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 PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: Altoona Housing Authority

PHA Number: PA28-P031

PHA Fiscal Year Beginning: (mm/yyyy) 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)

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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)

The mission of the Altoona Housing Authority is to provide affordable, quality housing that promotes self-sufficiency and other resident opportunities based on sound management which is a valuable asset to the community.

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: **97% Occupancy**
- ☒ Leverage private or other public funds to create additional housing opportunities:
- ☐ Acquire or build units or developments
- ☒ Other (list below)
  Increase inventory of home ownership properties

☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☒ Improve public housing management: (PHAS score) 86
- ☒ Improve voucher management: (SEMAP score) 96
- ☐ Increase customer satisfaction:

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☐ 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)

1. **Work with City of Altoona and property owner to ensure expiration of Section 8 Project Based Certificates at Penn Alto do not result in loss of affordable housing opportunity to low income residents.**
2. **Work with City of Altoona and local landlords to prevent increasing lead paint requirements from reducing housing choice to low income residents.**

☒ 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)

1. **The AHA is evaluating the possibility of a Voucher home-ownership program and Public Housing home-ownership program for the upcoming year. If the AHA decides to proceed with home-ownership, implementation of this program will not begin until 2006.**

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

☒ PHA Goal: Provide an improved living environment
Objectives:
☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
☒ Implement public housing security improvements: **Continue youth prevention activities and continue Altoona Police patrols in authority developments. Find funding to replace PHDEP grant.**

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☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
☐ Other: (list below)

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

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

Objectives:

☒ Increase the number and percentage of employed persons in assisted families: **5% per year.**
☒ Provide or attract supportive services to improve assistance recipients' employability: **Work with service agencies to provide necessary services.**
☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities. **Continue resident service coordinators.**
☒ Other: (list below)
PHA will partner with Penn State Altoona with COPC Grant for families in our family development and elderly development for our public housing residents.

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)

1. **To manage the Authority using recognized sound administration practices.**
2. **To manage the Authority following sound fiscal practices.**
3. **To adopt the highest standards in operating housing developments.**
4. **To promote self-sufficiency and independence of residents.**

5. **To pursue partnerships which promote resident opportunity and quality of life.**
6. **To ensure that the maintenance function is performed efficiently and cost effectively.**
7. **To provide housing that is an asset to the community.**
8. **To market the administrative, management and other skills of the Authority.**
9. **To acquire assets which will support the mission of the Authority.**
10. **Conduct fair housing workshops for staff and residents.**
11. **Provide assistance to resident organizations at all developments promoting a healthy environment for the residents.**

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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.

The Quality Housing and Work Responsibility Act of 1998 (QHWRA) makes several changes in the way public housing is administered. QHWRA now requires public housing authorities to engage in short and long term planning in an effort to improve operations and make authorities more efficient. The agency's Annual and Five Year Plan incorporate goals and policies to insure an efficient and cost effective operation.

Following is a summary of each component of the Annual Plan:

Housing Needs

This section is a statement of the housing needs of the extremely low (below 30%), very-low (30-50%) and low-income (50-80% of median income) residents of the City of Altoona. We administer 536 Public Housing apartments, 7 home ownership units and 917 Section 8 Vouchers and Mod Rehab units.

An examination of current occupancy levels and waiting list information shows a majority of families with incomes below 30% of median income. This illustrates a need to maintain quality affordable housing choices for these families.

Financial Resources

Currently, we have sufficient financial resources to maintain the operation of the Housing Authority. We have been able to adjust to the fluctuations in HUD funding regulations and maintain a consistent level of operation. As occupancy levels have increased in the Section 8 program we have become concerned that HUD funding levels are not sufficient to maintain the level of certificates and vouchers previously awarded. Staff will closely monitor this situation in the future.

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Policies Governing Eligibility, Selection, Admissions

This section outlines our policies for 1) eligibility of applicants for Public Housing and Section 8 rental assistance; 2) selection process and waiting list maintenance for Public Housing and Section 8 participants, and 3) continued occupancy of Public Housing and Section 8 apartments.

Although the regulations allow the development of site-based waiting lists we do not meet the established criteria, nor would we benefit from site-based waiting lists. Also, a review of local conditions for current residents and applicants do not warrant a de-concentration policy.

Rent Determination

Public Housing residents are now able to choose between income based or flat rate rents, we have determined that ceiling rents are not necessary at this time. The flat rent option should help with our occupancy issues by making our apartments less expensive than comparable subsidized apartments in the community. Our minimum rent will be maintained at the current $50.

Operations and Management

This section addresses relevant rules, standards and policies governing maintenance and management of the housing owned, assisted or operated by the Authority.

Grievance Procedures

This section outlines the grievance procedures available to residents and applicants. Our grievance procedure has been reviewed and updated.

Capital Improvements

The Altoona Housing Authority has been diligent in maintaining a high standard of quality for all of the properties it owns and manages. This section includes a copy of our Capital Fund Grant Application for 2005. Our funding for 2004 was $795,046.00. The Capital Fund replaces the Comprehensive Grant Program. The Annual Statement HUD-52837 and 5 year action plan are included.

Demolition and/or Disposition

We are not proposing the demolition or disposition of any of our existing public housing apartments nor will we be applying for Hope VI funding.

Designation of Public Housing

The Green Avenue and Eleventh Street Towers have previously been designated as "Elderly Only". This designation has helped to stabilize the resident population in both buildings and we are proposing that this designation be extended.

Conversion of Public Housing

Analysis of housing stock does not indicate need to convert additional public housing units beyond those units currently approved for conversion from efficiency to one bedroom apartments in the Green Avenue Tower.

Homeownership

The Altoona Housing Authority has been successful in developing home ownership opportunities for our residents through a Section 5(h) Homeownership Plan. Seventy-two houses were developed for home ownership for low-income families. Sales proceeds will be utilized to develop additional housing opportunities. There are six homes remaining to be sold.

Community Service and Self Sufficiency

This section outlines our coordination efforts with the Department of Public Welfare and other agencies providing services and assistance to residents to gain self-sufficiency.

Safety and Crime Prevention

This section outlines our strategy for safety and crime prevention to ensure the safety of our residents.

We are planning to continue our relationship with the Altoona Police Department to expand the police presence in the community and provide prevention activities for the children of the community.

Ownership of Pets in Public Housing

The Altoona Housing Authority has developed a Pet Policy in accordance with the regulations and guidelines proved by HUD. All public housing residents may now own pets, as defined by the policy.

Civil Rights Certification

This section of the plan contains the necessary Civil Rights Certifications indicating that we will carry out our Plan in compliance with all applicable civil rights requirements and that we will affirmatively further fair housing.

Most Recent Fiscal Year Audit

This section of our Plan contains a copy of our most recent fiscal year audit. We received an unqualified opinion for this year's audit.

Asset Management

The Authority previously established policies to effectively manage the Authority's assets.

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

☐ 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

- ☒ FY 2005 Capital Fund Program 5 Year Action Plan
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☒ Other (List below, providing each attachment name)

Required Attachments

Attachment 1 – Capital Fund Program Annual Statement - 2005

Attachment 2 – Altoona Housing Authority Pet Policy

Attachment 3 – Performance and Evaluation Reports

CFP501-02, 2002 (Final)
CFP501-03, 2003

Attachment 4 – Section 8 Homeownership Capacity Statement

Attachment 5 – Resident Advisory Board Members

Attachment 6 – Resident Membership of the PHA Governing Board

Attachment 7 – Voluntary Conversion Assessment

Attachment 8 – Deconcentration and Income Mixing

Attachment 9 – Section 8 Project Based

Optional Attachments

Attachment 10 – Altoona Housing Authority Organizational Chart

Attachment 11 – Capital Fund Five Year Plan

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Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
Yes	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Yes	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
Yes	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
Yes	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
Yes	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
Yes	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	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 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Public housing rent determination policies, including the methodology for setting public housing flat rents ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Yes	Schedule of flat rents offered at each public housing development ☒ check here if included in the public housing	Annual Plan: Rent Determination

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	A & O Policy	
Yes	Section 8 rent determination (payment standard) policies ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Yes	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
Yes	Public housing grievance procedures ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Yes	Section 8 informal review and hearing procedures ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Yes	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
Yes	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
Yes	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
Yes	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
Yes	Policies governing any Section 8 Homeownership program ☐ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
Yes	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
Yes	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
Yes	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency

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N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
Yes	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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	1549	N/A	N/A	N/A	N/A	N/A	N/A
Income >30% but <=50% of AMI	1182	N/A	N/A	N/A	N/A	N/A	N/A
Income >50% but <80% of AMI	1703	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	1044	N/A	N/A	N/A	N/A	N/A	N/A
Families with Disabilities	1895	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	197	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	48	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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)

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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) ☒ **Section 8 tenant-based assistance** ☐ ☐ ☐			
	# of families	% of total families	Annual Turnover
Waiting list total	954		
Extremely low income <=30% AMI	842	88%	
Very low income (>30% but <=50% AMI)	92	10%	
Low income (>50% but <80% AMI)	20	2%	
Families with children	605	64%	
Elderly families	47	4%	
Families with Disabilities	107	11%	
Race/ethnicity White	627	65%	
Race/ethnicity Black	294	31%	
Race/ethnicity Hispanic	33	4%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			

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Housing Needs of Families on the Waiting List			
3 BR			
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

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Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ ☒ **Public Housing** ☐ ☐			
	# of families	% of total families	Annual Turnover
Waiting list total	624		
Extremely low income <=30% AMI	563	90%	
Very low income (>30% but <=50% AMI)	55	9%	
Low income (>50% but <80% AMI)	6	1%	
Families with children	214	34%	
Elderly families	25	4%	
Families with Disabilities	79	13%	
Race/ethnicity White	484	77%	
Race/ethnicity Black	111	18%	
Race/ethnicity Hispanic	29	5%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	16	2%	
1 BR	392	63%	
2 BR	176	28%	
3 BR	29	5%	
4 BR	9	1%	
5 BR	3	0%	

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Housing Needs of Families on the Waiting List
Is the waiting list closed (select one)? ☒ No ☐ Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

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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)

1. The AHA is evaluating the high number of vacancies at Green Avenue Tower and Eleventh Street Tower. The majority of vacancies are due to residents moving to personal care homes or death.

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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)

AHA will evaluate the impact of requesting additional Section 8 units should they become available. Factors to be considered would include, public housing occupancy and impact of additional Section 8 vouchers on public housing occupancy, occupancy level of existing Section 8 vouchers and length of time required by Section 8 applicants to find suitable housing.

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)

Maintain designation of public housing for the elderly at Green Avenue and Eleventh Street Towers.
Increase number of elderly applicants for housing through meetings/discussions with agencies and marketing techniques.

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: **Center for Independent Living of South Central PA.**
☐ Other: (list below)

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

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

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

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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)
Educate residents and staff on fair housing rules and regulations.

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)

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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	$ 1,080,422	
b) Public Housing Capital Fund	$ 795,046	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	$ 3,040,050	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	$	
g) Resident Opportunity and Self-Sufficiency Grants	$ 0	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
CFP501-04	$ 494,064	Capital Improvements
3. Public Housing Dwelling Rental Income	$ 1,152,288	
4. Other income (list below)		
Investment Income	$ 45,000	PHA Operations
Other Operating Receipts	$ 46,000	PHA Operations
Non Dwelling Rent	$ 9,000	PHA Operations
4. Non-federal sources (list below)		

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Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
Total resources	$ 6,661,870	

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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) **10**

☐ When families are within a certain time of being offered a unit: (state time)

☐ Other: (describe)

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

☒ Criminal or Drug-related activity

☒ Rental history

☐ Housekeeping

☒ Other (describe)

Credit history as reported by TRW or similar credit reporting service.

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)

Applications provided to local service providers to provide to clients. Interested applicants will be able to request application through web site, www.altooonahousing.org.

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?
   None

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

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

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
   ☐ PHA main administrative office
   ☐ All PHA development management offices
   ☐ Management offices at developments with site-based waiting lists
   ☐ At the development to which they would like to apply
   ☐ Other (list below)

(3) Assignment

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

☐ One
☐ Two
☒ Three or More

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

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

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(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

Residents of PA 31-2 (Green Avenue) and 31-3 (Eleventh Street) currently occupying efficiency units will be give an opportunity to transfer to a one bedroom unit within the same development in accordance with procedures established in the Admissions and Occupancy Policy.

