

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

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009
Annual Plan for Fiscal Year 2005

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: FAYETTE COUNTY HOUSING AUTHORITY

PHA Number: PA 015

PHA Fiscal Year Beginning 07/2005

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2009
[24 CFR Part 903.5]

A. Mission

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

- 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)
The Fayette County Housing Authority has been awarded 184 Section 8 Relocation/Replacement Vouchers, and does not intend to apply for any additional Vouchers at this time.
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:

- Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

The Fayette County Housing Authority is proposing two mixed finance development projects. #1 Bierer Wood Acres HOPE VI Revitalization and project summary: Demolition of 86 units of obsolete family housing. Construction of 168 units of new housing, served by modern new roads and infrastructure. The new Bierer Wood Acres will have 16 homeownership units in duplex configuration; 66 units of family rental housing in duplexes and triplexes; and 86 units of senior housing in two elevator buildings and three four-unit townhouse buildings. All units will provide off-street parking and be attractive, efficient and desirable. The development will be built in two phases to minimize off-site relocation. All current residents will have the opportunity to return to the site post-construction, provided they are in good standing with FCHA. The Senior units will be available to Seniors now at Bierer Wood Acres and others county-wide who want to be nearer to the Hospital. Each phase of the project will be owned by a separate Limited Partnership, not yet formed. That Partnership will bear the responsibility of management and regulatory compliance. FCHA will continue to provide maintenance under contract with manager while learning the Low Income Housing Tax Credit (LIHTC) compliance procedures. All of the 152 rental units will be ACC units, and thus will serve as Replacement Housing (Public Housing) Units. Rents will be governed by HUD and LIHTC guidelines. Units will be available to households up to 60% of the area median income. All Homeownership units will be sold to households below 80% of AMI. Community and Supportive Services will be provided to the residents. HOPE VI funds provide funds to contract with caseworkers to link residents to appropriate services to match their needs. Such services include, for example, job training, day care, continuing education, and credit counseling. #2 Laurel Highlands Estates proposed mixed finance revitalization plan summary: Demolition of 150 units has been undertaken by the Housing Authority. Site consists of approximately 22.5 acre site adjacent to existing residential community and to Laurel Highlands High School. The development will consist of 56 units of affordable rental housing in duplex and triplex configuration. Units will be served by a new roadway and utility infrastructure, and will include a modest community center. Units will consist of one-, two , and four-bedroom units. Accessible units will be provided. The project will be owned by a separate Limited Partnership, not yet formed. That Partnership will bear the responsibility of management and regulatory compliance. FCHA will continue to provide maintenance under contract with manager while learning the Low-Income Housing Tax (LIHTC)

compliance procedures. All of the 56 rental units will be ACC units, and thus will serve as Replacement Housing (Public Housing) Units. Rents will be governed by HUD and LIHTC guidelines. Units will be available to households up to 60% of the area median income. Community and Supportive Services will be provided to the residents. Such services include, for example, job training, day care, continuing education, and credit counseling. All tenants will be relocated according FCHA's Relocation Plan.

- 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 de-concentrate 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)

FCHA received approval from HUD for complete Elderly and Near Elderly Designation at 4 developments, and partial Elderly and Near Elderly Designation at 3 developments..

Flat rents were revised in December 2001 conforming with the current Market rents at the jurisdiction.

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)

**Annual PHA Plan
PHA Fiscal Year 2005**

[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

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

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

Fayette County Housing Authority is committed to provide housing in accordance to HUD's and all other applicable performance standards. FCHA has adopted and implemented all of the requirements of the Quality Housing and Work Responsibility Act..

Our focus continues to be the enhancement in the quality of existing programs.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- Admissions Policy for Deconcentration
- FY 2005 Capital Fund Program Annual Statement (**attachment pa015a001**)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart Attachment
- FY 2005 – 2009 Capital Fund Program 5 Year Action Plan (**attachment pa015a002**)
-
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
 - pa015a001 – Annual Plan**
 - pa015a003 – 2003 Bonus P&E Report**
 - pa015a004 – P&E Report 2002**
 - pa015a005 – P&E Report 2003**
 - pa015a006 – 2004 P&E Report**
 - pa015a007 – Replacement Housing Factor P&E Report 2002**
 - pa015a008 – Replacement Housing Factor P&E Report 2003**
 - pa015a009 - Replacement Housing Factor P&E Report 2004**

pa015a010 – Community Service Policy
pa015a011 – Criteria for Substantial Deviations & Significant Amendments
pa015a012 – Pet Policy

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing	Annual Plan: Rent

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	4557	5	3	5	5	5	5
Income >30% but <=50% of AMI	1647	2	2	2	2	5	2
Income >50% but <80% of AMI	396	1	1	1	1	1	1
Elderly	2224	3	2	3	5	2	5
Families with Disabilities	556	3	2	3	5	2	5
Race/Ethnicity	1703	NA	NA	NA	NA	NA	NA

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

- Consolidated Plan of the Jurisdiction/s
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information) **In house data**

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	113		227
Extremely low income <=30% AMI	94	83.18	
Very low income (>30% but <=50% AMI)	16	14.15	
Low income (>50% but <80% AMI)	3	2.65	
Families with children	73	64.60	
Elderly families	19	16.81	
Families with Disabilities	21	18.58	
Race/ethnicity White	94	83.19	
Race/ethnicity Black	17	15.04	
Race/ethnicity Indian	2	1.77	
Race/ethnicity Hispanic	0	0	
Non Hispanic	113	100%	
Other (Single Person)	27	23.9	15
1BR	33	29.2	75
2 BR	33	29.2	82
3 BR	18	15.9	49
4 BR	2	1.76	6
5 BR	0	0%	0
5+ BR	0	0%	0

Housing Needs of Families on the Waiting List	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Housing Needs of Families on the Waiting List			
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/sub jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	636		82
Extremely low income <=30% AMI	535	84.1	
Very low income (>30% but <=50% AMI)	101	15.9	
Low income (>50% but <80% AMI)	0	0	
Families with children	406	63.84	
Elderly families	74	11.64	
Families with Disabilities	156	24.53	
Race/ethnicity White	532	83.65	
Race/ethnicity Black	103	16.19	
Race/ethnicity Indian	1	0.16	
Race/ethnicity Asian Pacific	0	0%	
Race/ethnicity Hispanic	3	0.47	
Non Hispanic	633	99.53	
Characteristics by Bedroom Size (Public Housing)			

Housing Needs of Families on the Waiting List			
Only)			
1BR			
2 BR			
3 BR			
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)? N/A Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes N/A Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

- 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)
The Fayette County Housing Authority has been awarded 184 Section 8 Relocation/Replacement Vouchers, and does not intend to apply for any additional Vouchers at this time.

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)

FCHA received approval for elderly designation in 2003.

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) Adopted Reasonable Accommodation Policy for Public Housing and Section 8 Housing.

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community

- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2004 grants)		
a) Public Housing Operating Fund	4,400,000.00	PH Operations
b) Public Housing Capital Fund	2,927,804	Capital Improvements
c) HOPE VI Revitalization	20,000,000.00	Development
d) HOPE VI Demolition	0.00	Demolition
e) Annual Contributions for Section 8 Tenant-Based Assistance	4,244,136.00	Rental Assistance
f) Resident Opportunity and Self-Sufficiency Grants	206,072.00	Public Housing
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)		
FSS	40,000.00	Sec.8
2. Prior Year Federal Grants (unobligated funds only) (list below)		
2003 Capital Funds	3,034,724.00	PH Capital Improve
2002 Hope VI	0.00	Demolition
2003 Capital Fund	531,127.00	PH Capital Improvements
3. Public Housing Dwelling Rental Income		
Dwelling Rent	1,476,850.00	PH Operations

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
4. Other income (list below)		
Financial Income	125,000.00	PH Operations
Miscellaneous Income	15,000.00	PH Operations
4. Non-federal sources (list below)		
Total resources	37,000,713.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe) At time of application and for a second time when they reach the top of the waiting list

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)

Mail in applications

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

1. How many site-based waiting lists will the PHA operate in the coming year? 19

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)? N/A
If yes, how many lists? 19

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

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)

In all of the above according to our ACOP, since transfers have preference over new admissions.

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)

- Income Tiers
- A residency preference is granted to applicants who live or work in the Fayette County geographical area.

2. 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.

- 1 Date and Time
2. Residents who live or work in the jurisdiction
3. Income Tier
4. Involuntary Displacement

Former Federal preferences:

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

Other preferences (select all that apply)

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

- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- 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)

PHA staff

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: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

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

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

- Adoption of site-based waiting lists
- If selected, list targeted developments below:

- 19 developments
- Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- Other (list policies and developments targeted below)
Income Tiers
- d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

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

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

Development and Demolition

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

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

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

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

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- Criminal or drug-related activity only to the extent required by law or regulation

- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)

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

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

d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Criminal or drug-related activity
- Other (describe below)
Previous landlord and address

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:

After review of justification, if the family documents their efforts and additional time can reasonably be expected to result in success, the Housing Authority will grant two (2) thirty-day extensions, giving a total of 120 days.

If the family includes a person with disabilities and the family requires an extension due to the disability, the Housing Authority will grant an extension allowing the family the full 120 days search time or longer if required as a documented reasonable accommodation with HUD approval.

(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)

A residency preference is granted to applicants who live in the Fayette County geographical area.

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.

1. Date and Time
2. Residency
3. Income Tiers
4. Involuntary Displacement

Former Federal preferences

- 4 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)

A residency preference is granted to applicants who live in the Fayette County geographical area.

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

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

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

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
- Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

\$26-\$50

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

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

The Minimum Rent shall be \$50 per month, but a hardship exemption shall be granted to residents who can document that they are unable to pay the \$50 because of a long-term hardship (over 90 days). Examples under which residents would qualify for the hardship exemption to the minimum rent would include but not be limited to the following:

- The family has lost eligibility for or is applying for an eligibility determination for a Federal, State or local assistance program;
- The family would be evicted as result of the imposition of the minimum rent requirements;
- The income of the family has decreased because of changed circumstances, including loss of employment;
- A death in the family has occurred; or
- Other circumstances as determined by FCHA

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

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

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

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

- For the earned income of a previously unemployed household member
 For increases in earned income

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

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

- For household heads
 For other family members
 For transportation expenses

- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

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

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

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

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

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

f. Rent re-determinations:

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

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

Residents are required to report interim increases in income if they have been granted interim rent reductions. FCHA wishes to encourage families to improve their economic circumstances, changes in family income between reexaminations will not result in a rent change. However, residents are required to report all changes in income to the housing manager within 10 days of the occurrence.

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

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
- The section 8 rent reasonableness study of comparable housing
 - Survey of rents listed in local newspaper
 - Survey of similar unassisted units in the neighborhood
 - Other (list/describe below)

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

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

Housing Authority can pay up to 120% of FMR for reasonable accommodations necessary and completed by landlord. This is approved on a case by case basis.

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)

FCHA will consider vacancy rates and rents in the market area, size and quality of units leased under the program, rents for units leased under the program, success rates of voucher holders in finding units, and the percentage of annual income families are paying for rent under the Voucher Program. Also, the Housing Authority has adopted a payment standard of up to 120% for reasonable accommodations necessary and completed by the landlord. This will be done on a case by case basis.

(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)

The FCHA has set the minimum rent as \$50.00. However, if the family requests a hardship exemption, the FCHA will suspend the minimum rent for the family beginning the month following the family's hardship request. The suspension will continue until the FCHA can determine whether hardship exists and whether the hardship is of a temporary or long-term nature. During suspension, the family will not be required to pay a minimum rent and the Housing Assistance Payment will be increased accordingly.

