

# Bradford County

## PHA Plans

5 Year Plan for Fiscal Years 2004 – 2008 (Updated)  
Annual Plan for Fiscal Year 2004

**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:** Bradford County Housing Authority

**PHA Number:** PA064v01

**PHA Fiscal Year Beginning:** 07/2004

**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:
- X      Apply for additional rental vouchers: **25**
  - X      Reduce public housing vacancies: **Less than 3%**
  - X      Leverage private or other public funds to create additional housing opportunities: **Bradford – Tioga Leased Housing Corporation, Colonial Terrace – 30 units elderly complex – completed 9/00**
  - Acquire or build units or developments
  - X      Other (list below) **Assist non-profits with housing development – Trehab – Wilbur Hotel – 30 units – Sayre, PA Completed 7/02**
- X      PHA Goal: Improve the quality of assisted housing  
Objectives:
- X      Improve public housing management: (PHAS score) **Goal 95%**
  - X      Improve voucher management: (SEMAP score) **Goal 95%**
  - X      Increase customer satisfaction: **Obtain 10 points on PHA's score**

- X Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) **Provide additional support services to tenants for housekeeping and personal care.**
- X Renovate or modernize public housing units: **Continue upgrade of 400 public housing units.**
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)
  
- X PHA Goal: Increase assisted housing choices  
Objectives:
  - X Provide voucher mobility counseling: **Provide information during eligibility interview.**
  - X Conduct outreach efforts to potential voucher landlords
  - X Increase voucher payment standards
  - Implement voucher homeownership program:
  - X Implement public housing or other homeownership programs: **Refer qualified tenants to Trehab 1<sup>st</sup> Time Homebuyer Program.**
  - X Implement public housing site-based waiting lists: **Implemented with Policy adopted 3-27-00.**
  - 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:
  - X Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: **See Admission and Occupancy Policy**
  - X Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: **See Admission and Occupancy Policy**
  - X Implement public housing security improvements: **Improve lock systems at projects and install security cameras.**
  - 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: **Implement preference for working families.**
- X Provide or attract supportive services to improve assistance recipients' employability: **Refer to Qualified Tenants to successful New Choices Program and Career Link.**
- X Provide or attract supportive services to increase independence for the elderly or families with disabilities. **Increase funding for Home support service contract and make referrals to PA Waiver Program.**
- 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:

- X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: **All advertising to contain Equal Housing Opportunity statement.**
- 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: **All advertising to contain Equal Housing Opportunity statement**
- X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: **Authority has achieved compliance with all federal ADA/504 requirements. Authority will continue to go beyond federal requirements by providing additional reasonable accommodations to applicant/tenants who make requests or who are determined to be in need of reasonable accommodations as a result of annual inspections of apartments.**
- Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**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.

**Bradford County Housing Authority**  
**Fiscal Year 2004 Annual Plan**  
**Executive Summary**

**The Bradford County Housing Authority in implementing this fifth Annual PHA Plan will continue the ongoing effort to improve the quality of housing provided to lower income residents of the County and to improve our management operations. During the past 7 years the Authority has achieved High Performance Status through the HUD Public Housing Management Assessment Program. This was accomplished mainly because Authority Board, staff and tenants cooperated to make it happen.**

**Our Annual Plan for 2004 was developed after extensive consultation with Board, staff, local communities, tenants and the general public. In addition to a Public Hearing, meetings to discuss the plan were held at all 6 project sites. The countywide Tenant Advisory Board also provided extensive input. This Tenant Advisory Board includes 3 Section 8 clients.**

**Highlights of the Plan include continued implementation of new Admission and Occupancy Policies for Public Housing, a new Section 8 Administrative Plan and the Annual Statement for the Capital Fund Program which will address critical building improvement needs at our projects. During the first Annual Plan year the Authority opened a new 30 unit elderly project in North Towanda, which has helped alleviate a housing shortage in this area. During the Third Year Plan the Authority took over management of a new 30 unit elderly and family housing complex in Sayre, PA. The Authority continues to work with non profit organizations to develop additional housing.**

**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:**

- Admissions Policy for Deconcentration
- FY 2004 Capital Fund Program Annual Statement **See Attachment C**
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) **N/A**

**Optional Attachments:**

- PHA Management Organizational Chart
- FY 2004 Capital Fund Program 5 Year Action Plan **See Attachment D**
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
  - Attachment A – FY 2002 Capital Fund Program Annual Statement (Performance and Evaluation)**
  - Attachment B – FY 2003 Capital Fund Program Annual Statement (Performance and Evaluation)**
  - Attachment C – FY 2004 Capital Fund Program Annual Statement**
  - Attachment D – FY 2004 Capital Fund Program 5 Year Action Plan**
  - Attachment E – 2004 Advisory Board Members**
  - Attachment F - Resident Membership of the PHA Governing Board**
  - Attachment G – FY 2003 Capital Fund Program Revised Annual Statement #1**
  - Attachment H – Resolution Approving Amendment to 2003 Annual Agency Plan (April 2004)**

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
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
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	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.	
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;
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
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X 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 X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures	Annual Plan: Grievance

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	X check here if included in Section 8 Administrative Plan	Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
NA	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
NA	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
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	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
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
NA	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) 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
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	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
Income <= 30% of AMI	807	5	3	3	3	2	2
Income >30% but <=50% of AMI	724	4	2	3	3	2	2
Income >50% but <80% of AMI	281	2	2	3	3	2	2
Elderly	635	3	3	3	3	2	2
Families with Disabilities	208	3	3	3	4	2	3
Race/Ethnicity White	1,808	3	3	3	3	2	2
Race/Ethnicity Black	4	3	3	3	3	2	2
Race/Ethnicity Hispanic	6	3	3	3	3	2	2
Race/Ethnicity							

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: **2000**
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- 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.

### Section 8

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input 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	409		25%
Extremely low income <=30% AMI	353	86.3%	
Very low income (>30% but <=50% AMI)	52	12.7%	
Low income (>50% but <80% AMI)	4	.97%	
Families with children	304	74.3%	
Elderly families	23	5.6%	
Families with Disabilities	82	2%	
White			
Black			
Race/ethnicity- white	400	97.7%	
Race/ethnicity- Black	7	1.7%	
Race/ethnicity – Hispanic	2	.6%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing			

<b>Housing Needs of Families on the Waiting List</b>			
Only)			
1BR	62	15.2%	
2 BR	281	68.7%	
3 BR	53	12.9%	
4 BR	13	3.2%	
5 BR	0		
5+ BR	0		
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			

### **Public Housing**

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
X 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	66		19%
Extremely low income <=30% AMI	0	0	
Very low income (>30% but <=50% AMI)	21	32%	
Low income (>50% but <80% AMI)	45	68%	
Families with children	21	32%	
Elderly families	45	68%	
Families with Disabilities			
White			
Black			
Race/ethnicity/white	66	100%	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	63	95%	
2 BR	3	5%	
3 BR	0	0	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
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.