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 **(Residency Preference)**

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

☐ The PHA applies preferences within income tiers

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

(5) Occupancy

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

☒ The PHA-resident lease

☒ The PHA's Admissions and (Continued) Occupancy policy

☒ PHA briefing seminars or written materials

☒ Other source (list)

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

☒ At an annual reexamination and lease renewal

☒ Any time family composition changes

☒ At family request for revision

☐ Other (list)

(6) Deconcentration and Income Mixing

a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. ☐ Yes ☐ No: Do any of these covered development have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

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)

Local, State & FBI, if necessary.

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)

Criminal screening completed by AHA but specific information on applicants is <u>not</u> shared with landlords. Landlords are encouraged to screen possible Section 8 tenants and be consistent with screening procedures.

The AHA conducts annual Landlord workshops to discuss rules and regulations associated with the Section 8 Voucher program.

(2) Waiting List Organization

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

☒ None
☐ Federal public housing
☐ Federal moderate rehabilitation
☐ Federal project-based certificate program
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

☒ PHA main administrative office
☐ Other (list below)

(3) Search Time

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

If yes, state circumstances below:

1. **If applicant has been looking for an apartment and has met with Altoona Housing Authority staff at 30 and 60 day intervals, an additional 30 days will be granted.**
2. **Reasonable accommodation.**

(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)

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Former Federal preferences

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

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)
☐ Date and time of application
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)
☐ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)
☐ The PHA applies preferences within income tiers
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)
☒ The Section 8 Administrative Plan
☐ Briefing sessions and written materials
☒ Other (list below)
Reasonable Accommodations Policy

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?
☒ Through published notices
☐ Other (list below)

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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?

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

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

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

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

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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:

PHA will exempt income increases of $100 per month between annual re-examination.

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

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

e. Ceiling rents

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

☐ Yes for all developments
☐ Yes but only for some developments
☒ No

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

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

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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) **$100 per month/$1,200 per year**.

☐ Other (list below)

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

(2) Flat Rents

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 below100% of FMR
☒ 100% of FMR
☐ Above 100% but at or below 110% of FMR
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

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

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

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

☒ Annually
☐ Other (list below)

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

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

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(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)

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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.

☐ 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	536	100
Section 8 Vouchers	826	120
Section 8 Certificates	0	10
Section 8 Mod Rehab	52	20
Special Purpose Section 8 Certificates/Vouchers (list individually)	39	2
Public Housing Drug Elimination Program (PHDEP)	N/A	N/A
Elderly Service Coord	366	N/A
ROSS Grant	N/A	N/A
Other Federal Programs(list individually)		
5(h) homeownership	6	1

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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.

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

Admissions and Continued Occupancy Policy
Public Housing Lease and Rules and Regulations Rider
Pet Policy
Maintenance Charges
Allocation Policy
Reasonable Accommodations Policy
Banning and Trespass Policy

(2) Section 8 Management: (list below)

Section 8 Administrative Plan
Reasonable Accommodations Policy

Copies of these documents are available at the Administrative Office, 2700 Pleasant Valley Boulevard, Altoona, PA 16602, between the hours of 8:30 am and 4:30 pm, Monday through Friday.

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)

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7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

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

-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

-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)

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

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

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

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

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

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

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

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

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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: **Green Avenue Tower** 1b. Development (project) number: **PA301-002**
2. Designation type: Occupancy by only the elderly ☒ Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☒ Submitted, pending approval ☐ Planned application ☐
4. Date this designation approved, submitted, or planned for submission: (08/26/1996)
5. If approved, will this designation constitute a (select one) ☐ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: **206** 7. Coverage of action (select one) ☐ Part of the development ☒ Total development

Designation of Public Housing Activity Description
1a. Development name: **Eleventh Street Tower** 1b. Development (project) number: **PA031-003**
2. Designation type: Occupancy by only the elderly ☒ Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☒ Submitted, pending approval ☐ Planned application ☐
4. Date this designation approved, submitted, or planned for submission: (08/12/1996)
5. If approved, will this designation constitute a (select one) ☐ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: **160** 7. Coverage of action (select one) ☐ Part of the development ☒ Total development

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10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

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

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submitted or approved:

☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:)

☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:)

☐ Requirements no longer applicable: vacancy rates are less than 10 percent

☐ Requirements no longer applicable: site now has less than 300 units

☐ Other: (describe below)

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

B. Voluntary Conversion Initial Assessments

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

Four (4)

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

Two (2), elderly developments

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

One for each eligible development.

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

None

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

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: **Home Choice** 1b. Development (project) number: **PA031-013, 014, 015 and 017**
2. Federal Program authority: ☐ HOPE I ☒ 5(h) ☐ Turnkey III ☐ Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) ☒ Approved; included in the PHA's Homeownership Plan/Program ☐ Submitted, pending approval ☐ Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (09/24/1992) – **Revised on 10/29/04.**
5. Number of units affected: **72** 6. Coverage of action: (select one) ☐ Part of the development ☒ Total development

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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. After AHA evaluates the program, i**mplementation will be in the year 2006.**

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:

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12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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

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

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

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☐ 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)
Elderly Service Coordinator	***366***	***Residents***	***Development Office***	***Public Housing***
Family Self Sufficiency Coord	***77***	***Waiting List***	***PHA Main Office***	***Section 8***

(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**: 03/23/2005**)
Public Housing		
Section 8	**77**	**23**

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:

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***The Altoona Housing Authority was not funded this year for Family Self Sufficiency due to not having an approved Section 8 Home Ownership Program. PHA is taking steps to get additional funding.**

C. Welfare Benefit Reductions

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

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

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

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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)

The AHA has an approved Banning and Trespass Policy.

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)

PA031-001, 005 and 016 (Fairview Hills)

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

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

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

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

C. Coordination between PHA and the police

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

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

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

PA031-001, 005. 016 (Fairview Hills) and PA031-002 (Green Avenue Tower) and PA031-003 (Eleventh Street Tower).

D. Additional information as required by PHDEP/PHDEP Plan

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

☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2001 in this PHA Plan?

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☐ Yes ☐ No: This PHDEP Plan is an Attachment.

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

A copy of the PHA Pet Policy is attached.

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ 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?

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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:

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:

Capital Fund work items were revised to reflect resident comments and concerns.

☐ Other: (list below)

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

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

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

☐ Candidates were nominated by resident and assisted family organizations

☐ Candidates could be nominated by any adult recipient of PHA assistance

☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot

☒ Other: (describe) **Appointed by City Council**

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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: **City of Altoona, PA**

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)

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D. Other Information Required by HUD

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

24 CFR 903.7 Requirement that the Housing Authority provide a definition of "substantial" deviation" and "significant amendment or modification".

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Altoona Housing Authority that fundamentally change the mission, goals, objectives, or plans of our agency and which require formal approval of the Board of Directors.

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Attachments

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

Attachment 1 – Capital Fund Program Annual Statement - 2005

Attachment 2 – Altoona Housing Authority Pet Policy

Attachment 3 – Performance and Evaluation Reports

CFP501-02, 2002 (Final)
CFP501-03, 2003

Attachment 4 – Section 8 Homeownership Capacity Statement

Attachment 5 – Resident Advisory Board Members

Attachment 6 – Resident Membership of the PHA Governing Board

Attachment 7 – Voluntary Conversion Assessment

Attachment 8 – Deconcentration and Income Mixing

Attachment 9 – Section 8 Project Based

Optional Attachments

Attachment 10 – Altoona Housing Authority Organizational Chart

Attachment 11 – Capital Fund Five Year Plan

Attachment 12 – Residential Preference

Attachment 13 – Reasonable Accommodation Policy

PHA Plan
Table Library

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: **CFP501-03** Replacement Housing Factor Grant No:	**2003**

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☑ Revised Annual Statement (revision no. 2)

☐ Performance and Evaluation Report for Program Year Ending ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	71,000.00	-	-	-
3	1408 Management Improvements	130,000.00	112,000.00	112,000.00	15,045.78
4	1410 Administration	40,000.00	40,000.00	40,000.00	21,395.90
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	50,000.00	39,000.00	39,000.00	2,880.40
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	559,000.00	488,849.00	301,387.65	301,387.65
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collaterization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	$ 850,000.00	$ 679,849.00	$ 492,387.65	$ 340,709.73
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	100,000.00	118,000.00	-	-
24	Amount of line 21 Related to Security - Soft Costs	60,000.00	60,000.00	-	-
25	Amount of line 21 Related to Security - Hard Costs	-	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	220,000.00	220,000.00	-	-

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP501-03 Replacement Housing Factor Grant 0	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	
PA031-002	Hallway Light Replace	1460.00	11	30,000.00	30,000.00	30,000.00	30,000.00	Complete
Green								
Avenue								
Tower	Kitchen Light Replace	1460.00	206	32,000.00	27,595.75	27,595.75	27,595.75	Complete
	Bathroom Renovation (504)	1460.00	2	50,000.00	57,349.98	57,349.98	57,349.98	Complete
	Hot Water Tank Replace	1460.00	1	75,000.00	-	-		Complete
	Air Handler	1460.00	1	32,000.00	0.00			Move to 2008

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP501-03 Replacement Housing Factor Grant 0	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	
PA031-003	Hallway Light Replace	1460.00	11	30,000.00	10,000.00	10,000.00	10,000.00	Complete
Eleventh								
Street	Kitchen Light Replace	1460.00	160	40,000.00	11,608.34	11,608.34	11,608.34	Complete
Tower								
	Bathroom Renovation (504)	1460.00	2	50,000.00	57,349.98	57,349.98	57,349.98	Complete
	Hot Water Tank Replace	1460.00	1	75,000.00	-	-		Complete
	Range Hood Replace	1460.00	160	18,000.00	0.00			Oper.Budget
	Air Handler	1460.00	1	32,000.00	0.00			Move to 2008
	Replace Roof	1460.00	1	-	187,461.35	-		0

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP501-03 Replacement Housing Factor Grant 0	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	
PA031-005	Closet Doors	1460.00	30	25,000.00	0.00			Oper.Budget
East								
Maple								
Avenue								
PA031-006	Roof Replacement	1460.00	20	70,000.00	107,483.60	107,483.60	107,483.60	Complete
Scattered								
Sites								

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP501-03 Replacement Housing Factor Grant 0	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	
Agency	Operations	1406.00		71,000.00	-	-	-	
Wide								
	Resident Employment	1408.00		25,000.00	25,000.00	25,000.00	9,032.64	
	Stop & Talk	1408.00	1	60,000.00	60,000.00	60,000.00	-	
	Community Policing							
	Staff Salaries	1410.00	1	40,000.00	40,000.00	40,000.00	21,395.90	
	A & E Fees	1430.00	1	50,000.00	39,000.00	39,000.00	2,880.40	
	Service Coordinator	1408.00	1	30,000.00	15,000.00	15,000.00	3,508.32	
	After School Program	1408.00	1	15,000.00	12,000.00	12,000.00	2,504.82	

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP501-03 Replacement Housing Factor Grant No: 0	2003

Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA31-001	9/30/2004						
PA31-002	9/30/2004						
PA31-003	9/30/2004						
Agency Wide	9/30/2004						

Actual Comprehensive Grant Cost Certificate

Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0157
(Exp. 3/31/2002)

PHA/IHA Name	Comprehensive Grant Number
Altoona Housing Authority	**CFP501-03**
	FFY of Grant Approval **2003**

The PHA/IHA herby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	$ 850,000.00
B. Revised Funds Approved	679,849.00
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	340,709.73
E. Amount to be Recaptured (A-D)	509,290.27
F. Excess of Funds Advanced (C-D)	$ (340,709.73)

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

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

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

Signature	Date
X	07/01/2005

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
X	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
X	

Approved (Field Office Manager)	Date
X	

form HUD-52839 (2/92)

ref Handbook 7485.3

Actual Modernization Cost Certificate

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0044 (exp. 12/31/99)
OMB Approval No. 2577-0157 (exp. 12/31/99)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name:	Modernization Project Number:
Altoona Housing Authority	**CFP501-03**

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	$	**679,849.00**
B. Funds Disbursed	$	**340,709.73**
C. Funds Expended (Actual Modernization Cost)	$	**340,709.73**
D. Amount to be Recaptured (A - C)	$	**339,139.27**
E. Excess of Funds Disbursed (B - C)	$	**-**

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

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

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

Signature of Executive Director & Date:

X **7/1/2005**

For HUD Use Only

The Cost Certificate is approved for audit:

Approved for Audit (Director, Office of Public Housing / ONAP Administrator) Date:

X

The audited costs agree with the costs shown above:

Verified: (Designated HUD Official) Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator) Date:

X

form HUD-53001 (10/96)
ref Handbooks 7485.1 & .3

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PHA Forms

Input Range					Criteria Range			
Acct	Original	Revised	Obligated	Expended	Acct	Original	Revised	Obligated
0	0.00	0.00	0.00	0.00	1406	71,000.00	0.00	0.00
1460	30,000.00	30,000.00	30,000.00	30,000.00	ACCT			
0	0.00	0.00	0.00	0.00	1408	130,000.00	112,000.00	112,000.00
0	0.00	0.00	0.00	0.00	ACCT			
1460	32,000.00	27,595.75	27,595.75	27,595.75	1410	40,000.00	40,000.00	40,000.00
0	0.00	0.00	0.00	0.00	ACCT			
1460	50,000.00	57,349.98	57,349.98	57,349.98	1411	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00	ACCT			
1460	75,000.00	0.00	0.00	0.00	1415	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00	ACCT			
1460	32,000.00	0.00	0.00	0.00	1430	50,000.00	39,000.00	39,000.00
0	0.00	0.00	0.00	0.00	ACCT			
0	0.00	0.00	0.00	0.00	1440	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00	ACCT			
0	0.00	0.00	0.00	0.00	1450	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00	ACCT			
0	0.00	0.00	0.00	0.00	1460	559,000.00	488,849.00	301,387.65
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0	0.00	0.00	0.00	0.00	1465	0.00	0.00	0.00
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0	0.00	0.00	0.00	0.00	ACCT			
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0	0.00	0.00	0.00	0.00	ACCT			
0	0.00	0.00	0.00	0.00	1492	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00	ACCT			
0	0.00	0.00	0.00	0.00	1495	0.00	0.00	0.00
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1460	30,000.00	10,000.00	10,000.00	10,000.00				
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1460	40,000.00	11,608.34	11,608.34	11,608.34				
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1460	50,000.00	57,349.98	57,349.98	57,349.98				
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1460	75,000.00	0.00	0.00	0.00				
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1460	18,000.00	0.00	0.00	0.00				
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1460	32,000.00	0.00	0.00	0.00				
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1460	0.00	187,461.35	0.00	0.00				

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#VALUE!	Original	Revised	Funds	Funds
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1460	70,000.00	107,483.60	107,483.60	107,483.60
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1408	60,000.00	60,000.00	60,000.00	0.00
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1410	40,000.00	40,000.00	40,000.00	21,395.90
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1430	50,000.00	39,000.00	39,000.00	2,880.40
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1408	30,000.00	15,000.00	15,000.00	3,508.32
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1408	15,000.00	12,000.00	12,000.00	2,504.82
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0	0.00	0.00	0.00	0.00
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#VALUE!	CFP501-03	0.00	2003	0.00
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#VALUE!	Total Estimat	0.00	Total Actual (	0.00
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#VALUE!	Original	Revised	Funds	Funds
0	0.00	0.00	Obligated	Expended
0	0.00	0.00	0.00	0.00

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0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
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0	0.00	0.00	0.00	0.00

0	0.00	0.00	0.00	0.00
#VALUE!	0.00	0.00	Federal FY o	0.00
#VALUE!	CFP501-03	0.00	2003	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Total Estimat	0.00	Total Actual (	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Original	Revised	Funds	Funds
0	0.00	0.00	Obligated	Expended
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
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0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00

	Output Range				
Expended	Acct	Original	Revised	Obligated	Expended
0.00	1406.00	71,000.00	0.00	0.00	0.00
	1408.00	130,000.00	112,000.00	112,000.00	15,045.78
15,045.78	1410.00	40,000.00	40,000.00	40,000.00	21,395.90
	1411.00	0.00	0.00	0.00	0.00
21,395.90	1415.00	0.00	0.00	0.00	0.00
	1430.00	50,000.00	39,000.00	39,000.00	2,880.40
0.00	1440.00	0.00	0.00	0.00	0.00
	1450.00	0.00	0.00	0.00	0.00
0.00	1460.00	559,000.00	488,849.00	301,387.65	301,387.65
	1465.10	0.00	0.00	0.00	0.00
2,880.40	1470.00	0.00	0.00	0.00	0.00
	1475.00	0.00	0.00	0.00	0.00
0.00	1485.00	0.00	0.00	0.00	0.00
	1490.00	0.00	0.00	0.00	0.00
0.00	1492.00	0.00	0.00	0.00	0.00
	1495.10	0.00	0.00	0.00	0.00
301,387.65	1499.00	0.00	0.00	0.00	0.00
	1501.00	0.00	0.00	0.00	0.00
0.00	1502.00	0.00	0.00	0.00	0.00
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Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: **CFP502-03** Replacement Housing Factor Grant No:	**2003**

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☑ Revised Annual Statement (revision no. 1)

☐ Performance and Evaluation Report for Program Year Ending ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	13,500.00	-	-	-
3	1408 Management Improvements	25,000.00	25,000.00	-	-
4	1410 Administration	-	13,500.00	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	11,000.00	11,000.00	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	89,000.00	89,979.00	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collaterization or Debt Service	-	-	-	-
20	1502 Contingency	979.00	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	$ 139,479.00	$ 139,479.00	$ -	$ -
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 Conversation 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:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP502-03 Replacement Housing Factor Grant 0	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	
PA031-002	Hallway Light Replace	1460.00	11	0.00	0.00			Complete
Green								
Avenue								
Tower	Kitchen Light Replace	1460.00	206	0.00	0.00			Complete
	Bathroom Renovation	1460.00	2	0.00	0.00			Complete
	Hot Water Tank Replace	1460.00	1	0.00	0.00			Complete
	Air Handler	1460.00	1	32,000.00	-			Move to 2008

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP502-03 Replacement Housing Factor Grant 0	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	
PA031-003	Hallway Light Replace	1460.00	11	0.00	0.00			Complete
Eleventh								
Street		1460.00	160	0.00	0.00			Complete
Tower	Kitchen Light Replace							
		1460.00	2	0.00	0.00			Complete
	Bathroom Renovation							
	Hot Water Tank Replace	1460.00	1	0.00	0.00			Complete
	Range Hood Replace	1460.00	160	0.00	0.00			Oper.Budget
	Air Handler	1460.00	1	32,000.00	-			Move to 2008
	Roof Replacement	1460.00	1	-	89,979.00			Current

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP502-03 Replacement Housing Factor Grant 0	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	
PA031-005	Closet Doors	1460.00	30	25,000.00	0.00			Oper.Budget
East								
Maple								
Avenue								
PA031-006	Window Replacement	1460.00	20	0.00	0.00			Complete
Scattered								
Sites								

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP502-03 Replacement Housing Factor Grant 0	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	
Agency	Operations	1406.00		13,500.00	0.00			
Wide								
	Resident Employment	1408.00		25,000.00	25,000.00			
	Stop & Talk	1408.00	1	0.00	0.00			
	Community Policing							
					0.00			
	Staff Salaries	1410.00	1	0.00	13,500.00			
	A & E Fees	1430.00	1	11,000.00	11,000.00			
	Service Coordinator	1408.00	1	0.00	0.00			
	After School Program	1408.00	1	0.00	0.00			
	Contingency	1502.00	1	979.00	-			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP502-03 Replacement Housing Factor Grant No: 0	2003

Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA31-001	9/30/2004						
PA31-002	9/30/2004						
PA31-003	9/30/2004						
Agency Wide	9/30/2004						

Actual Comprehensive Grant Cost Certificate

Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0157
(Exp. 3/31/2002)

PHA/IHA Name	Comprehensive Grant Number
Altoona Housing Authority	**CFP502-03**
	FFY of Grant Approval **2003**

The PHA/IHA herby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	$ 139,479.00
B. Revised Funds Approved	139,479.00
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	-
E. Amount to be Recaptured (A-D)	139,479.00
F. Excess of Funds Advanced (C-D)	$ -

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

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

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

Signature	Date
X	07/01/2005

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
X	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
X	

Approved (Field Office Manager)	Date
X	

form HUD-52839 (2/92)

ref Handbook 7485.3

Actual Modernization Cost Certificate

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0044 (exp. 12/31/99)
OMB Approval No. 2577-0157 (exp. 12/31/99)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name:	Modernization Project Number:
Altoona Housing Authority	**CFP502-03**

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	$	**139,479.00**
B. Funds Disbursed	$	**-**
C. Funds Expended (Actual Modernization Cost)	$	**-**
D. Amount to be Recaptured (A - C)	$	**139,479.00**
E. Excess of Funds Disbursed (B - C)	$	**-**

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

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

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

Signature of Executive Director & Date:

X **7/1/2005**

For HUD Use Only

The Cost Certificate is approved for audit:

Approved for Audit (Director, Office of Public Housing / ONAP Administrator) Date:

X

The audited costs agree with the costs shown above:

Verified: (Designated HUD Official) Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator) Date:

X

form HUD-53001 (10/96)
ref Handbooks 7485.1 & .3

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Input Range						
Acct	Original	Revised	Obligated	Expended	Acct	Original
0	0.00	0.00	0.00	0.00	1406	13,500.00
1460	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1408	25,000.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	0.00	0.00	0.00	0.00	1410	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	0.00	0.00	0.00	0.00	1411	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	0.00	0.00	0.00	0.00	1415	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	32,000.00	0.00	0.00	0.00	1430	11,000.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1440	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1450	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1460	89,000.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1465	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1470	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1475	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1485	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1490	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1492	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1495	0.00
0	0.00	0.00	0.00	0.00	ACCT	
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#VALUE!	CFP502-03	0.00	2003	0.00	1501	0.00
#VALUE!	0.00	0.00	0.00	0.00	ACCT	

#VALUE!	Total Estimat	0.00	Total Actual (	0.00	1502	979.00
#VALUE!	0.00	0.00	0.00	0.00		
#VALUE!	Original	Revised	Funds	Funds		
0	0.00	0.00	Obligated	Expended		
0	0.00	0.00	0.00	0.00		
1460	0.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
1460	0.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
1460	0.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
1460	0.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
1460	0.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
1460	32,000.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
1460	0.00	89,979.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
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0	0.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
#VALUE!	0.00	0.00	Federal FY o	0.00		
#VALUE!	CFP502-03	0.00	2003	0.00		
#VALUE!	0.00	0.00	0.00	0.00		
#VALUE!	Total Estimat	0.00	Total Actual (	0.00		
#VALUE!	0.00	0.00	0.00	0.00		
#VALUE!	Original	Revised	Funds	Funds		

0	0.00	0.00	Obligated	Expended
0	0.00	0.00	0.00	0.00
1460	25,000.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1460	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
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0	0.00	0.00	0.00	0.00
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0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
#VALUE!	0.00	0.00	Federal FY o	0.00
#VALUE!	CFP502-03	0.00	2003	0.00
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#VALUE!	Total Estimat	0.00	Total Actual (	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Original	Revised	Funds	Funds
0	0.00	0.00	Obligated	Expended
0	0.00	0.00	0.00	0.00
1406	13,500.00	0.00	0.00	0.00

0	0.00	0.00	0.00	0.00
1408	25,000.00	25,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1408	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1410	0.00	13,500.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1430	11,000.00	11,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1408	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1408	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1502	979.00	0.00	0.00	0.00
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0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
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0	0.00	0.00	0.00	0.00
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0	0.00	0.00	0.00	0.00
#VALUE!	0.00	0.00	Federal FY o	0.00
#VALUE!	CFP502-03	0.00	2003	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Total Estimat	0.00	Total Actual (	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Original	Revised	Funds	Funds
0	0.00	0.00	Obligated	Expended
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00

