

# PHA Plans

## Streamlined 5-Year/Annual Version

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

OMB No. 2577-0226  
(exp 05/31/2006)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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# Streamlined 5-Year Plan for Fiscal Years 2005 - 2009

## Streamlined Annual Plan for Fiscal Year 2005

**NOTE:** This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

## Streamlined Five-Year PHA Plan Agency Identification

**PHA Name:** Hannibal Housing Authority

**PHA Number:** MO129

**PHA Fiscal Year Beginning:** 07/2005

**PHA Programs Administered:**

- Public Housing and Section 8**    
  **Section 8 Only**    
  **Public Housing Only**  
 Number of public housing units:256    
 Number of S8 units:    
 Number of public housing units:  
 Number of S8 units:168

**PHA Consortia: (check box if submitting a joint PHA Plan and complete table)**

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

### 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 and attachments (if any) 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)

## Streamlined Five-Year PHA Plan

### PHA FISCAL YEARS 2005 - 2009

[24 CFR Part 903.12]

#### **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)

- 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.**

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: (PHAS score) 92
  - Improve voucher management: (SEMAP score) 100
  - Increase customer satisfaction:
  - Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:
  - Demolish or dispose of obsolete public housing:
  - Provide replacement public housing:
  - Provide replacement vouchers:
  - Other: (list below)

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

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

- PHA Goal: Provide an improved living environment  
Objectives:
- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - Implement public housing security improvements:
  - 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**

- PHA Goal: Promote self-sufficiency and asset development of assisted households  
Objectives:
- Increase the number and percentage of employed persons in assisted families:
  - Provide or attract supportive services to improve assistance recipients' employability:
  - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
  - Other: (list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - 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:

- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below)

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

**Streamlined Annual PHA Plan**  
**PHA Fiscal Year 2005**  
[24 CFR Part 903.12(b)]

**Table of Contents**

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

**A. ANNUAL STREAMLINED PHA PLAN COMPONENTS**

<input checked="" type="checkbox"/>	1. Housing Needs	7
<input checked="" type="checkbox"/>	2. Financial Resources	12
<input checked="" type="checkbox"/>	3. Policies on Eligibility, Selection and Admissions	13
<input checked="" type="checkbox"/>	4. Rent Determination Policies	21
<input checked="" type="checkbox"/>	5. Capital Improvements Needs	25
<input checked="" type="checkbox"/>	6. Demolition and Disposition	26
<input checked="" type="checkbox"/>	7. Homeownership	27
<input checked="" type="checkbox"/>	8. Civil Rights Certifications (included with PHA Certifications of Compliance)	28
<input checked="" type="checkbox"/>	9. Additional Information	28
	a. PHA Progress on Meeting 5-Year Mission and Goals	
	b. Criteria for Substantial Deviations and Significant Amendments	
	c. Other Information Requested by HUD	
	i. Resident Advisory Board Membership and Consultation Process	
	ii. Resident Membership on the PHA Governing Board	
	iii. PHA Statement of Consistency with Consolidated Plan	
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<input checked="" type="checkbox"/>	10. Project-Based Voucher Program	31
<input checked="" type="checkbox"/>	11. Supporting Documents Available for Review	32
<input checked="" type="checkbox"/>	12. FY 2002 – 2004 Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report	35
<input checked="" type="checkbox"/>	13. Capital Fund Program 5-Year Action Plan	54
<input type="checkbox"/>	14. Other (List below, providing name for each item)	

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;**

**Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.**

For PHAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:

**Form HUD-50070, Certification for a Drug-Free Workplace;**

**Form HUD-50071, Certification of Payments to Influence Federal Transactions;**

**Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.**

**Executive Summary (optional)**

[903.7(r)]. If desired, provide a brief overview of the contents of the streamlined 5-Year/Annual Plan.

**1. Statement of Housing Needs** [24 CFR Part 903.12 (b), 903.7(a)]

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

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

Housing Needs of Families on the PHA’s Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	28		20
Extremely low income <=30% AMI	13	47%	
Very low income (>30% but <=50% AMI)	9	32%	
Low income (>50% but <80% AMI)	6	21%	
Families with children	17	61%	
Elderly families	5	18%	
Families with Disabilities	6	21%	
Race/ethnicity W	23	82%	
Race/ethnicity B	4	14%	
Race/ethnicity Asian	1	4%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	10	36%	
2 BR	9	32%	
3 BR	9	32%	
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> 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			

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

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

Housing Needs of Families on the PHA's Waiting Lists			
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	33		25
Extremely low income <=30% AMI	27	82%	
Very low income (>30% but <=50% AMI)	6	18%	
Low income (>50% but <80% AMI)			
Families with children	30	91%	
Elderly families	3	9%	
Families with Disabilities			
Race/ethnicity W	25	76%	
Race/ethnicity B	7	21%	
Race/ethnicity I	1	3%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	15	46%	
2 BR	11	33%	
3 BR	7	21%	
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> 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			

## B. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **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

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

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

Select all that apply

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

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

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

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

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

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

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

Select if applicable

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

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

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

## **2. Statement of Financial Resources**

[24 CFR Part 903.12 (b), 903.7 (c)]

List on the following table 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 2005 grants)</b>		
a) Public Housing Operating Fund	437,653	
b) Public Housing Capital Fund	476,458	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	645,876	
f) Resident Opportunity and Self-Sufficiency Grants	N/A	
g) Community Development Block Grant	N/A	
h) HOME	N/A	
Other Federal Grants (list below)	N/A	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
2003 Capital Funds	34,207	
2003 (502) Capital Funds	18,000	
2004 Capital Funds	202,866	
<b>3. Public Housing Dwelling Rental Income</b>	402,636	Operations
<b>4. Other income (list below)</b>		
Interest, Maintenance Charges, Excess Utilities	29,800	Operations
		Interest 13,000
		Excess Utilities 15,600
		Maintenance chgs 1,200
<b>4. Non-federal sources (list below)</b>		
<b>ADPHC MGMT FEE</b>	3,500	Operations

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>Total resources</b>		

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.12 (b), 903.7 (b)]

#### **A. Public Housing**

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

##### **(1) Eligibility**

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

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

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

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe)

c.  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. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to d.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?

3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?

4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

d. Site-Based Waiting Lists – Coming Year

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

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

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

**(3) Assignment**

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- One
  - Two
  - Three or More
- b.  Yes  No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

- a. Income targeting:  
 Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:  
In what circumstances will transfers take precedence over new admissions? (list below)
- Emergencies
  - Over-housed
  - Under-housed
  - Medical justification
  - Administrative reasons determined by the PHA (e.g., to permit modernization work)
  - Resident choice: (state circumstances below)
  - Other: (list below)

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

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

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- 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)

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- 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
- Any time family composition changes
- At family request for revision
- Other (list)

**(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 on the following table:

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)]
MO129-01	71		
MO129-02	70		
MO129-04	48		
MO129-05	44		
MO129-06	24		

## 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):
- 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)  
Housekeeping, rent payment record

### (2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- None
- Federal public housing

- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance?