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached. (forwarded to the Field Office with additional required certifications)
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	1323	180-200
Section 8 Vouchers	898	250
Section 8 Certificates	N/A	N/A
Section 8 Mod Rehab	5	2
Special Purpose Section 8 Certificates/Vouchers (list individually) SRO	18	12
Other Federal Programs(list individually)		
FSS	84	12

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C. Management and Maintenance Policies

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

Public Housing Maintenance and Management: (list below)

- Admission and Continued Occupancy Policy (ACOP)
- Residential Lease
- Maintenance/Preventive Maintenance Plan
- Grievance Policy
- Pest Eradication Policy
- Facilities Use
- House Rules
- Crime Tracking
- Pet Policy
- Rent Collection

Section 8 Management: (list below)

- Section 8 Administrative Plan
- Related HUD Forms (request for Tenancy etc)
- HQS Guidebook and Checklist
- Inspections Procedures

FCHA Management

- Drug Free Policy
- Procurement Policy
- Disposition Policy
- Hazardous Materials
- EEO

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment **pa015a002**

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

- The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment **pa015a003**

-or-

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

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

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

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

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

Lemon Wood Acres

FCHA and developer partner will apply,

Bierer Wood Acres Hope VI

Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?

If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

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

Demolition/Disposition Activity Description	
1a. Development name:	Bierer Wood Acres
1b. Development (project) number:	PA 15-1
2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	August 2005
5. Number of units affected:	86
6. Coverage of action (select one)	

<input type="checkbox"/> Part of the development
<input checked="" type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity:) 8/30/05 b. Projected end date of activity: 8/30/06

Demolition/Disposition Activity Description
1a. Development name: Lemon Wood Acres
1b. Development (project) number: PA 15-4
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:
5. Number of units affected: 0 units
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity 12/30/05 b. Projected end date of activity 8/30/07

Demolition/Disposition Activity Description
1a. Development name: Dunlap Creek Village
1b. Development (project) number: 15-7
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:
5. Number of units affected: 0 units
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity 6/30/05 b. Projected end date of activity 6/30/07

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

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

Demolition/Disposition Activity Description
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission:
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

Designation of Public Housing Activity Description
1a. Development name: Mulligan Manor 1b. Development (project) number: PA 15-11
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and near elderly <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(12/23/03)</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 65 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: White Swan Apartments 1b. Development (project) number: PA 15-12
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and near elderly <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(12/23/03)</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 78 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description

1a. Development name: Marshall Manor
1b. Development (project) number : PA 15-13
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and nearly elderly <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(12/23/03)</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 100
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Belle Vernon Apartments
1b. Development (project) number: PA 15-16
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and near elderly <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(12/23/03)</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 150
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: South Hill Terrace

1b. Development (project) number: PA 15-5
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and near elderly <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(12/23/03)</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 20 7. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Snowden Terrace 1b. Development (project) number: PA 15-9
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> Occupancy by elderly and near elderly <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(12/23/03)</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 5 7. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: East View Terrace 1b. Development (project) number: PA 15-10

<p>2. Designation type:</p> <p>Occupancy by only the elderly <input type="checkbox"/></p> <p>Occupancy by families with disabilities <input type="checkbox"/></p> <p>Occupancy by only elderly families and families with disabilities <input type="checkbox"/></p> <p>Occupancy by elderly and near elderly <input checked="" type="checkbox"/></p>
<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: (12/23/03)</p>
<p>5. If approved, will this designation constitute a (select one)</p> <p><input checked="" type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>6. Number of units affected: 12</p> <p>7. Coverage of action (select one)</p> <p><input checked="" type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>
<p>Designation of Public Housing Activity Description</p>
<p>1a. Development name: Clarence Hess Terrace</p> <p>1b. Development (project) number: PA 15-15</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input type="checkbox"/></p> <p>Occupancy by families with disabilities <input type="checkbox"/></p> <p>Occupancy by only elderly families and families with disabilities <input type="checkbox"/></p> <p>Occupancy by elderly and near elderly <input checked="" type="checkbox"/></p>
<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: (12/23/03)</p>
<p>5. If approved, will this designation constitute a (select one)</p> <p><input checked="" type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>7. Number of units affected: 11</p> <p>7. Coverage of action (select one)</p> <p><input checked="" type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

1. Yes No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202

of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

As required by HUD’s June 22, 2001 Final Rule: Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments, FCHA conducted an initial assessment for each of its 17 family developments to determine the viability of conversion.

In its assessment, FCHA considered the implications of converting the public housing units to tenant-based assistance and concluded that the conversion is not viable because the conversion would be inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion. The assessment also concluded that Fayette County does not have enough affordable housing that meets HQS requirements making inappropriate the conversion.

FCHA’s conducted the required initial assessment in 17 family developments; four elderly developments were not subject to the initial assessment.

2. Activity Description

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

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

<input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)
--

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III

<input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

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

NOT APPLICABLE. NO HOPE VI COMMUNITIES

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- Yes No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 7/8/03

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

- Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Resident Owned Business\ PH residents owned business for painting and ground work	16	Specific Criteria	FCHA Program dept.	Public Housing
Ross (RSDM)	50	Specific Criteria	FCHA Program dept.	Public Housing

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: 02/01/04)
Public Housing	9	9
Setion 8	81	75

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

If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

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

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.

- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
 - Establishing a protocol for exchange of information with all appropriate TANF agencies
 - Other: (list below)
- PHA continues in conversation with the TANF Agency of jurisdiction to enter into a Cooperative Agreement

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

FCHA adopted a Community Service Policy on October 1, 2000. Program is not active as per changes prompted by Congress 2002 Appropriation Act. FCHA has an active Community Service Program. See attached Community Service/Self Sufficiency Policy.

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

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

Bierer Wood Acres, South Hill Terrace,
Snowden Terrace, East View Terrace, Fort Mason Village, **Gibson Terrace**

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

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

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

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

Bierer Wood Acres, South Hill Terrace, Snowden Terrace, East View Terrace,
Fort Mason Village, Gibson Terrace

C. Coordination between PHA and the police

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

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

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

Bierer Wood Acres, South Hill Terrace, Snowden Terrace, Gibson Terrace, Fort
Mason Village

D. Additional information as required by PHDEP/PHDEP Plan

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

NOT REQUIRED TO COMPLETE

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

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

FCHA is submitted its Pet Policy as Attachment pa015a013

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil Rights Certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations package submitted to the Field Office.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- Other: (list below)

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- Attached at Attachment (File name)
- Provided below:

Meeting with Resident Advisory Board:

At the County-Wide RAB Board Meeting, Mr. Andre Walters stated that they need input from residents concerning the Annual and Five Year Plan. He stated that this year the Housing Authority has two major projects that they are working on: HOPE VI and Capital Fund Bond Pool. The Housing Authority had five public meetings and one training session on HOPE VI with the tenants and the communities for this project held on November 22, 2004; December 6, 2004; December 27, 2004; December 29, 2004; and January 6, 2005. Approximately 90 percent of all tenants attended all meetings. Topics that were discussed included training on HOPE VI issues and proposed development, update on site layout and unit plans; relocation issues; and community services. These meetings were held by the Authority staff and the Development Team. There were numerous Q&A sessions. All of these meeting notes are on file at this office for review. Also another meeting was held at PA 15-3, Gibson Terrace on the up-coming 504 revitalization work to be done at this development. Topics of discussion were handicap accessibility itself, accessible units, relocation issues, audible/visible units, possible start dates of the project, estimated costs of the project, and unit size distribution.

3. In what manner did the PHA address those comments? (select all that apply)

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments
List changes below:
- Other: (list below)
No modifications were required, RAB unanimously approved activities included in the Plan as presented.

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

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

Nancy Sutton, Resident on the Board appointed by Fayette County Board of Commissioners. Ms. Sutton term end on 12/31/05

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)
Fayette County, Pennsylvania

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

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

Other: (list below)

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

D. Other Information Required by HUD

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

Attachments

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

- pa015a000 – Annual Plan
- pa015a001 – FY 2005 Capital Fund Program Annual Statement
- pa015a002 – FY 2005 – 2009 Capital Fund Program 5 Year Action Plan
- pa015a003 – 2003 Bonus P&E Report
- pa015a004 – P&E Report 2002
- pa015a005 – P&E Report 2003
- pa015a006 – 2004 P&E Report
- pa015a007 – Replacement Housing Factor P&E Report 2002
- pa015a008 – Replacement Housing Factor P&E Report 2003
- pa015a009 – Replacement Housing Factor P&E Report 2004
- pa015a010 – Community Service Policy
- pa015a011 – Criteria for Substantial Deviations & Significant Amendments
- pa015a012 – Pet Policy

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550205 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					
3	1408 Management Improvements	320,000.00				
4	1410 Administration	300,000.00				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	210,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	30,000.00				
10	1460 Dwelling Structures	480,000.00				
11	1465.1 Dwelling Equipment—Nonexpendable	90,000.00				
12	1470 Nondwelling Structures	125,000.00				
13	1475 Nondwelling Equipment	30,000.00				
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs	20,000.00				
18	1499 Development Activities	1,395,000.00				
19	1501 Collaterization or Debt Service					

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P01550205 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	3,000,000.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	170,000.00			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	420,000.00			

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550205 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	
PA. 15-1 Bierer Wood Acres	Development Activities	1499		1,000,000.00				
PA. 15-2 Crossland Place	1. Replace HVAC units	1460	40 units	80,000.00				
	2. Replace Roofs	1460	8 bldgs.	70,000.00				
	3. Replace Gutters /Down spouts Soffit/Fascia	1460	8bldgs.	20,000.00				
	4. Replace entrance door locks	1460	120 doors	15,000.00				
504 comm. room	1. Roof	1470	1	15,000.00				
	2. Bathrooms	1470	2	10,000.00				
	3. Electrical upgrades	1470		20,000.00				
	4. Plumbing upgrades	1470		20,000.00				
	5. Kitchen	1470	1	10,000.00				
	6. Interior finishes (floors, painting,trim, Drywall)	1470		10,000.00				
	7. Exterior finishes (siding,brick,metals)	1470		5,000.00				
	8. Doors	1470		20,000.00				
				5,000.00				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550205 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	
PA. 15-2 Comm.Room cont.	9.Windows	1470		10,000.00				
	10. Concrete/Paving	1450		20,000.00				
	11. Landscape/Drainage	1450		10,000.00				
PA.15-3 Gibson Terrace	1. Replace HVAC units	1460	150 units	250,000.00				
	2. Replace entrance door locks	1460	450 doors	40,000.00				
PA. 15-4 Lemonwood Acres	1.Development Activities	1499		395,000.00				
PA. 15-11 Mulligan Manor	1. Replace entrance door locks	1460	65 doors	5,000.00				
H.A Wide	1. Appliances Refrigerators/Ranges	1465	300	90,000.00				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550205 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	
Mgmt. Improve	1. Staff Training / Travel	1408		125,000.00				
	2. Resident Initiatives	1408		80,000.00				
	3. Computer Software	1408		15,000.00				
	4. Applications / Planning Services	1408		100,000.00				
Administration	1. Mod. Salary & Benefits	1410		295,000.00				
	2. Advertisements	1410		5,000.00				
Fees & Costs	1. Architectural & Engineering	1430		60,000.00				
	2. Financial Consultants	1430		50,000.00				
	3. Legal Fees	1430		100,000.00				
Non Dwel. Equip.	1. Computer Hardware	1475		20,000.00				
	2. Office Equip.	1475		10,000.00				
HA-Wide	1. Relocation	1495		20,000.00				