0	0.00	0.00	0.00	0.00

0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
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0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
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#VALUE!	0.00	0.00	Federal FY o	0.00
#VALUE!	CFP502-03	0.00	2003	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Total Estimat	0.00	Total Actual (	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Original	Revised	Funds	Funds
0	0.00	0.00	Obligated	Expended
0	0.00	0.00	0.00	0.00
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Criteria Range			Output Range			
Revised	Obligated	Expended	Acct	Original	Revised	Obligated
0.00	0.00	0.00	1406.00	13,500.00	0.00	0.00
			1408.00	25,000.00	25,000.00	0.00
25,000.00	0.00	0.00	1410.00	0.00	13,500.00	0.00
			1411.00	0.00	0.00	0.00
13,500.00	0.00	0.00	1415.00	0.00	0.00	0.00
			1430.00	11,000.00	11,000.00	0.00
0.00	0.00	0.00	1440.00	0.00	0.00	0.00
			1450.00	0.00	0.00	0.00
0.00	0.00	0.00	1460.00	89,000.00	89,979.00	0.00
			1465.10	0.00	0.00	0.00
11,000.00	0.00	0.00	1470.00	0.00	0.00	0.00
			1475.00	0.00	0.00	0.00
0.00	0.00	0.00	1485.00	0.00	0.00	0.00
			1490.00	0.00	0.00	0.00
0.00	0.00	0.00	1492.00	0.00	0.00	0.00
			1495.10	0.00	0.00	0.00
89,979.00	0.00	0.00	1499.00	0.00	0.00	0.00
			1501.00	0.00	0.00	0.00
0.00	0.00	0.00	1502.00	979.00	0.00	0.00
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Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: **CFP501-04** Replacement Housing Factor Grant No:	**2004**

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☑ Revised Annual Statement (revision no. 1)

☐ Performance and Evaluation Report for Program Year Ending ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	51,000.00	-	-	-
3	1408 Management Improvements	130,000.00	105,000.00	-	-
4	1410 Administration	60,000.00	40,000.00	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	50,000.00	50,000.00	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	90,000.00	75,000.00	-	-
10	1460 Dwelling Structures	472,000.00	525,046.00	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collaterization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	$ 853,000.00	$ 795,046.00	$ -	$ -
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 Conversation 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:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP501-04 Replacement Housing Factor Grant 0	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	
PA031-001	Replace Receptacles	1460.00	96	50,000.00	-			Oper.Budget
Fairview								
Hills								
	Medicine Cabinet Replace	1460.00	96	22,000.00	22,000.00			
	Site Lighting	1450.00	24	35,000.00	-			Not Needed
	Entrance Lighting	1460.00	96	23,000.00	-			Moved to 200
	Chair Lift Replacement	1460.00	5	-	39,046.00			
	ADA Compliance	1460.00		-	50,000.00			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP501-04 Replacement Housing Factor Grant 0	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	
PA031-002	Replace Apartment Doors	1460.00	206	90,000.00	90,000.00			
Green								
Avenue	Replace Generator	1450.00	1	50,000.00	50,000.00			
Tower								
	Replace Panel Boxes	1460.00	206	30,000.00	30,000.00			
	Tub Faucet Replacement	1460.00	206	45,000.00	45,000.00			
	ADA Compliance	1460.00		-	25,000.00			
	Heat Circulator Pump	1460.00	1	-	6,000.00			
	Seal/Stripe Parking Lot	1450.00	1		10,000.00			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP501-04 Replacement Housing Factor Grant 0	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	
PA031-003	Replace Roof	1460.00	1	75,000.00	90,000.00			
Eleventh								
Street	Tub Faucet Replacement	1460.00	160	32,000.00	32,000.00			
Tower								
	Replace Entry Doors	1460.00	160	75,000.00	50,000.00			
	Replace Panel Boxes	1460.00	160	30,000.00	30,000.00			
	Heat Circulator Pump	1460.00	1		6,000.00			
	Seal/Stripe Parking Lot	1450.00	1		10,000.00			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP501-04 Replacement Housing Factor Grant 0	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	
PA031-005	Sidewalk Replacement	1450.00	1	5,000.00	5,000.00			
East								
Maple				-				
Avenue								
	ADA Compliance	1460.00		-	10,000.00			
PA031-006								
Scattered								
Sites								

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP501-04 Replacement Housing Factor Grant 0	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	
Agency	Operations	1406.00		51,000.00	-			
Wide								
	Resident Employment	1408.00		25,000.00	25,000.00			
	Stop & Talk	1408.00		60,000.00	45,000.00			
	Community Policing							
	Staff Salaries	1410.00		40,000.00	40,000.00			
	A & E Fees	1430.00		50,000.00	50,000.00			
	Service Coordinator	1408.00		30,000.00	10,000.00			
	After School Program	1408.00		15,000.00	15,000.00			
	Software	1410.00		20,000.00	-			
	COPC Grant Match	1408.00		-	10,000.00			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP501-04 Replacement Housing Factor Grant No: 0	2004

Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA31-001	9/30/2005						
PA31-002	9/30/2005						
PA31-003	9/30/2005						
PA31-005	9/30/2005						
Agency Wide	9/30/2005						

Actual Comprehensive Grant Cost Certificate

Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0157
(Exp. 3/31/2002)

PHA/IHA Name	Comprehensive Grant Number
Altoona Housing Authority	**CFP501-04**
	FFY of Grant Approval **2004**

The PHA/IHA herby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	$ 853,000.00
B. Revised Funds Approved	795,046.00
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	-
E. Amount to be Recaptured (A-D)	853,000.00
F. Excess of Funds Advanced (C-D)	$ -

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

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

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

Signature	Date
X	07/01/2005

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
X	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
X	

Approved (Field Office Manager)	Date
X	

form HUD-52839 (2/92)

ref Handbook 7485.3

Actual Modernization Cost Certificate

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0044 (exp. 12/31/99)
OMB Approval No. 2577-0157 (exp. 12/31/99)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name:	Modernization Project Number:
Altoona Housing Authority	**CFP501-04**

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	$	**795,046.00**
B. Funds Disbursed	$	**-**
C. Funds Expended (Actual Modernization Cost)	$	**-**
D. Amount to be Recaptured (A - C)	$	**795,046.00**
E. Excess of Funds Disbursed (B - C)	$	**-**

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

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

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

Signature of Executive Director & Date:

X **7/1/2005**

For HUD Use Only

The Cost Certificate is approved for audit:

Approved for Audit (Director, Office of Public Housing / ONAP Administrator) Date:

X

The audited costs agree with the costs shown above:

Verified: (Designated HUD Official) Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator) Date:

X

form HUD-53001 (10/96)
ref Handbooks 7485.1 & .3

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Input Range						
Acct	Original	Revised	Obligated	Expended	Acct	Original
0	0.00	0.00	0.00	0.00	1406	51,000.00
1460	50,000.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1408	130,000.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	22,000.00	22,000.00	0.00	0.00	1410	60,000.00
0	0.00	0.00	0.00	0.00	ACCT	
1450	35,000.00	0.00	0.00	0.00	1411	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	23,000.00	0.00	0.00	0.00	1415	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1430	50,000.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	0.00	39,046.00	0.00	0.00	1440	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	0.00	50,000.00	0.00	0.00	1450	90,000.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1460	472,000.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1465	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1470	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1475	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1485	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1490	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1492	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1495	0.00
0	0.00	0.00	0.00	0.00	ACCT	
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#VALUE!	CFP501-04	0.00	2004	0.00	1501	0.00
#VALUE!	0.00	0.00	0.00	0.00	ACCT	

#VALUE!	Total Estimat	0.00	Total Actual (	0.00	1502	0.00
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#VALUE!	Original	Revised	Funds	Funds		
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1460	90,000.00	90,000.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
1450	50,000.00	50,000.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
1460	30,000.00	30,000.00	0.00	0.00		
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0	0.00	0.00	0.00	0.00		
1460	45,000.00	45,000.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
1460	0.00	25,000.00	0.00	0.00		
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1460	0.00	6,000.00	0.00	0.00		
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1450	0.00	10,000.00	0.00	0.00		
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#VALUE!	0.00	0.00	Federal FY o	0.00		
#VALUE!	CFP501-04	0.00	2004	0.00		
#VALUE!	0.00	0.00	0.00	0.00		
#VALUE!	Total Estimat	0.00	Total Actual (	0.00		
#VALUE!	0.00	0.00	0.00	0.00		
#VALUE!	Original	Revised	Funds	Funds		

0	0.00	0.00	Obligated	Expended
0	0.00	0.00	0.00	0.00
1460	75,000.00	90,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1460	32,000.00	32,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1460	75,000.00	50,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1460	30,000.00	30,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1460	0.00	6,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1450	0.00	10,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
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#VALUE!	0.00	0.00	Federal FY o	0.00
#VALUE!	CFP501-04	0.00	2004	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Total Estimat	0.00	Total Actual (	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Original	Revised	Funds	Funds
0	0.00	0.00	Obligated	Expended
0	0.00	0.00	0.00	0.00
1450	5,000.00	5,000.00	0.00	0.00

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0	0.00	0.00	0.00	0.00
1460	0.00	10,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
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#VALUE!	CFP501-04	0.00	2004	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Total Estimat	0.00	Total Actual (	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Original	Revised	Funds	Funds
0	0.00	0.00	Obligated	Expended
0	0.00	0.00	0.00	0.00
1406	51,000.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1408	25,000.00	25,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00

1408	60,000.00	45,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1410	40,000.00	40,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1430	50,000.00	50,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1408	30,000.00	10,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1408	15,000.00	15,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1410	20,000.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1408	0.00	10,000.00	0.00	0.00
0	0.00	0.00	0.00	0.00
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#VALUE!	CFP501-04	0.00	2004	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Total Estimat	0.00	Total Actual (	0.00
#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Original	Revised	Funds	Funds
0	0.00	0.00	Obligated	Expended
0	0.00	0.00	0.00	0.00
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Criteria Range			Output Range			
Revised	Obligated	Expended	Acct	Original	Revised	Obligated
0.00	0.00	0.00	1406.00	51,000.00	0.00	0.00
			1408.00	130,000.00	105,000.00	0.00
105,000.00	0.00	0.00	1410.00	60,000.00	40,000.00	0.00
			1411.00	0.00	0.00	0.00
40,000.00	0.00	0.00	1415.00	0.00	0.00	0.00
			1430.00	50,000.00	50,000.00	0.00
0.00	0.00	0.00	1440.00	0.00	0.00	0.00
			1450.00	90,000.00	75,000.00	0.00
0.00	0.00	0.00	1460.00	472,000.00	525,046.00	0.00
			1465.10	0.00	0.00	0.00
50,000.00	0.00	0.00	1470.00	0.00	0.00	0.00
			1475.00	0.00	0.00	0.00
0.00	0.00	0.00	1485.00	0.00	0.00	0.00
			1490.00	0.00	0.00	0.00
75,000.00	0.00	0.00	1492.00	0.00	0.00	0.00
			1495.10	0.00	0.00	0.00
525,046.00	0.00	0.00	1499.00	0.00	0.00	0.00
			1501.00	0.00	0.00	0.00
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Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: **CFP 2005** Replacement Housing Factor Grant No:	**2005**

☑ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no. 1)

☐ Performance and Evaluation Report for Program Year Ending ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	-	-	-	-
3	1408 Management Improvements	110,000.00	-	-	-
4	1410 Administration	60,000.00	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	60,000.00	-	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	220,000.00	-	-	-
10	1460 Dwelling Structures	397,000.00	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collaterization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	$ 847,000.00	$ -	$ -	$ -
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 Conversation 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:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP-2005 Replacement Housing Factor Grant 0	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	
PA031-001								
Fairview								
Hills								
	Medicine Cabinet Replace	1460.00	96	22,000.00				
	Roof Replacement	1450.00	25 Bldgs.	220,000.00				
	Entrance Lighting	1460.00	96	40,000.00	-			
	Maint. Building	1460.00	1	180,000.00				
	Chair Lift Replacement	1460.00	5	25,000.00				
	ADA Compliance	1460.00		25,000.00				
P031-016								
Fairview								
Hills								
	Entrance Lighting	1460.00	24	10,000.00				

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP-2005 Replacement Housing Factor Grant 0	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	
PA031-002	Maint. Facility	1460.00	1	30,000.00				
Green								
Avenue								
Tower								
	ADA Compliance	1460.00		30,000.00				

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP-2005 Replacement Housing Factor Grant 0	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	
PA031-003								
Eleventh								
Street								
Tower								

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: **CFP-2005** Replacement Housing Factor Grant **0**	**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	
PA031-005								
East	Entrance Lighting	1460.00	30	15,000.00				
Maple				-				
Avenue								
	ADA Compliance	1460.00		10,000.00				
PA031-006								
Scattered								
Sites								
	Entrance Lighting	1460.00	10	10,000.00				

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP-2005 Replacement Housing Factor Grant 0	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	
Agency					-			
Wide								
	Resident Employment	1408.00		25,000.00				
	Stop & Talk	1408.00		50,000.00				
	Community Policing							
	Staff Salaries	1410.00		40,000.00				
	A & E Fees	1430.00		60,000.00				
	Service Coordinator	1408.00		10,000.00				
	After School Program	1408.00		15,000.00				
	Software	1410.00		20,000.00	-			
	COPC Grant Match	1408.00		10,000.00				