(select all that apply)

- PHA main administrative office
- Other (list below)

### **(3) Search Time**

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

If yes, state circumstances below:

### **(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs

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

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

- Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

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

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

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

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

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

- The PHA applies preferences within income tiers

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

**(5) Special Purpose Section 8 Assistance Programs**

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

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

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

- Through published notices  
 Other (list below)

**4. PHA Rent Determination Policies**

[24 CFR Part 903.12(b), 903.7(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 of the following two)

- 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))  
 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  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% of adjusted income

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

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

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

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

For all developments

For all general occupancy developments (not elderly or disabled or elderly only)

For specified general occupancy developments

For certain parts of developments; e.g., the high-rise portion

- For certain size units; e.g., larger bedroom sizes
- Other (list below)

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

- Market comparability study
- Fair market rents (FMR)
- 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)\$40/mo
- Other (list below)

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**

a. 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)

Per guidelines, HHA elected to utilize ceiling/flat rents synonymously.

## **B. Section 8 Tenant-Based Assistance**

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

**(1) Payment Standards**

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

**(2) Minimum Rent**

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

- \$0
- \$1-\$25
- \$26-\$50

b.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Capital Improvement Needs**

[24 CFR Part 903.12(b), 903.7 (g)]

Exemptions from Component 5: Section 8 only PHAs are not required to complete this component and may skip to Component 6.

### **A. Capital Fund Activities**

Exemptions from sub-component 5A: PHAs that will not participate in the Capital Fund Program may skip to component 5B. All other PHAs must complete 5A as instructed.

#### **(1) Capital Fund Program**

- a.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 12 and 13 of this template (Capital Fund Program tables). If no, skip to B.
- b.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

Applicability of sub-component 5B: 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.

#### **(1) Hope VI Revitalization**

- a.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to next component; if yes, provide responses to questions on chart below 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)  
Development name:  
Development (project) number:  
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

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

**6. Demolition and Disposition**

[24 CFR Part 903.12(b), 903.7 (h)]

Applicability of component 6: Section 8 only PHAs are not required to complete this section.

- a.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI) of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If “No”, skip to component 7; if “yes”, complete one activity description for each development on the following chart.)

<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: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

## **7. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**

[24 CFR Part 903.12(b), 903.7(k)(1)(i)]

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

### **(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, what is the maximum number of participants this fiscal year?

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:

- c. What actions will the PHA undertake to implement the program this year (list)?

### **(3) Capacity of the PHA to Administer a Section 8 Homeownership Program**

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

- a.  Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family’s resources.
- b.  Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- c.  Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below).
- d.  Demonstrating that it has other relevant experience (list experience below).

## **8. Civil Rights Certifications**

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the *PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans*, which is submitted to the Field Office in hard copy—see Table of Contents.

## **9. Additional Information**

[24 CFR Part 903.12 (b), 903.7 (r)]

### **A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan**

*(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 2004 - 2008.)*

The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of Capital Funds and the proper application of our public housing policies.

We are continuing to address public housing vacancies very aggressively and our PHAS scores indicate that other operational issues are being positively addressed. This years score was 92.

Capital funds have been utilized to provide modernization of our property and our future applications will continue that effort.

PHA has implemented local preferences to improve the living environment in addition to our modernization efforts.

The implementation of a family pet policy has provided the opportunity for residents to enjoy pets within a regulated environment.

We are confident that the PHA will be able to meet and accommodate all our goals and objectives for FY 2005.

### **B. Criteria for Substantial Deviations and Significant Amendments**

#### **(1) Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

##### a. Substantial Deviation from the 5-Year Plan

The Hannibal Housing Authority's (HHA) Definition of Substantial Deviation are as follows:

1. changes to rent or admissions policies or organization of the waiting list
2. additions of non-emergency work items (items not intended in the

- current 5 Year Action Plan) or change in use of replacement reserve funds under Capital Fund
3. any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

b. Significant Amendment or Modification to the Annual Plan

1. changes to rent or admissions policies or organization of the waiting list;
2. additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund;
3. any change with regard to demolition or disposition, designation, homeownership programs or conversion activities;
4. additions of Management's Discussion & Analysis (MD&A) and the Upfront Income Verification System (UIV).

**C. Other Information**

[24 CFR Part 903.13, 903.15]

**(1) Resident Advisory Board Recommendations**

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

If yes, provide the comments below:

Board was in general agreement with policies and Agency Plan documents.

- b. 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)

**(2) Resident Membership on PHA Governing Board**

The governing board of each PHA is required to have at least one member who is directly assisted by the PHA, unless the PHA meets certain exemption criteria. Regulations governing the resident board member are found at 24 CFR Part 964, Subpart E.

- a. Does the PHA governing board include at least one member who is directly assisted by the PHA this year?

- Yes  No:

If yes, complete the following:

Name of Resident Member of the PHA Governing Board: Mr. Chuck Myers

Method of Selection:

Appointment

**The term of appointment is (include the date term expires): June 2003 to May 2007**

Election by Residents (if checked, complete next section--Description of Resident Election Process)

**Description of Resident Election Process**

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)

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)

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)

b. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

Date of next term expiration of a governing board member:

Name and title of appointing official(s) for governing board (indicate appointing official

for the next available position):

**(3) PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

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

**Consolidated Plan jurisdiction: (NE-MO I-70 Corridor Northeast Region)**

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

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

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

The State of Missouri's plan has established the following housing priorities to address housing needs, which are also the priorities of the Hannibal Housing Authority:

1. Maintain the supply of decent, safe, and sanitary rental housing that affordable for low, very low, and moderate income families.
2. The modernization of Hannibal Housing Authority housing for occupancy by low and very low income families.

**(4) (Reserved)**

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

**10. Project-Based Voucher Program**

- a.  Yes  No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If yes, answer the following questions.
- b.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option?

