

The RAB made the following comments at their January 21, 2004 meeting to discuss the PHA plan for use of FFY 2004 CFP Funding.

- 1) Replace some toilets and sinks for handicap accessibility at Park Tower.
- 2) Provide smaller (shorter) stoves at Park Tower.
- 3) Stage window replacement at Park Tower
- 4) Install storage sheds at West Park Plaza and East Rudy Place.
- 5) Install security cameras at Park Tower.
- 6) Provide more site security lighting at all developments.
- 7) Replace closet doors at Park Tower with wooden type.
- 8) Install canopies at Park Tower.
- 9) Install ceiling fans at Park Tower.

PHA Response:

The Board of Commissioner agreed with the RAB comments but elected to make window replacement, storage sheds and down payment for Replacement Housing as top priorities for the FFY 2004 Annual Statement. The Commissioners also approved adding an 8% annual increase to the budgets under the Five-Year Plan.

**PHA Plan
Table Library
(Refer to ATTACHMENT il100a04)
Component 7
Capital Fund Program Annual Statement
Parts I, II, and II**

**Annual Statement
Capital Fund Program (CFP) Part I: Summary**

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
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 Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
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	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement
Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

(See ATTACHMENT il100a01)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years				

ATTACHMENT il100a04

Annual Statement/Performance and Evaluation Report **06/24/2004**
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
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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
1	Total non-CFP Funds				
2	1406 Operations	30,420			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	25,000			
10	1460 Dwelling Structures	203,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	303,420			
22	Amount of line 21 Related to LBP Activities	0			

Signature of Executive Director

Date

Signature of HUD Official

Date

ATTACHMENT il100a04

Annual Statement/Performance and Evaluation Report **06/24/2004**
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
--	---	--

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
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	124,145			

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

 Signature of Executive Director

 Date

 Signature of HUD Official

 Date

ATTACHMENT il100a04

PHA Name: Coles County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
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	
IL 100, Park Tower	Window Replacement	1460	Lump Sum	124,145				
	Subtotal			124,145				
West Park Plaza & East Rudy Place	Partitions/storage sheds	1450	78 units	25,000				
	Subtotal			25,000				
HA WIDE	Down payment loan for replacement housing.	1460	Lump Sum	78,855				
	Subtotal			78,855				
	A/E Fees	1430.1	1 year	25,000				
	Modernization Coordinator/Consultant	1430.2	1 year	20,000				
	Operations – copiers, scanners, utilities, office staff training & maintenance training & salary temp employees.	1406	Lump Sum	30,342				
	Subtotal			75,342				
	TOTAL			303,420				

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

Signature of Executive Director

Date

Signature of HUD Official

Date

ATTACHMENT il100a04

**Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : __2__ FFY Grant: 2005 PHA FY: 07/01/2005			Activities for Year: __3__ FFY Grant: 2006 PHA FY: 07/1/2006		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	IL 100	<i>Upgrade community a/c</i>	15,000	IL 100, West Park Plaza	<i>Replace windows</i>	75,000
Annual		<i>Renovate kitchens</i>	100,000		<i>Roof Replacement</i>	60,000
Statement		<i>Window replacement</i>	80,000		<i>Renovate kitchens</i>	35,000
		<i>Office carpet</i>	8,000		<i>Renovate 4units for 504 accessibility</i>	65,000
		<i>Hot water heaters</i>	15,000		<i>Subtotal</i>	235,000
		<i>Subtotal</i>	218,000			
				HA-WIDE	<i>Operations –copiers, scanners, utilities, office training in occupancy & finance & maintenance training.</i>	18,420
	HA WIDE	<i>Operations</i>	30,420		<i>A/E Fees</i>	25,000
		<i>A/E Fees</i>	35,000		<i>Mod. Coordinator</i>	25,000
		<i>Mod. Coordinator</i>	20,000		<i>Subtotal</i>	68,420
		<i>Subtotal</i>	85,420			
	Total CFP Estimated Cost		\$303,420			\$303,420

Signature of Executive Director

Date

Signature of HUD Official

Date

ATTACHMENT il100a04

**Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities**

Activities for Year : <u> 4 </u> FFY Grant: 2007 PHA FY: 07/1/2007			Activities for Year: <u> 5 </u> FFY Grant: 2008 PHA FY: 07/1/2008		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
IL 100, West Park Plaza	<i>Furnaces</i>	80,000	<i>IL 100, East Rudy Place & West Park Plaza</i>	<i>Kitchent & Bathroom renovations</i>	100,000
				<i>Doors replacement</i>	123,420
IL 100, Park Tower	<i>Replace windows.</i>	150,000		<i>Sidewalk replacement</i>	25,000
	<i>Subtotal</i>	230,000			
			<i>HA -WIDE</i>	<i>Operations –copiers, scanners, utilities, office and maintenance training.</i>	10,000
HA WIDE	<i>Operations – copiers, scanners, utilities,, office and maintenance training.,</i>	25,000		<i>A/E fees</i>	25,000
	<i>A/E fees</i>	25,000		<i>Mod. Consultant</i>	20,000
	<i>Mod. Consultant fees</i>	23,420		<i>Subtotal</i>	55,000
	<i>Subtotal</i>	73,420			
Total CFP Estimated Cost		\$303, 420			\$303,420

Signature of Executive Director

Date

Signature of HUD Official

Date

Coles County Housing Authority

PET POLICY – EFFECTIVE _____

Exclusions

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing neighbors.

Pets in Public Housing

The Housing Authority allows for pet ownership in its Park Tower building. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units. In exchange for this right, residents assume full responsibility and liability for the pet and agree to hold the Housing Authority harmless from any claims caused by an action or inaction of the pet.

Approval

Residents must have the prior written approval of the Housing Authority before moving a pet into their unit. Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Housing Authority will approve the request. Residents must give the Housing Authority a picture of the pet (updated annually) so it can be identified if it is running loose.

