

0

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

---

# HOUSING AUTHORITY OF THE COUNTY OF COLES

## PHA Plans

5 Year Plan for Fiscal Years 2006 - 2010  
Annual Plan for Fiscal Year 2006

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

**PHA Plan  
Agency Identification**

**PHA Name:** Housing Authority of the County of Coles

**PHA Number:** IL 100

**PHA Fiscal Year Beginning: (mm/yyyy)** 07/01/06

**Public Access to Information**

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

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

**Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2006 - 2010**  
[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)

**HACC..."Path to Tomorrow"**

**We:**

- **Promote quality housing that is attainable and equitable and to be the area's affordable housing choice.**
- **Work creatively with residents and leaders to build vibrant communities with pride and responsibility.**
- **Improve the quality of life of residents and to provide opportunities for upward mobility to those who desire to achieve self-sufficiency.**
- **Form effective partnerships with private and public agencies and our residents to foster the creation and preservation of safe, stable and healthy communities.**
- **Maintain housing developments that are financially viable and well-managed, sound policies, rules and practices that treat employees and tenants with dignity, equality and respect.**

**Sincerely,**

**Patrick Ramage**  
**Executive Director, Housing Authority of the County of Coles**

## **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: **Improve unit turnaround time.**
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments:
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: (PHAS score)
    - **The Coles County Housing Authority shall strive to improve public housing management so that HUD can recognize it as a high performer by June 30, 2010.**
    - **The Coles County Housing Authority will strive to provide substantial training of staff in PHAS.**
    - **The Coles County Housing Authority will strive to improve its public housing management by devoting attention to deadline and adherence to them.**
    - **The Coles County Housing Authority will set long term and short term goals.**
    - **The Coles County Housing Authority will keep abreast of HUD updates.**
    - **The Coles County Housing Authority will evaluate progress periodically.**
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction:
    - **The Coles County Housing Authority will strive to improve customer satisfaction by being more attentive to tenant needs.**
    - **The Coles County Housing Authority will continue to strive to process work order expeditiously.**

- **The Coles County Housing Authority will conduct a tenant survey to give residents the opportunity to express complaints and offer suggestions. The survey will also enable the Housing Authority to obtain an overview of the operations from a tenant's point of view.**
- **The Coles County Housing Authority will also hold more meetings with residents and get resident organizations more active.**

- Concentrate on efforts to improve specific management functions: **The Coles County Housing Authority will strive to improve its financial operations to be recognized as a high performer by June 30, 2010.** (list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units: **The Coles County Housing Authority shall actively pursue all available modernization funds through official HD PIH notices and will renovate REAC scored designated developments by June 30, 2010.**
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

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

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

- PHA Goal: Provide an improved living environment  
Objectives:
  - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - Implement public housing security improvements: **The Coles County Housing Authority will redesign and re-activate the neighbor watch**

**program in our housing developments – thereby reducing the crime rate. Security cameras will be installed at Park Tower to increase security for our elderly residents by June 30, 2010. Site lighting will be added at East Rudy Place to provide better security for residents by June 30, 2010.**

- 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: **The Coles County Housing Authority shall strive to increase the percentage of employed persons in assisted family housing by meeting our Section 3 Act goals of providing employment, training and business contracting opportunities through construction contracts awarded under the Capital Fund Program by June 30, 2010.**
- Provide or attract supportive services to improve assistance recipients' employability: **The Coles County Housing Authority shall strive to establish a strong working relationship with three (3) area social services agencies with the ability to provide job training skills and GED education by June 30, 2010.**
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: **The Coles County Housing Authority has implemented all required Fair Housing regulations through its ACOP. Applications are accepted inregardless of race, color, religion, national origin, family status or 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:

**The Housing Authority shall strive to maintain that 100% of its units meet Uniform Physical Conditions Standards (UPCS) by June 30, 2010.**

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

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

**Annual PHA Plan**  
**PHA Fiscal Year 2006**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

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

**COLES COUNTY HOUSING AUTHORITY**  
**EXECUTIVE SUMMARY**

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

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

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

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

**Objective: Reduce public housing vacancies.**

- **The Coles County Housing Authority will strive to achieve an occupancy percentage of 97% by June 30, 2010.**

**2) PHA Goal: Improve the quality of assisted housing.**

**Objective: Improve the quality of assisted housing:**

- **The Coles County Housing Authority shall strive to improve management (PHAS) scores, in order to be designated a high performer by June 30, 2010.**

**Objective: Renovate or modernize public housing units.**

- **The Coles County Housing Authority shall actively pursue all available modernization funds through HUD PIH notices and shall renovate REAC score designated developments by June 30, 2010.**

**3) PHA Goal: Provide an improved living environment.**

**Objective: Implement public housing security improvements:**

- **Re-design and activate the neighborhood watch program in our housing developments by June 30, 2010.**
- **Install security cameras, upgrade intercom system at Park Tower by June 30, 2010.**
- **Add new site lighting at our family developments by June 30, 2010.**

**4) PHA Goal: Promote self-sufficiency and asset development of assisted households.**

**Objective: Increase the number and percentage of employed persons in assisted families.**

- **The Housing Authority will strive to increase employed Persons in assisted families by meeting Section 3 goals by June 30, 2010.**

**Objective: Provide or attract supportive services to improve the assisted recipient's employability.**

- **The Housing Authority shall strive to establish a working relationship with three (3) area social services agencies with the ability to provide job training skills and GED education programs by June 30, 2010.**

**5) PHA Goal: Ensure equal opportunity and affirmatively further fair housing.**

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

- **The Housing Authority shall strive to maintain that 100% of its units meet Uniform Physical Conditions Standards (UPCS) by June 30, 2010.**

**6) PHA Goal: Improve RASS scores by meeting and/or exceeding the National Average by June 30, 2010.**

**Objectives: Provide administrative maintenance staff training in areas of: Maintenance and Repair and Communication. In the areas of Safety, we will strive to enter a Cooperative Agreement with the City of Mattoon Police. In the area of Services we will strive to improvement resident perception of service by actively promoting involvement by active Resident Council in all developments. Finally, in the area of Neighborhood Appearance we plan to utilize Capital Funds to enhance curb appeal of our developments by adding landscaping and repair of sidewalks and parking lots.**

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

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

**Course of Action: Improve condition of housing at HACC.**

**End of Summary**

## **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.

### **Table of Contents**

	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary	1-4
ii. Table of Contents	5-6
iii. Supporting Documents	6-8
1. Housing Needs	9-14
2. Financial Resources	14-15
3. Policies on Eligibility, Selection and Admissions	15-23
4. Rent Determination Policies	24-27
5. Operations and Management Policies	27-29
6. Grievance Procedures	30
7. Capital Improvement Needs	31
8. Demolition and Disposition	32-33
9. Designation of Housing	33-34
10. Conversions of Public Housing	34-35
11. Homeownership	36-37
12. Community Service Programs	37-39
13. Crime and Safety	40-41
14. Pets (Inactive for January 1 PHAs)	42
15. Civil Rights Certifications (included with PHA Plan Certifications)	42
16. Audit	42
17. Asset Management	42-43
18. Other Information	43-46

### **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 – **Attachment il100a02**
- FY 2006 Capital Fund Program Annual Statement:  
**Attachment il100b02**
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY):  
**Attachment il100c02**

Optional Attachments:

- PHA Management Organizational Chart – See page 27-28 of the PHA Plan
- FY 2005 Capital Fund Program 5 Year Action Plan: **See Attachment il100b02**
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text): See page 45 of the PHA Plan text.
- Other (List below, providing each attachment name)

- Roster of RAB Members: **See Page 46 of PHA Plan text.**
- Pet Policy: **Attachment il100d02**
- PHA Community Service and Self-Sufficiency Policy – **Attachment il100e02**
- Progress in Meeting 5-Year Plan Goals – **Attachment il100f02**
- Criteria for Substantial Deviations and Significant Amendments – **Attachment il100g02**

**Capital Fund Program**

- Performance & Evaluation Report – CFP IL06-P100-50203: **Attachment il100h02**
- Performance & Evaluation Report – CFP IL06-P100-50104: **Attachment il100i02**
- Performance & Evaluation Report – CFP IL06-P100-50105: **Attachment il100j02**

**iii. Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	A & O Policy	
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	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	667	N/A	N/A	N/A	N/A	N/A	N/A
Income >30% but <=50% of AMI	663	N/A	N/A	N/A	N/A	N/A	N/A
Income >50% but <80% of AMI	717	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	208	N/A	N/A	N/A	N/A	N/A	N/A
Families with Disabilities	142	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity - W	1,029	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity - B	97	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity - H	35	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity - AI - Amer. Indian	N/A	N/A	N/A	NA	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)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	76		
Extremely low income <=30% AMI	75	99%	
Very low income (>30% but <=50% AMI)	1	1%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	55	72%	
Elderly families	21	28%	
Families with Disabilities	1	1%	
Race/ethnicity – non Hispanic	57	75%	
Race/ethnicity - White	57	75%	
Race/ethnicity - Black	18	24%	
Race/ethnicity - Asian	1	1%	
Characteristics by Bedroom Size (Public Housing Only)			

Housing Needs of Families on the Waiting List			
1BR	21	28%	
2 BR	39	51%	
3 BR	13	17%	
4 BR	3	4%	
5 BR	N/A		
5+ BR	N/A		
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

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

**The Coles County Housing Authority will strive to the maximum extent possible to meet the housing needs of the families in our jurisdiction and on its waiting list. We intend to address each need that exists in our jurisdiction as funding become available.**