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program No: PA28P01550205 Replacement Housing Factor No:	Federal FY of Grant: 2005
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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	
PA. 15-1 Biererwod Acres	7- 31-07			7-31-09			
PA. 15-2 Crossland Place	7-31-07			7-31-09			
PA.15-3 Gibson Terr.	7-31-07			7-31-09			
PA. 15-4 Lemonwood Acres	7-31-07			7-31-09			
PA.15-11 Mulligan Manor	7-31-07			7-31-09			
H.A. Wide	7-31-07			7-31-09			

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <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					
2	1406 Operations					
3	1408 Management Improvements	10,000.00	10,000.00			
4	1410 Administration	53,000.00	53,000.00			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	4,842.00	30,000.00			
8	1440 Site Acquisition					
9	1450 Site Improvement	0.00	65,000.00			
10	1460 Dwelling Structures	0.00	353,127.00			
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	0.00	15,000.00			
13	1475 Nondwelling Equipment	70,000.00	5,000.00			
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities	393,285.00	0.00			
19	1501 Collateralization or Debt Service					
20	1502 Contingency					

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 12/31/04 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	531,127.00	531,127.00		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	0.00	433,127.00		
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
PA 15-4, Lemon Wood Acres	1. Water Lines	1499	L.S.	50,000.00	0.00	0.00	0.00	
	2. Sewer/Drainage Lines	1499	L.S.	100,000.00	0.00	0.00	0.00	
	3. Gas Lines	1499	L.S.	100,000.00	0.00	0.00	0.00	
	4. Landscape	1499	L.S.	50,000.00	0.00	0.00	0.00	
	5. Underground electric/phone/cable	1499	L.S.	43,285.00	0.00	0.00	0.00	
	6. Concrete/paving	1499	L.S.	50,000.00	0.00	0.00	0.00	
HA-Wide Mgmt. Improvements	1. Travel/training	1408	L.S.	5,000.00	5,000.00	0.00	0.00	
	2. Computer Software	1408	L.S.	5,000.00	5,000.00	0.00	0.00	
HA-Wide Admin.	1. Modernization Salaries & Benefits	1410	L.S.	53,000.00	53,000.00	0.00	0.00	
HA-Wide Fees & Costs	1. A&E Services	1430	L.S.	4,842.00	30,000.00	0.00	0.00	
HA-Wide Non-Dwelling	1. Computer Hardware	1475	L.S.	70,000.00	5,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
PA.15-9 Snowden Terrace	504 Upgrades to Community Room:							
	1. Addition to community room/framing	1470	1 bldg	0.00	0.00	0.00	0.00	In 2003
	2. Roof/metals	1470	1	0.00	0.00	0.00	0.00	“
	3. Electrical upgrades/fire & security	1470	1	0.00	0.00	0.00	0.00	“
	4. Plumbing upgrades	1470	1	0.00	0.00	0.00	0.00	“
	5. Bathrooms	1470	2	0.00	0.00	0.00	0.00	“
	6. Kitchen	1470	1	0.00	0.00	0.00	0.00	“
	7. Windows/doors	1470	1 bldg	0.00	0.00	0.00	0.00	“
	8. HVAC upgrades	1470	1	0.00	0.00	0.00	0.00	“
	9. Masonry/brick/block	1470	1	0.00	0.00	0.00	0.00	“
	10. Interior finishes/drywall/paint/trim/flooring	1470	1	0.00	0.00	0.00	0.00	“
	11. Concrete/paving/railing	1450	L.S	0.00	0.00	0.00	0.00	“
	12. Landscape/drainage	1450	L.S	0.00	0.00	0.00	0.00	“
	13. Asbestos testing/oversight	1470	L.S	0.00	0.00	0.00	0.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
PA 15-8, Marion Villa	Conversion: 1-six row two-story bldg. to address 3 units to meet 504, and upgrades on 2 units to meet 504.							
	1. Demo bldg. to slab	1460	1 bldg.	0.00	25,000.00	0.00	0.00	
	2. Framing	1460	3 units	0.00	40,000.00	0.00	0.00	
	3. Plumbing upgrades	1460	3 units	0.00	40,000.00	0.00	0.00	
	4. Electrical upgrades	1460	3 units	0.00	40,000.00	0.00	0.00	
	5. HVAC upgrades	1460	3 units	0.00	28,127.00	0.00	0.00	
	6. Exterior finishes (brick,siding)	1460	3 units	0.00	35,000.00	0.00	0.00	
	7. Windows	1460	3 units	0.00	20,000.00	0.00	0.00	
	8. Doors	1460	3 units	0.00	20,000.00	0.00	0.00	
	9. Roofing (metals)	1460	3 units	0.00	25,000.00	0.00	0.00	
	10. Interior finishes (drywall, paint, trim, flooring)	1460	3 units	0.00	40,000.00	0.00	0.00	
	11. Kitchens	1460	5 units	0.00	25,000.00	0.00	0.00	
	12. Bathrooms	1460	3 units	0.00	15,000.00	0.00	0.00	
	13. Concrete	1450	L.S.	0.00	35,000.00	0.00	0.00	
	14. Landscape/drainage	1450	L.S.	0.00	30,000.00	0.00	0.00	
15-8, Community Room	1. Kitchen 504 upgrade	1470	1	0.00	15,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: PA28P01550203 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	
PA 15-4, Lemon Wood Acres	2/13/06			2/13/08			
PA 15-8, Marion Villa	2/13/06			2/13/08			
PA 15-9, Snowden Terrace	2/13/06			2/13/08			
HA-Wide:							
Mgmt. Improvements	2/13/06			2/13/08			
Administration	2/13/06			2/13/08			
Fees & Costs	2/13/06			2/13/08			
Non-Dwelling Equip.	2/13/06			2/13/08			

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4) <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					
2	1406 Operations					
3	1408 Management Improvements	347,000.00	309,724.82	309,724.82	309,724.82	
4	1410 Administration	334,423.00	224,605.32	224,605.32	224,605.32	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	260,000.00	329,251.90	329,251.90	329,251.90	
8	1440 Site Acquisition					
9	1450 Site Improvement	220,000.00	30,124.56	30,124.56	30,124.56	
10	1460 Dwelling Structures	1,748,285.00	2,109,957.59	2,109,957.59	2,023,099.23	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	0.00	91,835.96	91,835.96	91,835.96	
13	1475 Nondwelling Equipment	50,000.00	63,808.70	63,808.70	63,808.70	
14	1485 Demolition	235,000.00	0.00	0.00	0.00	
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs	30,000.00	65,399.15	65,399.15	65,399.15	
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P01550202 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 4)
 Performance and Evaluation Report for Period Ending: 12/31/04 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	3,224,708.00	3,224,708.00	3,224,708.00	3,137,849.64
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	0.00	118,769.64	118,769.64	118,769.64
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 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	
PA 15-1, Bierer Wood Acres	Reconfigure three – six unit, row type bldgs. into eleven apts. (1 row – 4 apt. (2-2 BR, 2-3 BR); 1 row – 3 apt. (3-1 BR single story); 1 row – 4 apt. (2-2 BR, 2-3 BR)							
	1. Rep. front & rear entrances /porches	1460	10 units	120,000.00	0.00	0.00	0.00	
	2. Replace windows	1460	10 units	50,000.00	0.00	0.00	0.00	
	3. Rep. Entrance, interior & storm doors	1460	10 units	50,000.00	0.00	0.00	0.00	
	4. Roof replacement	1460	3 Bldgs.	65,000.00	0.00	0.00	0.00	
	5. Kitchens	1460	10	75,000.00	0.00	0.00	0.00	
	6. Bathrooms	1460	10	50,000.00	0.00	0.00	0.00	
	7. Floors	1460	10 units	80,000.00	0.00	0.00	0.00	
	8. Concrete	1460	10 units	80,000.00	0.00	0.00	0.00	
	9. Landscape/drainage	1450	10 units	40,000.00	0.00	0.00	0.00	
	10. HVAC replacement	1460	10 units	70,000.00	0.00	0.00	0.00	
	11. Smoke detector upgrade	1460	10 units	25,000.00	0.00	0.00	0.00	
	12. Siding	1460	10 units	150,000.00	0.00	0.00	0.00	
	13. Soffit & fascia/gutters & downspours	1460	10 units	40,000.00	0.00	0.00	0.00	
	14. Demo interior units	1460	10	20,000.00	0.00	0.00	0.00	
	15. Parking area	1450	10 units	50,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 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	
	16. Storage areas	1460	10	50,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 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	
PA 15-1, Bierer Wood Continued	17. Plumbing upgrade	1460	10 units	130,000.00	0.00	0.00	0.00	
	18. Electrical upgrade	1460	10 units	143,285.00	0.00	0.00	0.00	
	19. Fencing	1450	10 units	40,000.00	0.00	0.00	0.00	
	20. Clean crawlspace	1460	3	10,000.00	0.00	0.00	0.00	
	21. Replace drywall and finish	1460	10 units	100,000.00	0.00	0.00	0.00	
	22. Demolition	1485	4 Bldg/26 units	107,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 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	
	23. Asbestos Testing	1460	L.S.	0.00	1,650.00	1,650.00	1,650.00	
PA 15-4, Lemon Wood Acres	1. Demolition	1485	4 Bldg/32 units	128,000.00	0.00	0.00	0.00	
	2. Asbestos Testing	1460	L.S.	0.00	1,650.00	1,650.00	1,650.00	
PA 15-7, Dunlap Creek Village	1. Asbestos Testing	1460	L.S.	0.00	1,650.00	1,650.00	1,650.00	
PA 15-9, Snowden Terrace	Reconfigure one – five unit, row type bldg. to three apts. (2-2 BR & 1-3 BR)							
	1. Rep. Front & rear entrances/porches	1460	3 units	50,000.00	0.00	0.00	0.00	
	2. Replace windows	1460	3 units	15,000.00	0.00	0.00	0.00	
	3. Rep. Entrance, interior & storm doors	1460	3 units	10,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 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	
PA 15-9, Snowden Terrace	4. Roof replacement	1460	1 Bldg.	25,000.00	0.00	0.00	0.00	
	5. Kitchens	1460	3 units	25,000.00	0.00	0.00	0.00	
	6. Bathrooms	1460	3 units	15,000.00	0.00	0.00	0.00	
	7. Floors	1460	3 units	25,000.00	0.00	0.00	0.00	
	8. Concrete	1450	L.S.	30,000.00	0.00	0.00	0.00	
	9. Landscape/drainage	1450	3 units	25,000.00	0.00	0.00	0.00	
	10. HVAC replacement	1460	3 units	18,000.00	0.00	0.00	0.00	
	11. Smoke detector upgrade	1460	3 units	4,000.00	0.00	0.00	0.00	
	12. Siding	1460	3 units	30,000.00	0.00	0.00	0.00	
	13. Soffit & fascia/gutters & downspouts	1460	3 units	12,000.00	0.00	0.00	0.00	
	14. Demo interior units	1460	3	10,000.00	0.00	0.00	0.00	
	15. Parking area	1450	3 units	5,000.00	0.00	0.00	0.00	
	16. Storage areas	1460	3	12,000.00	0.00	0.00	0.00	
	17. Plumbing upgrade	1460	3 units	30,000.00	0.00	0.00	0.00	
	18. Electrical upgrade	1460	3 units	40,000.00	0.00	0.00	0.00	
	19. Fencing	1460	3 units	10,000.00	0.00	0.00	0.00	
	20. Replace drywall and finish	1460	3 units	30,000.00	0.00	0.00	0.00	
	21. Asbestos testing	1460	L.S.	0.00	1,650.00	1,650.00	1,650.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 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	
PA 15-9, Snowden Terrace	Rehab one elderly – row type, five unit row:							
	1. Window replacement	1460	5 units	10,000.00	0.00	0.00	0.00	
	2. Rep. Entrance, interior & storm doors	1460	5 units	10,000.00	0.00	0.00	0.00	
	3. Install air conditioning	1460	5 units	15,000.00	0.00	0.00	0.00	
	4. Smoke detector upgrade	1460	5 units	4,000.00	0.00	0.00	0.00	
	5. Electrical upgrade	1460	5 units	5,000.00	0.00	0.00	0.00	
	6. Plumbing upgrade	1460	5 units	5,000.00	0.00	0.00	0.00	
	7. Rep. Front & rear entrances & porches	1460	5 units	25,000.00	0.00	0.00	0.00	
	8. Landscape/drainage	1450	5 units	15,000.00	0.00	0.00	0.00	
	9. Concrete	1450	5 units	15,000.00	0.00	0.00	0.00	
	10. Downspouts	1460	5 units	5,000.00	0.00	0.00	0.00	
PA 15-10, East View Terrace	1. Framing of units	1460	2 units	0.00	110,000.00	110,000.00	110,000.00	
	2. Bathrooms	1460	2 units	0.00	17,400.00	17,400.00	17,400.00	
	3. Exterior finishes	1460	2 units	0.00	334,358.36	334,358.36	247,500.00	
	4. Concrete	1460	2 units	0.00	28,810.00	28,810.00	28,810.00	
	5. Landscape/drainage	1450	2 units	0.00	450.00	450.00	450.00	
	6. Demolition	1460	2 units	0.00	17,300.00	17,300.00	17,300.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 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	
PA 15-10, Mgr. office/main.garage	1. Concrete/paving/railing	1470	2 bldgs.	0.00	13,340.00	13,340.00	13,340.00	
	2. Asbestos testing/oversight	1470	2 bldgs.	0.00	150.00	150.00	150.00	
	3. Demolition	1470	2 bldgs.	0.00	3,800.00	3,800.00	3,800.00	
PA 15-16, Belle Vernon Apts.	1. Paving	1450	L.S.	0.00	6,651.72	6,651.72	6,651.72	
	2. Rep. Mainline sewer traps	1450	2	0.00	4,771.00	4,771.00	4,771.00	
	3. Electrical upgrade	1460	L.S.	0.00	114,142.48	114,142.48	114,142.48	
	4. Canopy/concrete upgrade	1460	1	0.00	3,355.00	3,355.00	3,355.00	
	5. Apt. 504 upgrades – kitchen/baths, etc	1460	8	0.00	76,198.79	76,198.79	76,198.79	
	6. Replace apartment doors	1460	150	0.00	43,311.05	43,311.05	43,311.05	
	7. Asbestos abatement	1460	L.S.	0.00	1,450.00	1,450.00	1,450.00	
	8. Replace handrailing in halls	1460	L.S.	0.00	8,640.20	8,640.20	8,640.20	
	9. Paint common areas	1470	L.S.	0.00	7,310.00	7,310.00	7,310.00	
	10. Rep. floor coverings – common areas	1470	L.S.	0.00	26,490.00	26,490.00	26,490.00	
	11. Replace common area doors	1470	L.S.	0.00	675.00	675.00	675.00	
	12. Replace ceiling on ground floor	1470	L.S.	0.00	16,092.16	16,092.16	16,092.16	
	13. Community room upgrade	1470	1	0.00	4,787.14	4,787.14	4,787.14	
	14. Com. Room 504 kitchen upgrade	1470	1	0.00	176.00	176.00	176.00	
	15. Common area 504 bathrooms	1470	2	0.00	1,822.32	1,822.32	1,822.32	
16. Electrical equipment building	1470	1	0.00	17,193.34	17,193.34	17,193.34		