Types and Number of Pets

The Housing Authority will allow only common household pets. This means only fish, birds, dogs, and cats. Rabbits, ferrets, mice, rats, snakes, tarantulas, pot-bellied pigs, non-human primates such as monkeys are not

considered common household pets and ARE NOT ALLOWED under this policy.

Farm animals, fowl, exotic pets, breeding animals, wild or feral animals and dangerous animals ARE NOT ALLOWED.

If this definition conflicts with a State or Local law or Regulation, the State or Local Law or Regulation shall govern.

All dogs and cats, before they become six (6) months old, must be spayed or neutered, cats must be de-clawed. A licensed veterinarian must verify these facts.

Only one (1) pet will be allowed per unit regardless of the size of the unit.

Any animal deemed to be potentially harmful to the health and safety of others, including attack or fight trained dogs WILL NOT BE ALLOWED.

No pet may exceed eighteen (18) inches in height or twenty-five (25) lbs. in weight to full adult size.

Inoculations

In order to be registered, pets must be appropriately inoculated against rabies, distemper and other conditions prescribed by State and or Local Ordinances. They must comply with all other State and Local Public Health, Animal Control and Anti-Cruelty Laws including any Licensing Requirements. A Certification signed by a Licensed Veterinarian or State or Local Official shall be filed annually with the Housing Authority of the County of Coles to attest to the inoculations.

Pet Deposit and Fees

A pet deposit of two hundred dollars (\$200.00) is required at the time of registering a dog or cat. The deposit is refundable when the pet or tenant vacates the unit, less any amount owed due to damage beyond normal wear and tear.

Financial Obligation of Resident

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet –related insect infestation in the pet owner’s unit will be the financial responsibility of the pet owner and the Coles County Housing Authority reserves the right to exterminate and charge the resident.

Nuisance or Threat to Health and Safety

The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner’s unit and surround areas. Repeated and substantiated complaints by neighbors or Housing Authority personnel, regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance, may result in the owner having to remove the pet or move him/herself from the Housing Authority. Pets that make noise continuously and/or incessantly for a period of ten (10) minutes or intermittently for one half hour (30 minutes) or more to the disturbance of any person at any time of day or night shall be considered a nuisance.

Designation of Pet Areas

Pets must be kept in the owner’s apartment or ON A LEASH AT ALL TIMES WHEN OUTSIDE THE UNIT. No cages or doghouses may be constructed or permitted in the yards. Pets will be allowed only in designated areas on the grounds of the property if the Housing Authority designates a pet area for the particular site. Pet owners MUST CLEAN UP AFTER THEIR PETS AND ARE RESPONSIBLE FOR DISPOSING OF PET WASTE IN AN APPROPRIATE MANNER. With the exception of assistive animals, no pet shall be allowed in the Rec Room, kitchen, public bathrooms, laundry, lobby, or hallways or offices of the Housing Authority’s property.

Miscellaneous Rules

- Pet may not be left unattended in a dwelling unit for over twenty-four (24) hours.**

- **If the pet is left unattended and no arrangements have been made for it's care, the Housing Authority will have the right to enter the premises and take the un-cared for pet to be boarded with a local animal care facility at the total expense of the resident.**
- **Residents must take appropriate action to protect their pets from fleas and ticks.**
- **ALL DOGS AND CATS MUST WEAR A TAG BEARING THE RESIDENT'S NAME AND PHONE NUMBER AND THE DATE OF THE LAST RABIES INOCULATION.**
- **Pets cannot be kept, bred or used for any commercial purpose.**
- **Resident owning cats shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall not accumulate or become slightly or unsanitary. Litter shall be disposed of in an appropriate manner.**
- **A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing or others must enter the pet owners' apartment to conduct business, provide services, enforce lease terms, etc.**
- **If a pet causes harm to any person, the pet owner shall be required to permanently remove the pet from the Housing Authority property within twenty-four (24) hours of written notice from the housing Authority. The pet owner MAY be subject to termination of his/her dwelling lease.**
- **The Housing Authority's Grievance Procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.**

Visiting Pets

Pets that meet the size and type criteria outlined above, may visit the project/buildings, where pets are allowed. PRIOR APPROVAL IS REQUIRED FROM THE HOUSING AUTHORITY OF COLES.

Tenants who have visiting pets must abide by the same conditions of this policy regarding health, sanitation, nuisances, and peaceful enjoyment of others. If visiting pets violate this policy or cause the tenant to violate the Lease, the tenant will be required to remove the visiting pet. Period of visit is not to exceed two (2) weeks duration.

Removal of Pets

The Housing Authority of the County of Coles, shall require the removal of any pet from a complex if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the complex or of other persons in the community where the complex is located. In the event of illness or death of the pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the Housing authority has permission to call the emergency caregiver designated by the resident or local Pet Enforcement Agency to take the pet and assume responsibility for the pet. Any expenses incurred will be the responsibility of the pet owner.

By the Coles County Housing Authority Board of Commissioners

ATTACHMENT i1100c04

Annual Statement/Performance and Evaluation Report				6/22/2004	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938			Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50100 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 <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" 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	33,000	33,000.00	33,000.00	33,000.00
3	1408 Management Improvements	20,271	20,271.00	20,271.00	20,271.00
4	1410 Administration	10,000	10,000.00	10,000.00	10,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	132,000	132,000.00	132,000.00	132,000.00
10	1460 Dwelling Structures	171,000	171,000.00	171,000.00	171,000.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	366,271	366,271.00	366,271.00	366,271.00

Signature of Executive Director Date

Signature of Public Housing Director Date

Annual Statement/Performance and Evaluation Report **6/22/2004**
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement
 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	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	171,271			