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

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

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>		
a) Public Housing Operating Fund	515,267	
b) Public Housing Capital Fund	257,861	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	0	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants	0	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)		
<b>Section 8 New Construction – Mattoon Towers –IL1000NC0009</b>	579,016.00	Operations
<b>Cougill Apartments-IL100NC001</b>	541,632.00	Operations
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	<u>242,658.91</u> <u>76,247.41</u> <u>0</u> <u>1,734.00</u>	CFP 50105 CFP 50104 CFP 50203 Technical Grant
<b>3. Public Housing Dwelling Rental Income</b>	262,340.00	Operations
<b>4. Other income (list below)</b>		
Excess Utilities	0	
Interest	1,000.00	
<b>Non-Dwelling Rental Income- Daycare Center</b>	4,200.00	
<b>Miscellaneous Tenant Charges</b>	6,000.00	
<b>5. Non-federal sources (list below)</b>	0	
<b>Total resources</b>	<b>\$2,487,956.30</b>	

### **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) Applicants are contacted in a chronological order; there is not number to start with.
  - When families are within a certain time of being offered a unit: (state time)
  - Other: (describe)
- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- Criminal or Drug-related activity
  - Rental history
  - Housekeeping
  - Other (describe)
- c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)**(2)Waiting List Organization**

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
- Community-wide list
  - Sub-jurisdictional lists
  - Site-based waiting lists
  - Other (describe): The Coles County Housing Authority is a county housing authority and the waiting list will be kept on a county wide basis.
- b. Where may interested persons apply for admission to public housing?
- PHA main administrative office
  - PHA development site management office
  - Other (list below): Applications are accepted by mail.
- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**
1. How many site-based waiting lists will the PHA operate in the coming year?
  2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)? (Not Applicable)
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

**(3) Assignment**

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

**(4) Admissions Preferences**

- a. Income targeting:
- Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:
- In what circumstances will transfers take precedence over new admissions? (list below)
- Emergencies
  - Overhoused
  - Underhoused
  - Medical justification
  - Administrative reasons determined by the PHA (e.g., to permit modernization work)
  - Resident choice: (state circumstances below)
  - Other: (list below)
- c. Preferences
1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

#### 1 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)

- 2 Working families and those unable to work because of age or disability
- Veterans and veterans' families
- 2 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: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

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

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

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

Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:

Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

Other (list policies and developments targeted below)

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

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

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

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

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

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

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

## **B. Section 8 (NOT APPLICABLE)**

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

### **(1) Eligibility**

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

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

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

**(2) Waiting List Organization**

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

**(3) Search Time**

- a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?
- If yes, state circumstances below:

**(4) Admissions Preferences**

- a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

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

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

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

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

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

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

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

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

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

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

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

- Through published notices
- Other (list below)

## **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

### **A. Public Housing**

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

#### **(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:
  
- Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:
  
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

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

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The “rental value” of the unit
- Other (list below) – HACC and QHWRA objectives for encouraging residents to work.

f. Rent re-determinations:

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

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

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 (NOT APPLICABLE)**

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

**(1) Payment Standards**

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

## **(2) Minimum Rent**

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

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

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

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

**COLES COUNTY HOUSING AUTHORITY  
ORGANIZATIONAL CHART**

Phyllis Karpus – Chairman  
 Kenneth Gagnon - Vice-Chairman  
 Charlotte Nakagawa – Public Housing Resident Commissioner  
 Max Davis – Commissioner  
 Vacant - Commissioner

Administrative Staff:

Patrick A. Ramage – Executive Director  
 James Hayes – Administrative Assistant  
 Ann Clark - Financial Clerk  
 Jennifer Jenkins-Smith – Office Clerk/ Receptionist  
 - Occupancy Specialist

Maintenance Staff:

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

Resident Manager:

Rusty Abbott - Park Tower  
 Carolyn Jenkins – East Rudy Place  
 Lee Jeffers - Park Tower

**B. HUD Programs Under PHA Management**

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

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	178	
Section 8 Vouchers	N/A	
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers	N/A	

(list individually)		
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)		
Capital Fund Program		

### 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)

1. Section 511 of QHWRA
2. Admissions and Continued Occupancy Policy
3. Capitalization Policy
4. Check Signing Policy
5. Disposition Policy
6. Drug Free Policy
7. Equal Housing Opportunity Policy
8. Record Retention Policy
9. Facilities Use Policy
10. Funds Transfer Policy
11. Maintenance Policy
12. Procurement Policy
13. Public Housing Lease
14. Travel Policy
15. HUD Maintenance Guidebooks one - six
16. Tenant Handbook
17. Fraud Detection and Prevention
18. Section 3
19. Cash Management Policy
20. Internal Quality Control
21. Grievance Procedures
22. Rent Collection Policy
23. Pet Policy
24. Deconcentration & Income Targeting Policy

- 25. Screening & Eviction for Drug Use & Other Criminal Activities
- 26. Delegation of Authority Policy
- 27. Correction Losses/Write-Off Policy
- 28. Investment Policy
- 29. Personnel Policy

(2) Section 8 Management: (list below) (NOT APPLICABLE)

**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 (NOT APPLICABLE)**

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

If yes, list additions to federal requirements below:

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

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

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

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

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) **il100b02**

-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 (state name - **il100b02**)

-or-

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

### **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund) (NOT APPLICABLE)**

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:

## **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.)

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

**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.

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

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

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

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

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

## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

### **(NOT APPLICABLE)**

#### **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.)

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

## **B. Section 8 Tenant Based Assistance (NOT APPLCABLE)**

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

### 2. Program Description:

#### a. Size of Program

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

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

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

#### b. PHA-established eligibility criteria

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

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (I)]

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.

### **See Attachment il100e02 for a copy of Chapter 15 – Community Service and Self-Sufficiency Requirements (24 CFP 960, Subpart F)**

#### **A. PHA Coordination with the Welfare (TANF) Agency**

##### 1. Cooperative agreements:

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

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

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

- 1) Coles County Homeless Shelter – 7/10/2000
- 2) Coles County Council of Aging -11/16/2001

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

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

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

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

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

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

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

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies
  - Informing residents of new policy on admission and reexamination
  - Actively notifying residents of new policy at times in addition to admission and reexamination.
  - Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services

- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

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

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

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

East Rudy Place & West Park Plaza

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

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

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

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

**East Rudy Place & West Park Plaza**

### C. Coordination between PHA and the police

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

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- 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)

**East Rudy Place & West Park Plaza**

### D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2005 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 2005 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**See separate Attachment il100d02**

## **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? **1**
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

2. What types of asset management activities will the PHA undertake? (select all that apply)

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

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

### **18. Other Information**

[24 CFR Part 903.7 9 (r)]

#### **A. Resident Advisory Board Recommendations**

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

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

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

The top issues or comments were:

- a) Install awning at northwest side of Park Tower
- b) Add security lights – East Rudy Place & West Park Plaza
- c) RAB agreed with the work items listed in the 2006 Annual Statement and Five Year Action Plan.

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below) – RAB comments were addressed in the 2006 Annual Statement and Five Year Action Plan prior to the meeting.

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

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

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

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

**The Executive Director presents a nominee to the Board of Commissioners of the Coles County Housing Authority for their approval. Upon approval, the selected nominee's name is submitted to the Coles County Board Chairman for approval.**

**C. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: (provide name here): State of Illinois
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.  
 The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

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

**D. Other Information Required by HUD**

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

## Attachments

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

### List of members of the Resident Advisory Board:

#### Park Tower

1. Jean Warfel
2. Peter Engstrom

#### East Rudy Place

1. Carolyn Jenkins
2. Paula Dyer

#### West Park Plaza

1. Lee Jeffers
2. Dorothy Maples

### Additional Comments of Resident Advisory Board & Explanation of the PHA Response:

**RAB Comments: Residents stated that they wanted an awning installed on the northwest side of Park Tower. Residents at West Park Plaza indicated that additional security lighting was needed.**

**Residents agreed with the work items listed in the 2006 Annual Statement and Five Year Plan.**

### **PHA Response:**

**The PHA accepted the RAB response and intends to implement their suggestions.**



**SEE ATTACHMENT il100b01**  
**PHA Plan**  
**Table Library**  
**Component 7**  
**Capital Fund Program Annual Statement**  
**Parts I, II, and II**

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

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

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

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

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

**Annual Statement**

**Capital Fund Program (CFP) Part III: Implementation Schedule**

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

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

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

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



Housing Authority of the County of Coles  
 109 Prairie Avenue  
 Mattoon, Illinois 61938

**Component 3, (6) Deconcentration and Income Mixing**

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name:</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]</b>	<b>Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]</b>

**C6.0 Income Targeting and Deconcentration**

1) Objective:

The Housing Authority of the County of Coles (HACC) shall make every effort possible to provide for deconcentration of poverty and income mixing in its communities by bring higher income residents into lower income developments. and lower income residents into higher income developments.

To this extent the HACC shall insure that not less than forty percent (40%) of all new admissions shall be families whose income at the time of their admission does not exceed thirty percent (30%) of the area’s median income.

The HACC does not intend to utilize and/or impose any specific income or racial quotas nor will the HACC offer incentives for eligible families to occupy units in developments predominately occupied by families having either lower and higher incomes.

## 2) HACC Deconcentration Policy

It is the policy of the Housing Authority of the County of Coles (HACC) to house families in a manner that will prevent a concentration of poverty families and/or concentration of higher income families in any one development. The specific objective of the HACC is to house no less than 40% of its inventory with families that have income at or below 30% of the area median income by public housing development. Also the HACC will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the HACC does not concentrate families with higher income levels, it is the goal of the HACC not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The HACC will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the HACC.

To accomplish the deconcentration goals, the HACC will take the following actions:

- A. At the beginning of each fiscal year, the HACC will establish a goal for housing 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40% of the total number of move-ins from the previous fiscal year.
- B. To accomplish the goals of :
  - 1. Housing not less than 40% of its inventory on an annual basis with families that have incomes at or below 30% of area median income, and;
  - 2. Not housing families with incomes that exceed 30% of the area median income in developments that have 60% or more of the total household living in the development with incomes that exceed 30% of the area median income, the HACC's Resident Selection and Assignment Plan, which is a part of this policy, provides for the utilization of local preferences with regards to applicant selection from its waiting list.