If yes, check which circumstances apply:

- Low utilization rate for vouchers due to lack of suitable rental units
- Access to neighborhoods outside of high poverty areas

Other (describe below:)

c. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

### 11. List of Supporting Documents Available for Review for Streamlined Five-Year/ Annual PHA Plans

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Yes	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans.</i>	Standard 5 Year and Annual Plans; streamlined 5 Year Plans
Yes	State/Local Government Certification of Consistency with the Consolidated Plan.	5 Year Plans
Yes	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
Yes	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
Yes	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
Yes	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
Yes	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
Yes	Section 8 rent determination (payment standard) policies (if included in plan, not	Annual Plan: Rent

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Determination
Yes	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
Yes	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
Yes	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
Yes	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
N/A	Consortium agreement(s).	Annual Plan: Agency Identification and Operations/ Management
Yes	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures
Yes	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
Yes	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
N/A	Approved 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
Yes	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
Yes	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
Yes	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
Yes	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
Yes	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
Yes	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
Yes	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Pet Policy
Yes	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
N/A	Consortium agreement(s), if a consortium administers PHA programs.	Joint PHA Plan for Consortia
NA	Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection	Joint PHA Plan for Consortia
	Other supporting documents (optional). List individually.	(Specify as needed)

## 12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

<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: Hannibal Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P129501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/04 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	99,500	99,500	99,500	99,500
3	1408 Management Improvements	82,002	82,002	82,002	82,002
4	1410 Administration	44,718	44,718	44,718	44,718
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	10,000	8,602.91	8,602.91	8,602.91
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	5,000	990.00	990.00	990.00
10	1460 Dwelling Structures	172,331	181,759.58	181,759.58	181,759.58
11	1465.1 Dwelling Equipment—Nonexpendable	0	49,456.55	49,456.55	49,456.55
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	83,950	30,471.96	30,471.96	30,397.43
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	497,501	497,501	497,501	497,426.47
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	0	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	0	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	41,172	41,172	0	0
26	Amount of line 21 Related to Energy Conservation Measures	0	0	0	0

**12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Hannibal Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P129501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE OPERATIONS	OPERATIONS	1406	LS	99,500	99,500	99,500	99,500	Completed
	SUB-TOTAL			99,500	99,500	99,500	99,500	
HA-WIDE MANAGEMENT IMPROVEMENTS	MANAGEMENT IMPROVEMENTS	1408						
	A) Fund Security Program		100%	41,172	41,172	41,172	41,172	Complete
	B)Expand Education Programs		60%	17,350	17,350	17,350	17,350	Complete
	C)Mgmt/Maint Training		100%	3,000	3,000	3,000	3,000	Complete
	D)Fund Drug Prevention		40%	20,480	20,480	20,480	20,480	Complete
	SUB-TOTAL			82,002	82,002	82,002	82,002	
HA-WIDE ADMINISTRATION COSTS	ADMINISTRATION COSTS	1410						
	A)Partial ED's S&B		10%	9,698	9,698	9,698	9,698	Complete
	B)Grant Administrator S&B		100%	23,000	23,000	23,000	23,000	Complete
	C)Admin Assistant S&B		40%	12,020	12,020	12,020	12,020	Complete
	SUB-TOTAL			44,718	44,718	44,718	44,718	
HA-WIDE FEES & COSTS	FEES & COSTS	1430						
	A)A&E Services		LS	10,000	0	0	0	Fungibility

**12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Hannibal Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P129501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	B)Contract Services DEP		LS	0	8,602.91	8,602.91	8,602.91	Complete
	SUB-TOTAL			10,000	8,602.91	8,602.91	8,602.91	
HA-WIDE SITE IMPROVEMENTS	SITE IMPROVEMENTS	1450						
MO129-1	A)Sidewalks/Drainage		1,114SF	5,000	990.	990.	990.	Complete
	SUB-TOTAL			5,000	990.	990.	990.	
HA-WIDE DWELLING STRUCTURES	DWELLING STRUCTURES	1460						
MO129-4	A)Replace Windows		48Units	0	0	0	0	Fungibility (Completed) 2000
MO129-4	B)Replace Floor Tiles		30 Units	107,356	0	0	0	Fungibility
MO129-1	C)Replace Soffits/Facia of Vinyl & Aluminum		71 Units	64,975	0	0	0	Fungibility (Completed) 2001
MO129-1,4,6	D)Install Central Air Units		71 Units	0	181,759.58	181,759.58	181,759.58	Completed
	SUB-TOTAL			172,331	181,759.58	181,759.58	181,759.58	
HA-WIDE DWELLING EQUIPMENT (Non- Expendable)	DWELLING EQUIPMENT (Non-Expendable)	1465 1						

**12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Hannibal Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P129501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MO129-4	A)Replace Baseboard Heaters		48 Units	0	0	0	0	Fungibility (Completed) 2000
MO129-1 MO129 - 4 MO129 - 6	b)Replace Stoves c) Replace Stoves d)Replace Stoves		12 Units 8 units 5 units	0	3,156 2,104 1,315	3,156 2,104 1,315	3,156 2,104 1,315	Complete (fungibility from 2006)
MO129 - 1 MO129 - 4 MO129 - 6	e)Replace refrigerators f) Replace Refrigerators g) Replace Refrigerators		12 Units 8 units 5 units	0	6,420 4,280 2,675	6,420 4,280 2,675	6,420 4,280 2,675	Complete (fungibility from 2006)
MO129 - 6	h)Replace Gas Water Heaters		12 Units	0	2,663.88	2,663.88	2,663.88	Complete (fungibility from 2006)
MO129 - 1 MO129 - 4	i)Replace Electric Water Heaters j)Replace Electric Water Heaters		13 Units 7 units	0	2,066.35 1,113.45	2,066.35 1,113.45	2,066.35 1,113.45	Complete (fungibility from 2006)
MO129 - 2 MO129 - 5	k)Replace/Upgrade Fire Alarm System & Emergency Call System l) Replace/upgrade fire alarm & emergency call system		70 units 44 units	0	18,000 5,662.87	18,000 5,662.87	18,000 5,662.87	Complete (Emergency) fungibility
	<b>SUB-TOTAL</b>			0	49,456.55	49,456.55	49,456.55	
HA-WIDE NON- DWELLING EQUIPMENT	NON-DWELLING EQUIPMENT	1475						

**12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Hannibal Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P129501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	A)Maintain/Upgrade Communication System		10Units	650.	3,382.63	3,382.63	3,308.10	99% Complete
	B)Replace Maint/Hsng Vehicle		LS	43,000	21,271	21,271	21,271	Complete
	C)Upgrade & Service Computer System		LS	15,300	5,818.33	5,818.33	5,818.33	Complete
	D)Replace Office Furniture		LS	25,000	0	0	0	Fungibility (Completed prior)
	SUB TOTAL			83,950	30,471.96	30,471.96	30,397.43	
	GRAND TOTAL			497,501	497,501	497,501	497,426.47	