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 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	
PA 15-19, Fairchance Hsg.	1. Replace kitchens	1460	28	0.00	57,965.17	57,965.17	57,965.17	
	2. Replace bathrooms	1460	28	0.00	53,935.50	53,935.50	53,935.50	
	3. Replace HVAC units	1460	28	0.00	80,046.00	80,046.00	80,046.00	
	4. Replace/repair floors	1460	28	0.00	334,099.61	334,099.61	334,099.61	
	5. Replace entrance doors/locks/storm doors	1460	L.S.	0.00	54,698.46	54,698.46	54,698.46	
	6. Electrical upgrades	1460	L.S.	0.00	105,948.93	105,948.93	105,948.93	
	7. Paint units	1460	L.S.	0.00	62,395.00	62,395.00	62,395.00	
	8. Replace drywall	1460	L.S.	0.00	275,600.00	275,600.00	275,600.00	
	9. Plumbing upgrade	1460	L.S.	0.00	104,225.87	104,225.87	104,225.87	
	10. Replace shelving	1460	L.S.	0.00	15,854.64	15,854.64	15,854.64	
	11. Roof replacement/vents	1460	28	0.00	15,950.00	15,950.00	15,950.00	
	12. Temporary Housing	1450	4	0.00	1,551.84	1,551.84	1,551.84	
	13. Section 504 upgrade	1460	2	0.00	40,572.53	40,572.53	40,572.53	
PA 15-22, Scattered Sites	1. Demolition	1460	4 units	0.00	1,000.00	1,000.00	1,000.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 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	
PA 15-22, Scattered Sites Continued	2. Framing	1460	2 bldgs.	0.00	46,500.00	46,500.00	46,500.00	
	3. Roofing/Metals	1460	2 bldgs.	0.00	14,250.00	14,250.00	14,250.00	
	4. Doors & Windows	1460	4 units	0.00	13,750.00	13,750.00	13,750.00	
	5. Drywall/paint/trim/flooring	1460	4 units	0.00	20,200.00	20,200.00	20,200.00	
	6. Masonry brick/block	1460	4 units	0.00	51,400.00	51,400.00	51,400.00	
	7. Concrete/paving/railing	1450	L.S.	0.00	15,850.00	15,850.00	15,850.00	
	8. Landscape/drainage	1450	L.S.	0.00	850.00	850.00	850.00	
HA-Wide Mgmt. Improvements	1. Staff training	1408	L.S.	30,000.00	2,272.05	2,272.05	2,272.05	
	2. Resident Initiatives	1408	L.S.	80,000.00	76,801.01	76,801.01	76,801.01	
	3. Computer Software	1408	L.S.	40,000.00	13,016.33	13,016.33	13,016.33	
	4. Applications/planning services/testing/assessments	1408	L.S.	150,000.00	217,635.43	217,635.43	217,635.43	
	5. Mgmt. Analysis planning human resources	1408	L.S.	35,000.00	0.00	0.00	0.00	
	6. Tenant patrols	1408	L.S.	12,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550202 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 Admin.	1. Modernization salary & benefits	1410	L.S.	318,140.00	220,602.18	220,602.18	220,602.18	
	2. Modernization legal costs	1410	L.S.	10,283.00	0.00	0.00	0.00	
	3. Bid advertisements	1410	L.S.	6,000.00	4,003.14	4,003.14	4,003.14	
HA-Wide Fees & Costs	1. Architectural & Engineering	1430	L.S.	130,000.00	258,619.36	258,619.36	258,619.36	
	2. Financial consultants	1430	L.S.	80,000.00	40,371.25	40,371.25	40,371.25	
	3. Construction manager	1430	L.S.	50,000.00	0.00	0.00	0.00	
	4. Modernization legal costs	1430	L.S.	0.00	30,261.29	30,261.29	30,261.29	
HA-Wide Non-Dwelling equip.	1. Computer hardware	1475	L.S.	40,000.00	51,852.00	51,852.00	51,852.00	
	2. Office equipment	1475	L.S.	10,000.00	11,956.70	11,956.70	11,956.70	
HA-Wide	1. Relocation costs	1495	L.S.	30,000.00	65,399.15	65,399.15	65,399.15	

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program No: PA28P01550202 Replacement Housing Factor No:	Federal FY of Grant: 2002
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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	
PA 15-1, Bierer Wood	9/30/04			9/30/05			
PA 15-4, Lemon Wood	9/30/04			9/30/05			
PA 15-7, Dunlap Creek	9/30/04			9/30/05			
PA 15-9, Snowden	9/30/04			9/30/05			
PA 15-10, East View	9/30/04			9/30/05			
PA 15-16, Belle Vernon	9/30/04			9/30/05			
PA 15-19, Fairchance	9/30/04			9/30/05			
PA 15-22, Scattered Site	9/30/04			9/30/05			
HA-Wide:							
Mgmt. Improvements	9/30/04			9/30/05			
Administration	9/30/04			9/30/05			
Fees & Costs	9/30/04			9/30/05			
Non-dwelling Equipment	9/30/04			9/30/05			
Development	9/30/04			9/30/05			
Relocation	9/30/04			9/30/05			

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

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
Total CFP Estimated Cost			\$			\$

Capital Fund Program Five-Year Action Plan

Part I: Summary

S A M P L E

PHA Name <i>Anytown Housing Authority</i>						<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005	
	Annual Statement					
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
Replacement Housing Factor Funds		<i>\$40,000</i>				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <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				
2	1406 Operations				
3	1408 Management Improvements	223,000.00	199,000.00	173,950.00	47,030.61
4	1410 Administration	322,470.00	250,350.00	250,350.00	160,919.05
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	325,000.00	245,000.00	177,937.23	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	8,000.00	106,154.06	20,120.75	0.00
10	1460 Dwelling Structures	280,975.00	1,151,084.94	813,784.94	159,196.54
11	1465.1 Dwelling Equipment—Nonexpendable	125,000.00	20,000.00	9,449.00	0.00
12	1470 Nondwelling Structures	40,000.00	385,876.00	191,876.00	26,527.34
13	1475 Nondwelling Equipment	50,000.00	136,132.00	46,132.00	0.00
14	1485 Demolition	490,882.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	30,000.00	10,000.00	5,000.00	0.00
18	1499 Development Activities	608,270.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service				