#### (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
- 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
- X Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

- X Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- X Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- X Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- X 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

- X Apply for additional section 8 units should they become available
- X Leverage affordable housing resources in the community through the creation of mixed - finance housing
- X Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**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

- X Employ admissions preferences aimed at families who are working
- X 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)

**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
- X 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

- X 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:

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2004 grants)</b>		
a) Public Housing Operating Fund	334,187	
b) Public Housing Capital Fund	563,931	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	746,947	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)	0	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	0	
<b>3. Public Housing Dwelling Rental Income</b>	987,000	Public Hsng.Operations
<b>4. Other income (list below)</b>		
<b>4. Non-federal sources (list below)</b>		
Public Housing Invest.Income	20,000	Public Hsng.Operations
Public Housing – Laundry Operations	20,000	Public Hsng.Operations
Section 8 Admin.Fee – Invest.Income	2,000	Section 8 Operations
<b>Total resources</b>	<b>2,674,065</b>	

\* Troy (40 unit elderly) project is not to be counted in above financial resources since it is FmHA funded.

### **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: 3 Months
- 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.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e.  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
- Other (describe)

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

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

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? **Families 1 – Elderly 5**
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?  
 XPHA main administrative office  
 XAll PHA development management offices  
 XManagement offices at developments with site-based waiting lists  
 XAt 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)  
 X Emergencies  
 Overhoused  
 Underhoused

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

c. Preferences

1. X 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:

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

Other preferences: (select below)

- X Working families and those unable to work because of age or disability
- X Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- X Households that contribute to meeting income goals (broad range of incomes)
- X 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:

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

Other preferences (select all that apply)

- 1 Working families and those unable to work because of age or disability
- 1 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)

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

**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)]

**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) **Prospective landlords are notified if PHA has record on tenant of previous criminal or drug related activity.**

**(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:

- **Progress has been made by tenant to locate suitable rental unit.**
- **Lease cannot be put in place because of circumstances beyond control of tenant (i.e., Excessive rent charges and/or non-repair of HQS violations by property owner)**

**(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) **MH/MR clients who are receiving services from approved MH/MR service providers.**

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

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence  
Substandard housing
- 1 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
- 1 Other preference(s) (list below) **MH/MR clients who are receiving services from approved MH/MR service providers.**

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

- X 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
- X 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)

- 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
- \$26-\$50

2.  Yes X 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 X 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:

X Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

**20% earned income exclusion for all tenants employed over 20 hours per week.**

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)

X 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)
- 95<sup>th</sup> 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) **Changes in Family Composition.**

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)

## **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

X Other (list below) **Dependent upon degree of difficulty for assisted tenants in obtaining decent housing.**

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
- X Rent burdens of assisted families
- Other (list below)

**(2) Minimum Rent**

a. What amount best reflects the PHA’s minimum rent? (select one)

- \$0
- X \$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 NOT APPLICABLE.**

[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.
- A brief description of the management structure and organization of the PHA follows:

**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.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	400	24%
Section 8 Vouchers	266	25%
Section 8 Certificates		

Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)FmHA troy	40	10%
Colonial Terrace, LIHTC	30	10%
The Wilbur LIHTC	30	20%

**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)
- (2) Section 8 Management: (list below)

**6. PHA Grievance Procedures NOT APPLICABLE.**

[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      NOT APPLICABLE.**

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:      **PHA Plan Template**

X      The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) **Attachment C FY 2004 Capital Fund Program Annual Statement**

-or-

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

**(2) Optional 5-Year Action Plan**

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:

- X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment. **Attachment D – FY 2004 Capital Fund Program 5 Year Action Plan.**

-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)

**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 X 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 X 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 X 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 X 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:

## **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 X 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

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.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>

5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. 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 X 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.

<b>Designation of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Designation type: 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 <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/>

Planned application <input type="checkbox"/>
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 X 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.

<b>Conversion of Public Housing Activity Description</b>
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)

- Conversion Plan in development
- Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- Conversion Plan approved by HUD on: (DD/MM/YYYY)
- 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)

- Units addressed in a pending or approved demolition application (date submitted or approved: )
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: )
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: )
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- 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 X 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.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
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)	<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**B. Section 8 Tenant Based Assistance**

1.  Yes X 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**

**NOT APPLICABLE**

[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  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  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. )

**NOT APPLICABLE**

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

		criteria/other)		

**(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		
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:

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

## **12. PHA Safety and Crime Prevention Measures**

### **NOT APPLICABLE**

[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
- 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
- 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
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

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

Not Applicable

#### **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
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

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

**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
- Police provide crime data to housing authority staff for analysis and action
- 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
- Police regularly meet with the PHA management and residents
- 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)

**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  No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**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.  Yes X No: Were there any findings as the result of that audit?
4.  Yes X No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD? NA  
If not, when are they due (state below)?

## **17. PHA Asset Management NOT APPLICABLE**

[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.  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
  - Other: (list below)

3.  Yes  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:

Bradford County Housing Authority  
 Tenant Advisory Board  
 Wednesday, March 17, 2004 2:00 p.m.  
 Colonial Towers Community Room, North Towanda, Pa.

Present:

Jesse Bryington	McCallum Manor, Canton
Richard Pratt	McCallum Manor, Canton
Joyce Pratt	McCallum Manor, Canton
Dotty Harris	Park Place, Wyalusing
Harry Steele	Park Place, Wyalusing
Frenchie Whitmiller	Park Place, Wyalusing
Helen Kinnie	Park Place, Wyalusing
Albert Planisheck	Colonial Towers, Towanda
Anna Belle Harris (Section 8)	Colonial Terrace, Towanda
Charles Arnold	Keystone Manor, Sayre
Ida Arnold	Keystone Manor, Sayre
Marie Hyjek	Page Manor, Athens
Sandy Grover	Housing Authority Van Driver
Steve Shaffer	Housing Authority Foreman
Mike Egan	Housing Authority Exec. Dir.
Phyllis Stevens	Housing Authority Board
William Farley	Housing Authority Board

Housing Authority Staff, Board, and Tenant Advisory Board Members reviewed completed Annual Agency Plan and 5 Year Plan and the results of public hearing. Questions, recommendations and other comments were requested.