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Hannibal Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: MO36P129501-02 Replacement Housing Factor No:					Federal FY of Grant: 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	3/31/04			9/30/05			
MO129-1	3/31/04			9/30/05			
MO129-2	3/31/04			9/30/05			
MO129-4	3/31/04			9/30/05			
MO129-6	3/31/04			9/30/05			

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hannibal Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P129501-03 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: 12/31/04 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations	81,867	81,867	81,867	81,867
3	1408 Management Improvements	81,867	81,867	81,867	81,867
4	1410 Administration	40,933	40,933	40,933	40,933
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	5,000	5,000	5,000	3,329.44
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	37,500	36,500	0	0
10	1460 Dwelling Structures	162,169	163,169	163,169	13,015.80
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	409,336	409,336	372,836	221,012.74
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	41,372	41,372		
26	Amount of line 21 Related to Energy Conservation Measures	0			

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Hannibal Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P129501-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE OPERATIONS	OPERATIONS	1406	LS	81,867	81,867	81,867	81,867	Complete
	SUB-TOTAL			81,867	81,867	81,867	81,867	
HA-WIDE MANAGEMENT IMPROVEMENTS	MANAGEMENT IMPROVEMENTS	1408						
	A)Fund Security Program		LS	41,372	41,372	41,372	41,372	Complete
	B)Management/Maint. Training		LS	3,000	3,000	3,000	3,000	Complete
	C)Fund Drug Education		LS	37,495	37,495	37,495	37,495	Complete
	SUB-TOTAL			81,867	81,867	81,867	81,867	
HA-WIDE ADMINISTRATION	ADMINISTRATION	1406						
	A)Partial ED's S&B		5%	8,913	8,913	8,913	8,913	Complete
	B)Grant Administrator S&B		100%	22,000	22,000	22,000	22,200	Complete
	C)partial Admin Asst S&B		45%	10,020	10,020	10,020	10,020	Complete
	SUB-TOTAL			40,933	40,933	40,933	40,933	

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Hannibal Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P129501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE FEES & COSTS	FEES & COSTS	1430						
	A)A&E Services		LS	5,000	0	0	0	Fungibility
	B)Contractual YMCA		LS	0	4,000	4,000	2,983.06	On schedule
	C)Contractual Marion County Sherriff's Office		LS	0	1,000	1,000	846.88	On schedule
	SUB-TOTAL			5,000	5,000	5,000	3,329.94	
HA-WIDE SITE IMPROVEMENT	SITE IMPROVEMENT	1450						
MO129-4	A)Replace Drain Opening		19pcs	3,000	3,000	0	0	On schedule
MO129-4	B)Replace sidewalk/grates		3 units	1,000	0	0	0	Fungibility
MO129-2	C)Correct erosion problems		300 sf	3,500	3,500	0	0	On schedule
MO129-6	D)Correct erosion problems		3,800 sf	30,000	30,000	0	0	On schedule
	SUB-TOTAL			37,500	36,500	0	0	
HA-WIDE DWELLING STRUCTURES	DWELLING STRUCTURES	1460						
MO129-2	A)Seal Building Exterior		1 bldg	15,000	0	0	0	Fungibility
MO129-2	B)Replace Closet Doors		70 units	60,000	0	0	0	Fungibility

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Hannibal Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P129501-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MO129-2	C)Replace Chair Rail		LS	1,000	0	0	0	Fungibility (Completed) 2000
MO129-4	D)Replace Kitchen Cabinets		LS	86,169	0	0	0	Fungibility
MO129-2,5	E)Replace Storage Tanks & Heaters		2 Units	0	28,169	28,169	13,015.80	Fungibility (emergency) 2008
MO129-2,5	F)Replace Vinyl & Carpet & plumbing parts		114 Units	0	135,000	135,000	0	Fungibility
	SUB-TOTAL			162,169	163,169	163,169	13,015.80	
	GRAND TOTAL			409,336	409,336	372,836	221,012.74	

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Hannibal Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: MO36P129501-03 Replacement Housing Factor No:					Federal FY of Grant: 2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	9/16/05			9/16/07			
MO129-2	9/16/05			9/16/07			
MO129-4	9/16/05			9/16/07			
MO129-5	9/16/05			9/16/07			
MO129-6	9/16/05			9/16/07			

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hannibal Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P129502-03 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: 12/30/04 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations	16,316	16,316	16,316	16,316
3	1408 Management Improvements	3,000	3,000	3,000	2,813.60
4	1410 Administration	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	23,864	16,472.60	16,472.60	16,472.60
10	1460 Dwelling Structures	0	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	18,000	16,700	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	20,400	29,091.40	29,091.40	21,208.52
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	81,580	81,580	64,880	56,810.72
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	0	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	0	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	18,000	16,700	0	0
26	Amount of line 21 Related to Energy Conservation Measures	0	0	0	0

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Hannibal Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P129502-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE OPERATIONS	OPERATIONS	1406						
	A) Operations		LS	16,316	16,316	16,316	16,316	Complete
	SUB-TOTAL			16,316	16,316	16,316	16,316	
HA-WIDE MANAGEMENT IMPROVEMENT	MANAGEMENT IMPROVEMENTS	1408						
	A)Mgmt/Maint Training		25%	3,000	3,000	3,000	2,813.60	95% Expended
	SUB-TOTAL			3,000	3,000	3,000	2,813.60	
HA-WIDE SITE IMPROVEMENT	SITE IMPROVEMENT	1450						
MO129-1	A)Replace Sidewalk & Pave Parking Lot		5500SF	23,864	16,472.60	16,472.60	16,472.60	Complete
	SUB-TOTAL			23,864	16,472.60	16,472.60	16,472.60	
HA-WIDE DWELLING EQUIPMENT NON-EXPENDABLE	DWELLING EQUIPMENT (NON-EXPENDABLE)	1465						
	A)Replace Gas Water Heaters & Storage Tanks		5 Units	18,000	16,700	0	0	Out for bid
	SUB-TOTAL			18,000	16,700	0	0	

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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

PHA Name: Hannibal Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P129502-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE NON-DWELLING	NON-DWELLING EQUIPMENT	1475						
	A)Replace Lawn Tractors, Utility Trailer		1 Unit	10,000	6,598.60	6,598.60	6,598.60	Complete
	B)Replace Maintenance Misc. Equip & Tools		LS	1,500	5,093.59	5,093.59	2,775.84	On schedule
	C)Replace Office Equipment Copiers		2 Units	8,900	9,573	9,573	7,895	On schedule
	D)Upgrade/Maintain Communication Devices		LS	0	1,882.20	1,882.20	671.27	Fungibility
	E)Upgrade Computer Software & Hardware		LS	0	5,944.01	5,944.01	3,267.81	Fungibility
	SUB-TOTAL			20,400	29,091.40	29,091.40	21,208.52	
	GRAND TOTAL			81,580	81,580	64,880	56,810.72	