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Altoona Housing Authority	Capital Fund Program Grant No: CFP 2005 Replacement Housing Factor Grant No: 0	2005

Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA31-001	9/30/2005						
PA31-002	9/30/2005						
PA31-003	9/30/2005						
PA31-005	9/30/2005						
Agency Wide	9/30/2005						

Actual Comprehensive Grant Cost Certificate
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(Exp. 3/31/2002)

PHA/IHA Name	Comprehensive Grant Number
Altoona Housing Authority	**CFP 2005**
	FFY of Grant Approval **2005**

The PHA/IHA herby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	$ 847,000.00
B. Revised Funds Approved	-
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	-
E. Amount to be Recaptured (A-D)	847,000.00
F. Excess of Funds Advanced (C-D)	$ -

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

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

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

Signature	Date
X	07/01/2005

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
X	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
X	

Approved (Field Office Manager)	Date
X	

form HUD-52839 (2/92)
ref Handbook 7485.3

Actual Modernization Cost Certificate

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0044 (exp. 12/31/99)
OMB Approval No. 2577-0157 (exp. 12/31/99)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name:	Modernization Project Number:
Altoona Housing Authority	**CFP 2005**

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	$ -
B. Funds Disbursed	$ -
C. Funds Expended (Actual Modernization Cost)	$ -
D. Amount to be Recaptured (A - C)	$ -
E. Excess of Funds Disbursed (B - C)	$ -

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

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

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

Signature of Executive Director & Date:

X **7/1/2005**

For HUD Use Only

The Cost Certificate is approved for audit:

Approved for Audit (Director, Office of Public Housing / ONAP Administrator) **X**	Date:

The audited costs agree with the costs shown above:

Verified: (Designated HUD Official) **X**	Date:
Approved: (Director, Office of Public Housing / ONAP Administrator) **X**	Date:

form HUD-53001 (10/96)
ref Handbooks 7485.1 & .3

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Input Range						
Acct	Original	Revised	Obligated	Expended	Acct	Original
0	0.00	0.00	0.00	0.00	1406	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1408	110,000.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	22,000.00	0.00	0.00	0.00	1410	60,000.00
0	0.00	0.00	0.00	0.00	ACCT	
1450	220,000.00	0.00	0.00	0.00	1411	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	40,000.00	0.00	0.00	0.00	1415	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	180,000.00	0.00	0.00	0.00	1430	60,000.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	25,000.00	0.00	0.00	0.00	1440	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	25,000.00	0.00	0.00	0.00	1450	220,000.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1460	397,000.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1465	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	10,000.00	0.00	0.00	0.00	1470	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1475	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1485	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1490	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1492	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1495	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1499	0.00
#VALUE!	0.00	0.00	Federal FY o	0.00	ACCT	
#VALUE!	CFP-2005	0.00	2005	0.00	1501	0.00
#VALUE!	0.00	0.00	0.00	0.00	ACCT	

#VALUE!	Total Estimat	0.00	Total Actual (	0.00	1502	0.00
#VALUE!	0.00	0.00	0.00	0.00		
#VALUE!	Original	Revised	Funds	Funds		
0	0.00	0.00	Obligated	Expended		
0	0.00	0.00	0.00	0.00		
1460	30,000.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
0	0.00	0.00	0.00	0.00		
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1460	30,000.00	0.00	0.00	0.00		
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#VALUE!	CFP-2005	0.00	2005	0.00		
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1460	15,000.00	0.00	0.00	0.00
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1460	10,000.00	0.00	0.00	0.00
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1460	10,000.00	0.00	0.00	0.00
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0	0.00	0.00	0.00	0.00
1408	25,000.00	0.00	0.00	0.00
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1408	50,000.00	0.00	0.00	0.00
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0	0.00	0.00	0.00	0.00
1410	40,000.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1430	60,000.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00
1408	10,000.00	0.00	0.00	0.00
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1408	15,000.00	0.00	0.00	0.00
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1410	20,000.00	0.00	0.00	0.00
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#VALUE!	0.00	0.00	0.00	0.00
#VALUE!	Original	Revised	Funds	Funds
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Criteria Range			Output Range			
Revised	Obligated	Expended	Acct	Original	Revised	Obligated
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			1408.00	110,000.00	0.00	0.00
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			1411.00	0.00	0.00	0.00
0.00	0.00	0.00	1415.00	0.00	0.00	0.00
			1430.00	60,000.00	0.00	0.00
0.00	0.00	0.00	1440.00	0.00	0.00	0.00
			1450.00	220,000.00	0.00	0.00
0.00	0.00	0.00	1460.00	397,000.00	0.00	0.00
			1465.10	0.00	0.00	0.00
0.00	0.00	0.00	1470.00	0.00	0.00	0.00
			1475.00	0.00	0.00	0.00
0.00	0.00	0.00	1485.00	0.00	0.00	0.00
			1490.00	0.00	0.00	0.00
0.00	0.00	0.00	1492.00	0.00	0.00	0.00
			1495.10	0.00	0.00	0.00
0.00	0.00	0.00	1499.00	0.00	0.00	0.00
			1501.00	0.00	0.00	0.00
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Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages--Work Activities

Itoona Housing Authori Year 1	Activities for Year: 2006 FFY Grant: 2006 PHA FY: 7/1/2006			Activities for Year: 2007 FFY Grant: 2007 PHA FY: 7/1/2007		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See Annual Statement	**PA031-001**			**PA031-001**		
	Fairview Hills			**Fairview Hills**		
		ADA Compliance	130,000.00		ADA Compliance	50,000.00
		Community Building	0.00		Community Building	0.00
		Maintenance Building	0.00		Maintenance Building	200,000.00
		Replace Receptacles	50,000.00		Replace Receptacles	0.00
		Replace Sewer Cleanouts	0.00		Replace Sewer Cleanou	75,000.00
		Replace Baseboard	0.00		Replace Baseboard	0.00
		Replace Boilers	0.00		Replace Boilers	0.00
		Replace Tub Enclosures	0.00		Replace Tub Enclosures	32,160.00
		Water Efficient Commode	0.00		Water Efficient Commod	43,200.00
		Replace Medicine Chest	22,000.00		Replace Medicine Chest	22,000.00
		Refinish Tubs	0.00		Refinish Tubs	20,000.00
		Building & Site Lighting	35,000.00		Building & Site Lighting	0.00
		Repave Street	0.00		Repave Street	0.00
		Improve Entrance Light	23,000.00		Improve Entrance Light	20,000.00
		Mechanical Room Damper	6,000.00		Mechanical Room Damp	0.00
		Replace Bath Exhaust	11,000.00		Replace Bath Exhaust	0.00
		Landscaping	5,000.00		Landscaping	5,000.00
		Replace Clothes Poles	0.00		Replace Clothes Poles	14,400.00
		Replace Refrigerators	8,400.00		Replace Refrigerators	8,400.00
		Replace Stoves	7,500.00		Replace Stoves	7,500.00
		Clean Sewer Lines	0.00		Clean Sewer Lines	0.00
		Non CFP Funds	-97,900.00		Non CFP Funds	-275,660.00
		Total CFP Estimated Cost	$ 200,000.00			$ 222,000.00

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

Activities for Year 1	Activities for Year: 2006 FFY Grant: 2006 PHA FY: 7/1/2006			Activities for Year: 2007 FFY Grant: 2007 PHA FY: 7/1/2007		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See Annual Statement						
	PA031-002	Apartment Asbestos	35,000.00	**PA031-002**	Apartment Asbestos	35,000.00
	Green Avenue Tower	Convert Efficiency Apts	0.00	**Green Avenue Tower**	Convert Efficiency Apts	0.00
		Replace Apt Panel Box	0.00		Replace Apt Panel Box	0.00
		Hallway Asbestos	4,000.00		Hallway Asbestos	4,000.00
		Replace Entry Door	40,000.00		Replace Entry Door	20,000.00
		Replace Heat Runs	0.00		Replace Heat Runs	0.00
		Replace Cabinets	0.00		Replace Cabinets	46,000.00
		Generator Replace	50,000.00		Generator Replace	0.00
		Replace Air Handler	0.00		Replace Air Handler	32,000.00
		Replace Boilers	0.00		Replace Boilers	0.00
		Add Receptacles	30,000.00		Add Receptacles	0.00
		Replace Handrails	20,000.00		Replace Handrails	0.00
		Medicine Cabinets	0.00		Medicine Cabinets	0.00
		Bathtub Faucet Replace	36,000.00		Bathtub Faucet Replace	0.00
		Maint. Building	0.00		Maint. Building	30,000.00
		Curb & Sidewalk Repair	5,000.00		Curb & Sidewalk Repair	5,000.00
		Replace Air Conditioners	10,000.00		Replace Air Conditioners	10,000.00
		Reseal & Restripe Park	0.00		Reseal & Restripe Park	0.00
		Grab Bar Install	0.00		Grab Bar Install	0.00
		Landscaping	2,500.00		Landscaping	2,500.00
		Curb & Sidewalk Repair	5,000.00		Curb & Sidewalk Repair	5,000.00
		Carpet & Paint Hall	3,000.00		Carpet & Paint Hall	3,000.00
		Replace Refrig	18,000.00		Replace Refrig	18,000.00
		Replace Ranges	15,500.00		Replace Ranges	15,500.00
		ADA Compliance	*50,000.00*		ADA Compliance	50,000.00
		Non CFP Funds	-161,000.00		Non CFP Funds	-151,000.00
		Total CFP Estimated Cost	$ 163,000.00			$ 125,000.00

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

Activities for Year 1	Activities for Year: 2006 FFY Grant: 2006 PHA FY: 7/1/2006			Activities for Year: 2007 FFY Grant: 2007 PHA FY: 7/1/2007		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See Annual Statement						
	PA031-003	Roof Replacement	175,000.00	**PA031-003**	Roof Replacement	0.00
	Eleventh Street Tower	Replace Balcony Railing	0.00	**Eleventh Street Tower**	Replace Balcony Railing	300,000.00
		Apartment Asbestos	30,000.00		Apartment Asbestos	30,000.00
		Hallway Asbestos	4,000.00		Hallway Asbestos	4,000.00
		Bathtub Faucet Replace	20,000.00		Bathtub Faucet Replace	0.00
		First Floor A/C	0.00		First Floor A/C	0.00
		Replace Heat Runs	0.00		Replace Heat Runs	0.00
		Replace Entry Door	60,000.00		Replace Entry Door	20,000.00
		Replace Cabinets	0.00		Replace Cabinets	0.00
		Replace Boilers	0.00		Replace Boilers	0.00
		Add Receptacles	25,000.00		Add Receptacles	0.00
		Replace Air Handler	0.00		Replace Air Handler	32,000.00
		Replace Handrails	18,000.00		Replace Handrails	0.00
		Replace Apt Panel Box	0.00		Replace Apt Panel Box	0.00
		Replace Medicine Cabinet	0.00		Replace Medicine Cabin	0.00
		Carpet & Paint Hallway	3,000.00		Carpet & Paint Hallway	3,000.00
		Concrete Panel Repairs	0.00		Concrete Panel Repairs	0.00
		Stove Replace	12,000.00		Stove Replace	12,000.00
		Curb & Sidewalk Repair	5,000.00		Curb & Sidewalk Repair	5,000.00
		Replace Apt AC	6,000.00		Replace Apt AC	0.00
		Reseal & Restripe Parking	0.00		Reseal & Restripe Parki	0.00
		Refrig Replace	13,000.00		Refrig Replace	13,000.00
		Grab Bar Install	0.00		Grab Bar Install	0.00
		Replace Range Hoods	0.00		Replace Range Hoods	0.00
		Landscaping	2,500.00		Landscaping	2,500.00
		ADA Compliance	50,000.00		ADA Compliance	50,000.00
		Non CFP Funds	-213,000.00		Non CFP Funds	-274,000.00
		Total CFP Estimated Cost	$ 210,500.00			$ 197,500.00