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

 Signature of Executive Director Date

 Signature of Public Housing Director Date

PHA Name: Coles County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50100 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	
HA-WIDE	Operations (Trucks)	1406	3 trucks	33,000	33,000.00	33,000.00	33,000.00	Complete
	Admin/Mod. Coordinator	1408	1 year	20,271	17,655.25	17,655.25	17,655.25	Complete
	A/E Fees	1408	Lump Sum	0	2,615.75	2,615.75	2,615.75	Complete
	Subtotal			20,271	20,271.00	20,271.00	20,271.00	
	Administration/Computers	1410	Lump Sum	10,000	10,000.00	10,000.00	10,000.00	Complete
	Subtotal			10,000	10,000.00	10,000.00	10,000.00	
IL100	Replacement of windows	1450	Lump Sum	100,000	92,140.83	92,140.83	92,140.83	Complete
West Park Plaza	Replacement of storm doors	1450	Lump Sum	32,000	35,917.00	35,917.00	35,917.00	Complete
	Unit Repair/Vacancy Reduction/MOA	1450	Lump Sum	0	3,063.68	3,063.68	3,063.68	Complete
	Unit Repair	1450	Lump Sum	0	878.49	878.49	878.49	Complete
	Subtotal			132,000	132,000.00	132,000.00	132,000.00	
	Upgrade 2 units for 504 accessibility	1460	2 units	40,000	40,000.00	40,000.00	40,000.00	Complete
	Rehab 2 units	1460	2 units	80,000	50,361.00	50,361.00	50,361.00	Complete
	Subtotal			120,000	90,361.00	90,361.00	90,361.00	
	Window Replacement	1460	Lump Sum	0	56,439.00	56,439.00	56,439.00	Complete
	Renovate bathrooms	1460	Lump Sum	36,000	0	0	0	Delete
	Asbestos Abatement	1460	4 units	0	9,200.00	9,200.00	9,200.00	Complete
Park Tower	Tuckpointing & Seal Hi-Rise	1460	Lump Sum	15,000	15,000.00	15,000.00	15,000.00	Complete
	Subtotal			51,000	80,639.00	80,639.00	80,639.00	Complete
	TOTAL			366,271	366,271.00	366,271.00	366,271.00	

Signature of Executive Director Date

Signature of Public Housing Director

Date

Signature of Executive Director **Date**
Date

Signature of Public Housing Director

ATTACHMENT il100d04

Annual Statement/Performance and Evaluation Report				06/24/04	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938			Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50101 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending 5/31/04 <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	17,363	27,508.67	17,363.00	17,363.00
3	1408 Management Improvements	0	29,854.33	29,854.33	29,854.33
4	1410 Administration	40,000	0	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,363	26,791.00	26,791.00	26,021.38
8	1440 Site Acquisition				
9	1450 Site Improvement	75,000	76,249.50	76,249.50	76,249.50
10	1460 Dwelling Structures	223,908	213,230.50	213,230.50	213,230.50
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	373,634	373,634.00	373,634.00	362,718.71
22	Amount of line 21 Related to LBP Activities	0			

Signature of Executive Director Date

Signature of Public Housing Director Date

Annual Statement/Performance and Evaluation Report	06/24/04
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary	

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 5/31/04
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

Signature of Executive Director Date

Signature of Public Housing Director Date

Annual Statement/Performance and Evaluation Report

06/24/04

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Coles County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50101 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 (Balance)
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	Operations	1406	Lump Sum	17,363	27,508.67	27,508.67	17,363.00	10,145.67
	Subtotal			17,363	27,508.67	27,508.67	17,363.00	10,145.67
MANAGEMENT IMPROVEMENTS	Computer Hardware& Software Upgrade	1408	LS	0	29,854.33	29,854.33	29,854.33	0
DELETE	Admin-Mod. Coordinator/Consultant	1410	Lump Sum	7,955	0	0	0	0
DELETE	Computers & travel expenses.	1410	L.S.	32,045	0	0	0	0
	Subtotal			40,000	40,000.00	40,000.00	29,854.33	0
FEES & COSTS	A/E Fees for 504 work, 2 unit mod. & window replacement	1430	Lump Sum	17,363	26,791.00	26,791.00	26,021.38	769.92
	Subtotal			17,363	26,781.00	26,791.00	26,021.38	769.92
IL 100	Dwelling Equipment - Upgrade HVAC	1450	Lump Sum	0	39,544.50	39,544.50	39,544.50	0
	Asbestos Abatement West Park Plaza	1450	4 units	75,000	19,470.00	19,470.00	19,470.00	0
	Trash Enclosures	1450	2 sites	0	17,235.00	17,235.00	0	0
	Subtotal			75,000	76,249.500	76,249.50	76,249.50	0
	Window Replacement	1460	Lump Sum	223,908	213,230.50	213,230.50	213,230.50	0
	Subtotal			223,908	213,230.50	213,230.50	213,230.50	0
	TOTAL			\$373,634	373,634.00	373,634.00	362,478.71	10,915.29

Signature of Executive Director Date

Signature of Public Housing Director Date

Signature of Executive Director Date
Director Date

Signature of Public Housing

ATTACHMENT il100e04

Annual Statement/Performance and Evaluation Report **06/24/04**
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: _____)
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Period Ending: 5/31/04

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	14,405	16,488.62	16,488.62	11,539.39
3	1408 Management Improvements	0	17,916.38	17,916.38	17,916.38
4	1410 Administration	20,000	0	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,490	28,490.00	28,490.00	24,371.09
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	245,962	252,962.00	252,962.00	90,630.30
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	315,857	315,857.00	315,857.00	144,457.16
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0	0	0	0

Signature of Executive Director

Date

Signature of HUD Official

Date

ATTACHMENT il100e04

Annual Statement/Performance and Evaluation Report	06/24/04
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary	

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: _____)
 Performance and Evaluation Report for Period Ending: 5/31/04
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs	0	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	0	0	0	0
26	Amount of line 21 Related to Energy Conservation Measures	68,440.80	68,440.80	68,440.80	68,440.80