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Hannibal housing authority			<b>Grant Type and Number</b> Capital Fund Program No: MO36P129502-03 Replacement Housing Factor No:				Federal FY of Grant: 2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	2/12/06			2/12/08			
MO129-1	2/12/06			2/12/08			
MO129-5	2/12/06			2/12/08			

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hannibal Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P129501-04 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
<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: 12/31/04 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations	95,291	95,291	95,291	0
3	1408 Management Improvements	95,291	95,291	95,291	0
4	1410 Administration	47,645	47,645	47,645	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	40,000	40,000	0	0
10	1460 Dwelling Structures	163,569	163,569	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	34,662	34,662	26,162	14,388
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	476,458	476,458	264,389	14,388
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	0	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	0	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	40,000	40,000	40,000	0
26	Amount of line 21 Related to Energy Conservation Measures	0	0	0	0

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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

PHA Name: Hannibal Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P129501-04 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	
HA-WIDE	OPERATIONS	1406						
	A)Housing Operations		20%	95,291	95,291	95,291	0	On schedule
	SUB TOTAL			95,291	95,291	95,291	0	
HA-WIDE	MANAGEMENT IMPROVEMENTS	1408						
	A)Fund Security Program		75%	40,000	40,000	40,000	0	On schedule
	B)Mgmt & Maint Training		100%	10,000	10,000	10,000	0	On schedule
	C)Fund Drug Prevention & Resident Programs		75%	45,291	45,291	45,291	0	On schedule
	SUB TOTAL			95,291	95,291	95,291	0	
HA-WIDE	ADMINISTRATION	1410						
	A) ED's Partial S&B		10%	10,000	10,000	10,000	0	On schedule
	B)Grand Administrator S&B		75%	25,000	25,000	25,000	0	On schedule
	C)Admin Assist S&B		30%	12,645	12,645	12,645	0	On schedule
	SUB TOTAL			47,645	47,645	47,645	0	
HA-WIDE	SITE IMPROVEMENT	1450						
MO129 - 1	a)Replace Sidewalks		3,500sf	12,000	12,000	0	0	On schedule
MO129 - 4	b) replace sidewalks		1,500 sf	7,000	7,000			
MO129-6	c) Replace Sidewalks		500 sf	3,000	3,000			
MO129-2	d)Install Awnings		1 Unit	9,000	9,000	0	0	On schedule
MO129 - 5	e)Install Awning		1 unit	9,000	9,000			

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Hannibal Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P129501-04 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	
	SUB TOTAL			40,000	40,000	0	0	
HA-WIDE	DWELLING STRUCTURES	1460						
Mo129-1	A)Replace Interior Doors & Hardware		143 Units	136,000	136,000	0	0	On schedule
MO129-4	B)Replace Gutters and Downspouts		24 Bldgs	18,471	18,471	0	0	On schedule
MO129 - 6	c) Replace gutters & downsapouts		12 Bldgs	9,098	9,098			
	SUB TOTAL			163,569	163,569	0	0	
HA-WIDE	NON-DWELLING EQUIPMENT	1475						
	A)Maintain Mobile Communication Devices		LS	1,202	1,414	1,414	0	Obligated
	B)Replace Computer Hardware/Software		4 Each	10,360	10,360	10,360	0	Obligated
	C)Upgrade Maintenance Communication System		LS	14,600	0	0	0	Fungibility
	D)Replace Mower & Maintenance Equipment		LS	8,500	8,500	0	0	On schedule

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Hannibal Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: MO36P129501-04 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	
	E)Purchase Housing Vehicle		1 Unit	0	14,388	14,388	14,388	Fungibility (complete)
	SUB TOTAL			34,662	34,662	26,162	14,388	
	GRAND TOTAL			476,458	476,458	264,389	14,388	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Hannibal Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: MO36P129501-04 Replacement Housing Factor No:				Federal FY of Grant: 2004	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	9/6/06			9/5/08			
MO129-1	9/6/06			9/5/08			
MO129-2	9/6/06			9/5/08			
MO129-4	9/6/06			9/5/08			

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Hannibal Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: MO36P129501-04 Replacement Housing Factor No:					Federal FY of Grant: 2004
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MO129-5	9/6/06			9/5/08			
MO129-6	9/6/06			9/5/08			

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hannibal Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P12950105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
<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	95,291			
3	1408 Management Improvements	80,115			
4	1410 Administration	46,191			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	10,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	85,914			
10	1460 Dwelling Structures	146,947			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	12,000			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	0			
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	476,458			
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	31,838			
26	Amount of line 21 Related to Energy Conservation Measures	0			

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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

PHA Name: Hannibal Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P12950105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide OPS	OPERATIONS							
	A) Housing operations	1406	LS	95,291				
	Sub Total			95,291				
HA-Wide MGMT Improvements	MANAGEMENT IMPROVEMENTS							
	A) Fund Security Program	1408	100%	31,838				
	B) Mgmt/Maint Training		50%	5,000				
	C) Fund Drug Prevention Program		100%	43,277				
	Sub Total			80,115				
HA-Wide Admin	ADMINISTRATION							
	A) Partial ED's Salary	1410	25%	15,074				
	B) Grant Administrator Salary		100%	28,288				
	C) Administrative Assistant Salary		10%	2,829				
	Sub Total			46,191				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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

PHA Name: Hannibal Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P12950105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide Fees & Costs	FEES & COSTS							
	A/E Services	1430	LS	10,000				
	Sub Total			10,000				
HA-Wide Site Improvements	SITE IMPROVEMENT							
MO129-1 MO129-4	A) Upgrade Playground Areas/Equipment	1450	1 Unit	20,000				
MO129-6	B) Upgrade Playground Areas/Equipment		1 Unit	10,000				
	C) Upgrade Playground Areas/Equipment		1 Unit	10,000				
MO129-1	D) Install Steps/Sidewalk Behind New Office		1,400 SF	45,914				
	Sub Total			85,914				
HA-Wide	DWELLING STRUCTURES							
MO129-1	A) Replace Interior Doors/Hardware	1460	71Units	140,000				
MO129-4	B) Replace Bathroom Vents		48 Units	6,947				
	Sub Total			146,947				



**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Hannibal Housing Authority			<b>Grant Type and Number</b> Capital Fund Program No: MO36P12950105 Replacement Housing Factor No:				Federal FY of Grant:2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	9/5/07			9/5/08			
MO129-1	9/5/07			9/5/08			
MO129-4	9/5/07			9/5/08			
MO129-6	9/5/07			9/5/08			