Several Committee members asked about timing of purchase of tenant van and handicap accessibility features. Egan responded that Van was include in 2004 Annual Capital Grant Program and will be purchased this fall after approval of plan by HUD. As part of the Request for Bids, the Authority will include a provision for dealer to include handicap access items.

Al Planisheck questioned how Sprinkler System that will be installed at Colonial Towers will function. Egan explained operation of Sprinkler System. Planisheck also requested that the Authority spray for mosquitos this summer in retention pond. Egan noted that this will be done as part of routine maintenance at Colonial Towers.

Several Board members noted that proposed schedule of Capital grant improvement items was acceptable.

Discussion on function of tenant organizations at project sites. Sample draft Bylaws have been distributed to projects. Authority has requested that all projects provide copies of adopted Bylaws, Officers and meeting minutes to Authority Main Office. Egan recommended that all organizations have two persons sign all checks.

After comments and questions, Egan reviewed timetable for submission of Agency Plan to HUD. Final action on the plan will be taken at the Housing Authority Board meeting scheduled for Tuesday, March 30, 2004. All committee members were thanked for their participation in the Agency Plan process.

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:

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)

**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)
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)
  - X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - X 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) **Bradford County does not have Consolidated Plan. County is part of statewide plan which supports efforts Housing Rehabilitation and 1<sup>st</sup> Time Homebuyer Assistance.**

**D. Other Information Required by HUD**

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

## Attachments

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

**Attachment A – “FY 2002 Capital Fund Program Annual Statement”  
Performance and Evaluation**

**Attachment B – “FY 2003 Capital Fund Program Annual Statement”  
Performance and Evaluation**

**Attachment C – “FY 2004 Capital Fund Program Annual Statement  
Original Annual Statement**

**Attachment D – “FY 2004 Capital Fund Program 5 Year Action Plan**

**Attachment E - FY 2004 Tenant Advisory Board Members**

**Attachment F - Resident Membership of the PHA Governing  
Board**

**Attachment G - FY 2003 Capital Fund Program Revised Annual  
Statement #1 (April 2004)**

**Attachment H - Resolution Approving Amendment to 2003 Annual  
Agency Plan**

**ATTACHMENT A**

**Annual Statement/Performance and Evaluation Report**

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

<b>PHA Name:</b> Bradford County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26 P064 50102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002 <b>Rev. #1</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 12-31-2003  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	18,000	0	0	0
3	1408 Management Improvements Soft Costs		16,972	16,972	16,972
	Management Improvements Hard Costs	10,000	6,639	6,639	6,639
4	1410 Administration	42,494	32,111	32,111	32,111
5	1411 Audit	1,000	1,000	1,000	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000	47,857	47,853	47,853
8	1440 Site Acquisition				
9	1450 Site Improvement	31,800	55,996	55,371	55,371
10	1460 Dwelling Structures	326,000	303,467	255,823	250,347
11	1465.1 Dwelling Equipment—Nonexpendable		8,255	8,255	8,255
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	92,200	102,808	92,006	92,006
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	571,494	571,494	516,030	509,555
	Amount of line XX Related to LBP Activities	0	0	0	0
	Amount of line XX Related to Section 504 compliance	10,000	4,901	4,901	4,901
	Amount of line XX Related to Security –Soft Costs	0	13,377	13,377	13,377
	Amount of Line XX related to Security-- Hard Costs	45,000	63,317	63,317	63,317
	Amount of line XX Related to Energy Conservation Measures	0	36,000	0	0
	Collateralization Expenses or Debt Service	0	0	0	0

**Annual Statement/Performance and Evaluation Report**

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

PHA Name: Bradford County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26 P064 50102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002 Rev. #1
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Original Annual Statement
  Reserve for Disasters/ Emergencies
  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 12-31-2003
  Final Performance and Evaluation Report

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

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

PHA Name:Bradford County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26 P064 50102 Replacement Housing Factor Grant No:					Federal FY of Grant:2002 Rev #1			
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	Obligated	Expended			
PA 64-1	Hallway ventilation system	1475	1	20,000	24,000	24,000	24,000	C: 6/03		
McCallum Manor	Replace apt. carpeting	1460	20	10,000	0	0	0	Delete		
Canton	New sidingmanzard/sidewalk	1460	Entire bldg.	130,000	155,900	152,300	152,300	C: 9/03		
	Heat system upgrade	1460	1	10,000	0	0	0	Delete		
	Replace washers	1475	2	1,000	998	998	998	C: 10/02		
	Replace dryers	1475	2	1,000	918	918	918	C:10/02		
	Exterior lighting (Amendment 10/03)	1460	5	0	1,318	1,318	1,318	C: 9/03		
	Sidewalk (Amendment 10/03)	1450		0	1,400	1,400	1,400	C: 9/03		
	Manzard shingles (Amendment 10/03)	1460		0	20,400	20,400	20,400	C: 9/03		
PA 64-2	Install security screens	1460	20	5,000	15,900	15,900	15,900	C: 9/03		
Canton	Replace Montague St.sidewalk	1450	200 L.F.	10,000	18,559	18,559	18,559	C: 9/03		
Townhouses,										
Canton										
PA 64-3	Replace laundry room drains	1460	1	15,000	5,400	5,400	5,400	C: 9/03		
Page Manor	Replace wall heat units in bath	1460	32	32,000	8,859	8,859	8,859	C: 9/03		
Athens	Water filtration system	1460	1	12,000	0	0	0	Trans.to '03		
	Tile for apts.	1460	5	1,000	900	878	878	C: 10/03		
	Covered bike rack	1450	1	2,000	1,500	875	875	C: 9/03		
	Receiving room garage door	1460	1	2,000	2,637	2,637	2,637	C: 9/03		
	New mower	1475	1	600	352	352	352	C: 10/02		
	Replace benches	1450		1,000	0	0	0	Delete		
	Security cameras	1475	8	12,000	11,925	11,925	11,925	C: 8/03		
	Domestic hot water circulating pump	1475	1	1,000	894	894	894	C: 8/03		
	Main heat recirculating pump	1475	1	2,500	1,552	1,552	1,552	C: 8/03		
	Heavy duty vacuum cleaner	1475	1	1,100	838	838	838	C: 9/03		
	Laundry rm.change machine(Amend.10/03)	1475	1	0	944	944	944	C: 9/03		