Signature of Executive Director

Date

Signature of HUD Official

Date

ATTACHMENT il100e04

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Coles County Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO100-50102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	Balance
IL100								
West Plaza & East Ruby	Upgrade Kitchens	1460	Lump Sum	0	107,000.00	107,000.00	0	107,000.00
	Floor Replacement	1460	Lump Sum	15,962	55,331.70	0	0	55,331.70
	Replace windows	1460	Lump Sum	45,962	35,781.80	35,781.80	35,781.80	Complete
	Wall Repair	1460	LS	0	2,795.00	2,795.00	2,795.00	Complete
Park Tower	Zone Valve & Kitchen Faucet Replacement	1460	8 floors	0	32,659.00	32,659.00	32,659.00	Complete
	Office & Board Room Remodeling	1460	Lump Sum	0	17,632.00	17,632.00	17,632.00	Complete
	Office Remodeling	1460	LS	0	1,762.50	1,762.50	1,762.50	Complete
West Park Plaza	Partitions/Sheds - DELETE	1460	Lump Sum	30,000	0	0	0	0
HA Wide	Purchase 8 unit building -DELETE.	1460	Lump Sum	154,038	0	0	0	0
	Subtotal			245,962	252,962.00	197,630.30	90,630.30	162,331.70
HA WIDE	A/E Fees	1430.1	Lump Sum	35,490	24,371.09	24,371.09	24,371.09	0
	A/E Fee – Energy Audit	1430.1	LS	0	0	0	0	0
	Modernization Coordinator/Consultant	1430.2	1 year	0	4,118.91	0	0	4,118.91
	Subtotal				28,490.00	28,490.00	24,371.09	4,118.91

Signature of Executive Director

Date

Signature of HUD Official

Date

ATTACHMENT il100e04

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

PHA Name: Coles County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO100-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	Balance
IL100								
Administration	Computer Training	1410	Lump Sum	20,000	0	0	0	0
Management Improvements	Computer Training	1408	0	0	17,916.38	17,916.38 0	17,916.38	0
	Operations – Temp Wages	1406	Lump Sum	14,405	16,488.62	16,488.62	11,539.39	4,949.23
	TOTAL			\$315,857	315,857	315,857	144,457.16	

Signature of Executive Director

Date

Signature of HUD Official

Date

ATTACHMENT il100e04

Signature of Executive Director
Date

Date

Signature of HUD Official

ATTACHMENT i1100f04

Annual Statement/Performance and Evaluation Report				06/24/04	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CFP IL06-R100-50102		Federal FY of Grant: 2002
<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: 5/30/04 <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				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	39,083		17,500.00	0
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	39,038		17,500.00	0
22	Amount of line 21 Related to LBP Activities	0			

Annual Statement/Performance and Evaluation Report	06/24/04
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary	

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CFP IL06-R100-50102	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 5/30/04
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

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

PHA Name: Coles County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CFP IL06-R100-50102				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 100	Purchase replacement housing	1499	Lump Sum	39,038		17,500.00	0	Contract awarded 5/3/04
	TOTAL			39,038		17,500.00	0	

Annual Statement/Performance and Evaluation Report **06/24/04**
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 05/30/04
 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	10,000	20,472.29	20,472.29	340.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45,000	34,527.71	20,000.00	4,382.00
8	1440 Site Acquisition				
9	1450 Site Improvement	55,255	35,315.00	8,150.00	8,150.00
10	1460 Dwelling Structures	135,000	135,000.00	86,398.30	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	0	19,910.00	19,910.00	0
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	245,225	245,225.00	154,930.59	12,872.00

X _____
 Signature of Executive Director

 Date

X _____
 Signature of Public Housing Official

 Date

Annual Statement/Performance and Evaluation Report	06/24/04
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary	

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 05/30/04
 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	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

X _____
 Signature of Executive Director

 Date

X _____
 Signature of Public Housing Official

 Date

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Coles County Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work or Balance
				Original	Revised	Funds Obligated	Funds Expended	
								DELETED
IL 100, Park Tower	Security cameras - DELTED	1465.1	Lump Sum	0		0	0	0
IL100, West Park Plaza	Upgrade Kitchens	1460	22 units – 4 Bedroom Units	85,000	85,000	36,398.30	0	Contract awarded 5/11/04
	Floor Replacement	1460	22 units – 4 Bedroom units	50,000	50,000	50,000.00	0	Contract Awarded 5/11/04
	Renovate bathrooms -DELETE	1460	54 units	0	0	0	0	DELETED
	Roof replacement at West Park Plaza - DELETE	1460	Lump Sum	0	0	0	0	DELETED
	Subtotal			135,000	135,000	86,398.30	0	0
West Park Plaza & East Rudy Place	Partitions/storage sheds	1450	78 units	55,225	27,165.00	0	0	27,165.00
Park Tower & West Park Plaza	Sidewalk Replacement	1450	LS	0	8,150.00	8,150.00	8,150.00	Complete
	Subtotal			55,225	35,315.00	8,150.00	8,150.00	

X _____
Signature of Executive Director

Date

X _____
Signature of Public Housing Official

Date

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

PHA Name: Coles County Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work or Balance
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	A/E Fees	1430.1	1 year	25,000	7,527.71	0	0	7,527.71
	Energy Audit – HA/WIDE	1430.1	Lump Sum	0	7,000.00	0	0	7,000.00
	Modernization Coordinator/Consultant	1430.2	1 year	20,000	20,000.00	20,000.00	4,382.00	15,618.00
	Subtotal			45,000	34,517.71	20,000.00	4,382.00	
	Management Improvements – Develop more effective communication with resident using new computer software in response to REAC review comment.	1410	L.S.	0	0	0	0	0
	Subtotal			0	0	0	0	0
	Operations – copiers, scanners, utilities, office staff training & maintenance training.	1406	Lump Sum	10,000	20,472.29	20,472.29	340.00	Payment to Advantage, Inc.
	Subtotal			10,000	20,472.29	20,472.29	340.00	20,132.29
	TOTAL			\$245,225		245,225.00	12,872.00	

X _____
Signature of Executive Director

Date

X _____
Signature of Public Housing Official

Date

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

PHA Name: Coles County Housing Authority	Grant Type and Number Capital Fund Program No: CFP IL06-P100-50103 Replacement Housing Factor No:	Federal FY of Grant: 2003
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	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			
	Original	Revised	Actual	Original	Revised	Actual	