### C7.0 Applicant Selection and Assignment Plan

#### C7.1 Applicant Ranking:

Applications will be files and selected in the following order:

1. By date and time application.
  - a. First Priority: Families who qualify for a local preference. All of the preferences are equal in rank and no family can receive a “double preference”. Families who qualify for a local preference are those who are:
    - Working (earned income)
    - Elderly (Disabled)
    - Resident of Coles County
  - b. Second Priority: All other families or single persons who are not receiving Federal Housing assistance.
  - c. Third Priority: All other families who receive Federal housing assistance, or who have refused an offer of a unit in accordance with the section below.

**ATTACHMENT i1100b02**

Annual Statement/Performance and Evaluation Report				02/17/06	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the County of Coles 109 Prairie Street Mattoon, IL 61938			Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50106 Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	15,000			
3	1408 Management Improvements	23,000			
4	1410 Administration	25,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	45,000			
10	1460 Dwelling Structures	89,861			
11	1465.1 Dwelling Equipment—Nonexpendable	15,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>257,861</b>			
22	Amount of line 21 Related to LBP Activities	0			

Annual Statement/Performance and Evaluation Report			02/17/06		
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the County of Coles 109 Prairie Street Mattoon, IL 61938		Grant Type and Number Capital Fund Program Grant No: CFP IL06-P100-50106 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the County of Coles			<b>Grant Type and Number</b> Capital Fund Program Grant No: CFP IL06-P100-50106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 100, Park Tower	Roof Replacement	1460	LS	50,000				
	Subtotal			50,000				
IL 100, East Ruby Place & West Park Plaza	Sidewalk replacement and parking lot resurfacing	1450	Lump Sum	45,000				
	Renovate kitchens & bathrooms	1460	L.S.	34,861				
	Siding Replacment	1460	1 unit	5,000				
	Subtotal			84,861				
HA-WIDE	Appliances	1465.1	LS	15,000				
	Subtotal			15,000				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the County of Coles			<b>Grant Type and Number</b> Capital Fund Program Grant No: CFP IL06-P100-50106 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2006</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	A/E Fees(design services and environmental review)	1430.1	1 year	25,000				
HA WIDE	Modernization Coordinator/Consultant	1430.2	1 year	20,000				
	<b>Subtotal</b>			<b>45,000</b>				
HA -WIDE	Operations – pest eradication &utilities	1406	LS	15,000				
	<b>Subtotal</b>			<b>15,000</b>				
	Software/Hardware	1408	LS	5,000				
	Vacancy Reduction (temp staff)	1408	LS	18,000				
	<b>Subtotal</b>			<b>23,000</b>				
	Pro-rated salaries & benefits	1410	LS	24,000				
	Sundry- Advertisement	1410	LS	1,000				
	<b>Subtotal</b>			<b>25,000</b>				
	<b>TOTAL</b>			<b>\$257,861</b>				





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

**02/17/06**

PHA Name Coles County Housing Authority						<input checked="" type="checkbox"/> Original 5-Year Plan
						<input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1 2006	Work Statement for Year 2 FFY Grant: 2007 PHA FY: 07/1/2007	Work Statement for Year 3 FFY Grant: 2008 PHA FY: 07/1/2008	Work Statement for Year 4 FFY Grant: 2009 PHA FY: 07/1/2009	Work Statement for Year 5 FFY Grant: 2010 PHA FY: 07/1/2010	
	Annual Statement					
IL 100		129,861	79,961	99,861	134,861	
HA WIDE		127,000	178,000	158,000	123,000	
CFP Funds Listed for 5-year planning		\$257,861	\$257,861	\$257,861	\$257,861	

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

Activities for Year 1	Activities for Year : __2_ FFY Grant: 2007 PHA FY: 07/01/2007			Activities for Year: __3_ FFY Grant: 2008 PHA FY: 07/1/2008		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
See	IL 100, West Park Plaza & East Ruby Place	<i>Sidewalk Replacement &amp; site lighting</i>	30,000	IL 100, West Park Plaza & East Ruby Place	<i>Sidewalk Replacement &amp; Site Lighting</i>	10,861
Annual		<i>Renovate kitchens &amp; bathroom including washer/dryer box and rodent screen replacement</i>	36,861			
		<i>Siding</i>	10,000		<i>Siding</i>	10,000
		<i>Bi-fold doors</i>	25,000		<i>Renovate kitchens &amp; bathroom/waher boxes</i>	10,000
Statement	IL 100, Park Tower	<i>Site Amenities</i>	17,000		<i>Bi-fold doors</i>	10,000
		<i>Office carpet</i>	5,000	IL 100, Park Tower	<i>Door operators</i>	10,000
	DaycareCenter	<i>Interior light fixtures</i>	6,000		<i>Trash compactor</i>	19,000
	Subtotal		129,861		<i>Subtotal</i>	79,861
					<i>Roof Replacement</i>	10,000
	HA Wide	<i>Appliances</i>	15,000	HA-WIDE	<i>Appliances</i>	15,000
		<i>Operations –Pest eradication &amp; utilities</i>	15,000		<i>Operations- pest eradication and, utilities.</i>	15,000
		<i>A/E Fees</i>	25,000		<i>A/E Fees</i>	25,000
	HA-WIDE	<i>Mod. Coordinator</i>	20,000	HA-WIDE	<i>Mod. Coordinator</i>	20,000

**ATTACHMENT i1100b02**

	<i>Vacancy Reduction (Temp staff)</i>	18,000		<i>Vacancy Reduction (Temp staff)</i>	18,000
	<i>Software/Hardware</i>	5,000		<i>Software/Hardware</i>	5,000
	<i>Prorated Salaries &amp; Benefits</i>	24,000		<i>Prorated Salaries &amp; Benefits</i>	24,000
	<i>Advertisement</i>	1,000		<i>Advertisement</i>	1,000
	<i>Staff Training</i>	5,000		<i>Staff Training</i>	5,000
	<i>Subtotal</i>	128,000		Energy saving water closets- 1.6 gallon type	50,000
				Subtotal	
	<b>Total CFP Estimated Cost</b>	\$257,861			\$257,861

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

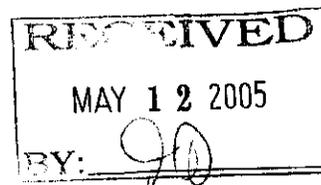
Activities for Year : <u>  4  </u> FFY Grant: 2009 PHA FY: 07/1/2009			Activities for Year: <u>  5  </u> FFY Grant: 2010 PHA FY: 07/1/2010		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
IL 100, West Park Plaza & East Rudy Place	<i>Sidewalk Replacement and Site lighting</i>	29,861	<i>IL 100, East Rudy Place &amp; West Park Plaza</i>	<i>Kitchen &amp; Bathroom renovations</i>	20,000
	<i>Kitchen &amp; Bathroom renovations/washer boxes</i>	30,000		<i>Bi-fold doors</i>	15,000
	<i>Bi-fold doors</i>	10,000		<i>Furnance replacement</i>	30,000
	<i>Siding</i>	10,000		<i>Siding</i>	10,000
IL 100, Park Tower	<i>Energy saving water closets- 1.6 gallon type</i>	10,000		<i>Tuckpoint masonry</i>	10,000
	<i>Carpetb corridors and front entrance</i>	10,000		<i>Sidewalk replacement&amp; site lighting</i>	20,000
	<i>Subtotal</i>	99,861	IL 100, Park Tower	<i>Energy saving water closets- 1.6 gallon type</i>	10,000
				<i>Replace DW Heatng system w/gas type</i>	19,861
HA WIDE	<i>Appliances</i>	10,000		<i>Subtotal</i>	134,861
	<i>Emergency back-up generator for elevator, corridors, and stariwells</i>	35,000	HA-WIDE	<i>Appliances</i>	10,000
	<i>Operations –pest eradication &amp; utilities.</i>	15,000		<i>Operations – pest eradication &amp; utilities.</i>	15,000
	<i>A/E fees</i>	25,000		<i>A/E fees</i>	25,000
	<i>Mod. Consultant fees</i>	20,000		<i>Mod. Consultant</i>	20,000
				<i>Advertisement</i>	1,000
	<i>Advertisement</i>	1,000		<i>Vacancy Reduction</i>	18,000
	<i>Vacancy Reduction</i>	18,000		<i>Software/Hardware</i>	5,000
	<i>Software/Hardware</i>	5,000			

**ATTACHMENT il100b02**

	Prorated Salaries & Benefits	24,000		Prorated Salaries & Benefits	24,000
	Staff Training	5,000		Staff Training	5,000
	Subtotal	158,000		Subtotal	123,000
Total CFP Estimated Cost		\$257,861			\$257,861



**U.S. Department of Housing and Urban Development**  
Recovery and Prevention Corps  
1350 Euclid Avenue, Suite 900  
Cleveland, Ohio 44115-1815



MAY 10 2005

Mr. James P. Hayes  
Acting Executive Director, Housing  
Authority of the County of Coles  
109 Prairie Ave.  
P.O. Box 866  
Mattoon, IL 61938

Dear Mr. Hayes:

SUBJECT: Operating Budget for FYE June 30, 2006  
Project Number IL1000020J

The Housing Authority's Operating Budget for Fiscal Year Ending (FYE) June 30, 2006, is approved as modified. Enclosed is a copy for your files.

Please be advised that information on the Operating Subsidy will be forthcoming, once a determination has been made of the percentage of subsidy eligibility.

A copy of these forms must be retained in your files for monitoring and audit purposes. If you have any questions, please contact Shirley Cochran, Financial Analyst, at (901) 544-3007.