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P01550203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 12/31/04 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	2,503,597.00	2,503,597.00	1,688,599.92	393,673.54
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	336,975.00	1,198,852.40	699,319.09	171,996.54
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
PA 15-1, Bierer Wood Acres	1. Demolition 4 Bldgs. (24 units)	1485	4 Bldgs.	120,000.00	0.00	0.00	0.00	HOPE VI
PA 15-4, Lemon Wood Acres	1. Development Activities	1499	L.S.	305,000.00	0.00	0.00	0.00	
	2. Demolition 3 Bldgs. (19 units)	1485	3 Bldgs.	95,000.00	0.00	0.00	0.00	HOPE VI
	3. Development Activities	1499	L.S.	303,270.00	0.00	0.00	0.00	
PA 15-7, Dunlap Creek Village	1. Demolition 4 Bldgs. (28 units)	1485	4 Bldgs.	115,000.00	0.00	0.00	0.00	HOPE VI
	2. Demolition of old sewage treatment plant	1485	1	36,882.00	0.00	0.00	0.00	HOPE VI
	3. Demolition	1485	3 Bldgs.	100,000.00	0.00	0.00	0.00	HOPE VI
PA 15-9, Snowden Terrace	Conversion 1-2story bldg to met 504 from 5 units to 2 units 1-2 br, 1-3br and 4-1br units to 2-2br unit to meet 504							
	1. Demo building to slab	1460	1 bldg.	0.00	10,000.00	0.00	0.00	
	2. Kitchens	1460	4 units	0.00	16,000.00	0.00	0.00	
	3. Bathrooms	1460	4 units	0.00	12,000.00	0.00	0.00	
	4. Electrical upgrades	1460	4 units	0.00	16,300.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
PA 15-9, Snowden Terrace Cont'd.	5. Plumbing upgrades	1460	4 units	0.00	20,000.00	0.00	0.00	
	6. Roofing/metals	1460	4 units	0.00	20,000.00	0.00	0.00	
	7. Drywall/painting/flooring/trim	1460	4 units	0.00	15,000.00	0.00	0.00	
	8. Framing	1460	1 bldg.	0.00	15,000.00	0.00	0.00	
	9. Masonry-brick/block	1460	2 bldgs.	0.00	25,000.00	0.00	0.00	
	10. HVAC upgrades	1460	4 units	0.00	16,000.00	0.00	0.00	
	11. Doors/windows	1460	4 units	0.00	10,000.00	0.00	0.00	
	12. Concrete/paving/railings	1450	L.S.	0.00	16,000.00	0.00	0.00	
	13. Landscape/drainage	1450	L.S.	0.00	15,033.31	0.00	0.00	
	14. Asbestos testing/oversight	1460	2 bldgs.	0.00	2,000.00	0.00	0.00	
PA 15-10, East View Terrace	504 Upgrades:							
	1. Kitchens	1460	3 units	18,000.00	0.00	0.00	0.00	
	2. Bathrooms	1460	3 units	12,000.00	0.00	0.00	0.00	
	3. Ramps & Handrails	1460	3 units	10,000.00	0.00	0.00	0.00	
	Conversion of 1-2 story duplex to 1-1 story duplex bldg. to address 504 compliance 1-2 br and 1-3 br							
	1. Demo building	1485	2 units	12,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
PA 15-10, East View Cont'd.	2. Framing of new units	1460	2 units	20,000.00	40,000.00	40,000.00	0.00	
	3. Kitchens	1460	2 units	12,000.00	47,250.00	47,250.00	0.00	
	4. Bathrooms	1460	2 units	10,000.00	12,600.00	12,600.00	0.00	
	5. Interior finishes	1460	2 units	18,000.00	123,900.00	123,900.00	0.00	
	6. Exterior finishes	1460	2 units	32,000.00	185,641.64	185,641.64	4,500.00	
	7. HVAC	1460	2 units	10,000.00	37,850.00	37,850.00	17,060.40	
	8. Plumbing	1460	2 units	14,000.00	67,779.00	67,779.00	43,552.76	
	9. Electrical	1460	2 units	10,000.00	60,727.00	60,727.00	11,212.11	
	10. Concrete	1460	2 units	8,000.00	4,990.00	4,990.00	0.00	
	11. Landscape & drainage	1450	2 units	8,000.00	5,300.00	5,300.00	0.00	
	12. Audible/visible alarms	1460	5 units	825.00	0.00	0.00	0.00	
	13. Demolition	1460	2 units	0.00	19,550.00	19,550.00	15,300.00	
	Com. Room/mgr's office 504 upgrades:							
	1. Plumbing upgrades	1470	2 bldgs.	0.00	6,505.00	6,505.00	5,169.44	
	2. Electrical upgrades	1470	2 bldgs.	0.00	45,044.00	45,044.00	14,275.80	
	3. Masonry brick/block	1470	2 bldgs.	0.00	22,050.00	22,050.00	0.00	
	4. Doors/windows	1470	2 bldgs.	0.00	15,750.00	15,750.00	0.00	
	5. Roofing/metals	1470	2 bldgs.	0.00	16,800.00	16,800.00	0.00	
	6. Kitchen	1470	1	5,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
PA 15-10, East View Cont'd.	7. Front entrance	1470	2	5,000.00	0.00	0.00	0.00	
	8. Drywall/paint/flooring/trim/shelving	1470	2 bldgs.	0.00	33,810.00	33,810.00	0.00	
	9. HVAC upgrades	1470	2 bldgs.	0.00	15,417.00	15,417.00	3,482.10	
	10. Bathrooms	1470	2	4,000.00	2,100.00	2,100.00	0.00	
	11. Concrete/paving/railings	1470	L.S.	6,000.00	29,350.00	29,350.00	0.00	
	12. Landscape/drainage	1450	L.S.	0.00	5,250.00	5,250.00	0.00	
	13. Asbestos testing/oversight	1470	2 bldgs.	0.00	2,850.00	2,850.00	2,700.00	
	14. Demolition	1470	2 bldgs.	0.00	2,200.00	2,200.00	900.00	
PA 15-11, Mulligan Manor	504 Upgrades:							
	1. Add 30" work surfaces in kitchens	1460	4 units	2,400.00	0.00	0.00	0.00	In 2004
	2. Audible/visible alarms	1460	4 units	700.00	0.00	0.00	0.00	"
	3. Replace nurse call	1460	L.S.	18,000.00	0.00	0.00	0.00	"
	4. Replace door entrance system	1470	L.S.	9,000.00	0.00	0.00	0.00	"
PA 15-19, Fairchance	1. Replace HVAC units	1460	L.S.	0.00	17,146.15	17,146.15	0.00	From 2002
	2. Electrical Upgrade	1460	L.S.	0.00	8,498.75	8,498.75	0.00	"

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
PA 15-19, Fairchance Cont'd	3. Temporary Housing	1450	4	0.00	270.75	270.75	0.00	From 2002
	4. Section 504 Upgrade	1460	2	0.00	2,092.53	2,092.53	0.00	"
PA 15-22, Scattered Sites	504 upgrades – conversion of 2-1 story duplexes to make 1-1br and 1-2 br units 504 and 2 regular units							
	1. Kitchen upgrades	1460	4 units	12,000.00	15,750.00	15,750.00	0.00	
	2. Bathroom upgrades	1460	4 units	10,000.00	5,250.00	5,250.00	0.00	
	3. Audible/visible alarms	1460	2 units	350.00	0.00	0.00	0.00	
	4. Demolition	1485	2 units	12,000.00	0.00	0.00	0.00	
	5. Demolition	1460	2 units	0.00	1,000.00	1,000.00	0.00	
	6. Plumbing upgrades	1460	4 units	0.00	23,792.00	23,792.00	15,776.73	
	7. Electrical upgrades	1460	4 units	0.00	28,969.00	28,969.00	15,495.74	
	8. HVAC upgrades	1460	4 units	0.00	32,754.00	32,754.00	30,898.80	
	9. Demo building to slab	1460	2 bldgs.	0.00	0.00	0.00	0.00	
	10. Roofing/metals	1460	2 bldgs.	0.00	750.00	750.00	0.00	
	11. Doors/windows	1460	4 units	0.00	11,250.00	11,250.00	0.00	
	12. Drywall/painting/trim/flooring	1460	4 units	0.00	25,800.00	25,800.00	0.00	
	13. Masonry-brick/block	1460	4 units	0.00	12,600.00	12,600.00	5,400.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
PA 15-22, Scattered Sites Cont'd.	14. Concrete/paving/railing	1450	L.S.	0.00	7,150.00	7,150.00	0.00	
	15. Landscape/drainage	1450	L.S.	0.00	2,150.00	2,150.00	0.00	
	16. Framing	1460	4 units	0.00	2,500.00	2,500.00	0.00	
PA 15-26, Outcrop	504 Upgrades:							
	1. Kitchen upgrades	1460	2 units	12,000.00	0.00	0.00	0.00	In 2004
	2. Bathroom upgrades	1460	2 units	10,000.00	0.00	0.00	0.00	"
	3. Audible/visible alarms	1460	2 units	350.00	0.00	0.00	0.00	"
	4. Sewage plant upgrade	1470	1	11,000.00	0.00	0.00	0.00	"
	5. Replace entrance doors and locks	1460	32 units	12,000.00	0.00	0.00	0.00	"
	6. Electrical upgrades	1460	2 units	0.00	0.00	0.00	0.00	"
	7. Plumbing upgrades	1460	2 units	0.00	0.00	0.00	0.00	"
	8. HVAC upgrades	1460	2 units	0.00	0.00	0.00	0.00	"
	9. Drywall/painting/trim/flooring	1460	2 units	0.00	0.00	0.00	0.00	"
	10. Doors/windows	1460	2 units	0.00	0.00	0.00	0.00	"
	11. Roofing/metals	1460	2 units	0.00	0.00	0.00	0.00	"
	12. Concrete/paving/railing	1450	2 units	0.00	0.00	0.00	0.00	"
	13. Landscape/drainage	1450	2 units	0.00	0.00	0.00	0.00	"