X _____
 Signature of Executive Director

 Date

X _____
 Signature of Public Housing Official

 Date

X _____

Signature of Executive Director
Date

Date

X _____
Signature of Public Housing Official

ATTACHMENT il100h04

Annual Statement/Performance and Evaluation Report **Prepared:06/24/04**
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3/30/04
 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				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	58,195		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	58,195		0	0
22	Amount of line 21 Related to LBP Activities	0			

X _____
 Signature of Executive Director

 Date

X _____
 Signature of Public Housing Official

 Date

ATTACHMENT il100h04

Annual Statement/Performance and Evaluation Report **Prepared:06/24/04**
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3/30/04
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

X _____
 Signature of Executive Director

 Date

X _____
 Signature of Public Housing Official

 Date

ATTACHMENT il100h04

X _____

Signature of Executive Director
Date

Date

X _____
Signature of Public Housing Official

ATTACHMENT i100i01

Annual Statement/Performance and Evaluation Report				06/24/04	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CFP IL06-R100-50103		Federal FY of Grant: 2003
<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: 3/30/04 <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				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	30,309.00		0	0
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	30,309.00		0	0
22	Amount of line 21 Related to LBP Activities	0			

Annual Statement/Performance and Evaluation Report	06/24/04
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary	

PHA Name: Coles County Housing Authority 109 Prairie Street Mattoon, IL 61938	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CFP IL06-R100-50103	Federal FY of Grant: 2003
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3/30/04
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

Attachment il100j04

RE: Housing Authority of the County of Coles

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)]

Operating Budget

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

OMB Approval No. 2577-0026 (exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 116 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project 2577-0026, Washington D.C. 20503. Do not send this completed form to either of the above addressees.

a. Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____		b. Fiscal Year Ending 06/30/2004	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. <input type="checkbox"/> Other (specify) _____		d. Type of HUD assisted Projects 01 <input checked="" type="checkbox"/> PHA/IHA-Owned Rental Housing 02 <input type="checkbox"/> IHA Owned Mutual Help Homeownership 03 <input type="checkbox"/> PHA/IHA Leased Rental Housing 04 <input type="checkbox"/> PHA/IHA Owned Turnkey III Homeownership 05 <input type="checkbox"/> PHA/IHA Leased Homeownership		
e. Name of Public Housing Agency / Indian Housing Authority (PHA/IHA) COLES COUNTY HOUSING AUTHORITY							
f. Address (City, State, zip code) 109 PRAIRIE MATTOON, IL 61938							
g. ACC Number C-1173		h. PAS/LOCCS Project No. IL100002		i. HUD Field Office Chicago			
j. No. of Dwelling Units 178		k. No. of Unit Months Available 2136		m. No. of Projects 1			

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2002 PUM (2)	<input checked="" type="checkbox"/> Estimates or Actual Current Budget Yr. 2003 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
Homebuyers Monthly Payments for:								
010	7710	Operating Expense						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
040	Total Break-Even Amount (sum of lines 010, 020, and 030)							
050	7716	Excess (or deficit) in Break-Even						
060	7790	Homebuyers Monthly Payments - Contra						
Operating Receipts								
070	3110	Dwelling Rental	130.43	137.14	137.14	292,930		
080	3120	Excess Utilities	0.02					
090	3190	Nondwelling Rental	1.91		1.69	3,600		
100	Total Rental Income (sum of lines 070, 080, and 090)		132.36	137.14	138.82	296,530		
110	3610	Interest on General Fund Investments	0.19	0.56	0.61	1,300		
120	3690	Other Income	1.98	1.69	1.97	4,200		
130	Total Operating Income (sum of lines 100,110, and 120)		134.53	139.39	141.40	302,030		
Operating Expenditures - Administration:								
140	4110	Administrative Salaries	24.15	39.66	39.66	84,720		
150	4130	Legal Expense	4.19	4.38	4.38	9,350		
160	4140	Staff Training	3.45	2.81	2.81	6,000		
170	4150	Travel	0.53	3.86	3.86	8,250		
180	4170	Accounting Fees	7.25	6.39	6.39	13,640		
190	4171	Auditing Fees		4.79	4.79	10,230		
200	4190	Other Administrative Expenses	19.89	12.30	12.30	26,280		
210	Total Administrative Expense (sum of line 140 thru line 200)		59.46	74.19	74.19	158,470		
Tenant Services:								
220	4210	Salaries	0.93	1.00	1.38	2,950		
230	4220	Recreation, Publications and Other Services	1.11		1.17	2,500		
240	4230	Contract Costs, Training and Other						
250	Total Tenant Services Expense (sum of lines 220, 230, and 240)		2.04	1.00	2.55	5,450		
Utilities:								
260	4310	Water	34.84	28.75	28.75	61,420		
270	4320	Electricity	34.83	37.51	27.46	58,650		
280	4330	Gas		1.45	1.10	2,350		
290	4340	Fuel						
300	4350	Labor						
310	4390	Other utilities expense						
320	Total Utilities Expense (sum of line 260 thru line 310)		69.67	67.71	57.31	122,420		