### 13. Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part I: Summary</b>					
PHA Name Hannibal 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: MO36P12950106 PHA FY: 2006	Work Statement for Year 3 FFY Grant: MO36P12950107 PHA FY: 2007	Work Statement for Year 4 FFY Grant: MO36P12950108 PHA FY: 2008	Work Statement for Year 5 FFY Grant: MO36P12950109 PHA FY: 2009
	Annual Statement				
1406 Operations		95,291	95,291	95,291	95,291
1408 Management Improvements		95,291	94,887	95,000	94,379
1410 Administration		45,162	47,229	45,955	47,330
1430 Fees & Costs		-0-	-0-	-0-	-0-
1450 Site Improvements		56,045	-0-	6,500	95,458
1460 Dwelling Structures		50,000	132,699	164,312	96,000
1465 Dwelling Structures Non-Exp		7,900	72,852	7,900	-0-
1470 Non-Dwelling Structures		79,100	-0-	-0-	-0-
1475 Non-Dwelling Equipment		47,669	33,500	61,500	48,000
CFP Funds Listed for 5-year planning		476,458	476,458	476,458	476,458
Replacement Housing Factor Funds					

### 13. Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year : 2____ FFY Grant: MO36P12950106 PHA FY: 2006			Activities for Year: 3____ FFY Grant: MO36P12950107 PHA FY: 2007		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>	1406 Operations	a) operations	95,291	1406 Operations	a) operations	95,291
<b>Annual</b>		Sub total	95,291		Sub total	95,291
<b>Statement</b>						
	1408 Mgmt Improvements	a) Security Program	40,000	1408 Mgmt Improvements	a) Security Program	34,936
		b)Mgmt/Maint trng	9,424		b) Mgmt/Maint Trng	10,000
		c) Resident/Drug Ed. Program	45,867		c) Resident/Drug Ed Program	49,951
		Sub total	95,291		Sub total	94,887
	1410 Administration	a) partial ED salary	12,581	1410 Administration	a) Partial ED salary	13,125
		b)Gr. Admin. salary	26,619		b) Gr. Admmin. Salary	31,004
		c) partial Admin. Asst. salary	2,962		c) partia; Admin. Asst. salary	3,100
		Sub total	45,162		Sub total	47,229
	1450 Site Improvements	a)Install awning MO129-2	13,645	1460 Dwelling Structures MO129 – 4, 6	a)Install vinyl over hardboard/facia	70,000
		b) Install awning MO129 - 5	13,645	MO129 - 6	b) Re-shingle all units	62,699
		c)Enlarge parking @ Community Bldg	28,755		Sub total	132,699
		Sub total	56,045	1465 Dwelling Equipment	a) replace 44 stand. & 70 pwrflush Toilets MO129-2, 5	72,852
	1460 Dwelling Structures	a) Seal Bldg Exterior MO129-2	20,000		Sub total	72,852
		b)Reseal roof/ fix drains MO129- 2	30,000			

### 13. Capital Fund Program Five-Year Action Plan

	1460 cont'd	Sub total	50,000	1475 Non-Dwelling Equipment HA-wide	a) Replace housing vehicle	23,500
	1465 Dwelling Equipment Non-exp MO129-1	a) Replace Refrigerators	4,000		b) replace mower	8,000
	MO129 - 1	b) Replace Stoves	2,900		c) maintain Comm. Systems	2,000
Total CFP Estimated Cost			\$			\$

<b>Capital Fund Program Five-Year Action Plan</b> <b>Part II: Supporting Pages—Work Activities</b>					
Activities for Year : <u>2</u> FFY Grant: MO36P12950106 PHA FY: 2006			Activities for Year: <u>3</u> FFY Grant:MO36P12950107 PHA FY:2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
1465 cont'd MO129-1	c) Replace Elec. Wtr. Htr	1,000	1475 cont'd	Sub total	33,500
	Sub total	7,900			
				<b>GRAND TOTAL</b>	476,458
1470 Non-Dwlg Structures HA-Wide	a)Renovations for New Building	79,100			
	Sub total	79,100			
1475 Non-Dwlg Equipmnet HA-Wide	a)Replace vehicles	25,500			
	b)purchase salt spreader	9,000			
	c)purchase fork lift for tractor	1,500			
	d) replace mower	8,669			
	e)maintain Comm. systems	1,500			
	subtotal	47,669			
	<b>GRAND TOTAL</b>	476,458			

### 13. Capital Fund Program Five-Year Action Plan

Total CFP Estimated Cost		476,458			476,458

### 13. Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year :_4___ FFY Grant:MO36P12950108 PHA FY: 2008			Activities for Year: _5___ FFY Grant:MO36P12950109 PHA FY: 2009		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>	1406 Operations	a) Operations	95,291	1406 Operations	a) Operations	95,291
<b>Annual</b>		Sub total	95,291		Sub total	95,291
<b>Statement</b>						
	1408 Mgmt Improvements	a)Fund Security Program	40,000	1408 Mgmt Improvements	a) Fund Security Program	37,379
		b)Mgmt/Maint Trng	10,000		b) Mgmt/Maint Trng	10,000
		c)Fund Drug Prev Ed /Sup Programs	45,000		c)Fund Drug Prev Ed/Sup Programs	47,000
		Sub total	95,000		Sub total	94,379
	1410 Administration	a) part ED salary	10,267	1410 Administration	a) part ED salary	9,994
		b) Gr.Admin salary.	32,444		b)Gr. Admin salary	33,942
		c)part Admin Asst sal.	3,244		c)part Admin Asst sal	3,394
		Sub total	45,955		Sub total	47,330
	1450 Site Improvement	a) Install Fencing MO129-1	6,500	1450 Site Improvements	a)Build Picnic Area & Shelter MO129 –1	13,000
					MO129 –4	13,000
					MO129 - 6	13,000
					b)Screen/Enclose patio MO129-2	6,120
					MO129-5	6,120
	1460 Dwelling Structures	a) Replace windows in units/common areas MO129-5	90,000		c)Replace hndrails/walkway at rear ent. MO129 – 2	20,000
					Mo129-5	17,218
		b)Replace kit.cabinets & countertop 129-5	74,312		d)Install gazebo in front MO129-2	7,000
		Sub total	164,312		Sub total	95,458





## 13. Capital Fund Program Five-Year Action Plan

Matt Blunt  
Governor



Gregory A. Steinhoff  
Director

March 10, 2005

Hannibal Housing Authority  
Attn: Jack McCord  
3614 Navajo  
Hannibal, Missouri 63401

Dear Mr. McCord:

I have enclosed your signed Certificate of Consistency with the State of Missouri Consolidated Plan.