Sincerely,

  
Patricia Knight  
Director  
Recovery & Prevention Corps

Enclosures

Cc:  
Mr. Linford Coleman, Director ✓  
Office of Public Housing  
Illinois State Office

**Operating Budget**

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

Owned Rental Housing

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

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

a. Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____		b. Fiscal Year Ending 06/30/2006	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. <input type="checkbox"/> Other (specify) _____		d. Type of HUD assisted Projects				
e. Name of Public Housing Agency / Indian Housing Authority (PHA/IHA) <b>COLES COUNTY HOUSING AUTHORITY</b>					01 <input checked="" type="checkbox"/> PHA/IHA-Owned Rental Housing	02 <input type="checkbox"/> IHA Owned Mutual Help Homeownership			
f. Address (City, State, zip code) 109 PRAIRIE AVENUE MATTOON, IL 61938					03 <input type="checkbox"/> PHA/IHA Leased Rental Housing	04 <input type="checkbox"/> PHA/IHA Owned Turnkey III Homeownership			
g. ACC Number C-1173					h. PAS/LOCCS Project No. IL100002 <i>06J</i>			i. HUD Field Office Chicago	DUNS Number 173102179
j. No. of Dwelling Units 178		k. No. of Unit Months Available 2136		m. No. of Projects 1					

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2004 PUM (2)	<input checked="" type="checkbox"/> Estimates or Actual Current Budget Yr. 2005 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
<b>Homebuyers Monthly Payments for:</b>								
010	7710	Operating Expense						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
040	Total Break-Even Amount (sum of lines 010, 020, and 030)							
050	7718	Excess (or deficit) in Break-Even						
060	7790	Homebuyers Monthly Payments - Contra						
<b>Operating Receipts</b>								
070	3110	Dwelling Rental	3420000 ✓	122.45	135.44	135.44	289,300	122.82 262,340
080	3120	Excess Utilities						
090	3190	Non dwelling Rental	3423000 ✓	1.73	1.69	1.97	4,200	
100	Total Rental Income (sum of lines 070, 080, and 090)			124.18	137.13	137.41	293,500	124.79 266,540
110	3610	Interest on General Fund Investments	3430000 ✓	0.05	0.19	0.47	1,000	
120	3690	Other Income	344000 ✓	21.90	1.97	2.81	6,000	
130	Total Operating Income (sum of lines 100, 110, and 120)			146.13	139.29	140.68	300,500	128.06 273,540
<b>Operating Expenditures - Administration:</b>								
140	4110	Administrative Salaries	4110000 ✓	41.98	53.98	55.40	118,340	
150	4130	Legal Expense	4130000 ✓	6.92	4.40	4.40	9,400	
160	4140	Staff Training	4140000 ✓	4.93	2.83	2.83	6,050	
170	4150	Travel	4150000 ✓	(0.94)	3.93	3.93	8,400	
180	4170	Accounting Fees	4170000 ✓	6.07	6.41	7.02	15,000	
190	4171	Auditing Fees	4171000 ✓	2.80	5.15	5.62	12,000	
200	4190	Other Administrative Expenses	4190000 ✓	24.44	9.32	9.55	20,400	
210	Total Administrative Expense (sum of line 140 thru line 200)			86.20	86.02	88.76	189,590	
<b>Tenant Services:</b>								
220	4210	Salaries		1.38	1.42			
230	4220	Recreation, Publications and Other Services		0.04				
240	4230	Contract Costs, Training and Other						
250	Total Tenant Services Expense (sum of lines 220, 230, and 240)			1.42	1.42			
<b>Utilities:</b>								
260	4310	Water	4310000 ✓	32.59	30.57	30.57	65,290	30.13 64,360
270	4320	Electricity	4320000 ✓	30.20	40.73	40.73	87,000	37.59 80,290
280	4330	Gas	4330000 ✓		1.91	1.91	4,080	2.43 5,200
290	4340	Fuel						
300	4350	Labor						
310	4390	Other utilities expense						
320	Total Utilities Expense (sum of line 260 thru line 310)			62.79	73.21	73.21	156,370	70.15 149,850

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2004 PUM (2)	<input checked="" type="checkbox"/> Estimates <input type="checkbox"/> or Actual Current Budget Yr. 2005 PUM (3)	Requested Budget Estimates				
					PHA/IHA Estimates		HUD Modifications		
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)	
<b>Ordinary Maintenance and Operation:</b>									
330	4410	Labor	4410000 ✓	51.09	49.17	49.17	105,020		
340	4420	Materials	4420000 ✓	15.28	26.69	26.69	57,000		
350	4430	Contract Costs	4430000 ✓	28.73	22.47	28.09	60,000		
360	Total	Ordinary Maintenance and Operation Expense (line 330 to 350)		95.10	98.33	103.94	222,020		
<b>Protective Services:</b>									
370	4460	Labor							
380	4470	Materials							
390	4480	Contract Costs							
400	Total	Protective Services Expense (sum of lines 370 to 390)							
<b>General Expense:</b>									
410	4510	Insurance	4510000 ✓	18.55	21.66	21.83	46,820		
420	4520	Payments in Lieu of Taxes	4520000 ✓	6.14	6.39	6.42	13,710	5,466	11,670
430	4530	Terminal Leave Payments							
440	4540	Employee Benefit Contributions	4480000 ✓	65.72	61.37	61.37	131,090		
450	4570	Collection Losses	4570000 ✓	1.47	4.68	4.68	10,000		
460	4590	Other General Expense							
470	Total	General Expense (sum of lines 410 to 460)		91.88	94.10	94.30	201,420	93.34	199,380
480	Total	Routine Expense (sum of lines 210, 250, 320, 360, 400, and 470)		337.39	353.08	360.21	769,400	356.20	760,840
<b>Rent for Leased Dwellings:</b>									
490	4710	Rents to Owners of Leased Dwellings							
500	Total	Operating Expense (sum of lines 480 and 490)		337.39	353.08	360.21	769,400	356.20	760,840
<b>Nonroutine Expenditures:</b>									
510	4610	Extraordinary Maintenance		4.42	5.85	4.68	10,000		
520	7520	Replacement of Nonexpendable Equipment		4.08	6.41	5.52	11,800		
530	7540	Property Betterments and Additions		4.62	1.41				
540	Total	Nonroutine Expenditures (sum of lines 510, 520, and 530)		13.12	13.67	10.21	21,800		
550	Total	Operating Expenditures (sum of lines 500 and 540)		350.51	366.75	370.41	791,200	366.40	782,640
<b>Prior Year Adjustments:</b>									
560	6010	Prior Year Adjustments Affecting Residual Receipts							
<b>Other Expenditures:</b>									
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.							
580	Total	Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)		350.51	366.75	370.41	791,200	366.40	782,640
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)		(204.38)	(227.46)	(229.73)	(490,700)	(238.34)	(509,100)
<b>HUD Contributions:</b>									
600	8010	Basic Annual Contribution Earned-Leased Projects:Current Year							
610	8011	Prior Year Adjustments - (Debit) Credit							
620	Total	Basic Annual Contribution (line 600 plus or minus line 610)							
630	8020	Contributions Earned - Op.Sub.-Cur.Yr.(before year-end adj)		204.62	246.03			265.63	567,393
640		Mandatory PFS Adjustments (net)							
650		Other (specify):							
660		Other (specify):							
670		Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)							
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)		204.62	246.03			265.63	567,393
690	Total	HUD Contributions (sum of lines 620 and 680)		204.62	246.03			265.63	567,393
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690)		0.24	18.57	(229.73)	(490,700)	27.29	58,293
		Enter here and on line 810							

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

Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End			
780		Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date):	
790		Provision for Operating Reserve - Current Budget Year (check one) <input type="checkbox"/> Estimated for FYE <input type="checkbox"/> Actual for FYE	
800		Operating Reserve at End of Current Budget Year (check one) <input type="checkbox"/> Estimated for FYE <input type="checkbox"/> Actual for FYE	
810		Provision for Operating Reserve - Requested Budget Year Estimated for FYE Enter Amount from line 700	(490,700) 58,293
820		Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810) 06/30/2006	(490,700)
830		Cash Reserve Requirement _____ of line 480	

Comments:

PHA/IHA Approval Name: James P. Hayes  
 Title: Acting Executive Director  
 Signature: James P. Hayes Date: 4-14-2005

Field Office Approval Name: Patricia A. Knight  
 Title: Director, Recovery and Prevention Corps  
 Signature: Patricia A. Knight Date: 5/9/2005

**Operating Budget**  
**Schedule of All Positions and Salaries**

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

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

Name of Housing Authority		Locality								Fiscal Year End		
COLES COUNTY HOUSING AUTHORITY		MATTOON, IL 61938								06/30/2006		
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date)	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	No. Months	Amount	Management	Mutual Help	Leased Homeownership	Turnkey III	Section 8 Programs	Other Programs	Method of Allocation	
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
EXECUTIVE DIRECTOR	AN-T	49,682.00	49,682.00	12	49,682	39,895				9,787		
SECRETARY	AN-T	27,294.00	27,294.00	12	27,294	23,200				4,094		
CLERK	AN-T	21,467.00	21,467.00	12	21,467	17,882				3,585		
COUPANCY SPECIALIST	AN-T	21,424.00	21,424.00	12	21,424	21,424						
CLERK	AN-T	12,903.00	12,903.00	12	12,903	12,903						
TA'S	AN-T	3,040.00	3,040.00		3,040	3,040						
RECEPTIONIST	AN-T	14,996.00	14,996.00									
MAINTENANCE III	M	25,773.00	25,773.00	12	25,773	19,330				6,443		
MAINTENANCE IV	M	28,558.00	28,558.00	12	28,558	21,418				7,140		
MAINTENANCE V	M	36,143.00	36,143.00	12	36,143	36,143						
MAINTENANCE V	M	22,131.00	22,131.00	12	22,131	22,131						
OVERTIME	M				6,000	6,000						
<b>TOTALS THIS PAGE</b>					254,415	223,366				31,049		

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

I, \_\_\_\_\_, attest that 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)

Executive Director or Designated Official \_\_\_\_\_ Date \_\_\_\_\_

**Operating Budget**  
**Schedule of Nonroutine Expenditures**

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

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

Public reporting burden for this collection of information is estimated to average 0.75 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington D.C. 20503. Do not send this completed form to either of the above addresses.