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2002 PUM (2)	<input checked="" type="checkbox"/> Estimates <input type="checkbox"/> or Actual Current Budget Yr. 2003 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
Ordinary Maintenance and Operation:								
330	4410	Labor	38.79	45.84	45.84	97,910		
340	4420	Materials	22.10	6.18	24.02	51,310		
350	4430	Contract Costs	21.07	5.44	19.99	42,700		
360	Total	Ordinary Maintenance and Operation Expense (line 330 to 350)	81.96	57.46	89.85	191,920		
Protective Services:								
370	4460	Labor						
380	4470	Materials						
390	4480	Contract Costs						
400	Total	Protective Services Expense (sum of lines 370 to 390)						
General Expense:								
410	4510	Insurance	20.81	17.97	17.97	38,380		
420	4520	Payments in Lieu of Taxes	6.27	7.95	8.15	17,410		
430	4530	Terminal Leave Payments						
440	4540	Employee Benefit Contributions	44.85	45.95	48.29	103,150		
450	4570	Collection Losses	(2.25)	6.09	4.68	10,000		
460	4590	Other General Expense						
470	Total	General Expense (sum of lines 410 to 460)	69.68	77.96	79.09	168,940		
480	Total	Routine Expense (sum of lines 210, 250, 320, 360, 400, and 470)	282.81	278.32	303.00	647,200		
Rent for Leased Dwellings:								
490	4710	Rents to Owners of Leased Dwellings						
500	Total	Operating Expense (sum of lines 480 and 490)	282.81	278.32	303.00	647,200		
Nonroutine Expenditures:								
510	4610	Extraordinary Maintenance	3.57	5.92	5.57	11,900		
520	7520	Replacement of Nonexpendable Equipment		4.49	6.47	13,820		
530	7540	Property Betterments and Additions	4.20	2.57	1.40	3,000		
540	Total	Nonroutine Expenditures (sum of lines 510, 520, and 530)	7.77	12.98	13.45	28,720		
550	Total	Operating Expenditures (sum of lines 500 and 540)	290.58	291.30	316.44	675,920		
Prior Year Adjustments:								
560	6010	Prior Year Adjustments Affecting Residual Receipts	(4.91)					
Other Expenditures:								
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.						
580	Total	Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)	285.67	291.30	316.44	675,920		
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)	(151.14)	(151.91)	(175.04)	(373,890)		
HUD Contributions:								
600	8010	Basic Annual Contribution Earned-Leased Projects:Current Year						
610	8011	Prior Year Adjustments - (Debit) Credit						
620	Total	Basic Annual Contribution (line 600 plus or minus line 610)						
630	8020	Contributions Earned - Op.Sub:-Cur.Yr.(before year-end adj)	174.04	196.96	201.95	431,370		
640		Mandatory PFS Adjustments (net)						
650		Other (specify CIAP)	2.00					
660		Other (specify):						
670		Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)	2.00					
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)	176.04	196.96	201.95	431,370		
690	Total	HUD Contributions (sum of lines 620 and 680)	176.04	196.96	201.95	431,370		
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690 Enter here and on line 810)	24.90	45.05	26.91	57,480		

		Operating Reserve	PHA/IHA Estimates	HUD Modifications
		Part I - Maximum Operating Reserve - End of Current Budget Year		
740	2821	PHA/IHA-Leased Housing - Section 23 or 10(c) 50% of Line 480, column 5, form HUD-52564		

		Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End		
780		Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date):		
790		Provision for Operating Reserve - Current Budget Year (check one) <input type="checkbox"/> Estimated for FYE <input type="checkbox"/> Actual for FYE		
800		Operating Reserve at End of Current Budget Year (check one) <input type="checkbox"/> Estimated for FYE <input type="checkbox"/> Actual for FYE		
810		Provision for Operating Reserve - Requested Budget Year Estimated for FYE Enter Amount from line 700		
820		Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810)		
830		Cash Reserve Requirement- _____ of line 480		

Comments:

PHA/IHA Approval Name _____
 Title _____
 Signature _____ Date _____

Field Office Approval Name _____
 Title _____
 Signature _____ Date _____

Operating Budget
Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority			Locality				Fiscal Year End					
S COUNTY HOUSING AUTHORITY			MATTOON, IL 61938				06/30/2004					
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date)	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs	Method of Allocation	
No. Months	Amount		(6)	(7)								(8)
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
MANAGERIAL DIRECTOR	AN-T	46,363.00	48,235.00	12		40,035				8,200		
MANAGERIAL ASSISTANT	AN-T	25,480.00	26,499.00	12		21,994				4,505		
MANAGERIAL ASSISTANT	AN-T	20,030.00	20,842.00	12		17,299				3,543		
MANAGERIAL OCCUPANCY SPECIALIST	AN-T	7,498.00	7,800.00	12		7,800						
MANAGERIAL CLERK	AN-T	12,043.00	12,527.00	12						12,527		
	TS	2,837.00	2,951.00		2,951	2,951						
MANAGEMENT III	M	24,045.00	25,022.00	12	24,290	18,034				6,256		
MANAGEMENT IV	M	26,645.00	27,726.00	12	26,916	19,984				6,932		
MANAGEMENT V	M	33,738.00	35,090.00	12	33,738	33,738						
MANAGEMENT I	M	20,654.00	21,486.00	12	20,654	20,654						
MANAGEMENT	M				5,500	5,500						
MANAGEMENT	M		7,800.00		7,800	7,800						
	AN-T		11,700.00		11,700	11,700						
	AN-T		3,600.00		3,600	3,600						
TOTALS THIS PAGE						137,149	211,089			41,963		

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME

I certify that, to the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012;31 U.S.C. 3729, 3802)

Executive Director or Designated Official

Date

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Operating Budget
 Schedule of Nonroutine Expenditures

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

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Issuing Authority S COUNTY HOUSING AUTHORITY	Locality MATTOON, IL 61938	Fiscal Year Ending 06/30/2004
--	--------------------------------------	---

Project Number	Description of Work Project (List Extraordinary Maintenance and Betterments and Additions separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List Replacements and Additions separately) (8)	Requested Budget		
					Estimated Expenditure in Year (6)	Percent Complete Year End (7)		No. of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
	CYCLE PAINTING	IL 100	9,400		9,400					
	DAY CARE UPGRADE	IL 100	2,500		2,500		STOVES	20	235	4,700
							REFRIGERATORS	20	360	7,200
							WATER HEATERS	12	160	1,920
	COMPUTER UPGRADE	IL 100	3,000		3,000					
TOTALS THIS PAGE			14,900		14,900					13,820

Operating Budget
Schedule of Administration
Expense Other Than Salary

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Public Reporting Burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-00260), Washington D.C. 20503. Do not send this completed form to either of the above addressees.