If you have any questions, please feel free to call me at (573) 522-4173. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in blue ink that reads "Keisha Gray".

Keisha Gray  
Administrative Assistant  
Division of Community Development

Enclosure

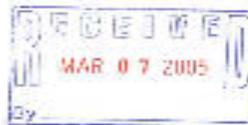
### 13. Capital Fund Program Five-Year Action Plan



# Hannibal Housing Authority

By Board Chairman  
Jack L. McCord, III, CLU  
Mr. Sumner, Commissioner  
Miss Crain, Commissioner  
Ed Trotter, Commissioner

3614 Navajo  
PO Box 996  
Hannibal, MO 63401  
573-221-7575



Missouri Consolidated Plan Team  
C/O Missouri Dept of Economic Development  
Community Development Block Grant Program  
P.O. Box 118  
Jefferson City, MO 65101

ATTN: Sallie Hemenway

RE: Certificate of Consistency with Missouri Consolidated Plan

Dear Consolidated Team Members:

The Quality Housing and Work Responsibility Act of 1998 requires public housing agencies (PHA) to complete a five-year plan and annual action plans, the contents of which are consistent with the State of Missouri Consolidated Plan, in effect for the same period.

The Housing Authority of the City of Hannibal has completed its planning requirements for the period of April 1, 2005- March 31, 2009 and submits this assurance that the content is consistent with the following features found on the current Consolidated Plan.

The PHA provides affordable housing to one or more of the categories of persons listed as priorities in the State's Consolidated Plan; low-income households and single-parent households; large low-income households; elderly low-income households; homeless persons and families; persons with special needs; and low and moderate income households in areas experiencing rapid economic and population growth.

Jack L. McCord.....Executive Director



### 13. Capital Fund Program Five-Year Action Plan

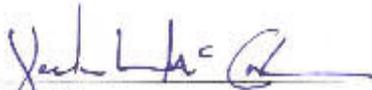
- The PHA provides technical assistance to their tenants regarding access to homeownership programs and actively provides a link to those tenants and program providers.

- The PHA understands the important role in the public participation process for the Consolidated Plan and provides a similar opportunity to their tenants both as a voice in the planning process statewide but also to the planning of the PHA.

- The PHA recognizes the findings of the state's Impediments to Fair Housing Choice and the five categories that the impediments have been placed in; 1) the lack of knowledge or education regarding individual housing rights 2) the "income factor" 3) discrimination 4) the lack of affordable housing; and certain ordinances, regulations, and policies. The PHA recognizes the state's efforts to address the first two impediments and the approach of addressing one impediment per year until the planning period ends in 2008. And, the PHA will participate with the state to eliminate the impediments relevant in their area. The PHA will request materials and assistance from the state and provide the same to their tenants.

The Executive Summary of the Housing Authority of the City of Hannibal Plan is also attached and by our signature below we submit the plan as one, which is consistent with the goals of the State of Missouri.

By way of the signature of the Consolidated Plan Team membership, there exists agreement with the PHA regarding consistency and a commitment to establish a partner where our combined resources and appropriate planning may continue to provide adequate, safe, and affordable housing in Missouri's communities.

  
Jack L. McCord  
Hannibal Housing Authority

3/4/05  
Date

  
Sallie Hemenway, Director

3/9/05  
Date

# 13. Capital Fund Program Five-Year Action Plan

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

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## Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I, Sallie Hemerway the Director of Community Development certify that the Five Year and Annual PHA Plan of the Honolulu Housing Authority is consistent with the Consolidated Plan of State of Missouri prepared pursuant to 24 CFR Part 91.

 3/18/05  
Signed / Dated by Appropriate State or Local Official

### 13. Capital Fund Program Five-Year Action Plan

<b>DISCLOSURE OF LOBBYING ACTIVITIES</b>		Approved by OMB 0343-0042
Complete this form to disclose lobbying activities pursuant to 51 U.S.C. 1352 (See reverse for public burden disclosure.)		
<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/renegotiation <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report: _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____  <i>Domestic Housing Authority</i> <i>3644 Parkway</i> <i>Leesville, MO 63441</i> Congressional District, if known: 9th		<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> N/A  Congressional District, if known: _____
<b>6. Federal Department/Agency:</b> U.S. Department of HUD		<b>7. Federal Program Name/Description:</b> Capital Fund Program  CFDA Number, if applicable: _____
<b>8. Federal Action Number, if known:</b> MHDWPI2504		<b>9. Award Amount, if known:</b> \$ 425,458
<b>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</b>		<b>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</b> N/A
<b>11. Information required through this form is authorized by the 51 U.S.C. 1352(a) (2)(D). This disclosure of lobbying activities is a public record under 51 U.S.C. 1352(a)(2)(D) and is available to the public under the provisions of 51 U.S.C. 1352(a)(2)(D). This information is not to be used for public purposes. No person may disclose this information to the public, or to any other person, without the prior written consent of the HUD Secretary. Penalties for disclosure include a fine of up to \$50,000 and imprisonment for up to 5 years.</b>		Signature: <i>Jack L. McFard</i> Print Name: Jack L. McFard Title: Executive Director Telephone No.: (573)221-7575      Date: 3/21/05
<b>Federal Use Only:</b>		Authorized for Local/Approved at Attention Form 11 (Rev. 2/97)

### 13. Capital Fund Program Five-Year Action Plan

#### INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subcontractor or not. Following part of the initiation or receipt of a covered Federal action, or a material change to a previously submitted report pursuant to 41 CFR 101-11.6 (section 101-11.6). The filing of a form is required for each payment or agreement to make payments to any lobbyist or for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of the United States Government, known as a covered Federal action. Confidential items that apply for both the initial filing and material change report include the following guidelines published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity, in order to have been required to influence the outcome of a covered Federal action.
2. Identify the nature of the covered Federal action.
3. Identify the appropriate use of date of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report (by this reporting entity for the covered Federal action).
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Classify the appropriate classification of the reporting entity that designates it as, or representative, a prime or subaward recipient, under the title of the subcontract, if a Federal award or if the prime or the subcontract award include prime or subaward, subgrant or contract award, respectively.
5. If the reporting entity filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan agreement. Include the full name of the principal or lead prime agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 6). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan guarantees.
8. Enter the most appropriate Federal funding number available for the Federal action identified in item 6 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant award number; contract number; contract order; or loan award number; the applicable proposal number assigned by the Federal agency; or applicable contract order number).
9. For a covered Federal action where the two prime or award or loan contract from the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 (a).
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the lobbying disclosure Act of 1996 or (b) the reporting entity identified in item 4 to a Federal covered Federal action.
  - (a) Enter the full name of the individual performing services, and include full address different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The contact information for the reporting entity with the form, print full name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no general instruction or request to a collection of information which requires a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 3248-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (3048-0046), Washington, DC 20503.