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

Activities for Year 1	Activities for Year: 2006 FFY Grant: 2006 PHA FY: 7/1/2006			Activities for Year: 2007 FFY Grant: 2007 PHA FY: 7/1/2007		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See Annual Statement						
	PA031-005			**PA031-005**		
	Fairview Hills			**Fairview Hills**		
	East Maple Avenue			**East Maple Avenue**		
		Curb & Sidewalk Repair	5,000.00		Curb & Sidewalk Repair	5,000.00
		Replace Furnace	0.00		Replace Furnace	0.00
		Replace Hot Water Tank	0.00		Replace Hot Water Tank	0.00
		Refrig Replace	2,500.00		Refrig Replace	2,500.00
		Range Replace	2,000.00		Range Replace	2,000.00
		Add Receptacles	0.00		Add Receptacles	25,000.00
		ADA Compliance	0.00		ADA Compliance	50,000.00
		Entrance Lighting	10,000.00		Entrance Lighting	0.00
		Non CFP Funds	0.00		Non CFP Funds	0.00
		Total CFP Estimated Cost	$ 19,500.00			$ 84,500.00

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

Activities for Year 1	Activities for Year: 2006 FFY Grant: 2006 PHA FY: 7/1/2006			Activities for Year: 2007 FFY Grant: 2007 PHA FY: 7/1/2007		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See Annual Statement						
	PA031-006			**PA031-006**		
	Scattered Sites			**Scattered Sites**		
		Replace Bath Vent Fans	0.00		Replace Bath Vent Fans	6,000.00
		Refinish Tubs	0.00		Refinish Tubs	3,000.00
		Replace Medicine Cabinet	0.00		Replace Medicine Cabin	5,000.00
		Curb & Sidewalk Repair	1,000.00		Curb & Sidewalk Repair	1,000.00
		Replace Kitchen Cabinets	0.00		Replace Kitchen Cabine	0.00
		Add Receptacles	0.00		Add Receptacles	0.00
		Replace Flooring	0.00		Replace Flooring	10,000.00
		Replace Interior Doors	0.00		Replace Interior Doors	14,000.00
		Paint Building Exteriors	15,000.00		Paint Building Exteriors	0.00
		Replace Range	3,000.00		Replace Range	3,000.00
		Replace Refrig	2,000.00		Replace Refrig	2,000.00
		ADA Compliance	0.00		ADA Compliance	0.00
		Non CFP Funds	-6,000.00		Non CFP Funds	-25,000.00
		Total CFP Estimated Cost	$ 15,000.00			$ 19,000.00

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

Activities for Year 1	Activities for Year: 2006 FFY Grant: 2006 PHA FY: 7/1/2006			Activities for Year: 2007 FFY Grant: 2007 PHA FY: 7/1/2007		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See Annual Statement						
	PA031-016			**PA031-016**		
	Fairview Hills			**Fairview Hills**		
	East Maple Avenue			**East Maple Avenue**		
	Kettle Street	Curb & Sidewalk Repair	1,000.00	**Kettle Street**	Curb & Sidewalk Repair	1,000.00
	East Cherry Avenue			**East Cherry Avenue**		
		Furnace Replace	0.00		Furnace Replace	0.00
		Replace Hot Water Tank	0.00		Replace Hot Water Tank	0.00
		ADA Compliance	30,000.00		ADA Compliance	10,000.00
		Retaining Walls	25,000.00		Retaining Walls	25,000.00
		Entrance Lighting	10,000.00		Entrance Lighting	10,000.00
		Non CFP Funds	-1,000.00		Non CFP Funds	-1,000.00
		Total CFP Estimated Cost	$ 65,000.00			45,000.00

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

Activities for Year 1	Activities for Year: 2006 FFY Grant: 2006 PHA FY: 7/1/2006			Activities for Year: 2007 FFY Grant: 2007 PHA FY: 7/1/2007		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See Annual Statement						
	Authority Wide	Stop and Talk Program	25,000.00	**Authority Wide**	Stop and Talk Program	25,000.00
		Staff Salaries	20,000.00		Staff Salaries	20,000.00
		Staff Benefits	10,000.00		Staff Benefits	10,000.00
		A & E Fees	30,000.00		A & E Fees	30,000.00
		Service Coordinator	10,000.00		Service Coordinator	10,000.00
		After School Program	*15,000.00*		*After School Program*	*15,000.00*
		Software	*0.00*		*Software*	*0.00*
		Resident Employment	*25,000.00*		*Resident Employment*	*25,000.00*
		Operations	0.00		Operations	0.00
		COPC Grant	10,000.00		COPC Grant	10,000.00
		Radon Mitigation-Admin.	20,000.00			
		Total CFP Estimated Cost	$ 165,000.00			$ 145,000.00

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

Activities for Year: 2008 FFY Grant: 2008 PHA FY: 7/1/2008			Activities for Year: 2009 FFY Grant: 2009 PHA FY: 2/1/2009		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PA031-001			**PA031-001**		
Fairview Hills			**Fairview Hills**		
	ADA Compliance	0.00		ADA Compliance	0.00
	Community Building	0.00		Community Building	250,000.00
	Maintenance Building	0.00		Maintenance Building	0.00
	Replace Receptacles	0.00		Replace Receptacles	0.00
	Replace Sewer Cleanouts	0.00		Replace Sewer Cleanouts	0.00
	Replace Baseboard	81,000.00		Replace Baseboard	0.00
	Replace Boilers	150,000.00		Replace Boilers	0.00
	Replace Tub Enclosures	0.00		Replace Tub Enclosures	0.00
	Water Efficient Commode	0.00		Water Efficient Commode	0.00
	Replace Medicine Chest	22,000.00		Replace Medicine Chest	22,000.00
	Refinish Tubs	0.00		Refinish Tubs	0.00
	Building & Site Lighting	0.00		Building & Site Lighting	0.00
	Repave Street	0.00		Repave Street	110,000.00
	Improve Entrance Light	23,000.00		Improve Entrance Light	23,000.00
	Mechanical Room Damper	0.00		Mechanical Room Damper	0.00
	Replace Bath Exhaust	0.00		Replace Bath Exhaust	0.00
	Landscaping	5,000.00		Landscaping	5,000.00
	Replace Clothes Poles	0.00		Replace Clothes Poles	0.00
	Replace Refrigerators	8,400.00		Replace Refrigerators	8,400.00
	Replace Stoves	7,500.00		Replace Stoves	7,500.00
	Clean Sewer Lines	20,000.00		Clean Sewer Lines	0.00
	Non CFP Funds	-200,000.00		Non CFP Funds	-225,900.00
	Total CFP Estimated Cost	$ 116,900.00			$ 200,000.00

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

Activities for Year: 2008 FFY Grant: 2008 PHA FY: 7/1/2008			Activities for Year: 2009 FFY Grant: 2009 PHA FY: 7/1/2009		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PA031-002	Apartment Asbestos	35,000.00	**PA031-002**	Apartment Asbestos	35,000.00
Green Avenue Tower	Convert Efficiency Apts	0.00	**Green Avenue Tower**	Convert Efficiency Apts	250,000.00
	Replace Apt Panel Box	0.00		Replace Apt Panel Box	103,000.00
	Hallway Asbestos	4,000.00		Hallway Asbestos	4,000.00
	Replace Entry Door	0.00		Replace Entry Door	0.00
	Replace Heat Runs	100,000.00		Replace Heat Runs	100,000.00
	Replace Cabinets	50,000.00		Replace Cabinets	0.00
	Generator Replace	0.00		Generator Replace	0.00
	Replace Air Handler	0.00		Replace Air Handler	0.00
	Replace Boilers	0.00		Replace Boilers	98,000.00
	Add Receptacles	0.00		Add Receptacles	0.00
	Replace Handrails	0.00		Replace Handrails	0.00
	Medicine Cabinets	51,000.00		Medicine Cabinets	0.00
	Bathtub Faucet Replace	0.00		Bathtub Faucet Replace	0.00
	Maint. Facility	0.00		Maint. Facility	0.00
	Curb & Sidewalk Repair	5,000.00		Curb & Sidewalk Repair	5,000.00
	Replace Air Conditioners	21,000.00		Replace Air Conditioners	21,000.00
	Reseal & Restripe Park	7,500.00		Reseal & Restripe Park	0.00
	Grab Bar Install	0.00		Grab Bar Install	41,000.00
	Landscaping	2,500.00		Landscaping	2,500.00
	Curb & Sidewalk Repair	5,000.00		Curb & Sidewalk Repair	5,000.00
	Carpet & Paint Hall	3,000.00		Carpet & Paint Hall	3,000.00
	Replace Refrig	12,100.00		Replace Refrig	18,000.00
	Replace Ranges	15,500.00		Replace Ranges	15,500.00
	Heat Circ. Pump	*0.00*		Heat Circ. Pump	0.00
	ADA Compliance	50,000.00		ADA Compliance	50,000.00
	Non CFP Funds	-167,500.00		Non CFP Funds	-500,000.00
	Total CFP Estimated Cost	$ 194,100.00			$ 251,000.00

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

Activities for Year: 2008 FFY Grant: 2008 PHA FY: 7/1/2008			Activities for Year: 2009 FFY Grant: 2009 PHA FY: 7/1/2009		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PA031-003	Roof Replacement	0.00	**PA031-003**	Roof Replacement	0.00
Eleventh Street Tower	Replace Balcony Railing	375,000.00	**Eleventh Street Tower**	Replace Balcony Railing	0.00
	Apartment Asbestos	15,000.00		Apartment Asbestos	15,000.00
	Hallway Asbestos	4,000.00		Hallway Asbestos	4,000.00
	Bathtub Faucet Replace	0.00		Bathtub Faucet Replace	0.00
	First Floor A/C	0.00		First Floor A/C	50,000.00
	Replace Heat Runs	0.00		Replace Heat Runs	100,000.00
	Replace Entry Door	0.00		Replace Entry Door	0.00
	Replace Cabinets	40,000.00		Replace Cabinets	80,000.00
	Replace Boilers	0.00		Replace Boilers	75,000.00
	Add Receptacles	0.00		Add Receptacles	0.00
	Replace Air Handler	0.00		Replace Air Handler	0.00
	Replace Handrails	0.00		Replace Handrails	0.00
	Replace Apt Panel Box	0.00		Replace Apt Panel Box	20,000.00
	Replace Medicine Cabinet	0.00		Replace Medicine Cabinet	40,000.00
	Heat Circ. Pump	0.00		Heat Circ. Pump	0.00
	Carpet & Paint Hallway	3,000.00		Carpet & Paint Hallway	3,000.00
	Concrete Panel Repairs	15,000.00		Concrete Panel Repairs	0.00
	Stove Replace	12,000.00		Stove Replace	12,000.00
	Curb & Sidewalk Repair	5,000.00		Curb & Sidewalk Repair	5,000.00
	Replace Apt AC	16,000.00		Replace Apt AC	16,000.00
	Reseal & Restripe Parking	0.00		Reseal & Restripe Parking	7,500.00
	Refrig Replace	13,000.00		Refrig Replace	13,000.00
	Grab Bar Install	0.00		Grab Bar Install	32,000.00
	Replace Range Hoods	0.00		Replace Range Hoods	0.00
	Landscaping	2,500.00		Landscaping	2,500.00
	ADA Compliance	*50,000.00*		ADA Compliance	50,000.00
	Non CFP Funds	-323,000.00		Non CFP Funds	-476,500.00
	Total CFP Estimated Cost	$ 227,500.00			$ 48,500.00

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

Activities for Year: 2008 FFY Grant: 2008 PHA FY: 7/1/2008			Activities for Year: 2009 FFY Grant: 2009 PHA FY: 7/1/2009		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PA031-005			**PA031-005**		
Fairview Hills			**Fairview Hills**		
East Maple Avenue			**East Maple Avenue**		
	Curb & Sidewalk Repair	5,000.00		Curb & Sidewalk Repair	5,000.00
	Replace Furnace	0.00		Replace Furnace	58,000.00
	Replace Hot Water Tank	0.00		Replace Hot Water Tank	30,000.00
	Refrig Replace	2,500.00		Refrig Replace	2,500.00
	Range Replace	2,000.00		Range Replace	2,000.00
	Add Receptacles	0.00		Add Receptacles	0.00
	ADA Compliance	75,000.00		ADA Compliance	0.00
	Non CFP Funds	0.00		Non CFP Funds	-50,000.00
	Total CFP Estimated Cost	$ 84,500.00			$ 47,500.00