Name of Housing Authority:		Locality:				Fiscal Year End:	
COLES COUNTY HOUSING AUTHORITY		MATTOON, IL 61938				06/30/2004	
(1) Description	(2) Total	(3) Management	(4) Mutual Help	(5) Leased Rental	(6a) Turnkey III	(6b) Section 8	(6c) Other
1 Legal Expense (see Special Note in Instructions)	9,350	9,350					
2 Training (list and provide justification)	6,000	6,000					
3 Travel - Trips To Conventions and Meetings (list and provide justification)	2,750	2,750					
4 Other Travel: Outside Area of Jurisdiction	2,750	2,750					
5 Within Area of Jurisdiction	2,750	2,750					
6 Total Travel	8,250	8,250					
7 Accounting	13,635	13,635					
8 Auditing	10,230	10,230					
9 Sundry Rental of Office Space							
10 Publications	825	825					
11 Membership Dues and Fees (list organization and amount)	440	440					
12 Telephone, Fax, Electronic Communications	4,950	4,950					
13 Collection Agent Fees and Court Costs	6,600	6,600					
14 Administrative Services contracts (list and provide justification)							
15 Forms, Stationary and Office Supplies	6,050	6,050					
16 Other Sundry Expense (provide breakdown)	7,414	7,414					
17 Total Sundry	26,279	26,279					
18 Total Administration Expense Other Than Salaries	73,744	73,744					

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties:

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of authorized representative & Date:

X

Instructions for Preparation of Form HUD-52571

Prepare this form to reflect detailed estimates of Administration Expense, other than salaries, and the distribution to all programs administered by the Housing Authority

The identification boxes in the upper right hand corner are self-explanatory.

1. Legal Expense: Enter in Column (2), Line 1 the estimated cost of legal service. Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

Special Note: The amount entered on Form HUD-52564 should also include salaries of Staff Attorneys as shown on Form HUD-52566 and included on line for "Other" in the Summary of Staffing and Salary Data section of Form HUD-52573.

2. Training: List and provide justification for all training.

Travel Expense: Justification must be provided for travel.

3. Trips to Conventions and Meetings: Under Justification/Breakdown, List each convention and meeting to be attended by commissioners and staff, with the location. Enter the number of persons expected to attend and show the aggregate number of travel days and the estimated total cost of each trip including subsistence allowance, cost of transportation, and reimbursable miscellaneous expenses. Enter the sum of the total costs of all trips in Column (2). Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

4. Other Travel: Outside Area of Jurisdiction: Enter in Column (2), Line 4 the estimated cost for travel by commissioners and staff, including subsistence, transportation, and reimbursable miscellaneous expenses. Follow instructions 3 above for columns (3) through (6).

5. Other Travel: Within Area of Jurisdiction: Enter in Column (2), Line 5 the estimated cost for travel, including fixed monthly allowances for reimbursement on a mileage basis for use of privately owned automobiles; and reimbursement for authorized use of local public transportation. Follow instructions 3 above for columns (3) through (6).

6. Total Travel: Sum Lines 3, 4, and 5 for Columns (2) through (7) and enter total for each on Line 6 "Total Travel."

7 thru 16. Accounting, Auditing and Sundry: Enter the estimated total for all programs in Column (2) for each item of expense in Lines 7 through 16. In Columns (3) through (6) enter the pro rata share of amounts shown in Column (2) chargeable to all programs administered by the Housing Authority.

14. Administrative Services Contracts: List and provide justification for all contracts (excluding accounting contracts).

16. All Other Sundry Expense: List all items identified under this expense.

18. Total Administration Expense Other Than Salaries:

Add the amounts on the following Lines:

Line 1	Legal Expense
Line 2	Training
Line 6	Total Travel
Line 7	Accounting
Line 8	Auditing
Line 17	Total Sundry

On Line 18 enter the appropriate totals in Columns (2) through (6). The amount shown in Column (3), lines 1, 2, 6, 7, 8, and 17, should be carried forward to Lines 150 through 200 of Form HUD-52564 Operating Budget.

Operating Budget
Summary of Budget Data
and Justifications

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

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Name of Local Housing Authority:	Locality	Fiscal Year Ending
COLES COUNTY HOUSING AUTHORITY	MATTOON, IL 61938	06/30/2004

Operating Receipts

Dwelling Rental: Explain basis for estimate. For HUD-aided low-rent housing, other than Section 23 Leased housing, state amount of latest available total HA monthly rent roll, the number of dwelling units available for occupancy and the number accepted for the same month end. Cite HA policy revisions and economic and other factors which may result in a greater or lesser average monthly rent roll during the Requested Budget Year. For Section 23 Leased housing, state the number of units under lease, the PUM lease price, and whether or not the cost of utilities is included. If not included, explain method for payment at utility costs by HA and/or tenant.

RENT ROLL AS OF 04/01/03	24,410.00
UNITS OCCUPIED	164.00
CHANGE FACTOR	1.03
PROJECTED PER UNIT	141.38
OCCUPANCY %	0.97

Total Operating Receipts: 292,931

Excess Utilities: (Not for Section 23 Leased housing.) Check appropriate spaces in item 1, and explain "Other". Under item 2, explain basis for determining excess utility consumption. For example, Gas; individual check meters at OH-100-1, proration of excess over allowances at OH-100-2, etc. Cite effective date of present utility allowances. Explain anticipated changes in allowances or other factors which will cause a significant change in the total amount of excess utility charges during the Requested Budget Year.

1. Utility Services Surcharged: Gas Electricity Other (Specify) _____
2. Comments

NONE ANTICIPATED

Total Excess Utilities:

Nondwelling Rent:(Not for Section 23 Leased housing.) Complete Item 1, specifying each space rented, to whom, and the rental terms. For example:Community Building Space - Nursery School - \$50 per month, etc. Cite changes anticipated during the Requested Budget Year affecting estimated Non-dwelling Rental Income.