Local Housing Authority <b>COLES COUNTY HOUSING AUTHORITY</b>	Locality <b>MATTOON, IL 61938</b>	Fiscal Year Ending <b>06/30/2006</b>
------------------------------------------------------------------	--------------------------------------	-----------------------------------------

Work Project Number (1)	Description of Work Project (List Extraordinary Maintenance and Betterments and Additions separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List Replacements and Additions separately) (8)	Requested Budget		
					Estimated Expenditure in Year (6)	Percent Complete Year End (7)		No. of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
RE RE	CYCLE PAINTING	IL 100-2	10,000		10,000		STOVES REFRIGERATORS	20 20	230 360	4,600 7,200
<b>TOTALS THIS PAGE</b>			10,000		10,000					11,800

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)

Forms software only Copyright © 1996 HAB Inc. All rights reserved

**Operating Budget**  
**Schedule of Administration**  
**Expense Other Than Salary**

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

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

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

Name of Housing Authority:		Locality:					Fiscal Year End:	
COLES COUNTY HOUSING AUTHORITY		MATTOON, IL 61938					06/30/2006	
(1)	(2)	(3)	(4)	(5)	(6a)	(6b)	(6c)	
Description	Total	Management	Mutual Help	Leased Rental	Turnkey III	Section 8	Other	
1	Legal Expense (see Special Note in Instructions)	9,400	9,400					
2	Training (list and provide justification)	6,050	6,050					
3	Travel - Trips To Conventions and Meetings (list and provide justification)	2,800	2,800					
4	Other Travel: Outside Area of Jurisdiction	2,800	2,800					
5	Within Area of Jurisdiction	2,800	2,800					
6	Total Travel	8,400	8,400					
7	Accounting	15,000	15,000					
8	Auditing	12,000	12,000					
9	Sundry Rental of Office Space							
10	Publications	850	850					
11	Membership Dues and Fees (list organization and amount)	450	450					
12	Telephone, Fax, Electronic Communications	5,000	5,000					
13	Collection Agent Fees and Court Costs							
14	Administrative Services contracts (list and provide justification)							
15	Forms, Stationary and Office Supplies	6,100	6,100					
16	Other Sundry Expense (provide breakdown)	8,000	8,000					
17	Total Sundry	20,400	20,400					
18	Total Administration Expense Other Than Salaries	71,250	71,250					

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

Warning: HUD will prosecute false claims and statements.

Conviction may result in criminal and/or civil penalties:

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

Signature of authorized representative & Date:

X

**Operating Budget**  
Summary of Budget Data  
and Justifications

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

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

Public Reporting Burden for this collection of information is estimated to average 0.75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026) Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Name of Local Housing Authority:	Locality	Fiscal Year Ending
COLES COUNTY HOUSING AUTHORITY	MATTOON, IL 61938	06/30/2006

**Operating Receipts**

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

BASED ON 6/30/05 BUDGET NO INFORMATION RECEIVED

**Total Operating Receipts:** 289,300

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

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

NONE

**Total Excess Utilities:**  

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

1.	Space Rented	To Whom	Rental Terms
	DAYCARE		4,200

2. Comments

**Total Non-Dwelling Rent:** 4,200

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

**Total Interest on Investments:** 1,000

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

**Total Other Income:** 6,000

**Operating Expenditures**

**Summary of Staffing and Salary Data**

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

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

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

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

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

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

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

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

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

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

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

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

SEE HUD 52566 FOR DETAILED BREAKDOWN

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

SEE HUD 52571 FOR DETAILED BREAKDOWN

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

PER HUD 52722A

Total Water	65,290.00
Total Electricity	87,000.00
Total Gas	4,080.00
Total Fuel	
Total Other	
<b>Total Utilities:</b>	<b>156,370</b>

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

**Total Maintenance, Materials:** 57,000

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

**Total Maint. Contract Costs:** 60,000

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

FIRE & BLANKET	40,816.00
WORK COMP	3,000.00
VEHICLES	2,600.00
BOND	200.00

**Total Insurance:** 46,616

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

FICA & MEDICARE  
HEALTH & GROUP LIFE

**Total Employee Benefits:** 131,087

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

ESTIMATED

**Total Collection Losses:** 10,000

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

SEE HUD 52567 FOR DETAILED BREAKDOWN

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

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier <i>173102179</i>
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE <i>NIA</i>	State Application Identifier <i>NIA</i>
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <i>IL100002</i>
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION	
Legal Name: <i>Coles County Housing Authority</i>	Organizational Unit: Department: <i>Coles County Housing Authority</i>
Organizational DUNS:	Division:
Address: Street: <i>109 Prairie Ave., P.O. Box 866</i>	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: <i>Mattoon</i>	Prefix: <i>MR.</i> First Name: <i>James</i>
County: <i>Coles</i>	Middle Name: <i>Paul</i>
State: <i>IL</i> Zip Code: <i>61938</i>	Last Name: <i>Hayes</i>
Country: <i>United States</i>	Suffix:
	Email:

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>37-0856766</i>	Phone Number (give area code) <i>(217) 235-4175</i>	Fax Number (give area code)
---------------------------------------------------------------	--------------------------------------------------------	-----------------------------

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) <i>G</i> Other (specify)
Other (specify)	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <i>Public and Indian Housing</i> <i>14-250</i>	9. NAME OF FEDERAL AGENCY: <i>Department of Housing &amp; Urban Development</i>
	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Operating Subsidy eligibility for all projects currently listed on the Annual Contributions Contract between PHA + HUD.</i>

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>Coles County, IL</i>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <i>5th District</i> b. Project:
--------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

13. PROPOSED PROJECT Start Date: <i>7/1/05</i> Ending Date: <i>6/30/06</i>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal \$ <i>567,393</i> <sup>00</sup>	
b. Applicant \$ <sup>00</sup>	
c. State \$ <sup>00</sup>	
d. Local \$ <sup>00</sup>	
e. Other \$ <sup>00</sup>	
f. Program Income \$ <sup>00</sup>	
g. TOTAL \$ <sup>00</sup>	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative	
Prefix	First Name: <i>James</i> Middle Name: <i>Paul</i>
Last Name: <i>Hayes</i>	Suffix:
b. Title: <i>Acting Executive Director</i>	c. Telephone Number (give area code): <i>217-235-4175</i>
d. Signature of Authorized Representative: <i>James B. Hayes</i>	e. Date Signed: <i>4-14-2005</i>

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name \_\_\_\_\_

Program/Activity Receiving Federal Grant Funding \_\_\_\_\_

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

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

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

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

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

(1) Abide by the terms of the statement; and

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

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

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

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

West Park PLAZA  
East Rudy PLACE  
Park Tower

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

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

Name of Authorized Official

James P. Hayes

Title

Acting Executive Director

Signature

James P. Hayes

Date

04/14/2005

# Certification for Contracts, Grants, Loans & Cooperative Agreements

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



Public Housing Agency / Indian Housing Authority

PHA/IHA Name:	If other than Operating Subsidy or Section 23, enter the Federal Fiscal Year in which the funds are expected to be reserved:	If Operating Subsidy or Section 23, enter PHA's/IHA's Fiscal Year Ending date in which funds are expected to be obligated:							
	Program/Activity Receiving Federal Grant over \$100,000: (mark one) <table border="0"> <tr> <td><input type="checkbox"/> Operating Subsidy</td> <td><input type="checkbox"/> CGP</td> </tr> <tr> <td><input type="checkbox"/> Development</td> <td><input type="checkbox"/> CIAP</td> </tr> <tr> <td><input type="checkbox"/> Drug Elimination Grants</td> <td><input type="checkbox"/> MROP</td> </tr> <tr> <td><input type="checkbox"/> Sec.23 Leased Housing Adjustments</td> <td><input type="checkbox"/> Other: (describe)</td> </tr> </table>		<input type="checkbox"/> Operating Subsidy	<input type="checkbox"/> CGP	<input type="checkbox"/> Development	<input type="checkbox"/> CIAP	<input type="checkbox"/> Drug Elimination Grants	<input type="checkbox"/> MROP	<input type="checkbox"/> Sec.23 Leased Housing Adjustments
<input type="checkbox"/> Operating Subsidy	<input type="checkbox"/> CGP								
<input type="checkbox"/> Development	<input type="checkbox"/> CIAP								
<input type="checkbox"/> Drug Elimination Grants	<input type="checkbox"/> MROP								
<input type="checkbox"/> Sec.23 Leased Housing Adjustments	<input type="checkbox"/> Other: (describe)								

Acting on behalf of the above named PHA/IHA as its Authorized Official, I make the following certifications to the Department of Housing and Urban Development (HUD):

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure of Lobbying Activities, in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

I certify under penalty of perjury that the foregoing is true and correct.

Authorized PHA/IHA Official: Name & Title: James P. Hayes Acting Executive Director  
 Signature & Date: James P. Hayes 04/14/2005

X

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB  
0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known:	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>James P. Hayes</u> Print Name: <u>JAMES P. HAYES</u> Title: <u>Acting Executive Director</u> Telephone No.: <u>217-235-4175</u> Date: <u>04/14/2005</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# PHA/IHA Board Resolution

Approving Operating Budget or Calculation of Performance Funding System Operating Subsidy

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

OMB Approval No. 2577-0026 (Exp. 6/30/2001)

Public reporting burden for this collection of information is estimated to average 15 minutes 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. 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.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

Acting on behalf of the Board of Commissioners of the below-named Public Housing Agency (PHA)/Indian Housing Authority (IHA), as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

(date)

- Operating Budget Submitted on: 04/15/2005
- Operating Budget Revision Submitted on: \_\_\_\_\_
- Calculation of Performance Funding System Submitted on: \_\_\_\_\_
- Revised Calculation of Performance Funding System Submitted on: \_\_\_\_\_

I certify on behalf of the: (PHA/IHA Name) Cokes County Housing Authority  
that:

1. All regulatory and statutory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditures are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The calculation of eligibility for Federal funding is in accordance with the provisions of the regulations;
6. All proposed rental charges and expenditures will be consistent with provisions of law;
7. The PHA/IHA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 905.120(c) and (d);
8. The PHA/IHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i) or 24 CFR 905.120(g); and
9. The PHA/IHA will comply with the requirements for the reexamination of family income and composition under 24 CFR 960.209, 990.115 and 905.315.