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

Activities for Year: 2008 FFY Grant: 2008 PHA FY: 7/1/2008			Activities for Year: 2009 FFY Grant: 2009 PHA FY: 7/1/2009		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PA031-006			**PA031-006**		
Scattered Sites			**Scattered Sites**		
	Replace Bath Vent Fans	0.00		Replace Bath Vent Fans	0.00
	Refinish Tubs	0.00		Refinish Tubs	0.00
	Replace Medicine Cabinet	0.00		Replace Medicine Cabinet	0.00
	Curb & Sidewalk Repair	1,000.00		Curb & Sidewalk Repair	1,000.00
	Replace Kitchen Cabinets	0.00		Replace Kitchen Cabinets	60,000.00
	Add Receptacles	20,000.00		Add Receptacles	20,000.00
	Replace Flooring	20,000.00		Replace Flooring	0.00
	Replace Interior Doors	0.00		Replace Interior Doors	0.00
	Paint Building Exteriors	0.00		Paint Building Exteriors	0.00
	Replace Range	3,000.00		Replace Range	3,000.00
	Replace Refrig	2,000.00		Replace Refrig	2,000.00
	ADA Compliance	25,000.00		ADA Compliance	0.00
	Non CFP Funds	-26,000.00		Non CFP Funds	-50,000.00
	Total CFP Estimated Cost	$ 45,000.00			$ 36,000.00

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

Activities for Year: 2008 FFY Grant: 2008 PHA FY: 7/1/2008			Activities for Year: 2009 FFY Grant: 2009 PHA FY: 7/1/2009		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PA031-016			**PA031-016**		
Fairview Hills			**Fairview Hills**		
East Maple Avenue			**East Maple Avenue**		
Kettle Street	Curb & Sidewalk Repair	1,000.00	**Kettle Street**	Curb & Sidewalk Repair	1,000.00
East Cherry Avenue			**East Cherry Avenue**		
	Furnace Replace	0.00		Furnace Replace	50,000.00
	Replace Hot Water Tank	0.00		Replace Hot Water Tank	24,000.00
	ADA Compliance	0.00		ADA Compliance	0.00
	Retaining Walls	25,000.00		Retaining Walls	25,000.00
	Non CFP Funds	-1,000.00		Non CFP Funds	-10,000.00
	Total CFP Estimated Cost	$ 25,000.00			$ 90,000.00

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

Activities for Year: 2008 FFY Grant: 2008 PHA FY: 7/1/2008			Activities for Year: 2009 FFY Grant: 2009 PHA FY: 7/1/2009		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
Authority Wide	Stop and Talk Program	30,000.00	**Authority Wide**	Stop and Talk Program	40,000.00
	Staff Salaries	20,000.00		Staff Salaries	25,000.00
	Staff Benefits	10,000.00		Staff Benefits	10,000.00
	A & E Fees	30,000.00		A & E Fees	40,000.00
	Service Coordinator	10,000.00		Service Coordinator	10,000.00
	After School Program	*15,000.00*		*After School Program*	10,000.00
	Resident Employment	*30,000.00*		*Resident Employment*	30,000.00
	Operations	0.00		Operations	0.00
	Total CFP Estimated Cost	$ 145,000.00			$ 165,000.00

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

PHA Name **Altoona Housing Authority**				☑ Original 5-Year ☐ Revision No.	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2006 PHA FY: 7/1/2006	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 7/1/2007	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 7/1/2008	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 7/1/2009
	Annual Statement				
PA031-001 Fairview Hills		200,000.00	222,000.00	116,900.00	200,000.00
PA031-002 Green Avenue Tower		163,000.00	125,000.00	194,100.00	251,000.00
PA031-003 Eleventh Street Tower		210,500.00	197,500.00	227,500.00	48,500.00
PA031-005 Fairview Hills		19,500.00	84,500.00	84,500.00	47,500.00
PA031-006 Scattered Sites		15,000.00	19,000.00	45,000.00	36,000.00
PA031-016 Fairview Hills		65,000.00	45,000.00	25,000.00	90,000.00
Authority Wide		165,000.00	145,000.00	145,000.00	165,000.00
CFP Funds Listed for 5-year planning		838,000.00	838,000.00	838,000.00	838,000.00
Replacement Housing Factor Funds					

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to "Print"

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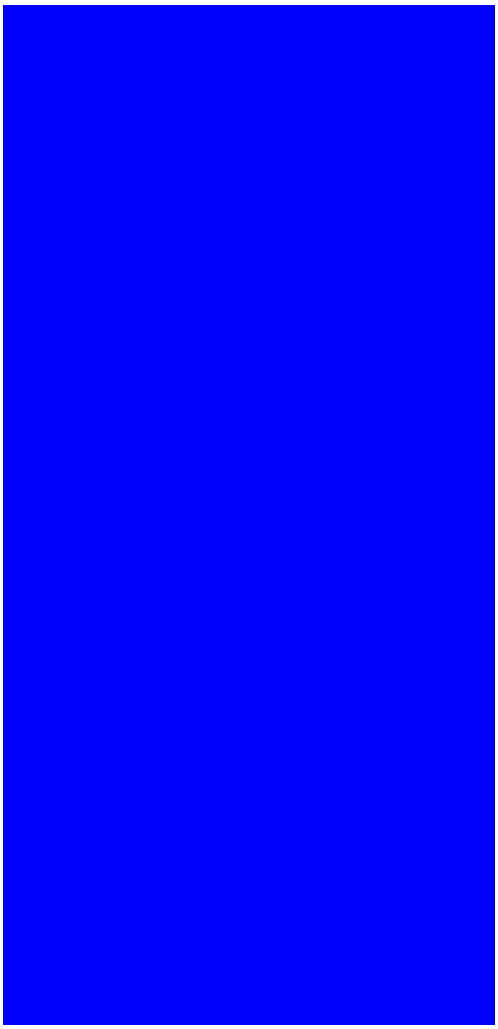

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Attachment 5

Resident Advisory Board Committee Members - 2005
03/01/05

Section 8

Jennifer Harshberger
1304 Second Avenue, Altoona, PA 16602
942-8476

Sara Hunter
2103 W. Chestnut Avenue, #2, Altoona, PA 16601
942-0867

Julia Adams
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940-5841

Laine Franklin
924 Third Avenue, 1st Fl., Altoona, PA 16602
942-5934

Debra Young
405 17th Street, Altoona, PA 16602
941-5847

Green Avenue Tower

Harold (Ukey) Weamer
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942-0486

Robert DeBartolome
911 Green Avenue, Apt. #817, Altoona, PA 16601
942-8805

Kathleen Pfahler
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946-0934

June Brubaker
911 Green Avenue, Apt. #308, Altoona, PA 16601
943-2579

Emy Blake
911 Green Avenue, Apt. #416, Altoona, PA 16601
943-1269

Eleventh Street Tower

Martha Hippo
1100 11th Street, Apt. #1010, Altoona, PA 16601
943-4269

Helen Oldham
1100 11th Street, Apt. #712, Altoona, PA 16601
941-0739

Betty Menchio
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943-1873

Dorothy Hockenberry
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947-0303

Alice Weaver
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Jay McKnight
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941-2065

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Joanne Fletcher
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Fairview Hills

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Ned Shoenberger
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944-7719

Jeannie Beatty
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942-8352

Barbara Kurtz
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949-9362

Cindy Frink
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946-0156

Renee Carlheim
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943-9060

John Gauntner
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940-7235

William DelFosse
226 East Cherry Avenue, Altoona, PA 16601
942-2996

Marjorie Long
138 East Maple Avenue, Altoona, PA 16601
941-0504

Altoona Housing Authority
FY 2005 Annual Plan

Attachment 6

Resident Membership of the PHA Governing Board

The Altoona City Council has appointed a resident of the Altoona Housing Authority to the Board of Directors. Mr. Howard A. Ermin, Jr., Apartment 610 of the Eleventh Street Tower has been appointed. His current term will expire on the first Monday of January 2008.

Altoona Housing Authority
FY 2005 Annual Plan

Attachment 7

Voluntary Conversion Initial Assessment

As required in Notice PIH 2001-26, the Altoona Housing Authority completed an assessment to determine the viability of voluntarily converting some, or all, of its public housing developments.

The conversion requirement is applicable to the following developments:

PA031-001 Fairview Hills – 96 Units

PA031-005 Fairview Hills – 30 Units, East Maple Avenue

PA031-006 Scattered Sites – 20 Units

PA031-016 Fairview Hills – 24 Units

The conversion requirement is not applicable to the following developments:

PA031-002 Green Avenue Tower – 206 Units

PA031-003 Eleventh Street Tower – 160 Units

These developments are elderly and or disabled developments and not general occupancy.

The results of the assessments indicated that it would not be appropriate at this time to convert any of the general occupancy developments to Section 8 based assistance. The assessment showed that Section 8 assistance was more expensive and the loss of rental units would adversely effect the low-income residents of the community.

Altoona Housing Authority
FY 2005 Annual Plan

Attachment 8

Deconcentration and Income Mixing

All of the general occupancy development of the Altoona Housing Authority are less than 100 units in total; therefore, the requirements of Deconcentration of Poverty and Income Mixing in Public Housing as described in PIH Notice 2001-4 are not applicable.

Attachment 4

Section 8 Homeownership Capacity Statement

The Altoona Housing Authority has successfully implemented several homeownership programs in the City of Altoona. Currently, we are implementing a Section 5(h) program that included 60 existing homes that were rehabilitated and 12 new construction homes. Sixty-five of these homes have been sold to participating families. Our successful implementation of the 5(h) program indicates that we have the capacity to implement homeownership programs to benefit the community.

The Section 8 Homeownership Program; Final Rule issued September 12, 2000 provides another avenue for low-income families to utilize to purchase their home. Our goal is to develop a small Section 8 Homeownership Program in compliance with the September 12 Final Rule.

Altoona Housing Authority
FY 2005 Annual Plan

Attachment 9

Project Based Section 8

The Altoona Housing Authority desires to project base a small percentage of Section 8 Vouchers to maintain the affordability of rental properties and to provide rental assistance outside concentrated low-income areas. The project basing of assistance will allow residents of those apartments to receive assistance more quickly and the assistance will be maintained in those areas if the resident chooses to move. If tenant based assistance were utilized, there would be no way to insure that the rental assistance would stay in these under served areas. Our goal is to project base five percent of our available vouchers with the following priorities: 1) development or building providing family housing, 2) development or building located in a census tract with average income greater than 80 percent of area median income, 3) development or building larger than 10 units and 4) development or building located in census tract with average income less than 80 percent of area median income.

PET RIDER TO LEASE NO. «LeaseNumber»

THIS RIDER IS MADE AND ENTERED INTO BY AND BETWEEN THE ALTOONA HOUSING AUTHORITY (THE "LANDLORD") AND «TenantName» (THE "TENANT") FOR ATTACHMENT TO THE LEASE BY AND BETWEEN LANDLORD AND TENANT, DATED «LeaseDate»(THE "LEASE").

This Rider is incorporated into and constitutes an integral part of the Lease to which it is attached. The terms used herein, which are defined or specified in the Lease, shall have the meanings indicated in the Lease where the context permits unless otherwise indicated herein, and definitions of terms set forth herein shall apply to the Lease where the context permits. If there are any inconsistencies between the provisions of this Rider and the provisions of the Lease, the provisions of this Rider shall control.
Any violation of this Rider shall constitute a material breach of the Lease.

SECTION 1. DEFINITION OF PET AND NUMBER PER UNIT

A common household pet is defined as a domesticated animal. Such as a dog, cat, bird, rodent, fish or turtle that is traditionally kept in the home for pleasure rather that for commercial purposes. Common household pet does not include reptiles or snakes (except turtles). Aquariums cannot be larger than 20 gallons. No other type of pet will be permitted. Any other pet will be refused registration. Dogs cannot weigh more than 45 pounds. No dangerous or intimidating pets, i.e., pit-bull dogs, rottweilers or doberman pinchers will be permitted. If the dog grows to weigh more than the allowable weight, it then must be removed from the household immediately or the entire household will face the possibility of eviction.

Only one four-legged, warm-blooded pet is permitted in a unit. Only one aquarium is permitted in a Unit.

SECTION 2. PRE-REGISTRATION REQUIRED PRIOR TO ADMISSION

No less than ten (10) days before pet is to be brought into the building, such pet must be registered with the Landlord by the Tenant delivering to the Landlord the completed Pet Registration form attached as Exhibit I. Registration must show type of pet, recent picture, name, age, and if applicable, license number and current inoculation information, name and address of pet's veterinarian, plus a signed responsibility card showing the name of three (3) persons to call to come and get the pet in the event of the Tenant's illness or death (see Section 3). Pet registration must be updated annually by «RenewalDate». If the Tenant is currently a resident who already has fish or birds, the Tenant may keep the pets they have now but will be required to fill out a registration form and responsibility card and identify the type of pet with the office within 30 day of the effective date of this Pet Rider.