# 13. Capital Fund Program Five-Year Action Plan

## Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Hannibal Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Grant Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below.

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

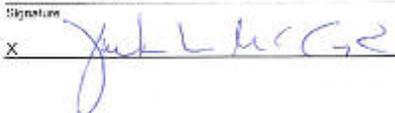
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the sites for the performance of work done in connection with the HUD funding of the program/activity shown above. Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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

Name of Authorized Official Jack L. McCord	Title Executive Director
Signature 	Date 5/21/05

form HUD-50075-SF (04/30/2003)

# 13. Capital Fund Program Five-Year Action Plan

## **Certification for A Drug-Free Workplace**

Hannibal Housing Authority

### **2. Sites for Work Performance**

MO 129-1	3614 Navajo, Hannibal, Marion County, MO 63401 Capital Grant Funding
MO 129-2	3614 Navajo, Hannibal, Marion County, MO 63401 Capital Grant Funding
MO 129-4	3614 Navajo, Hannibal, Marion County, MO 63401 Capital Grant Funding
MO 129-5	3614 Navajo, Hannibal, Marion County, MO 63401 Capital Grant Funding
MO 129-6	3614 Navajo, Hannibal, Marion County, MO 63401 Capital Grant Funding

# 13. Capital Fund Program Five-Year Action Plan

## Standard PHA Plan PHA Certifications of Compliance

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

### PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard 5-Year/Annual, and Streamlined 5-Year/Annual PHA Plans

Attest on behalf of the Board of Commissioners of the Public Housing Agency (PHA) located in \_\_\_\_\_ as its Chairman or other authorized PHA official if there is no Board of Commissioners: I approve the submission of the \_\_\_\_\_ Standard Annual, Standard 5-Year/Annual or \_\_\_\_\_ Standard 5-Year/Annual PHA Plan for the PHA fiscal year beginning \_\_\_\_\_ Amendment referred to as "the Plan", and hereby do hereby certify and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing effort/entry strategy (or any plan in pending such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate state or local officials that the Plan is consistent with the applicable Constitutional Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Constitutional Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents served by the PHA, consulted with this Board or Boards in developing the Plan, and considers the recommendations of the Board or Boards (24 CFR 922.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 204 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the prohibitions or initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these one year and actions.
7. For PHA Plans that include a policy for site-based waiting lists:
  - The PHA regularly submits required data to HUD's HUDS in an accurate, complete and timely manner (as specified in PHA Notice 99-2);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the sequence of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting lists would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that each waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy and determine if it is consistent with civil rights laws and regulations, as specified in 24 CFR part 903.71 (c) (1).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1988 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 504 of the Housing and Urban Development Act of 1968, Enforcement Opportunities for Lower-Very-Low Income Persons, and will be implementing regulation of 24 CFR Part 155.
11. The PHA has submitted with the Plan a certificate or certificates of a drug free workplace required by 24 CFR Part 24, Subpart D.
12. The PHA has submitted with the Plan a certificate with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and such restrictions on payments to influence Federal transactions in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.

### 13. Capital Fund Program Five-Year Action Plan

- 13. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- 14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105( n).
- 15. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
- 16. With respect to public housing the PHA will comply with Davis - Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 17. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 18. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
- 19. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
- 20. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 21. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

Abenindal Housing Authority      MO129  
 PHA Name                                      PHA Number/HA Code

- Standard PHA Plan for Fiscal Year: 20\_\_
- Standard Five-Year PHA Plan for Fiscal Years 20\_\_ - 20\_\_, including Annual Plan for FY 20\_\_
- Streamlined Five-Year PHA Plan for Fiscal Years 2005 - 2009, including Annual Plan for FY 2005

I hereby certify that all the information stated herein, as well as any information provided in the accompanying herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
<u>Jay Abanti</u>	<u>Chairman of the Board</u>
Signature	Date
<u>Jay Abanti</u>	<u>4-7-05</u>

# 13. Capital Fund Program Five-Year Action Plan

## **Certification for A Drug-Free Workplace**

Hannibal Housing Authority

### **2. Sites for Work Performance**

MO 129-1	3614 Navajo, Hannibal, Marion County, MO 63401 Capital Grant Funding
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MO 129-4	3614 Navajo, Hannibal, Marion County, MO 63401 Capital Grant Funding
MO 129-5	3614 Navajo, Hannibal, Marion County, MO 63401 Capital Grant Funding
MO 129-6	3614 Navajo, Hannibal, Marion County, MO 63401 Capital Grant Funding



# 13. Capital Fund Program Five-Year Action Plan

## Certification of Payments to Influence Federal Transactions

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

Applicant Name

Hannibal Housing Authority

Program/Title of Housing Federal Certification  
Capital Funds Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subawards, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of facts upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompanying herewith, is true and accurate.  
Warning: - If you fail to provide false information, statements, or disclosure required by Federal law, you may be liable under 18 U.S.C. 1001, 1012, 1015, 2152, 2383, 3852.

Applicant's Signature

Jack L. McClain

Title

Executive Director

Signature

*Jack L. McClain*

Date (mm/dd/yyyy)

3/21/05

Printed name of subrecipient

Form HUD-50075-SF (04/30/2003)  
ref: harsbooka7417.1, 7425.15, 7426.1, 5-4486.2

## 13. Capital Fund Program Five-Year Action Plan

13. Capital Fund Program Five-Year Action Plan

**Resolution No. 325**

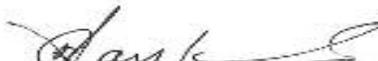
Resolution Approving Amendment of ACOP

WHEREAS it is required by the Department of Housing and Urban Development for the Housing Authority to use the new UIV ( Up-front Income Verification system, and

WHEREAS, our current ACOP does not allow for this use, and

WHEREAS, in order for the Hannibal Housing Authority to utilize this program, an amendment needs to be approved.

NOW THEREFORE, be it resolved by the Board of Commissioners that the Hannibal Housing Authority hereby accepts this Resolution to amend it's ACOP to add the UIV system as developed by the Department of Housing and Urban Development.

  
\_\_\_\_\_  
Jay Ghanti, Chairman  
Board of Commissioners

  
\_\_\_\_\_  
Jack L. McCord  
Secretary

## 13. Capital Fund Program Five-Year Action Plan

### **13. Capital Fund Program Five-Year Action Plan**