I hereby certify that all the information stated within, 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)

Board Chairman's Name (type) <u>PHYLLIS A. KARPUS</u>	Signature <u>Phyllis A. Karpus</u>	Date <u>4-18-05</u>
----------------------------------------------------------	---------------------------------------	------------------------



HOUSING AUTHORITY OF THE COUNTY OF COLES (HACC)  
109 PRAIRIE AVE., MATTOON, ILLINOIS 61938  
PHONE: (217) 235-4175 FAX: (217) 234-8102

ATTACHMENT il100d02

## **PET POLICY**

### **[24 CFR 960, Subpart G]**

#### **OVERVIEW**

This policy details the requirements for a tenant to keep a pet in a Housing Authority County of Coles (HACC) apartment building. A tenant will not keep a pet in their apartment without prior written permission from HACC.

This policy does not apply to animals that are used to assist persons with disabilities provided that the animal has been trained to assist persons with that specific disability and the animal actually assists the person with that specific disability (See Rule 22 below). However, the Pet Policy does not exempt such a tenant from the requirements of the lease that prohibit any conduct which disturbs other tenants or threatens the physical or social environment.

#### **A. REQUIREMENTS**

The HACC will utilize the following procedures in implementing the pet policy.

**Obtaining HACC Permission:** If an eligible tenant or prospective tenant wishes to obtain permission to keep a pet, HACC staff will meet with the prospective pet owner and explain the Authority policy and review the pet rules. If HACC finds a tenant or prospective tenant eligible to keep a pet, the tenant or prospective tenant must submit to the Authority a completed Pet Permit and Agreement Form, and pay the required security deposit.

HACC reserves the right to deny permission to house pets which are or may be in the sole judgment of the Authority vicious or dangerous, or which are large in stature exceeding 30 adult pounds in weight.

**Failure to Obtain Written Permission:** If a tenant has not obtained written permission to keep a pet but does so anyway, the HACC will seek to evict the tenant. If HACC finds any unauthorized pet outside a tenant's apartment, as in their backyard or area in their exclusive control or a common area, HACC will have the pet removed.

#### **B. COMPLAINTS AGAINST PET OWNER(S)**

In the event of complaints against approved pet owners, the HACC shall work with the pet owner to resolve the complaints informally. If the complaints are not resolved and/or there has been a violation of the pet rules, HACC shall impose fines in accordance with Rule 21 below.

If there are three violations, HACC may, at its sole discretion, notify the tenant to remove the pet within ten (10) days (immediately if the animal is deemed "vicious"), terminate the pet owner's tenancy or both. Any unresolved complaints may be the subject of a grievance by the tenant under established grievance procedures. Except, animals deemed "vicious" by HACC that must be removed from HACC property pending any grievance.



HOUSING AUTHORITY OF THE COUNTY OF COLES (HACC)  
109 PRAIRIE AVE., MATTOON, ILLINOIS 61938  
PHONE: (217) 235-4175 FAX: (217) 234-8102

**C. AMENDING PET RULES:**

The pet policy and rules may be changed at any time by HACC provided that tenants are given an opportunity to comment and with thirty (30) days advance notice.

**D. PET RULES: Following rules apply:**

- 1) Those tenant or prospective tenant who wishes to keep a pet in Park Tower shall request permission in writing and meet with HACC staff and submit a photo of the pet and other required documentation.
- 2) If approved by the Authority, a Pet Permit and Agreement (Amendment of Dwelling Lease) shall be signed immediately by the tenant, with original to the tenant file and a copy in a general pet file. This Dwelling Lease Amendment contains the rights and responsibilities of the tenant and management with respect to pet ownership.
- 3) **Only common household pets are permitted.** Common “household” pets shall be limited to domesticated dogs, cats, fish, birds and turtles that are traditionally kept in the home rather than for commercial or other purposes.
- 4) The tenant is required to provide a picture of the pet(s).
- 5) The number and size of the pet(s) is limited to one type of pet as follows:
  - a. Dogs and cats – limit of one dog or cat per household – Dogs cannot exceed 30 adult pounds ; or
  - b. Birds – limit of two per household, no larger than a parakeet – Birds must be kept in a cage at all times; or
  - c. Fish – limit of one tank per household with a maximum capacity of 20 gallons, and no more than 20 small non-poisonous fish; or
  - d. Turtles – no more than two per household, small in size. Turtles must be kept in a cage or other container at all times.
  - e. Other pets only with permission of the Executive Director. There are to be no outside dog houses or structures of any type.
- 6) All dog and cat owners must present proof that their pet is registered with the HACC and identification tags must be worn at all times.
- 7) The tenant must be able to maintain control over their pets.
- 8) Dogs and cats must remain within the unit and not be allowed outside, unattended, at any time.
- 9) No chaining of unattended dogs permitted at any time.
- 10) Dogs must be walked while on a leash and all droppings must be removed and disposed of by the person walking the animal. Failure to do so is considered a violation of these pet rules and a \$50.00 fine will be assessed. Units, yards and HACC property must be kept free of odors, insect infestation and pet feces, urine, waste and litter.
- 11) Cat litter boxes are required, and must be maintained in a sanitary manner and are kept free of



HOUSING AUTHORITY OF THE COUNTY OF COLES (HACC)

109 PRAIRIE AVE., MATTOON, ILLINOIS 61938

PHONE: (217) 235-4175 FAX: (217) 234-8102

odors and insect infestation. Litter will be disposed of by placing in a plastic bag or garbage bag and put into the garbage container.

- 12) Dogs and cats must be inoculated, and neutered or spayed with proof of licensing and inoculations and the name of the veterinarian provided to HACC. Owners must provide a certification each year at the time of their annual reexamination that the pet continues to be in good health and has all required vaccinations. These documents will be placed in the tenant file along with a fully executed pet agreement.
- 13) Any animal that is used to threaten either people or other animals or does threaten to attack or attacks will be deemed “vicious” and barred from the development. If the tenant does not immediately remove the animal, the tenant will be in material violation of his/her lease, and may be evicted.
- 14) HACC, at its sole discretion, may randomly and periodically inspect the units of pet owners with appropriate notice to ensure compliance.
- 15) Pets must be restrained and prevented from digging, gnawing, chewing, scratching or otherwise defacing property including doors, walls, windows, screens, floors and window coverings, other units, common areas, buildings, landscaping or shrubs.
- 16) No pet is allowed at any time in community/recreation rooms, laundry rooms or other interior or exterior sitting areas.
- 17) Each pet owner shall pay a non-refundable pet fee of \$100.00 and a refundable pet deposit of \$100.00. (\$200.00 total). A refundable deposit of \$100.00(only) will be charged for aquariums over ten gallons.

If the tenant’s \$100.00 refundable pet deposit does not cover the reasonable expenses directly attributable to the presence of the pet in the development, including, but not limited to the cost of repairs and replacements to, and the fumigation of, the pet owners dwelling unit. , management and the tenant will agree on a payment plan to pay for the damage as well as replacement of the pet deposit. Existing HACC residents can pay their pet deposit in three installments.

The pet deposit is separate from, and in addition to, any security deposit held on behalf of the tenant by HACC and will be placed in an escrow account. The pet deposit will be returned to the pet owner within 30 days of the day the pet is removed or within 30 days of the day the tenant vacates the unit, whichever comes first, less deductions detailed in writing and reasonably related to the regulation of pets.

- 18) Tenants must board their pets (except for fish) away from the development or make other arrangements for the care of their pets when they intend to leave their unit for 24 hours or more. The Pet Permit and Agreement requires tenants to provide HACC with the name and phone number of a relative or friend who has agreed to assume responsibility for the pet in the event of sudden illness or death of the tenant. The HACC reserves the right to consider the presence of an unattended pet an emergency, and will enter the unit to remove the pet.
- 19) HACC staff, including maintenance personnel, reserve the right to refuse to enter a unit to perform



HOUSING AUTHORITY OF THE COUNTY OF COLES (HACC)

109 PRAIRIE AVE., MATTOON, ILLINOIS 61938

PHONE: (217) 235-4175 FAX: (217) 234-8102

work where there is an unattached animal. If HACC is unable to perform necessary work in the unit due to an unattached animal, the tenant may be terminated and evicted for failure to allow HACC access to the unit.

- 20) Pet owners are expected to exercise responsible and courteous behavior so that the presence of their pet on the property in no way violates the rights of others to peaceful enjoyment of the premises. A tenant will be fully responsible for any disturbance or injury to other tenants or HACC staff caused by its pet. Any disturbance or injury will be a violation of the pet policy and rules and the tenant's lease, and HACC may at its sole discretion require the tenant to remove the pet immediately or within ten (10) days, terminate the pet owner's tenancy or both.
- 21) The HACC may impose fines upon tenants for the violation of any pet rule contained herein. At the time a pet owner first violates any rule, the HACC will send the owner a written warning and a \$50.00 fine will be assessed. This fine is in addition to any necessary costs of repair. The HACC may assess additional \$50.00 fines for subsequent violations, and may request the tenant to remove the pet or be subject to eviction after three violations.
- 22) Tenants or prospective tenants who claim that a particular animal is used to assist persons with disabilities and who want to be exempt from the provisions of these Pet Rules must provide HACC with:
  - A certification that the tenant or prospective tenant or a member of his or her family is a person with a disability; and
  - Documentation that the animal has been trained to assist persons with that specific disability and actually assists the person with that disability.
- 23) **Visiting pets are only allowed with permission from the Executive Director and are subject to all of the above conditions.**
- 24) These Pet Rules are posted in the HACC management office and are incorporated by reference in the Lease.



HOUSING AUTHORITY OF THE COUNTY OF COLES (HACC)  
109 PRAIRIE AVE., MATTOON, ILLINOIS 61938  
PHONE: (217) 235-4175 FAX: (217) 234-8102

## PET OWNERSHIP FORM

**Pet Owner's Name:** \_\_\_\_\_

**Pet Owner's Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

**Type of Breed:** \_\_\_\_\_

**Sprayed or Neutered: yes no** If yes, date: \_\_\_\_\_

**Rabies ID number:** \_\_\_\_\_

**Veterinarian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency care giver for pet:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I have read and understand the rules governing pets and I and all members of my household promise to fully comply.