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

PHA Name:Bradford County Housing Authority		Grant Type and Number				Federal FY of Grant:2002			
		Capital Fund Program Grant No: PA26 P064 50102				Rev #1			
		Replacement Housing Factor Grant No:							
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	Obligated	Expended		
	Rplc.piping to hot water tanks(Amend10/03)	1460	1	0	2,095	2,095	2,095	A: 8/03	
	Replace hot water tanks(Amend.10/03)	1460	3	0	18,000	0	0	In Progress	
	Replace water main riser pipes(Amend.10/03)	1460	1	0	4,060	4,060	4,060	C: 11/03	
	Refrigerators(Amendment 10/03)	1465.1	10	0	3,120	3,120	3,120	A: 9/03	
PA 64-4	Oil cooler – elevator pump room	1475	1	2,000	0	0	0	Delete	
Colonial Towers	Security cameras	1475	5	8,000	14,000	14,000	14,000	C: 6/03	
Towanda	Rear sidewalk/drainage	1450	250'	12,500	28,598	28,598	28,598	C: 9/03	
	Air makeup unit parts	1475	1	5,000	0	0	0	Delete	
	Floor tile	1460	5 units	1,000	900	900	0	A: 3/03	
	Strobes on detectors	1460	20	10,000	4,901	4,901	4,901	C: 9/03	
	Replace emergency call switches	1460	100	10,000	9,567	9,567	9,567	C: 6/03	
	Replace parking lot lights	1450	2	5,000	5,939	5,939	5,939	C: 10/03	
	Replace kitchen counters/sinks	1460	100	30,000	0	0	0	Trans.to '08	
	Replace air make up unit	1460	1	0	0	0	0	Trans.to '01	
	Bal.of comm.rm.addition(Trans.from01)	1460	1	0	6,743	6,743	6,743	C: 6/03	
PA 64-5	Replace tractor	1475	1	11,000	9,971	9,971	9,971	C: 9/02	
Keystone Manor	Lawn mower	1475	1	600	352	352	352	C: 9/02	
Sayre	Replace laundry drains	1460	1	15,000	5,850	5,850	5,850	C: 9/03	
	Replace wall heat units in baths	1460	28	28,000	8,020	8,020	8,020	C: 8/03	
	Water filtration system	1460	1	12,000	0	0	0	Trans.to '03	
	Tile for apts.	1460	5 units	1,000	900	878	878	C: 6/03	
	Receiving room garage door	1460	1	2,000	2,637	2,637	2,637	C: 9/03	
	Domestic hot water circulating pump	1475	1	1,000	894	894	894	C: 8/03	
	Main heat recirculating pump	1475	1	2,500	1,520	1,520	1,520	C: 8/03	
	Boiler to main line circulating pumps	1475	8	2,400	2,384	2,384	2,384	C: 8/03	
	Security cameras	1475	7	10,000	11,925	11,925	11,925	C: 6/03	
	Replace benches	1450	4	1,300	0	0	0	Delete	

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

PHA Name:Bradford County Housing Authority		Grant Type and Number				Federal FY of Grant:2002			
		Capital Fund Program Grant No: PA26 P064 50102				Rev #1			
		Replacement Housing Factor Grant No:							
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	Obligated	Expended		
	Laundry room change machine(Amend.10/03	1475	1	0	944	944	944	C: 9/03	
	Replace piping to hot water tanksAmend10/03	1460	1	0	2,480	2,480	2,480	C: 11/03	
	Replace hot water tanks(Amend.10/03)	1460	3	0	18,000	0	0	In Progress	
	Rehab apt. 703 (Amendment 10/03)	1460	1	0	8,000	0	0	In Progress	
	Refrigerators (Amendment 10/03)	1465.1	10	0	3,120	3,120	3,120	C: 11/03	
PA 64-6	Dishwasher for community kitchen	1475	1	2,500	3,595	3,595	3,595	C:5/03	
Park Place	Additional heat pump to Com.Room	1475	1	2,000	4,000	4,000	4,000	C: 5/03	
Wyalusing	Apt. storage heaters	1475	3	6,000	10,802	0	0	In Progress	
	Refrigerators (Amendment 10/03)	1465.1	6	0	2,015	2,015	2,015	C: 11/03	
PHA-WIDE	Operations	1406		18,000	0	0	0	Delete	
	Management Improvements –Soft Cost	1408.1		0	16,972	16,972	16,972	A: 9/02	
	Management Improvements – Hard Cost	1408.2		10,000	6,639	6,639	6,639	A: 6/03	
	Administration	1410		42,494	32,111	32,111	28,377	In Progress	
	Audit	1411		1,000	1,000	1,000	0	In Progress	
	Fees & Costs	1430		50,000	47,857	47,857	47,397	Complete	



**ATTACHMENT B**  
**BRADFORD COUNTY CAPITAL FUND PROGRAM FY 2003**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Bradford County Housing Authority		Grant Type and Number FY 2003 Capital Fund Capital Fund Program Grant No: PA26 P064 50103 Replacement Housing Factor Grant No:			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: 12/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000			
3	1408 Management Improvements	10,000		2,432	2,432
4	1410 Administration	34,217		34,217	6,264
5	1411 Audit	1,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	43,000		36,500	15,695
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	285,000			
11	1465.1 Dwelling Equip.—Nonexpendable	36,000		3,120	3,120
12	1470 Nondwelling Structures	19,000			
13	1475 Nondwelling Equipment	2,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	470,217		76,269	27,511

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

PHA Name: Bradford County Housing Authority	Grant Type and Number FY 2003 Capital Fund Capital Fund Program Grant No: PA26 P064 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: 12/31/2003  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	0	0	0
23	Amount of line 21 Related to Section 504 compliance	40,000	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	5,000	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	5,000	0	2,432	2,432
26	Amount of line 21 Related to Energy Conservation Measures	10,000	0	0	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: Bradford County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26 P064 50103 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 64-1	Ranges	1465.1	20	5,000				In Progress
McCallum	Refrigerators	1465.1	20	7,000				In Progress
Manor	Washers	1475	2	1,000				In Progress
	Dryers	1475	2	1,000				In Progress
PA 64-2	Ranges	1465.1	20	5,000				In Progress
Canton	Refrigerators	1465.1	20	7,000				In Progress
Townhouses	Electrical entrance upgrade	1460	5 Bldg.	10,000				In Progress
PA 64-3	Apt. closet doors	1460	100	0				Trans.to 502
Page Manor	Exterior door overhang	1460	2	2,000				In Progress
Athens	Strobes on detectors	1460	20	20,000				In Progress
	Air make up system	1460	1	60,000				In Progress
PA 64-4	Water filtration system	1460	1	10,000				In Progress
Colonial	Office upgrade	1470	1	19,000				In Progress
Towers,	Refrigerators	1465.1	10	7,000		3,120	3,120	C: 10/03
Towanda	Ranges	1465.1	10	5,000				In Progress
	Air make up system	1460	1	60,000				In Progress