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
PA15-26, Outcrop	Com. Room/mgr. office 504 upgrade:							
	1. Kitchen	1470	1	0.00	0.00	0.00	0.00	In 2004
	2. Bathroom	1470	1	0.00	0.00	0.00	0.00	“
	3. Doors/hardware	1470	1	0.00	0.00	0.00	0.00	“
	4. Concrete/paving	1470	1	0.00	0.00	0.00	0.00	“
15-31, Outcrop II	504 Upgrades:							
	1. Kitchen upgrades	1460	2 units	8,000.00	0.00	0.00	0.00	In 2004
	2. Audible/visible alarms	1460	2 units	350.00	0.00	0.00	0.00	“
	3. Replace entrance doors and locks	1460	2 units	20,000.00	0.00	0.00	0.00	“
	4. Bathrooms	1460	2 units	0.00	0.00	0.00	0.00	“
	5. Electrical upgrades	1460	2 units	0.00	0.00	0.00	0.00	“
	6. Plumbing upgrades	1460	2 units	0.00	0.00	0.00	0.00	“
	7. HVAC upgrades	1460	2 units	0.00	0.00	0.00	0.00	“
	8. Doors/windows	1460	2 units	0.00	0.00	0.00	0.00	“
	9. Drywall/painting/trim/flooring	1460	2 units	0.00	0.00	0.00	0.00	“
	10. Roofing metals	1460	2 units	0.00	0.00	0.00	0.00	“
	11. Concrete/paving/railings	1450	2 units	0.00	0.00	0.00	0.00	“
	12. Landscape drainage	1450	2 units	0.00	0.00	0.00	0.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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 Mgmt. Improvements	1. Staff training	1408	L.S.	30,000.00	4,000.00	4,000.00	0.00	
	2. Resident Initiatives	1408	L.S.	80,000.00	80,000.00	80,000.00	47,030.61	
	3. Computer Software	1408	L.S.	40,000.00	15,000.00	15,000.00	0.00	
	4. Applications/planning services/testing/assessments	1408	L.S.	26,000.00	100,000.00	74,950.00	0.00	
	5. Management analysis planning human resources	1408	L.S.	35,000.00	0.00	0.00	0.00	
	6. Tenant patrols	1408	L.S.	12,000.00	0.00	0.00	0.00	
HA-Wide Admin.	1. Modernization salary & benefits	1410	L.S.	316,470.00	246,350.00	246,350.00	160,919.05	
	2. Bid Advertisements	1410	L.S.	6,000.00	4,000.00	4,000.00	0.00	
HA-Wide Fees & Costs	1. Architectural & Engineering	1430	L.S.	130,000.00	200,000.00	132,937.23	0.00	
	2. Financial Consultants	1430	L.S.	80,000.00	25,000.00	25,000.00	0.00	
	3. Construction Manager	1430	L.S.	50,000.00	0.00	0.00	0.00	
	4. Modernization legal costs	1430	L.S.	65,000.00	20,000.00	20,000.00	0.00	
HA-Wide Non-Dwelling Equip.	1. Computer Hardware	1475	L.S.	40,000.00	80,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
	2. Office equipment	1475	L.S.	10,000.00	10,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	1. Relocation Costs	1495	L.S.	30,000.00	10,000.00	5,000.00	0.00	
	2. Appliances	1465	L.S.	125,000.00	20,000.00	9,449.00	0.00	
	3. Vehicles	1475	L.S.	0.00	46,132.00	46,132.00	0.00	
PA 15-16, Belle Vernon Apts.	1. Electrical upgrade	1460	L.S.	0.00	25,344.87	25,344.87	0.00	From 2002
PA 15-9, Snowden	504 Upgrades Community Room							
	1. Add. to Community Room/framing	1470	1 bldg.	0.00	20,000.00	0.00	0.00	
	2. Roof/metals	1470	1	0.00	20,000.00	0.00	0.00	
	3. Electrical upgrades/fire & security	1470	1	0.00	20,000.00	0.00	0.00	
	4. Plumbing upgrades	1470	1	0.00	20,000.00	0.00	0.00	
	5. Bathrooms	1470	2	0.00	10,000.00	0.00	0.00	
	6. Kitchen	1470	1	0.00	5,000.00	0.00	0.00	
	7. Windows/doors	1470	1 bldg.	0.00	25,000.00	0.00	0.00	
	8. HVAC upgrades	1470	1	0.00	20,000.00	0.00	0.00	
	9. Masonry/brick/block	1470	1	0.00	30,000.00	0.00	0.00	
	10. Int. finish/drywall/paint/trim/flooring	1470	1	0.00	20,000.00	0.00	0.00	
	11. Concrete/paving/railing	1450	L.S.	0.00	20,000.00	0.00	0.00	
	12. Landscape/drainage	1450	L.S.	0.00	20,000.00	0.00	0.00	
	13. Asbestos testing/oversight	1470	L.S.	0.00	4,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550203 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	
PA 15-9 Snowden	Rehab 1 elderly row type, 5 unit row:							
	1. Window replacement	1460	5 units	0.00	15,000.00	0.00	0.00	
	2. Replace entrance/interior/storm doors	1460	5 units	0.00	15,000.00	0.00	0.00	
	3. HVAC upgrades	1460	5 units	0.00	20,000.00	0.00	0.00	
	4. Smoke detector upgrade	1460	5 units	0.00	10,000.00	0.00	0.00	
	5. Electrical upgrade	1460	5 units	0.00	20,000.00	0.00	0.00	
	6. Plumbing upgrade	1460	5 units	0.00	20,000.00	0.00	0.00	
	7. Rep. front/rear entrances & porches	1460	5 units	0.00	20,000.00	0.00	0.00	
	8. Landscape/drainage	1450	5 units	0.00	15,000.00	0.00	0.00	
	9. Concrete	1460	5 units	0.00	20,000.00	0.00	0.00	
	10. Roofing and metals	1460	5 units	0.00	20,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: PA28P01550203 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	
PA 15-1 Bierer Wood	9/17/05			9/17/06			
PA 15-4 Lemon Wood	9/17/05			9/17/06			
PA 15-7 Dunlap Creek	9/17/05			9/17/06			
PA 15-9 Snowden	9/17/05			9/17/06			
PA 15-10 East View	9/17/05			9/17/06			
PA 15-11 Mulligan Manor	9/17/05			9/17/06			
PA 15-22 Scattered Sites	9/17/05			9/17/06			
PA 15-26 Outcrop	9/17/05			9/17/06			
PA 15-31 Outcrop II	9/17/05			9/17/06			
HA-Wide Mgmt. Improve	9/17/05			9/17/06			
HA-Wide Admin.	9/17/05			9/17/06			
HA-Wide Fees & Costs	9/17/05			9/17/06			
HA-Wide Non-Dwelling	9/17/05			9/17/06			
HA-Wide	9/17/05			9/17/06			

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

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
Total CFP Estimated Cost			\$			\$

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

S A M P L E

PHA Name <i>Anytown Housing Authority</i>					<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	Annual Statement				
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>
Replacement Housing Factor Funds		<i>\$40,000</i>			

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <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					
2	1406 Operations					
3	1408 Management Improvements	262,100.00	262,100.00	0.00	0.00	
4	1410 Administration	290,000.00	290,000.00	0.00	0.00	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	305,000.00	305,000.00	0.00	0.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	188,000.00	260,900.00	0.00	0.00	
10	1460 Dwelling Structures	1,259,804.00	1,149,904.00	0.00	0.00	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	537,900.00	574,900.00	0.00	0.00	
13	1475 Nondwelling Equipment	55,000.00	55,000.00	0.00	0.00	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs	30,000.00	30,000.00	0.00	0.00	
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 12/31/04 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	2,927,804.00	2,927,804.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	1,429,804.00	1,299,704.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-3 Gibson Terrace	Conversion and 504 Upgrades:							
	1. Demo work	1460	3 bldgs.	60,000.00	60,000.00	0.00	0.00	
	2. Doors/windows/interior/exterior	1460	10 units	50,000.00	50,000.00	0.00	0.00	
	3. Framing	1460	3 bldgs	36,000.00	36,000.00	0.00	0.00	
	4. Roofing/metals	1460	3 bldgs	85,000.00	85,000.00	0.00	0.00	
	5.Masonry/brick/block	1460	3 bldgs	100,000.00	100,000.00	0.00	0.00	
	6. Interior finishes- drywall/paint/trim/flooring/shelving	1460	10 units	50,000.00	50,000.00	0.00	0.00	
	7. Kitchens	1460	10 units	50,000.00	50,000.00	0.00	0.00	
	8. Bathrooms	1460	10 units	30,000.00	30,000.00	0.00	0.00	
	9.Electrical upgrades	1460	10 units	75,804.00	75,804.00	0.00	0.00	
	10. Plumbing upgrades	1460	10 units	60,000.00	60,000.00	0.00	0.00	
	11. HVAC upgrades	1460	10 units	90,000.00	90,000.00	0.00	0.00	
	12. Concrete/paving/railings	1450	L.S	40,000.00	40,000.00	0.00	0.00	
	13.Landscape/drainage	1450	L.S	30,000.00	30,000.00	0.00	0.00	
	14. Asbestos testing/oversight	1460	L.S	20,000.00	20,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-5 South Hills Terrace	Conversion of one 2 story to 1-2br/1-3br 1-4br and 2-1br units 504 upgrades							
	1. Demo bldg. to slab	1460	1 bldg.	10,000.00	0.00	0.00	0.00	
	2. Roof	1460	1	20,000.00	0.00	0.00	0.00	
	3. Electrical upgrades	1460	5 units	40,000.00	0.00	0.00	0.00	
	4. Plumbing upgrades	1460	5units	30,000.00	0.00	0.00	0.00	
	5. Bathrooms	1460	5 units	20,000.00	0.00	0.00	0.00	
	6. Kitchen	1460	5units	25,000.00	0.00	0.00	0.00	
	7. Windows/doors	1460	5 units	12,000.00	0.00	0.00	0.00	
	8. Framing	1460	1bldg.	20,000.00	0.00	0.00	0.00	
	9. HVAC upgrades	1460	5 units	35,000.00	0.00	0.00	0.00	
	10. Drywall/finishes/interior	1460	5 units	40,000.00	0.00	0.00	0.00	
	11. Concrete /paving	1450	L.S	40,000.00	0.00	0.00	0.00	
	12. Landscaping/drainage	1450	L.S	22,000.00	0.00	0.00	0.00	
	13. Asbestos testing	1460	L.S	3,000.00	0.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-11 Mulligan Manor	1. Replace roof top HVAC units and fans	1470	2	30,000.00	30,000.00	0.00	0.00	
	2. Replace roof	1470	L.S	100,000.00	100,000.00	0.00	0.00	
	3. Replace HVAC units	1460	65	100,000.00	100,000.00	0.00	0.00	
	4. Add 30" work surfaces in kitchens	1460	4 units	0.00	2,400.00	0.00	0.00	From 2003
	5. Audible/visible alarms	1460	4 units	0.00	700.00	0.00	0.00	"
	6. Replace nurse call	1460	L.S.	0.00	18,000.00	0.00	0.00	"
	7. Replace door entrance systems	1470	L.S.	0.00	9,000.00	0.00	0.00	"
PA 15-12, White Swan Apts.	1. Replace Water Service	1470	L.S	25,000.00	25,000.00	0.00	0.00	
	2. Replace sprinkler system/fire/security system	1470	L.S	50,900.00	50,900.00	0.00	0.00	
	3. Replace main drains in building	1470	L.S	50,000.00	50,000.00	0.00	0.00	
	4. Replace entrance doors/locks	1470	8	25,000.00	25,000.00	0.00	0.00	
	5. Replace main roof	1470	L.S	50,000.00	50,000.00	0.00	0.00	
	6. Trash compacter	1470	1	15,000.00	15,000.00	0.00	0.00	
	7. Concrete	1470	L.S	15,000.00	15,000.00	0.00	0.00	
	8. Electrical upgrades	1470	L.S	10,000.00	10,000.00	0.00	0.00	
	9. Plumbing upgrades	1470	L.S	15,000.00	15,000.00	0.00	0.00	
	10. Asbestos abatement	1470	L.S	15,000.00	15,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-13, Marshall Manor	1. Rep. elevator door equipment both cars operator/rollers/tracks	1470	2	30,000.00	30,000.00	0.00	0.00	
	2. Replace nurse call system	1470	1	25,000.00	25,000.00	0.00	0.00	
PA 15-15, Clarence Hess	504 Upgrades:							
	1. Kitchens	1460	3 units	21,000.00	21,000.00	0.00	0.00	
	2. Bathrooms	1460	3 units	15,000.00	15,000.00	0.00	0.00	
	3. Electrical upgrades	1460	3 units	40,000.00	40,000.00	0.00	0.00	
	4. Plumbing upgrades	1460	3 units	22,000.00	22,000.00	0.00	0.00	
	5. Windows	1460	3 units	9,000.00	9,000.00	0.00	0.00	
	6. Doors	1460	3 units	12,000.00	12,000.00	0.00	0.00	
	7. Int. finishes/drywall/paint/flooring	1460	3 units	42,000.00	42,000.00	0.00	0.00	
	8. Roofing	1460	3 units	37,000.00	37,000.00	0.00	0.00	
	9. Concrete	1450	3 units	26,000.00	26,000.00	0.00	0.00	
	10. Landscape drainage	1450	3.units	12,000.00	138,900.00	0.00	0.00	
15-15 Com. Room	1. Bathrooms	1470	2	9,000.00	9,000.00	0.00	0.00	
	2. Kitchen	1470	1	4,000.00	4,000.00	0.00	0.00	
	3. Electrical upgrades	1470	1	13,000.00	13,000.00	0.00	0.00	
	4. Plumbing upgrades	1470	1	12,000.00	12,000.00	0.00	0.00	
	5. HVAC upgrades	1470	1	19,500.00	19,500.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-15, Comm. Room Cont'd.	6. Interior finishes	1470	1	12,500.00	12,500.00	0.00	0.00	
	7. Doors/windows	1470	1	12,000.00	12,000.00	0.00	0.00	
	8. Concrete/paving/railings	1450	L.S.	18,000.00	18,000.00	0.00	0.00	
PA15-26, Outcrop	504 Upgrades:							
	1. Kitchen upgrades	1460	2 units	0.00	8,000.00	0.00	0.00	From 2003
	2. Bathroom upgrades	1460	2 units	0.00	8,000.00	0.00	0.00	“
	3. Sewage plant upgrade	1470	1	0.00	16,000.00	0.00	0.00	“
	4. Replace entrance doors & locks	1460	32 units	0.00	12,000.00	0.00	0.00	“
	5. Electrical upgrades	1460	2 units	0.00	8,000.00	0.00	0.00	“
	6. Plumbing upgrades	1460	2 units	0.00	4,000.00	0.00	0.00	“
	7. HVAC upgrades	1460	2 units	0.00	4,000.00	0.00	0.00	“
	8. Drywall/painting/trim/flooring	1460	2 units	0.00	8,000.00	0.00	0.00	“
	9. Doors/windows	1460	2 units	0.00	4,000.00	0.00	0.00	“
	10. Roofing/metals	1460	2 units	0.00	3,000.00	0.00	0.00	“
	11. Concrete/paving/drainage	1450	2 units	0.00	2,000.00	0.00	0.00	“
	12. Landscape/drainage	1450	2 units	0.00	2,000.00	0.00	0.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-26, Com. Room/Mgr. Office	504 Upgrade:							
	1. Kitchen	1470	1	0.00	6,000.00	0.00	0.00	From 2003
	2. Bathroom	1470	1	0.00	2,000.00	0.00	0.00	“
	3. Doors/hardware	1470	1	0.00	2,000.00	0.00	0.00	“
	4. Concrete/paving	1470	1	0.00	2,000.00	0.00	0.00	“
PA 15-31, Outcrop II	504 Upgrades:							
	1. Kitchen upgrades	1460	2 units	0.00	8,000.00	0.00	0.00	From 2003
	2. Rep. entrance doors & locks	1460	2 units	0.00	20,000.00	0.00	0.00	“
	3. Bathrooms	1460	2 units	0.00	6,000.00	0.00	0.00	“
	4. Electrical upgrades	1460	2 units	0.00	6,000.00	0.00	0.00	“
	5. Plumbing upgrades	1460	2 units	0.00	6,000.00	0.00	0.00	“
	6. HVAC upgrades	1460	2 units	0.00	4,000.00	0.00	0.00	“
	7. Doors/windows	1460	2 units	0.00	4,000.00	0.00	0.00	“
	8. Drywall/painting/trim/flooring	1460	2 units	0.00	8,000.00	0.00	0.00	“
	9. Roofing metals	1460	2 units	0.00	3,000.00	0.00	0.00	“
	10. Concrete/paving/railings	1450	2 units	0.00	2,000.00	0.00	0.00	“
	11. Landscape/drainage	1450	2 units	0.00	2,000.00	0.00	0.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550204 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	
Mgmt. Improve.	1. Staff training/travel	1408	L.S.	30,000.00	30,000.00	0.00	0.00	
	2. Resident Initiatives	1408	L.S.	80,000.00	80,000.00	0.00	0.00	
	3. Computer software	1408	L.S.	35,000.00	35,000.00	0.00	0.00	
	4. Applications/planning services/testing/assessments	1408	L.S.	117,100.00	117,100.00	0.00	0.00	
Administration	1. Mod. salary & benefits	1410	L.S.	282,000.00	282,000.00	0.00	0.00	
	2. Advertisements	1410	L.S.	8,000.00	8,000.00	0.00	0.00	
Fees & Costs	1. Architectural & Engineering	1430	L.S.	200,000.00	200,000.00	0.00	0.00	
	2. Financial consultants	1430	L.S.	80,000.00	80,000.00	0.00	0.00	
	3. Mod. Legal Costs	1430	L.S.	25,000.00	25,000.00	0.00	0.00	
Non-Dwelling Equipment	1. Computer hardware	1475	L.S.	30,000.00	30,000.00	0.00	0.00	
	2. Office equipment	1475	L.S.	25,000.00	25,000.00	0.00	0.00	
HA-Wide	1. Relocation	1495	L.S.	30,000.00	30,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program No: PA28P01550204 Replacement Housing Factor No:	Federal FY of Grant: 2004
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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	
PA 15-3, Gibson Terrace	7-31-06			7-31-07			
PA 15-5, South Hills Terrace	7-31-06			7-31-07			
PA 15-11, Mulligan Manor	7-31-06			7-31-07			
PA 15-12, White Swan	7-31-06			7-31-07			
PA 15-13, Marshall Manor	7-31-06			7-31-07			
PA 15-15, Clarence Hess	7-31-06			7-31-07			
PA 15-26, Outcrop	7-31-06			7-31-07			
PA 15-31, Outcrop II	7-31-06			7-31-07			
Mgmt. Improve.	7-31-06			7-31-07			
Administration	7-31-06			7-31-07			
Fees & Costs	7-31-06			7-31-07			
Non-Dwell. Equipment	7-31-06			7-31-07			
HA-Wide	7-31-06			7-31-07			