**Signature of Pet Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Housing Authority Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Attach to this form, the following:  
Picture of the pet  
Rabies certification



HOUSING AUTHORITY OF THE COUNTY OF COLES (HACC)  
109 PRAIRIE AVE., MATTOON, ILLINOIS 61938  
PHONE: (217) 235-4175 FAX: (217) 234-8102

ATTACHMENT il100e02

## COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT [24 CFR 960, Subpart F]

### A. BACKGROUND

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

### B. ELIGIBLE COMMUNITY SERVICE ACTIVITIES

Eligible community service activities that can be performed include, but are not limited to:

- Work at a local public or non-profit institution, including but not limited to: a local school, Head start, before- and after-school program, childcare center, hospital, hospice, nursing home, recreation center, senior center, adult day care program, homeless shelter, feeding program, food bank (distributing either donated or commodity foods), or clothes closet (distributing donated clothing), etc;
  - Work with a non-profit organization that serves HACC residents or their children, including but not limited to: Boys or Girls Scouts, Boys or Girls Club, 4-H Club, PAL, other children's recreation, mentoring, or education programs, Big Brothers or Big Sisters, Garden Center, Community clean-up programs, Beautification programs, etc;
  - Work with any program funded under the Older Americans Act, including but not limited to: Green Thumb, Service Corps of Retired Executives, Senior meals programs, Senior Center, Meals-on-Wheels, etc;
  - Work with any other public or non-profit youth or senior organizations;
  - Work as an officer of a development or city-wide resident organization;
  - Work as a member of the Resident Advisory Board;
  - Work at the HACC to help improve physical conditions;
  - Work at the HACC to help with children's programs;
  - Work at the HACC to help with senior programs;
  - Helping neighborhood groups with special projects;
  - Working through resident organization to help other residents with problems; serving as an officer in a Resident Organization; serving on the Resident Advisory Board; and
  - Caring for the children of other residents so they may volunteer.
- **NOTE:** Political activity is excluded.



HOUSING AUTHORITY OF THE COUNTY OF COLES (HACC)  
109 PRAIRIE AVE., MATTOON, ILLINOIS 61938  
PHONE: (217) 235-4175 FAX: (217) 234-8102

### **C. ELIGIBLE SELF-SUFFICIENCY ACTIVITIES**

Eligible self-sufficiency activities in which residents may engage include, but are not limited to:

- Job readiness programs;
- Job training programs;
- Skills training;
- GED classes;
- Higher education (Junior college or college/university);
- Apprenticeships (formal or informal);
- Substance abuse or mental health counseling;
- English proficiency or literary (reading) classes;
- Budgeting and credit counseling;
- Any kind of class that helps a person toward economic independence;
- Full-time student status at any school, college or vocational school; and
- Carrying out any activity required by the Department of Public Assistance as part of welfare reform.

### **D. EXEMPT RESIDENTS**

The Community Service and Self-Sufficiency Requirement apply to all adult residents in public housing except for those exempted under Section 12(c) of the Act. This requirement does not apply to Section 8 tenants.

Public housing residents exempt from the Community Service and Self-Sufficiency Requirement are those:

- Age 62 years or older
- Persons with disabilities and certifies that, based on the disability, he or she cannot comply with the requirement;
- Primary caretakers of a person with disability who has certified that based on the caretaker's responsibility, he or she cannot comply with the requirement;
- Currently working at least 30 hours per week;
- Engaged in work activities as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)), specified below:
  - o Unsubsidized employment;
  - o Subsidize private-sector employment;
  - o Subsidized public-sector employment;
  - o Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
  - o On-the-job-training;
  - o Job-search and job-readiness assistance;
  - o Community service programs;
  - o Vocational educational training (not to exceed 12 months with respect to any individual);



**HOUSING AUTHORITY OF THE COUNTY OF COLES (HACC)**

109 PRAIRIE AVE., MATTOON, ILLINOIS 61938

PHONE: (217) 235-4175 FAX: (217) 234-8102

- Job-skills training directly related to employment;
- Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
- Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence; in the case of a recipient who has not completed secondary school or received such a certificate; and
- The provision of childcare services to an individual who is participating in a community service program.

Meet the requirements for being exempt from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program.

If a member of a family receiving TANF assistance, benefits, or service under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.); or under any other welfare program of the State in which the PHA is located, including a State administered welfare-to-work program and has not been found by the State or other administering entity to be in non-compliance with such program.

**E. REQUIREMENTS OF THE PROGRAM**

The eight (8) hours per month may be either volunteer work or self-sufficiency program activity or a combination of the two.

At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The HACC will make the determination of whether to allow or disallow a deviation from the schedule.

Activities must be performed within the community and not outside the jurisdictional area of the HACC.

**F. FAMILY OBLIGATIONS**

At the time of Lease execution or re-examination on or after the implementation date of the Community Service and Self-Sufficiency Requirement Policy, all adult members (18 years or older) of a public housing resident family must:

Provide documentation that they are exempt from the Community Service and Self-Sufficiency Requirement.

Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service and Self-Sufficiency Requirement will result in non-renewal of their Lease.



HOUSING AUTHORITY OF THE COUNTY OF COLES (HACC)  
109 PRAIRIE AVE., MATTOON, ILLINOIS 61938  
PHONE: (217) 235-4175 FAX: (217) 234-8102

At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the Housing Authority of the County of Coles) of activities performed over the previous 12 months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.

If a family member is found to be non-compliant at re-examination, he/she and the Head of Household must sign an agreement with the HACC to make up the deficient hours over the next 12-month period.

#### **G. CHANGE IN EXEMPT STATUS**

If, during the 12-month period, a non-exempt person becomes exempt, it is his/her responsibility to report their new “exempt” status to the HACC and provide documentation to support their status.

If, during the 12-month period, an exempt person becomes non-exempt, it is his/her responsibility to report their new “non-exempt” status to the HACC. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

#### **H. HOUSING AUTHORITY OF THE COUNTY OF COLES’S OBLIGATIONS**

To the greatest extent possible and practical, the HACC will:

- Provide names and contacts of agencies that can provide opportunities for residents to fulfill their Community Service and Self-Sufficiency requirements.
- Provide in-house opportunities for volunteer work or self-sufficiency programs.
- The HACC will provide the family with exemption verifications forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.
- The HACC will make the final determination as to whether or not a family member is exempt from the Community Service and Self-Sufficiency Requirement. Residents may use the HACC’s Grievance Procedure if they disagree with the HACC’s determination.



HOUSING AUTHORITY OF THE COUNTY OF COLES (HACC)  
109 PRAIRIE AVE., MATTOON, ILLINOIS 61938  
PHONE: (217) 235-4175 FAX: (217) 234-8102

**I. NON-COMPLIANCE OF FAMILY MEMBER**

At least 30-days prior to annual re-examination and/or lease expiration, the HACC will begin reviewing the exempt or non-exempt status and compliance of family members.

If the HACC finds a family member to be in non-compliance, the HACC must enter into an agreement with the non-compliant member and the Head of Household to make up the deficient hours over the next 12-month period.

If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the non-compliant member agrees to move out of the unit.

The family may use the HACC's Grievance Procedure to protest the lease termination.

# ATTACHMENT il100f02

RE: *Housing Authority of the County of Coles*

## **18. Additional Information**

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

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

*(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 2005 – 2009)*

*The Cole County Housing Authority has met the following goals and objectives as reflected in its 5-Year Plan for FFY 2005 -2009 PHA Plan:*

**Goal One: Expand the supply of assisted housing.**

Objectives:

1. Reduce public housing vacancies – The Coles County Housing Authority will strive to achieve occupancy of 97% by June 30, 2005.

The current vacancy rate is 89% per cent. This represents a significant improvement since March 31, 2005.

**Goal Two: Improve the quality of assisted housing developments.**

Objective: Improve the quality of assisted housing.

1. The Housing Authority of Coles County shall strive to improve management (PHAS) scores, in order to be designated a high performer by June 30, 2005.

This objective not been met. The Housing Authority will continue to strive to meet this objective by June 30, 2009.

Objective: Renovate or modernize public housing units.

1. The Housing Authority of Coles County shall actively purse all available modernization funds through HUD PIH Notices and shall renovate REAC score designated developments by June 30, 2009.

This objective continues to be met. The PHA has continued to effectively utilize Capital Fund Program funding from FFY 2000- 2005 to renovate its public housing units at IL 100- Park Tower, West Park Plaza and East Ruby Place. Capital improvements at Park Tower have involved office remodeling, zone valve replacement, new kitchen faucets, air handling equipment replacement, buss amp replacement and sidewalk replacement. Anticipated work using FFY 2004 CFP funding will involve window replacement in resident units.

Improvements at West Park & East Ruby Place have involved renovation of handicapped units, window replacement, kitchen/floor repair, new trash enclosures and screen doors. Contracted work using FFY 2003, 2004 CFP funds include entry door and hardware replacement at West Park & East Ruby. Window replacement at Park Tower was contracted out in 2005.

**Goal Three: Provide an improved living environment.**

Objective : Implement public security improvements.

1. Re-design and activate the neighborhood watch program in our housing developments by June 30, 2005.

This objective has not been met. The Housing Authority plans to continue to address this objective with a completion goal by June 30, 2009. Among the steps the Housing Authority intends to make include, installing security cameras, upgrade intercom system at Park Tower. New security site is planned for West Park & East Ruby Place to eliminate any dimly light areas.

**Goal Four: Promote self-sufficiency and asset development of assisted households.**

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

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

This objective has not been met due to the fact that the all contractors have used employees from their staff. Opportunities for “new hires” have not been available during FFY 2004-2004. However, the Housing Authority will continue to strive to increase employed persons in assisted families by meeting Section 3 goals by June 30, 2009.

Objective: Provide or attract supportive services to improve the assisted recipient’s employability.

1. The Housing Authority will strive to establish a working relationship with three (3) social services agencies with the ability to provide job training skills and GEC education programs by June 30, 2005.