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

PHA Name: Bradford County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26 P064 50103 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: FY 2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 64-5	Apt. closet doors	1460	100	0				Trans.to502
Keystone	Strobes on detectors	1460	20	20,000				In Progress
Manor	Air make up system	1460	1	60,000				In Progress
PA 64-6	Hot water tanks	1460	6	10,000				In Progress
Park Place	Replace heat controls	1460	30	8,000				In Progress
Wyalusing	Replace bath vanities	1460	30	25,000				In Progress
	Replace closet doors	1460	30	0				Trans.to502
	Generator	1475	1	0				Trans.to502
PHA WIDE	Operations	1406		40,000				In Progress
	Management improvements	1408		10,000		2,432	2,432	In Progress
	Administration	1410		34,217		34,217	6,264	In Progress
	Audit	1411		1,000				In Progress
	Fees & Costs	1430		43,000		36,500	15,695	In Progress



**ATTACHMENT C**  
**FY 2004 CAPITAL FUND PROGRAM**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Bradford County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:		Federal FY of Grant: 2004	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000			
3	1408 Management Improvements	20,000			
4	1410 Administration	45,931			
5	1411 Audit	1,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000			
10	1460 Dwelling Structures	339,000			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	53,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	563,931	0		

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

PHA Name: Bradford County Housing Authority	Grant Type and Number Capital Fund Program Grant No: 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
22	Amount of line 21 Related to LBP Activities	0	0		
23	Amount of line 21 Related to Section 504 compliance	0	0		
24	Amount of line 21 Related to Security – Soft Costs	7,200	0		
25	Amount of Line 21 Related to Security – Hard Costs	2,000	0		
26	Amount of line 21 Related to Energy Conservation Measures	0	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: Bradford County Housing Authority		Grant Type and Number Capital Fund Program Grant No: 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	
PA 64-1	Replace tenant van	1475	1	25,000				
McCallum Manor	Kitchen faucets	1460	50	5,000				
Canton	Pub.restroom emergency call	1460	2	2,000				
PA 64-2	Lighting, tv, telephone upgrades	1460	20	12,000				
Canton Twnhses.								
PA 64-3	Replace sidewalk	1450	100'	10,000				
Page Manor	Replace maintenance truck	1475	1	25,000				
Athens	Salt machine	1475	1	2,000				
	Power vent on elevator shaft	1460	1	2,000				
PA 64-4	Air make up system	1460	3	100,000				
Colonial Towers	Sprinkler system	1460	1	200,000				
Towanda	Sno-blower	1475	1	1,000				
	Replace electric dryers w/gas	1460	4	2,000				
	Replace heat control valves	1460	20	2,000				
	Retention pond fence	1450	150'	4,000				
PA 64-5	Replace benches	1450	5	1,000				
Keystone Manor	Power vent on elevator shaft	1460	1	2,000				

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

PHA Name: Bradford County Housing Authority		Grant Type and Number Capital Fund Program Grant No: 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	
Sayre								
PA 64-6	Community room ceiling fans	1460	2	1,000				
Park Place	Kitchen exhaust fans	1460	30	10,000				
Wyalusing	Replace outdoor light timer	1460	1	1,000				
	Refrigerators	1465.1	15	5,000				
	Ranges	1465.1	20	5,000				
PHA –WIDE	Operations	1406		40,000				
	Management Improvements	1408		20,000				
	Administration	1410		45,931				
	Audit	1411		1,000				
	Fees & Costs	1430		40,000				



## ATTACHMENT D

### Capital Fund Program Five-Year Action Plan

#### Part I: Summary

PHA Name Bradford County Housing Authority		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2005 PHA FY:	Work Statement for Year 3 FFY Grant: 2006 PHA FY:	Work Statement for Year 4 FFY Grant: 2007 PHA FY:	Work Statement for Year 5 FFY Grant: 2008 PHA FY:
	Annual Statement				
PA 64-1		30,000	10,000	20,000	112,000
PA 64-2		40,000	195,000	10,000	10,000
PA 64-3		211,000	30,000	173,000	70,000
PA 64-4		49,000	0	209,000	120,000
PA 64-5		30,000	220,000	50,000	60,000
PA 64-6		102,000	7,000	0	90,000
PHA WIDE		101,931	101,931	101,931	101,931
CFP Funds Listed for 5-year planning		563,931	563,931	563,931	563,931
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year :2005 FFY Grant: PHA FY:			Activities for Year: 2006 FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>See</b>	PA 64-1	Hall & door paint	5,000	PA 64-1	Handicap toilets	<b>10,000</b>
<b>Annual</b>	McCallum Manor	Truck replacement	25,000	McCallum Manor		
<b>Statement</b>			<b>30,000</b>			
				PA 64-2	New siding	40,000
	PA 64-2	Kitchen cabinets	20,000	Canton Townhouses	Steps & landings	150,000
	Canton Townhouses	Tub & shower units	20,000		Siding on sheds	5,000
			<b>40,000</b>			<b>195,000</b>
	PA 64-3	Strobes on detectors	8,000	PA 64-3	New main elec.feeds	20,000
	Page Manor	Replace water lines	10,000	Page Manor	Copy machine	10,000
	Athens	Sprinkler system	180,000			<b>30,000</b>
		Refrigerators	7,000			
		Ranges	5,000	PA 64-5	New main.elec. feeds	20,000
		Shed over propane tank	1,000	Keystone Manor	Sprinkler system	200,000
			<b>211,000</b>			<b>220,000</b>
	PA 64-4	Maintenance truck	25,000	PA 64-6	Handicap toilets	<b>7,000</b>
	Colonial Towers	Stairwell heat units	3,000	Park Place		
	Towanda	Apt. bath heat units	10,000			
		Receiving room doors	3,000	PHA WIDE	Operations	0
		Strobes on detectors	8,000		Management Improv.	20,000
			<b>49,000</b>		Administration	45,931
					Audit	1,000
	PA 64-5	Strobes on detectors	8,000		Fees & Costs	35,000
	Keystone Manor	Water line replacement	10,000			<b>101,931</b>
	Sayre	Refrigerators	7,000			
		Ranges	5,000			
			<b>30,000</b>			

Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year :2005 FFY Grant: PHA FY:			Activities for Year: 2006 FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	PA 64-6	Security cameras	8,000			
	Park Place	Tractor replacement	10,000			
	Wyalusing	Kitchen sinks/cabinets	60,000			
		Tub surrounds	14,000			
		Heat storage units	10,000			
			<b>102,000</b>			
	PHA – WIDE	Operations	0			
		Management Improv.	20,000			
		Administration	45,931			
		Audit	1,000			
		Fees & Costs	35,000			
			<b>101,931</b>			
	Total CFP Estimated Cost		\$			\$

Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year :2007 FFY Grant: PHA FY:			Activities for Year: 2008 FFY Grant: PHA FY:		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PA 64-1	Security system	10,000	PA 64-1	20 ranges	5,000
McCallum Manor	Pavillion	5,000	McCallum Manor	20 refrigerators	7,000
	Additional sidewalk	5,000		Sprinkler system	100,000
		<b>20,000</b>			<b>112,000</b>
PA 64-2	Bath vanities	<b>10,000</b>	PA 64-2	Feeder walks	<b>10,000</b>
Canton Townhouses			Canton Townhouses		
PA 64-3	New generator	23,000	PA 64-3	New boilers	40,000
Page Manor	Siding/sealing	120,000	Page Manor	Cover front entrance	10,000
Athens	Pave parking lot	30,000		Heated storage building	20,000
		<b>173,000</b>			<b>70,000</b>
PA 64-4	Seal/paint exterior	96,000	PA 64-4	Kitchen sinks/cabinets	30,000
Colonial Towers	Front entrance walk	10,000	Colonial Towers	Handicap access work	50,000
Towanda	Rear sidewalk	20,000		Hot water tanks	20,000
	New boilers	60,000		New main elec.feeds	20,000
	New generator	23,000			<b>120,000</b>
		<b>209,000</b>	PA 64-5	New boilers	40,000
			Keystone Manor	Cover front entrance	10,000
PA 64-5	Pave parking lot	<b>50,000</b>		New sidewalks	10,000
Keystone Manor					<b>60,000</b>
PHA WIDE	Operations	0	PA 64-6	Walk site lights	25,000
	Management Improv.	20,000	Park Place	Hall handrails	5,000
	Administration	45,931		Front entrance cover	10,000
	Audit	1,000		New walks	10,000
	Fees & Costs	35,000		Storage building	20,000
		<b>101,931</b>		Community kit.upgrade	20,000
					<b>90,000</b>

Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year :2007 FFY Grant: PHA FY:			Activities for Year: 2008 FFY Grant: PHA FY:		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
			PHA WIDE	Operations	0
				Management Imprpov.	20,000
				Administration	45,931
				Audit	1,000
				Fees & Costs	35,000
					<b>101,931</b>
Total CFP Estimated Cost		\$			\$

**ATTACHMENT E**  
**Bradford County Housing Authority**  
**2004 Public Agency Five Year Plan**  
**Tenant Advisory Board**

**Housing Authority Tenants**

Marie & Felix Hyjek  
Apt. 209 Page Manor  
Church Street  
Athens, PA 18810  
(570) 882-8626

Charles & Ida Arnold  
Apt. 214 Keystone Manor RR4 Box 4329A-5  
900 North Elmer Avenue Apt. 19 Park Place  
Sayre, PA 18840 Wyalusing, PA 18853  
(570) 888-5055 (570) 746-0899

Jesse Bryington  
McCallum Manor  
Minnequa Avenue  
Canton, PA 17724  
(570) 673-8347

Eva Chapel  
78 E. Second Street  
Canton, PA 17724

Albert Planishek  
Apt. 303  
Colonial Towers  
Towanda, PA 18848  
(570) 268-4303

Mary Esaias  
Apt. 101  
Hillcrest Apartments  
Troy, PA 16947  
(570) 297-3311

Ms. Lucille Siebecker  
Tenant Council President  
Apt. 612 Keystone Manor  
900 North Elmer Avenue  
Sayre, PA 18840  
(570) 888-9313

**Section 8 Clients**

Anna Belle Harris  
Apt. 309  
Colonial Terrace  
Towanda, PA 18848  
(570) 265-5087

Hildreth Austic  
14 West Main Street  
Apt. 3  
Canton, PA 17724

Barbara Fisher  
RR2 Box 41-21  
Millerton, PA 16936  
(570) 537-3812

**ATTACHMENT F**

**RESIDENT MEMBERSHIP FOR THE PHA GOVERNING BOARD**

**BRADFORD COUNTY HOUSING AUTHORITY**

**TENANT NAME: PHYLLIS STEVENS**

**ADDRESS: APT. 504  
KEYSTONE MANOR  
900 NORTH ELMER AVE.  
SAYRE, PA 18840**

**INITIAL APPOINTMENT: MAY 10, 1999 (TO UNEXPIRED TERM)**

**TERM EXPIRATION: SEPTEMBER 18, 2000**

**RE-APPOINTED: SEPTEMBER 18, 2000**

**TERM EXPIRATION: SEPTEMBER 18, 2005**

**HOUSING AUTHORITY BOARD APPOINTMENTS ARE MADE BY THE BRADFORD  
COUNTY COMMISSIONERS**

**ATTACHMENT G**  
**BRADFORD COUNTY CAPITAL FUND PROGRAM FY 2003**

**Annual Statement/Performance and Evaluation Report**

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

<b>PHA Name:</b> Bradford County Housing Authority	<b>Grant Type and Number</b> FY 2003 Capital Fund Capital Fund Program Grant No: PA26 P064 50103 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2003 <b>Rev #1</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: 1)  
 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	40,000	40,000	0	0
3	1408 Management Improvements	10,000	10,000	2,932	2,932
4	1410 Administration	34,217	34,217	14,241	14,241
5	1411 Audit	1,000	1,000	0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	43,000	42,000	38,288	32,308
8	1440 Site Acquisition				
9	1450 Site Improvement	0	9,353	9,353	9,353
10	1460 Dwelling Structures	304,000	287,166	265,860	0
11	1465.1 Dwelling Equip.—Nonexpendable	36,000	32,893	32,893	3,120
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	2,000	13,588	3,588	0
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)	470,217	470,217	367,155	61,954
22	Amount of line 21 Related to LBP Activities	0	0	0	
23	Amount of line 21 Related to Section 504 compliance	40,000	9,890	9,890	0
24	Amount of line 21 Related to Security – Soft Costs	5,000	5,000	2,932	2,932
25	Amount of Line 21 Related to Security – Hard Costs	5,000	5,000	0	0