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550102			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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities	14,305.00				
19	1501 Collaterization or Debt Service					

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550102	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/04 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	14,305.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II: Supporting Pages									
PHA Name: Fayette County Housing Authority			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550102				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		

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part III: Implementation Schedule									
PHA Name: Fayette County Housing Authority			Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: PA28R01550102				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			
PA 15-1, Bierer Wood	10/1/06			9/30/08					
PA 15-4, Lemon Wood	10/1/06			9/30/08					

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: PA28R01550102					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	

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

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
Total CFP Estimated Cost			\$			\$

Capital Fund Program Five-Year Action Plan

Part I: Summary

S A M P L E

PHA Name <i>Anytown Housing Authority</i>						<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005	
	Annual Statement					
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
Replacement Housing Factor Funds		<i>\$40,000</i>				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550103			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				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	11,106.00			
19	1501 Collateralization or Debt Service				

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550103	Federal FY of Grant: 2003
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/04
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	11,106.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550103				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	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: PA28R01550103				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		
PA 15-1, Bierer Wood	10/1/06			9/30/08				
PA 15-4, Lemon Wood	10/1/06			9/30/08				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: PA28R01550103					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	

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

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
Total CFP Estimated Cost			\$			\$

Capital Fund Program Five-Year Action Plan

Part I: Summary

S A M P L E

PHA Name <i>Anytown Housing Authority</i>						<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005	
	Annual Statement					
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
Replacement Housing Factor Funds		<i>\$40,000</i>				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550104			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					
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities	14,853.00				
19	1501 Collaterization or Debt Service					

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550104	Federal FY of Grant: 2004
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/04 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	14,853.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II: Supporting Pages									
PHA Name: Fayette County Housing Authority			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550104				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		

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part III: Implementation Schedule									
PHA Name: Fayette County Housing Authority			Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: PA28R01550104				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			
PA 15-1, Bierer Wood	10/1/06			9/30/08					
PA 15-4, Lemon Wood	10/1/06			9/30/08					

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: PA28R01550104					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	

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

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
Total CFP Estimated Cost			\$			\$

Capital Fund Program Five-Year Action Plan

Part I: Summary

S A M P L E

PHA Name <i>Anytown Housing Authority</i>						<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005	
	Annual Statement					
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
Replacement Housing Factor Funds		<i>\$40,000</i>				

COMMUNITY SERVICE/SELF SUFFICIENCY POLICY

Fayette County Housing Authority

A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes or other activities that help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease.

B. Definitions

Community Service - volunteer work which includes, but is not limited to:

- Work at a local school, hospital, recreation center, senior center or child care center
- Work with youth or senior organizations
- Work at the Authority to help improve physical conditions
- Work at the Authority to help with children's programs
- Work at the Authority to help with senior programs
- Helping neighborhood groups with special projects
- Working through resident organization to help other residents with problems
- Caring for the children of other residents so they may volunteer

NOTE: **Political activity is excluded.**

Self Sufficiency Activities - activities that include, but are not limited to:

- College, university or vocational education
- Job training programs
- GED classes
- Substance abuse or mental health counseling
- English proficiency or literacy (reading) classes
- Budgeting and credit counseling
- Any kind of class that helps a person toward economic independence
- Full time student status at any school, college or vocational school

Exempt Adult - an adult member of the family who

- Is 62 years of age or older
- Has a disability that prevents him/her from being gainfully employed
- Is the caretaker of a disabled person
- Is working at least 20 hours per week

- Is participating in a welfare to work program
- Is receiving assistance from TANF and is in compliance with job training and work activities requirements of the program.
- Is a full time student

C. Requirements of the Program

1. The eight (8) hours per month may be either volunteer work or self sufficiency program activity or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The Authority will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside the jurisdictional area of the Authority.
4. Family obligations
 - At lease execution or re-examination after May 1, 2001, all adult members (18 or older) of a public housing resident family must
 - 1 provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and
 - 2 sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in nonrenewal of their lease.
 - At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the Authority) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
 - If a family member is found to be noncompliant at re-examination, he/she and the Head of Household will sign an agreement with the Authority to make up the deficient hours over the next twelve (12) month period.
5. Change in exempt status:
 - If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the Authority and provide documentation of such.
 - If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

D. Authority obligations

1. To the greatest extent possible and practicable, the Authority will
 - provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (*According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the Community Service requirement*)
 - provide in-house opportunities for volunteer work or self sufficiency programs.
2. The Authority will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution
3. The Authority will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Authority's Grievance Procedure if they disagree with the Authority's determination.
4. Noncompliance of family member
 - At least thirty (30) days prior to annual re-examination and/or lease expiration, the Authority will begin reviewing the exempt or non-exempt status and compliance of family members.
 - If the Authority finds a family member to be noncompliant, the Authority will enter into an agreement with the noncompliant member and the Head of Household to make up the deficient hours over the next twelve (12) month period.
 - If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit.
 - The family may use the Authority's Grievance Procedure to protest the lease termination.

Appendix 1
Community Service Exemption Certification

I certify that I am eligible for an exemption from the Community Service requirement for the following reason:

- () I am 62 or older

- () I have a disability which prevents me from working
(Certification of Disability Form will serve as documentation)

- () I am working
(Employment Verification form will serve as documentation)

- () I am participating in a Welfare to Work Program
(Must provide verification letter from agency)

- () I am receiving TANF and am participating in a required economic self sufficiency program or work activity
(Must provide verification from the funding agency that you are complying with job training or work requirements)

- () I am a full time student
(Must provide verification letter from school attended)

Resident

Date

Community Service Compliance Certification

I/We have received a copy of, have read and understand the contents of the Authority's Community Service/Self Sufficiency Policy.

I/We understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that if we do not comply with this requirement, our lease will not be renewed.

Resident _____ Date _____

Attachment PA015A012

Criteria for Substantial Deviations and Significant Amendments

Changes other than those specified will be undertaken by the PHA staff and reported in the Annual Plan

- Any change with regard to demolition or disposition, designation of housing, homeownership programs or conversion activities.
- Additions of non-emergency work items (items not included in the current Annual statement of Five Year Action Plan).
- Changes or rent or admissions policies or organization of the waiting list.

Attachment PA015A012

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- Changes or rent or admissions policies or organization of the waiting list.

Fayette County Housing Authority
PET OWNERSHIP POLICY

A. Pet Rules

The following rules shall apply for the keeping of pets by Residents living in the units operated by the Fayette County Housing Authority (FCHA). These rules do not apply to service or companion animals verified to be needed by a person with a documented disability.

1. Common household pets as authorized by this policy means a domesticated animals, such as cats, dogs, fish, birds, rodents (including rabbits) and turtles, that are traditionally kept in the home for pleasure rather than for commercial purposes.
2. Each resident family will be allowed to house only one (1) animal at any time. Visiting guests with pets will not be allowed.
3. Residents will register their pet with the FCHA **BEFORE** it is brought onto the FCHA premises, and will update the registration annually. The registration will include:
 - Information sufficient to identify the pet and to demonstrate that it is a common household pet and a picture;
 - A certificate signed by a licensed veterinarian or a State or Local Authority empowered to inoculate animals, stating that the pet has received all inoculations required by applicable State and Local Law;
 - The name, address, and telephone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet.
 - The registration will be updated annually at the annual re-examination of Residents' income.
 - A statement indicating that the pet owner has read the pet rules and agrees to comply with them;
 - The FCHA may refuse to register a pet if:
 - a.) The pet is not a common household pet;
 - b.) The keeping of the pet would violate any applicable house pet rule;
 - c.) The pet owner fails to provide complete pet registration information;
 - d.) The pet owner fails annually to update the pet registration;
 - e.) The FCHA reasonably determines, based on the pet owners' habits and practices and the pet's temperament, that the pet owner will be unable to keep the pet in compliance with the pet rules and other legal obligations;
 - f.) Financial ability to care for the pet will not be a reason for the FCHA to refuse to register a pet.