This objective has not been met. The Housing Authority continue will strive to establish a working relationship with three (3) social services agencies with the ability to provide job training skills and GEC education programs by June 30, 2009.

**Goal 5: Ensure equal opportunity and affirmatively further fair housing.**

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

1. The Housing Authority shall strive to maintain that 100% of its units meet Uniform Physical Conditions Standards by June 30, 2009.

The Housing Authority has made significant improvement in this area and will continue

to seek 100% improvement by June 30, 2009.

## **ATTACHMENT il100g02**

**RE: Housing Authority of the County of Coles**

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

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

24 CFR Part 903.7(r)

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

a. Substantial Deviation from the 5-Year Plan –

- 1) Additions or deletions of Strategic Goals.
- 2) Is defined as any deviation which requires review and input by the Resident Advisory Board as well as approval by the Board of Commissioners.

b. Significant Amendment or Modification to the Annual Plan -

- 1) Programs:
  - Any change with regard to demolition or disposition, designation of housing, homeownership programs or conversions activities.
- 2) Capital Budget:
  - Additions or non-emergency work items in excess of \$25,000 (items not included in the current Annual Statement or Five Year Plan) or change in excess of \$25,000 in use of replacement reserve funds.
- 3) Policies:
  - Change to rent and admissions policies or organization of the waiting list.
  - Is defined as any deviation which requires review and input by the Resident Advisory Board as well as approval by the Board of Commissioners.

An exception to the above definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements since such changes are not consider significant.

**ATTACHMENT ii100h02**

**FINAL PERFORMANCE AND EVALUATION REPORT**

**Annual Statement /Performance and Evaluation Report** 6/9/2006

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

PHA Name: <p style="text-align: center;"><b>Housing Authority of the County of Coles</b></p>	Grant Type and Number: Capital Fund Program No: <b>IL06-P100-50203</b> <span style="float: right;">na</span> Replacement Housing Factor Grant No:	Federal FY of Grant: <p style="text-align: center;"><b>2003</b></p>
-------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

Original Annual Statement   
  Reserved for Disasters/Emergencies   
 Performance and Evaluation Report for Program na

Revised Annual Statement/Revision Number \_\_\_\_ na   
  Final Performance and Evaluation Report for Program Year Ending\_ **2/28/2006**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses				
3	1408 Management Improvements				
4	1410 Administration (10% of total grant)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0.00	2,202.62	2,202.62	2,202.62
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	58,195.00	55,992.38	55,992.38	55,992.38
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant (sums of lines 2-20)</b>	<b>\$58,195.00</b>	<b>\$58,195.00</b>	<b>\$58,195.00</b>	<b>\$58,195.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

Capital Fund Program Tables

Signature of Executive Director

\_\_\_\_\_ Date

Signature of HUD Official

\_\_\_\_\_ Date



Signature of Executive Director

\_\_\_\_\_  
Date

Signature of HUD Official

\_\_\_\_\_  
Date



**Annual Statement /Performance and Evaluation Report** 6/9/2006

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

PHA Name: <b>Housing Authority of the County of Coles</b>	Grant Type and Number: Capital Fund Program No: <b>IL06-P100-50104</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2005</b>
-----------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	-------------------------------------

Original Annual Statement   
  Reserved for Disasters/Emergencies   
  Revised Annual Statement/Revision Number      0  
 Performance and Evaluation Report for Program Year Ending **12/31/05**   
  Final Performance and Evaluation Report for Program Year Ending                     

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		Balance
		Original	Revised	Obligated	Expended	
1	Total Non-Capital Funds					
2	1406 Operating Expenses	30,420.00	30,420.00	30,420.00	30,420.00	0
3	1408 Management Improvements	0.00	10,000.00	7,600.00	0.00	7,600.00
4	1410 Administration (10% of total grant)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	45,000.00	45,000.00	45,000.00	33,971.29	11,028.71
8	1440 Site Acquisition					
9	1450 Site Improvement	25,000.00	68,837.00	0.00	0.00	68,837.00
10	1460 Dwelling Structures	186,537.00	132,700.00	127,689.59	0.00	132,700.00
11	1465.1 Dwelling Equipment-Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					
20	1502 Contingency					
21	<b>Amount of Annual Grant (sums of lines 2-20)</b>	<b>\$286,957.00</b>	<b>\$286,957.00</b>	<b>\$210,709.59</b>	<b>\$64,391.29</b>	222,565.71,
22	Amount of line 21 Related to LBP Activities					
23	Amount of Line 21 Related to Section 504 Compliance					
24	Amount of Line 21 Related to Security - Soft Costs					
25	Amount of Line 21 Related to Security - Hard Costs					
26	Amount of Line 21 Related to Energy Conservation Measures					

Signature of Executive Director

\_\_\_\_\_ Date

Signature of HUD Official

\_\_\_\_\_ Date



Signature of Executive Director

\_\_\_\_\_  
Date

Signature of HUD Official

\_\_\_\_\_  
Date



Signature of Executive Director

\_\_\_\_\_

Date

Signature of HUD Official

\_\_\_\_\_

Date

Signature of Executive Director

\_\_\_\_\_

Date

Signature of HUD Official

\_\_\_\_\_

Date

Signature of Executive Director

\_\_\_\_\_

Date

Signature of HUD Official

\_\_\_\_\_

Date

**Annual Statement /Performance and Evaluation Report** 6/9/2006

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

PHA Name: <b>Housing Authority of the County of Coles</b>	Grant Type and Number: Capital Fund Program No: <b>IL06-P100-50105</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2005</b>
-----------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	-------------------------------------

Original Annual Statement   
  Reserved for Disasters/Emergencies   
  Revised Annual Statement/Revision Number \_\_\_\_ 3  
 Performance and Evaluation Report for Program Year Ending **12/31/05**   
  Final Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses	22,000.00	18,856.10	3,856.10	3,856.10
3	1408 Management Improvements	500.00	44,358.90	199.99	199.99
4	1410 Administration (10% of total grant)	1,000.00	25,000.00	442.30	442.30
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	45,000.00	30,000.00	10,000.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	35,000.00	42,000.00	0.00	0.00
10	1460 Dwelling Structures	127,861.00	71,500.00	0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	1,500.00	1,146.00	1,146.00	1,146.00
13	1475 Nondwelling Equipment	25,000.00	25,000.00	12,310.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	<b>Amount of Annual Grant (sums of lines 2-20)</b>	<b>\$257,861.00</b>	<b>\$257,861.00</b>	<b>\$27,954.39</b>	<b>\$5,644.39</b>
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of Line 21 Related to Section 504 Compliance	31,500.00	0.00	0.00	0.00
24	Amount of Line 21 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	60,000.00	0.00	0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director

\_\_\_\_\_  
Date

Signature of HUD Official

\_\_\_\_\_  
Date

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

6/9/2006

PHA Name: <b>Housing Authority of the County of Coles</b>		Grant Type and Number: Capital Fund Program No: <b>IL06-P100-50105</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2005</b>		Status of Work
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA - Wide	Operations (pest eradacation,scanner, cell phones, envir. review	1406	LS	22,000.00	18,856.10	3,856.10	3,856.10	Balance - 15,000.00
	Management Improvements:							
	Software upgrade			0.00	21,015.00	0.00	0.00	Requires RPC approval
	Administrative and Maintenance staff training	1408		0.00	5,000.00	0.00	0.00	Requires quotes
	Purchase digital camera for PHA inspections	1408		500.00	199.99	199.99	199.99	Complete
	Vacancy Reduction (temp staff)	1408		0.00	18,143.91	0.00	0.00	Requires RPC approval
	Administration:							
	Pro-rated salaries/ benefits	1410		0.00	24,000.00	0.00	0.00	Requires RPC approval
	Advertising costs for modernization projects	1410		1,000.00	1,000.00	442.30	442.30	LOCCS to be corrected
	Fees & Costs:							
	A/E Fees	1430		25,000.00	20,000.00	0.00	0.00	Anticipate issuing AE RFP 3/06
	Modernization Coordinator/Consultant	1430		20,000.00	10,000.00	10,000.00	0.00	Covers balance of contract
IL 100	Site Improvements:							
E.Rudy/W. Park	Install security lighting	1450		35,000.00	35,000.00	0.00	0.00	Requires A/E Services
HA - Wide	Sewer line replacement (broken due to roots)	1450		0.00	7,000.00	0.00	0.00	In-house quotes
	Dwelling Structures:							
Park Tower	Security cameras/monitoring system/software	1460		4,500.00	25,000.00	0.00	0.00	Requires A/E Services
Park Tower	Handicap-accessible kitchen upgrades	1460	3 units	25,000.00	15,000.00	0.00	0.00	Requires A/E Services
	Repairs to intercom system	1460	100 units	25,000.00	20,000.00	0.00	0.00	Requires A/E Services
	Install electric door at entrance	1460		6,500.00	6,500.00	0.00	0.00	Requires A/E Services
	Window replacement	1460		66,861.00	0.00	0.00	0.00	Delete
E. Rudy.W. Park	Install cable tv hookups (interior	1460	78 units	0.00	5,000.00	0.00	0.00	Requires RPC approval
HA - Wide	Non-Dwelling Structures:							
Office	Central A/C replacement	1470		1,500.00	1,146.00	1,146.00	1,146.00	Complete
Signature of Executive Director Park Tower	Non-Dwelling Equipment:							
	Signature of HUD Official							
	Rooftop heating unit repair and evaluation	1475		20,000.00	20,000.00	12,310.00	0.00	Atchison -12,115 & 195.00 -Mattoon Electric
Date	Upgrade telephone system	1475		5,000.00	5,000.00	0.00	0.00	In-house RFP
<b>TOTAL CAPITAL FUNDS FOR 2005</b>				<b>\$257,861.00</b>	<b>\$257,861.00</b>	<b>\$27,954.39</b>	<b>\$5,644.39</b>	

Signature of Executive Director

\_\_\_\_\_  
Date

Signature of HUD Official

\_\_\_\_\_  
Date