If the tenant fails to provide complete pet registration information or fails to update the pet registration annually by «RenewalDate», the pet will not be permitted on the Premises. Furthermore, if Landlord reasonably determines based on a pet application or the Tenant's housekeeping habits and practices or the Tenant's health, that such person will be unable to comply fully with all of these Pet Regulations, the pet will be denied registration admission. A notice in accordance with Section 10 will be sent to the Tenant stating the basis for Landlord's determination.

SECTION 3 REQUIRED UPDATE OF REGISTRATION

Each pet's registration must be updated once each year at the time of the annual re-certification and no later than «RenewalDate» annually. Updated annual registration will include:

a. Verification that the pet's license is in effect and has been renewed for the current year;

b. The Dog or Cat must be brought to the management office each year to be photographed;

c. Proof of any inoculations that are required for such pet, that all shots are current; and

d. Proof of annual veterinary care.

At This Time, the Pet Responsibility Card will be reviewed with the Tenant to see that the 3 persons listed are still correct and that there has been no change in either address or phone number.

SECTION 4. PET RESPONSIBILITY CARD

Prior to pet admission, the Tenant must fill in and sign a written responsibility form in the form set forth on Exhibit II showing the name, address, and phone number of three (3) local persons who will come and get the pet in the event of the Tenant's illness, vacation, or death. The responsibility form must be renewed each year by «RenewalDate» at the same time the pet's registration is updated.

SECTION 5. SECURITY DEPOSIT

Unless otherwise proscribed by the U.S. Department of Housing and Urban Development, a Pet Security Deposit will be required of dog, cat and aquarium owners in the amount of $100.00 payable as follows: $100.00 on or before the date when the pet is brought onto the Premises. The Landlord will refund any unused portion of the Pet Security Deposit within a reasonable time after the Tenant moves from the building provided that Tenant leaves a forwarding address in writing or no longer owns or keeps a

per at the Premises. The tenant must provide written proof that the pet is not longer in the household.

SECTION 6. PETS – GENERAL CONDITIONS

The Tenant agrees to comply with these rules and the violation of these rules shall be grounds for removal of the pet or termination of the Tenant's tenancy, or both.

A. Only 1 pet is allowed in the elevator at a time. If one pet is already in the elevator car when it stops at a floor, the second pet owner must wait for a car to stop without another pet in it.

B. Pet owners must use the nearest accessible exit when taking their pet outside.

C. No pet may be left unattended, whether tied or tethered, outside of the Tenant's unit or building.

D. No pet is permitted to be taken to a floor other that the first floor or their own apartment floor.

E. Pets are not be taken into other tenants' apartment for any reason.

F. Pets are never permitted in the building's public rooms such as the offices, laundry room, lounges, or community rooms.

G. Tenants shall not alter their unit, porch, balcony or hallway in any way as to create an enclosure for their pets.

H. Apartments, patios, balconies and hallways must be kept clean and free of hair, feathers, seeds, droppings, urine, feces and odors at all times.

I. Cost of extermination from fleas, ticks, or other animal related pests caused by a tenant's pet will be the responsibility of such tenant.

J. Tenants shall not permit any disturbance by their pet, which would interfere with other tenants' quiet enjoyment of their accommodations. This includes disturbances such as loud barking, howling, scratching, whining, loud chirping, yowling, screeching, or other such activities.

K. Pet Waste

Pet Waste must be properly disposed of as specified in the specific pet regulations applying to the type of pet in question. At no time will pet waste of any type be permitted to be placed in any wastebaskets or garbage cans inside the building.

Pet waste of all types, including litter boxes and cage cleaning, must be put in tightly fastened, heavy duty plastic bags and placed outside in the dumpster or placed in a second plastic bad and deposited in the trash chute. A $5.00 charge will be levied each time the Tenant fails to remove pet waste in accordance with the rules.

L. Pet owner removing pet from apartment

Whenever a pet is out of the apartment or house for any reason, such pet will be confined in some way so that it does not become loose in the building. Recapture of a loose pet is the sole responsibility of the Tenant. The Landlord will not be involved or take responsibility for such recapture.

M. Pets cannot be tied or left unattended outside of the tenant's unit.

SECTION 7. VISITING PETS

Visiting pets are not permitted unless they are dogs aiding the handicapped, i.e., seeing eye dogs, without specific written permission from the Landlord. If such written permission is granted, all provisions of this Pet Rider will apply to the visiting pet while on the Landlord's premises.

SECTION 8. PROTECTION OF THE PET

If the health or the safety of a pet is threatened by the death or incapacity of the Tenant or by other factors that render the Tenant unable to care for the pet, the Landlord will contact one of the three persons listed on the Pet Responsibility Card. If none of these three responsible people are willing or able to care for the pet, or after reasonable efforts the Landlord has been unable to contact one of the three persons, the Landlord will contact the appropriate state or local agency and request removal of such pet. If there is no state or local agency authorized to remove a pet under these circumstances, the Landlord or its designee will enter the Tenant's unit, remove the pet, and place it in the Blair County Humane Society for permanent disposition.

SECTION 9. OWNER'S ABSENCE

If the Tenant is temporarily absent such as in the hospital or on vacation, the Landlord must be notified as soon as possible before the Tenant leaves with the name of the person who will take total responsibility to regularly care for the pet until the Tenant returns.

SECTION 10. PET VIOLATIONS

1. **Loose Pets -** If a pet get loose and out of the Tenant's Premises, the Tenant, and not the Landlord is responsible for damages and recapture. The Tenant will immediately clean up any waste and pay the cost of any damages incurred within

30 days of presentation of the bill from the Landlord or another tenant if they or their property is involved.

2. **Notice of Pet Rule Violation –** If the Landlord determines on the basis of objective facts, supported by written statements, that the Tenant has violated a rule governing the keeping of pets, the Landlord will serve a notice to the Tenant of pet rule violation. The notice of pet rule violation will be in writing and will:

a. Contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated;

b. State that the Tenant has 10 days from the effective date of service of the notice to correct the violation (including, in appropriate circumstances, removal of the pet) or to make a written request for a grievance hearing to discuss the violation with the Landlord.

c. State that the Tenant's failure to correct the violation or to request a grievance or to appear at the grievance hearing shall result in initiation of such procedures to have the pet removed or to terminate the Tenant's tenancy, or both.

SECTION 11. PET REMOVAL

If a pet becomes vicious or displays symptoms of severe illness or other behavior that constitutes an immediate threat to the health or safety of the pet or other tenants as a whole, the Landlord or an authorized agency will be permitted to enter the Tenant's unit, remove the pet, and take such action with respect to the pet as may be permissible under state and local law. The Landlord is permitted to enter the Premises in such case as above if anyone of four situations apply:

a. The Tenant has refused to remove the pet or if the Landlord is unable to contact the Tenant to make the removal request.

b. If the Tenant is willing but unable due to accident or illness to remove the pet.

c. Should the Tenant decide for any reason they no longer want the pet, it is the Tenant's responsibility to remove it and find somewhere to take it themselves at their expense.

d. Landlord reasonably believes the pet is being abused or neglected.

1. **Notice for Pet Removal –** If the Landlord determines that the Tenant has failed to correct the pet rule violation, the Landlord may serve a notice to the Tenant requiring the Tenant to remove the pet. The notice will be in writing and will;

a. Contain a brief statement of the factual basis for the determination and the pet rule that has been violated;

b. State that the Tenant must remove the pet; and

c. State that failure to remove the pet shall result in initiation of procedures to have the pet removed or terminate the Tenant's tenancy, or both.

SECTION 12. DEATH OF PET

Should a pet die on the Landlord's property it is the responsibility of the Tenant to dispose of the pet immediately. If this in not done within one day and the Landlord must dispose of such pet, the Tenant will be responsible for all costs incurred by the Landlord. The pet may not be disposed of on the Landlord's property or in a dumpster located thereon.

SECTION 13. UNIT INSPECTION

The Landlord's personnel will not be permitted to enter the Premises housing a dog or cat unless the Tenant is home and places the pet on a leash or is under control at all times while the personnel are in the unit. Any problems noticed at an inspection, such as damages to the premises or odors, will be rectified by the Landlord who will make the necessary repairs or extermination at the Tenant's expense. The charges are considered to be the same as rent due and owing and must be paid within thirty (30) days of invoice.

SECTION 14A. DOGS

In addition to the other sections of these rules, the following apply:

Dogs must be no less than six (6) months old and completely housebroken.

Proof that the dog is already neutered or spayed must be furnished.

Each dog must be licensed by the appropriate local government agency and proof of license renewal is required each year by the Tenant. Dogs must wear a collar at all times showing license and owner's name and address, plus a flea collar.

Each year, by «RenewalDate», the Tenant must show proof that the dog has had the proper Parvo shots for distemper and rabies. This proof must be signed by a veterinarian.

A dog cannot be over 18 inches tall at the top of the shoulder, or weight over 45 pounds at maturity. In the case of a 6 month old dog, a statement from a veterinarian will be required verifying that normally that type of dog will not be over the size requirements as listed.

A dog must be on a leash at all times when outside of the Tenant's Premises unless it is in an approved locked pet carrier. Small dogs should be held and carried through the building even if on a leash.

In the case that a pet deposits waste on the Landlord's property, the Tenant must remove such waste immediately upon deposit on the Landlord's property. Waste must be placed in a plastic bag, sealed tightly, and put inside an outside dumpster.

It is the Tenant's responsibility to clean the stairwell if there is any deposit of hair, mud, snow, or animal waste from their pet. Also, if pet tracks snow, rain and mud into an elevator, stairwell or hallway, this must be cleaned up by the Tenant immediately.

Dogs should be brushed on a regular basis so that their hair does not shed during their trips in and out of the building.

No dog may stay alone in a unit overnight. It is the responsibility of the tenant if they have to leave suddenly and be away overnight to take the pet elsewhere until they return. If a pet is found alone, it will be removed and disposed of.

Whenever Landlord's employees or contractors need to enter the Unit, the Tenant must be present and the dog must be under control.

SECTION 14B. <u>CATS</u>

In addition to the other sections of these rules, the following apply:

Cats must be no less than six (6) months old and must be litter box trained before admission. Proof that the cat has been de-clawed and spayed or neutered must be shown before admission approval.

Cats must wear a collar at all times showing owner's name and address plus a cat flea collar.

Proof must be shown before admission and each year by «RenewalDate» that the cat has had the proper FVR-CP and rabies and distemper shots. This proof must be signed by a veterinarian.

Cats must be on a leash at all times and carried when outside the Tenant's apartment or carried in an approved locked pet carrier.

The cat must use a cat litter box and waste must be cleaned daily from the litter box, laced in a tightly fastened plastic bag, and placed in the outside dumpster, or trash chute, by the cat owner. Litter must be disposed of a minimum of twice a week and replaced with new, clean litter. Soiled litter must be placed in tightly sealed plastic bag and placed in the outside dumpster. Cat waste and litter are never to be disposed of in the building.

No cat may stay alone in an apartment overnight. It is the responsibility of the Tenant if they have to leave suddenly and be away overnight to take the pet elsewhere until they return. If a pet is found alone, it will be disposed of.

In the case that a cat deposits waste on the Landlord's property, the Tenant must immediately remove such waste. The waste must then be placed in a plastic bag, sealed tightly and put in an outside dumpster.

Whenever Landlord's employees or contractors need to enter the unit, the Tenant must be present and the cat must be under control at all times.

In the event the cat deposits hair, mud, snow, water, or animal waste in the building in the hall, stairwell, or elevator, this must be cleaned up by the tenant.

The Tenant also agrees to comply with these rules as provide in this Rider, and the violation of these rules shall be grounds for removal of the pet or termination of the Tenant's tenancy, or both in accordance with the provisions of this policy and applicable regulations.

SECTION 15. INSURANCE

The Tenant shall provide proof of a Renters Insurance Policy with the Pet Registration Form; policy shall provide liability coverage in an amount not less than $50,000. The Renters Insurance must remain in effect for the time that the pet is housed with the Tenant. Tenant must provide proof of insurance each year at their Lease Renewal Date, if proof of insurance is not provided pet must be removed from the unit.

DO NOT SIGN THIS RIDER IF YOU HAVE NOT READ IT CAREFULLY AND HAD ALL QUESTIONS ANSWERED, AS THIS DOCUMENT IS A BINDING PORTION OF YOUR LEASE.

_____

By:

_____

«TenantName»

_____

Witness