1.	Space Rented	To Whom	Rental Terms
	DAY CARE		

2. Comments

Total Non-Dwelling Rent: 3,600

Interest on General Fund Investments: State the amount of present General Fund Investment and the percentage of the General Fund it represents. Explain circumstances such as increased or decreased operating reserves, dwelling rent, operating expenditures, etc., which will affect estimated average monthly total investments in the Requested Budget Year. Explain basis for distribution of interest income between housing programs.

BASED ON CURRENT RATES

Total Interest on Investments: 1,300

Other Comments On Estimates of Operating Receipts: Give comments on all other significant sources of income which will present a clear understanding of the HA's prospective Operating Receipts situation during the Requested Budget Year. For Section 23 Leased housing explain basis for estimate of utility charges to tenants.

MISCELLANEOUS

Total Other Income: 4,200

Operating Expenditures

Summary of Staffing and Salary Data

Complete the summary below on the basis of information shown on form HUD-52566, Schedule of All Positions and Salaries, as follows:

Column (1) Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566.

Column (2) Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to such housing at the rate of 80%, 70%, and 50 % respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 + 5/10).

Column (3) Enter the portion of total salary expense shown in Column (5) or Column (6), form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.

Column (4) Enter the portion of total salary expense shown in Column (5) or Column (10), form HUD-52566, allocable to Section 23 Leased housing in management.

Column (5) Enter the portion of total salary expense shown in Column (5) or Column (7), form HUD-52566, allocable to Modernization programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).

Column (6) Enter the portion of total salary expense shown in Column (5) or Column (9), form HUD-52566, allocable to Section 8 Programs.

Note: The number of equivalent full-time positions and the amount of salary expense for all positions designated "M" on form HUD-52566 must be equitably distributed to account lines Ordinary Maintenance and Operation-Labor, Extraordinary Maintenance Work Projects, and Betterments and Additions Work Projects

Account Line	Total Number of Positions (1)	HUD-Aided Management Program				
		Equivalent Full-Time Positions (2)	Salary Expense			
			Management (3)	Section 23 Leased Housing Only (4)	Modernization Programs (5)	Section 8 Program (6)
Administration-Nontechnical Salaries 1						
Administration-Technical Salaries 1						
Ordinary Maintenance and Operation-Labor 1						
Utilities-Labor 1						
Other (Specify) (Legal, etc.) 1						
Extraordinary Maintenance Work Projects 2						
Betterments and Additions Work Projects 2						

1 Carry forward to the appropriate line on HUD-52564, the amount of salary expense shown in Column (3) on the corresponding line above. Carry forward to the appropriate line on HUD-52564 (Section 23 Leased Housing Budget), the amount of salary expense shown in Column (4) on the corresponding line above.

2 The amount of salary expense distributed to Extraordinary Maintenance Work Projects and to Betterments and Additions Work Projects is to be included in the cost of each individual project to be performed by the HA Staff, as shown on form HUD-52567.

Specify all proposed new positions and all present positions to be abolished in the Requested Budget Year. Cite prior HUD concurrence in proposed staffing changes or present justification for such changes. Cite prior HUD concurrence in proposed salary increases for Administration Staff or give justification and pertinent comparability information. Cite effective date for current approved wage rates (form HUD-52158) and justify all deviations from these rates.

SEE HUD 52566 FOR DETAILED BREAKDOWN

Travel, Publications, Membership Dues, and Fees, Telephone and Telegraph, and Sundry: In addition to "Justification for Travel to Conventions and Meetings" shown on Form HUD-52571, give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for these accounts in the Current Budget Year. Explain basis for allocation of each element of these expenses.

SEE HUD 52571 FOR DETAILED BREAKDOWN

Utilities: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for each utility service in the Current Budget Year. Describe and state estimated cost of each element of "Other Utilities Expense."

Total Water	61,419.00
Total Electricity	58,649.00
Total Gas	2,354.00
Total Fuel	
Total Other	
Total Utilities:	122,422

Ordinary Maintenance & Operation-Materials: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for materials in the Current Budget Year.

BASED ON CURRENT EXPENSES

Total Maintenance. Materials: 51,313

Ordinary Maintenance & Operation-Contract Costs: List each ordinary maintenance and operation service contracted for and give the estimated cost for each. Cite and justify new contract services proposed for the Requested Budget Year. Explain substantial Requested Budget Year increases over the PUM rate of expenditure for Contract Services in the Current Budget Year. If LHA has contract for maintenance of elevator cabs, give contract cost per cab.

BASED ON CURRENT EXPENSES

Total Maint. Contract Costs: 42,700

Insurance: Give an explanation of substantial Requested Budget Year estimated increases in the PUM rate of expenditures for insurance over the Current Budget Year. Cite changes in coverage, premium rates, etc.

FIRE & BLANKET & WORK COMP	36,000.00
VEHICLES	800.00
BOND	1,582.00

Total Insurance: 38,382

Employee Benefit Contributions: List all Employee Benefit plans participated in. Give justification for all plans to be instituted in the Requested Budget Year for which prior HUD concurrence has not been given.

FICA	16,148.00
GROUP LIFE & HEALTH	87,000.00

Total Employee Benefits: 103,148

Collection Losses: State the number of tenants accounts receivable to be written off and the number and total amount of all accounts receivable for both present and vacated tenants as of the month in which the estimate was computed.

ESTIMATED

Total Collection Losses: 10,000

Extraordinary Maintenance, Replacement of Equipment, and Betterments and Additions: Cite prior HUD approval or give justification for each nonroutine work project included in the Requested Budget and for those for future years which make up the estimate on form HUD-52570. Justifying information incorporated on or attached to form HUD-52567 need not be repeated here.

SEE HUD 52567 FOR DETAILED BREAKDOWN

Contracts: List all contracts, other than those listed on page 3 of this form under Ordinary Maintenance & Operation (OMO). Cite the name of the contractor, type of contract, cost of contract, and contract period. Justification must be provided for all contract services proposed for the Requested Budget Year (RBY). Explain substantial RBY increases over the PUM rate of expenditure for these contracts in the Current Budget Year.