## Annual Statement/Performance and Evaluation Report

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

PHA Name: Bradford County Housing Authority	Grant Type and Number FY 2003 Capital Fund Capital Fund Program Grant No: PA26 P064 50103 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b> Rev #1
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Original Annual Statement
  Reserve for Disasters/ Emergencies
  Revised Annual Statement (revision no: 1)

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
26	Amount of line 21 Related to Energy Conservation Measures	10,000	23,906	12,600	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: Bradford County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P06450103 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2003 (Revision #1)		
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 #1	Funds Obligated	Funds Expended	
PA 64-1	Change machine (Amend 3/04)	1475	1	0	900	900	0	A: 3/04
McCallum	Ranges	1465.1	20	5,000	5,640	5,640	0	A: 4/04
Manor	Refrigerators	1465.1	20	7,000	5,979	5,979	0	A: 4/04
	Washers	1475	1	500	465	465	0	A: 4/04
	Dryers	1475	1	500	423	423	0	A: 4/04
PA 64-2	Ranges	1465.1	20	5,000	4,800	4,800	0	A: 4/04
Canton	Refrigerators	1465.1	20	7,000	5,979	5,979	0	A: 4/04
Townhouses	Electrical entrance upgrade	1460	5 Bldg.	10,000	5,590	5,590	0	A: 2/04
PA 64-3	Apt. closet doors	1460	100	0	0	0	0	Deleted
Page Manor	Exterior door overhang	1460	2	2,000	8,498	8,498	0	A: 2/04
Athens	Strobes on detectors	1460	20	20,000	4,945	4,945	0	A: 2/04
	Air make up system	1460	1	60,000	69,789	69,789	0	A: 2/04
	Water filtration system(Amend3/04)	1460	1	0	5,000	0	0	In Progress
	Replace 5 ranges (Amend 3/04)	1465.1	5	0	1,475	1,475	0	A: 4/04
PA 64-4	Water filtration system	1460	1	10,000	0	0	0	Deleted
Colonial	Office upgrade	1460	1	19,000	38,713	38,713	0	A: 2/04
Towers,	Refrigerators	1465.1	10	7,000	3,120	3,120	3,120	C: 11/03
Towanda	Ranges	1465.1	15	5,000	4,425	4,425	0	C: 11/03
	Air make up system	1460	1	60,000	0	0	0	Deleted
	Replace hot water tank(Amend 3/04)	1460	1	0	11,306	0	0	In Progress
	Change machine (Amend 3/04)	1475	1	0	900	900	0	A: 3/04
	Emer.storm drain repair(Amend3/04)	1450	1	0	9,353	9,353	9,353	C: 12/03

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

PHA Name: Bradford County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P06450103 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2003 (Revision #1)		
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 #1	Funds Obligated	Funds Expended	
PA 64-5	Apt. closet doors	1460	100	0	0	0	0	Deleted
Keystone	Strobes on detectors	1460	20	20,000	4,945	4,945	0	A: 2/04
Manor	Air make up system	1460	1	60,000	69,796	69,796	0	A: 2/04
	Replace ranges (Amend 3/04)	1465.1	5	0	1,475	1,475	0	A: 4/04
	Water filtration system (Amend 3/04)	1460	1	0	5,000	0	0	In Progress
	Copier (Amend 3/04)	1475	1	0	10,000	0	0	In Progress
PA 64-6	Hot water tanks	1460	6	10,000	12,600	12,600	0	A: 2/04
Park Place	Replace heat controls	1460	30	8,000	1,425	1,425	0	A: 2/04
Wyalusing	Replace bath vanities	1460	30	25,000	13,404	13,404	0	A: 2/04
	Replace closet doors(From Inc.#2)	1460	30	0	36,155	36,155	0	A: 2/04
	Generator	1475	1	0	0	0	0	Deleted
	Change machine(Amend 3/04)	1475	1	0	900	900	0	A: 3/04
PHA WIDE	Operations	1406		40,000	40,000	0	0	
	Management improvements	1408		10,000	10,000	2,932	2,932	
	Administration	1410		34,217	34,217	14,241	14,241	
	Audit	1411		1,000	1,000	0	0	
	Fees & Costs	1430		43,000	42,000	38,288	32,308	



## Annual Statement/Performance and Evaluation Report

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

<b>PHA Name:</b> Bradford County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26P06450203 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2003 Inc.#2 Revision #1
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: 1)  
 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				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	6,714	6,714	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	57,000	62,980	62,980	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	30,000	24,020	24,020	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	93,714	93,714	87,000	0
	Amount of line XX Related to LBP Activities	0	0	0	0
	Amount of line XX Related to Section 504 compliance	0	0	0	0
	Amount of line XX Related to Security –Soft Costs	0	0	0	0
	Amount of Line XX related to Security-- Hard Costs	0	0	0	0
	Amount of line XX Related to Energy Conservation Measures	0	0	0	0

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

PHA Name: Bradford County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P06450203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 Inc.#2 Revision #1
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Collateralization Expenses or Debt Service	0	0	0	0





**ATTACHMENT H**

**RESOLUTION  
APPROVING AMENDMENT TO 2001 ANNUAL AGENCY PLAN  
FOR  
BRADFORD COUNTY HOUSING AUTHORITY**

WHEREAS, the Bradford County Housing Authority has been implementing the HUD approved 2001 Annual Agency Plan; and

WHEREAS, the Authority desires to amend to the 2001 Plan to include additional Capital Fund work items and;

WHEREAS, the Authority has completed all requirements for amendment of the Agency Plan and 5 Year Plan including notice to public and conduct of public hearing;

NOW, THEREFORE, the Bradford County Housing Authority hereby approves Amendment #1 to the 2001 Annual Agency Plan and 5 Year Plan to include additional Capital Fund work items as specified in Exhibit A and authorizes the chairman of the Authority to execute the HUD certification of Compliance form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary

**ATTACHMENT G**  
**BRADFORD COUNTY CAPITAL FUND PROGRAM FY 2003**

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

PHA Name: Bradford County Housing Authority	Grant Type and Number FY 2003 Capital Fund Capital Fund Program Grant No: PA26 P064 50103 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b> Rev #1
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: 1)  
 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	40,000	40,000	0	0
3	1408 Management Improvements	10,000	10,000	2,932	2,932
4	1410 Administration	34,217	34,217	14,241	14,241
5	1411 Audit	1,000	1,000	0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	43,000	42,000	38,288	32,308
8	1440 Site Acquisition				
9	1450 Site Improvement	0	9,353	9,353	9,353
10	1460 Dwelling Structures	304,000	287,166	265,860	0
11	1465.1 Dwelling Equip.—Nonexpendable	36,000	32,893	32,893	3,120
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	2,000	13,588	3,588	0
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)	470,217	470,217	367,155	61,954
22	Amount of line 21 Related to LBP Activities	0	0	0	
23	Amount of line 21 Related to Section 504 compliance	40,000	9,890	9,890	0
24	Amount of line 21 Related to Security – Soft Costs				