- The FCHA will notify the pet owner if the Authority refuses to register a pet. The notice will:
 - a.) State the reasons for refusing to register the pet;
 - b.) Be served on the pet owner in accordance with procedure outlined in paragraph B1 of this policy; and
 - c.) Be combined with a notice of a pet rule violation if appropriate.
- 4. Cats and dogs shall be limited to small breeds where total weight shall not exceed twenty (20) pounds and total height at the shoulder shall not exceed twelve (12) inches. The size limitations do not apply to service animals.
- 5. No chows, pit bulls, German police dogs, Dobermans, Rottweilers, presa canarios, or any other known fighter breed will be allowed on the premises.
- 6. All cat and dog pets shall be neutered or spayed, and verified by veterinarian, the cost to be paid by the owner. All cats will have to be declawed at the owner's expense. Pet owners will be required to present a certificate of health from their veterinarian verifying all required annual vaccines, initially and at re-examination.
- 7. A non-refundable pet fee of \$100 per bedroom in the pet owner's unit shall be made to the FCHA. Such fee will be a one-time fee (per pet) and shall be used to help cover cost of damages to the unit caused by the pet.
 - Tenants with fish bowls or aquariums under 20 gallons will be exempted from the security fee as well as the number of animals allowed.
 - Tenants with small (under one pound) caged birds will be exempted from the security fee however only two birds will be allowed in any unit.
 - Snakes, rodents, reptiles or other accepted types of small pets **will not be exempted** from the pet fee requirement nor will the number of animals be waived.
- 8. Pets shall be quartered in the Residents unit.
- 9. Dogs and cats shall be kept on a leash and controlled by a responsible individual when taken outside.
- 10. No doghouses will be allowed on the premises.
- 11. Each resident family will be allowed to house only one (1) animal at any time. Visiting guests with pets will not be allowed. Pets (dogs and cats) shall be allowed to run only on the owner's lawn and owners shall clean up after pet after each time the animal eliminates.
 - Litter boxes are required for cats and are to be kept clean.
 - All animal waste must be placed in sealed plastic bags and disposed of in the dumpster (if available) outside the building in an approved garbage can with a lid. No animal waste shall be placed in the trash chutes.
 - Any tenant having a dog or cat shall obtain some kind of "scooper" to clean up after the pet outdoors, and is responsible for placing all waste in sealed plastic bags and depositing such material in the dumpster.

- The tenant is required to take whatever action is necessary to insure that their pet does not bring any flea, tick or other pest into the building.
- A fee of \$25.00 (Twenty Five Dollars) per occurrence, shall be charged to the tenant for the removal of pet waste from either the interior or exterior of the building by Authority personnel.

12. All County Ordinances concerning pets will be complied with.

13. Pets shall be removed from the premises when their conduct or condition is duly determined to constitute a nuisance or a threat to the health and safety of the pet owner or other occupants of the FCHA in accordance with paragraph B3 below.

14. Birds must be kept in regular birdcages and not allowed to fly throughout the unit.

15. Dishes or containers for food and water will be located within the owner's apartment. Food and/or table scraps, will not be deposited on the owners porches or yards.

16. Residents will not feed or water stray animals or wild animals.

17. Pets will not be allowed on specified common areas (under clotheslines, social rooms, office, maintenance space, etc.).

18. Each resident family will be responsible for the noise or odor caused by their pet. Obnoxious odors can cause health problems and will not be tolerated.

19. No Housing Authority personnel will enter any apartment containing a dog or cat until the tenant has physical control of the animal.

20. The tenant shall be responsible for the arranging for burial or other disposal, off the premises of pets in the event of the death of the pet. Under no circumstance will any pet be disposed of in Authority dumpsters or tenant owned garbage cans.

B. Pet Violation Procedure

1. **NOTICE OF PET RULE VIOLATION** When the FCHA determines on the basis of objective facts supported by written statements, that a pet owner has violated one or more of these rules governing the owning or keeping of pets, the FCHA will:
 - Serve a notice of the pet rule violation on the owner by sending a letter by first class mail, properly stamped and addressed to the Resident at the leased dwelling unit, with a proper return address, or
 - serve a copy of the notice on any adult answering the door at the Residents' leased dwelling unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door;
2. The notice of pet rule violation must contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated;
3. The notice must state that the pet owner has ten (10) days from the effective date of service of notice to correct the violation (including, in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation, (the effective date of service is that day that the notice is delivered or mailed, or in the case of service by posting, on the day that the notice was initially posted);

4. The notice must state that the pet owner is entitled to be accompanied by another person on his or her choice at the meeting;
5. The notice must state that the pet owners' failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the pet owners' lease.
6. **PET RULE VIOLATION MEETING:** If the pet owner makes a timely request for a meeting to discuss an alleged pet rule violation, the FCHA shall establish a mutually agreeable time and place for the meeting to be held within fifteen (15) days from the effective date of service of the notice of pet rule violation (unless the FCHA agrees to a later date).
 - The FCHA and the pet owner shall discuss any alleged pet rule violation and attempt to correct it and reach an agreeable understanding.
 - The FCHA may, as a result of the meeting, give the pet owner additional time to correct the violation.
 - Whatever decision or agreements, if any, are made will be reduced to writing, signed by both parties, with one copy for the pet owner and one copy placed in the FCHA's Resident file.
7. **NOTICE OF PET REMOVAL:** If the pet owner and the FCHA are unable to resolve the pet rule violation at the pet rule violation meeting, or if the FCHA determines that the pet owner has failed to correct the pet rule violation within any additional time provided for this purpose under paragraph 6 above (or at the meeting, if appropriate), requiring the pet owner to remove the pet. This notice must:
 - Contain a brief statement of the factual basis for the determination and the pet rule or rules that have been violated;
 - State that the pet owner must remove the pet within ten (10) days of the effective date of service of notice or pet removal (or the meeting, if the notice is served at the meeting);
 - State the failure to remove the pet may result in initiation of procedures to terminate the pet owners' residency.
8. **INITIATION OF PROCEDURE TO TERMINATE PET OWNERS RESIDENCY:** The FCHA will not initiate procedure to terminate a pet owners' residency based on a pet rule violation unless:
 - The pet owner has failed to remove the pet or correct the pet rule violation within the applicable time period specified in paragraph 3b above;
 - The pet rule violation is sufficient to begin procedures to terminate the pet owners' residency under the terms of the lease and application regulations,
 - Provisions of Resident's Lease, Section XIV: Termination of Lease will apply in all cases.

C. Protection of the Pet

If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the FCHA may:

- Contact the responsible party or parties listed in the registration form and ask that they assume responsibility for the pet;
- If the responsible party or parties are unwilling or unable to care for the pet, the FCHA may contact the appropriate State or Local Authority (or designated agent of such Authority) and request the removal of the pet;
- If the FCHA is unable to contact the responsible parties despite reasonable efforts, action as outlined above will be followed; and
- If none of the above actions reap results, the FCHA may enter the pet owners' unit, remove the pet, and place the pet in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner.

D. NUISANCE OR THREAT TO HEALTH OR SAFETY

Nothing in this policy prohibits the FCHA or the Appropriate City Authority from requiring the removal of any pet from the FCHA property. If the pet's conduct or condition is duly determined to constitute, under the provisions of State or Local Law, a nuisance or a threat to the health or safety or other occupants of the FCHA property or of other persons in the community where the project is located.

E. APPLICATION OF RULES

1. Pet owners will be responsible and liable for any and all bodily harm to other residents or individuals. Destruction of personal property belonging to others caused by owner's pet will be the moral and financial obligation of the pet owner.
2. All pet rules apply to resident and/or resident's guests.

Appendix I
Pet Agreement

1. Management considers the keeping of pets a serious responsibility and a risk to each resident in the apartment. If you do not properly control and care for a pet, you will be held liable if it causes any damages or disturbs other residents.
2. Conditional Authorization for Pet. You may keep the pet that is described below in the apartment until Dwelling Lease is terminated. Management may terminate this authorization sooner if your right of occupancy is lawfully terminated or if you or your pet, your guests or any member of your household violate any of the rules contained in the FCHA's Pet Policy or this Agreement.
3. Pet Fee. The Pet Fee will be \$100 times the number of bedrooms in your unit for your current pet. The Pet Fee is a one-time, non-refundable charge.
 - If, at any time in the future, this pet is replaced by another animal, another one-time fee will be charged for that animal.
 - This fee will be used to pay reasonable expenses directly attributable to the presence of the pet in the complex, including but not limited to, the cost of repairs and replacement to, and fumigation of, the apartment.
4. Liability Not Limited. The fee under this Pet Agreement does not limit resident's liability for property damages, cleaning, deodorization, defleaing, replacements, or personal injuries.
5. Description of Pet. You may keep only one pet as described below. The pet may not exceed twelve (12) inches in height at the shoulder and twenty (20) pounds in adult weight. You may not substitute other pets for this one without amending this agreement.

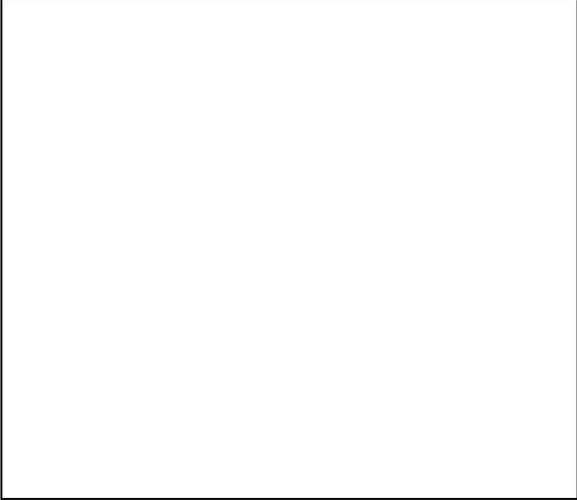
Pet's Name _____ Type _____
Breed _____ Color _____ Weight _____ Age _____
Housebroken? _____ City of License _____ License No. _____
Date of last Rabies shot _____

Name, address and phone number of person able to care for pet in case of resident's permanent or temporary inability to care for animals

Name _____
Address _____
Phone _____

Appendix 2
Pet Policy Certification

Attach photo of Pet here



By _____
Title _____
Fayette County Housing Authority

Resident _____
Resident _____
Resident _____

I have read, fully understand and will abide by the rules and regulations contained in the Fayette County Housing Authority Pet Policy and in this Pet Agreement.

Appendix 3
Pet Policy Rules Violation Notice

DATE: _____
TIME: (IF DELIVERED) _____ A.M. / P.M.
TO: _____
NAME OF RESIDENT: _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE _____

PET NAME OR TYPE: _____

This notice hereby informs you of the following pet rule violation:

Factual Basis for Determination of Violation: _____

As pet owner you have ten (10) calendar days from the date shown on this notice (date notice delivered or mailed) in which to correct the violation or make a written request for a meeting to discuss the violation.

As pet owner you are entitled to be accompanied by another person of your choice at the meeting.

Failure to correct the violation, to request a meeting, or to appear at the requested meeting may result in initiation of procedures to terminate your tenancy.

Executive Director