## Annual Statement/Performance and Evaluation Report

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

PHA Name: Bradford County Housing Authority	Grant Type and Number FY 2003 Capital Fund Capital Fund Program Grant No: PA26 P064 50103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 Rev #1
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Original Annual Statement
  Reserve for Disasters/ Emergencies
  Revised Annual Statement (revision no: 1)
  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
		5,000	5,000	2,932	2,932
25	Amount of Line 21 Related to Security – Hard Costs	5,000	5,000	0	0
26	Amount of line 21 Related to Energy Conservation Measures	10,000	23,906	12,600	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: Bradford County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P06450103 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2003 (Revision #1)		
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 #1	Funds Obligated	Funds Expended	
PA 64-1	Change machine (Amend 3/04)	1475	1	0	900	900	0	A: 3/04
McCallum	Ranges	1465.1	20	5,000	5,640	5,640	0	A: 4/04
Manor	Refrigerators	1465.1	20	7,000	5,979	5,979	0	A: 4/04
	Washers	1475	1	500	465	465	0	A: 4/04
	Dryers	1475	1	500	423	423	0	A: 4/04
PA 64-2	Ranges	1465.1	20	5,000	4,800	4,800	0	A: 4/04
Canton	Refrigerators	1465.1	20	7,000	5,979	5,979	0	A: 4/04
Townhouses	Electrical entrance upgrade	1460	5 Bldg.	10,000	5,590	5,590	0	A: 2/04
PA 64-3	Apt. closet doors	1460	100	0	0	0	0	Deleted
Page Manor	Exterior door overhang	1460	2	2,000	8,498	8,498	0	A: 2/04
Athens	Strobes on detectors	1460	20	20,000	4,945	4,945	0	A: 2/04
	Air make up system	1460	1	60,000	69,789	69,789	0	A: 2/04
	Walter filtration system(Amend3/04)	1460	1	0	5,000	0	0	In Progress
	Replace 5 ranges (Amend 3/04)	1465.1	5	0	1,475	1,475	0	A: 4/04
PA 64-4	Water filtration system	1460	1	10,000	0	0	0	Deleted
Colonial	Office upgrade	1460	1	19,000	38,713	38,713	0	A: 2/04
Towers,	Refrigerators	1465.1	10	7,000	3,120	3,120	3,120	C: 11/03
Towanda	Ranges	1465.1	15	5,000	4,425	4,425	0	C: 11/03
	Air make up system	1460	1	60,000	0	0	0	Deleted
	Replace hot water tank(Amend 3/04)	1460	1	0	11,306	0	0	In Progress
	Change machine (Amend 3/04)	1475	1	0	900	900	0	A: 3/04

## Annual Statement/Performance and Evaluation Report

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

#### Part II: Supporting Pages

PHA Name: Bradford County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P06450103 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2003 (Revision #1)		
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 #1	Funds Obligated	Funds Expended	
	Emer.storm drain repair(Amend3/04)	1450	1	0	9,353	9,353	9,353	C: 12/03
PA 64-5	Apt. closet doors	1460	100	0	0	0	0	Deleted
Keystone	Strobes on detectors	1460	20	20,000	4,945	4,945	0	A: 2/04
Manor	Air make up system	1460	1	60,000	69,796	69,796	0	A: 2/04
	Replace ranges (Amend 3/04)	1465.1	5	0	1,475	1,475	0	A: 4/04
	Water filtration system (Amend 3/04)	1460	1	0	5,000	0	0	In Progress
	Copier (Amend 3/04)	1475	1	0	10,000	0	0	In Progress
PA 64-6	Hot water tanks	1460	6	10,000	12,600	12,600	0	A: 2/04
Park Place	Replace heat controls	1460	30	8,000	1,425	1,425	0	A: 2/04
Wyalusing	Replace bath vanities	1460	30	25,000	13,404	13,404	0	A: 2/04
	Replace closet doors(From Inc.#2)	1460	30	0	36,155	36,155	0	A: 2/04
	Generator	1475	1	0	0	0	0	Deleted
	Change machine(Amend 3/04)	1475	1	0	900	900	0	A: 3/04
PHA WIDE	Operations	1406		40,000	40,000	0	0	
	Management improvements	1408		10,000	10,000	2,932	2,932	
	Administration	1410		34,217	34,217	14,241	14,241	
	Audit	1411		1,000	1,000	0	0	
	Fees & Costs	1430		43,000	42,000	38,288	32,308	



## Annual Statement/Performance and Evaluation Report

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

PHA Name: Bradford County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P06450203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 Inc.#2 Revision #1
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  Revised Annual Statement (revision no: 1)
  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				
3	1408 Management Improvements Soft Costs Management Improvements Hard Costs				
4	1410 Administration	6,714	6,714	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	57,000	62,980	62,980	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	30,000	24,020	24,020	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	93,714	93,714	87,000	0
	Amount of line XX Related to LBP Activities	0	0	0	0
	Amount of line XX Related to Section 504 compliance	0	0	0	0
	Amount of line XX Related to Security –Soft Costs	0	0	0	0
	Amount of Line XX related to Security-- Hard Costs	0	0	0	0

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

PHA Name: Bradford County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P06450203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 Inc.#2 Revision #1
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to Energy Conservation Measures	0	0	0	0
	Collateralization Expenses or Debt Service	0	0	0	0





**ATTACHMENT H**

**RESOLUTION  
APPROVING AMENDMENT TO 2001 ANNUAL AGENCY PLAN  
FOR  
BRADFORD COUNTY HOUSING AUTHORITY**

WHEREAS, the Bradford County Housing Authority has been implementing the HUD approved 2001 Annual Agency Plan; and

WHEREAS, the Authority desires to amend to the 2001 Plan to include additional Capital Fund work items and;

WHEREAS, the Authority has completed all requirements for amendment of the Agency Plan and 5 Year Plan including notice to public and conduct of public hearing;

NOW, THEREFORE, the Bradford County Housing Authority hereby approves Amendment #1 to the 2001 Annual Agency Plan and 5 Year Plan to include additional Capital Fund work items as specified in Exhibit A and authorizes the chairman of the Authority to execute the HUD certification of Compliance form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary