

PHA Plans

Streamlined Annual Version

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

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

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

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

Streamlined Annual PHA Plan

for Fiscal Year: 2006

PHA Name: Olmsted County HRA

Version 2

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

Streamlined Annual PHA Plan Agency Identification

PHA Name: Olmsted County HRA

PHA Number: MN151

PHA Fiscal Year Beginning: 01/2006

PHA Programs Administered:

Public Housing and Section 8 **Section 8 Only** **Public Housing Only**
Number of public housing units: 109 Number of S8 units: Number of public housing units:
Number of S8 units: 522

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

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

PHA Plan Contact Information:

Name: Linda L. Bedtka Phone: 507-529-4547
TDD: Email (if available): bedtka.linda@co.olmsted.mn.us

Public Access to Information

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

PHA's main administrative office PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. Yes No.

If yes, select all that apply:

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

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

Main business office of the PHA PHA development management offices

Other (list below)

Streamlined Annual PHA Plan

Fiscal Year 2006

[24 CFR Part 903.12(c)]

Table of Contents

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

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B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

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

Form HD- 50071, Certification of Payments to Influence Federal Transactions; and

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

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? **No.**
 If yes, complete the following table; if not skip to B.

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

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?
2. Yes No: Are any or all of the PHA’s site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

- If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
 - All PHA development management offices
 - Management offices at developments with site-based waiting lists
 - At the development to which they would like to apply
 - Other (list below)

2. Capital Improvement Needs

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

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. Yes No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

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

1. Yes No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3. Yes No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:
4. Yes No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5. Yes No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

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

2. Program Description:

a. Size of Program

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

If the answer to the question above was yes, what is the maximum number of participants this fiscal year? **15 total slots (10 Section 8 & 5 set aside for Public Housing).**

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:

Initial Eligibility Criteria

- Be a participant in Olmsted County HRA's Section 8 or Public Housing Program.
- Must be in good standing with their lease and with program requirements and must terminate their current lease arrangement in compliance with the lease.
- A head of household or spouse that has previously defaulted on a mortgage obtained through any Section 8 homeownership option is barred from participation.
- Must be first-time homeowner. No family member must have owned title to a principal residence in the last three years. First time homeowner includes a single parent or displaced homemaker who, while married, owned a home with his or her spouse, or resided in a home owned by his or her spouse.
- An adult member of the household who will be on the loan must be employed full-time (at least 30 hours/wk) and have been continuously employed for at least (one) year prior to application. (Families in which the head or spouse are disabled or elderly are exempted from this requirement.) With the exception of elderly and disabled families, public assistance cannot be counted when qualifying for a mortgage but will be counted in calculating the homeownership assistance. (Public assistance includes TANF, MFIP and SSI that is subject to an income eligibility test)
- The head, spouse and significant other must successfully complete a home-ownership-counseling program.
- Participants may have no outstanding debt to any Housing Authority.
- Submit to and pass a criminal background check on household members 16 and over. Passing means to have no felony level criminal convictions within the last ten years.
- Participants may not have income; which is over the 80% of area median.
- Adult family members who will own the home must have gross annual income which is not less than: (1) for disabled family, income which is not less than what is received by SSI (\$6,540) or (2) the Federal minimum wage multiplied by 2,000 hours (\$10,300).
- Ability to secure financing.

Selection Criteria

- Participants meeting the initial eligibility criteria will be selected based on date and time of Application of Interest to the Section 8 Homeownership Program. Priority will be given to households holding a four bedroom voucher and larger. Once determined eligible to participate the participants will be referred to Community Housing Partnership for counseling and to participating lenders.
- A home purchased under the Section 8 Homeownership program must be the family's principle place of residence.

Time Frame for Utilization

- A participant will have a maximum of 90 days from the date of issuance of a Homeownership Voucher to find a home and close on the property.
- An extension beyond the 90 days will be at the sole discretion of the HRA.

Portability

- The Section 8 Homeownership option is not portable. Families may apply for homeownership assistance in the area in which they are moving.

- Unit Size
- Participants will be required to purchase a unit large enough for the family based on the Section 8 occupancy standards.

Financing

- The household is responsible for obtaining financing. The HRA prohibits the following financing options:
 - Private Seller Financing
 - The head must be one of the applicants on the loan.
 - Financing will be insured or guaranteed by the State or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- The HRA may disapprove proposed financing if the HRA determines that the debt is unaffordable, or if the HRA determines that the lender or the loan terms do not meet HRA requirements.
- Refinancing
- Participants are only eligible to refinance in cases where the participant wishes to take advantage of a lower interest rate. Participants are not be allowed to “cash out”, however, the HRA reserves the right to reconsider on a case by case basis. The HRA must be notified and approve refinancing agreements.
- The HRA may disapprove proposed refinancing if the HRA determines that the debt is unaffordable, or if the HRA determines that the lender or the loan terms do not meet HRA requirements.
- The HRA will record a document; which notifies the lender of the requirements for approval prior to refinancing.

Entry Fees

- The participant must provide one percent of the purchase price toward entry costs and it must come from personal sources, not loaned or gifted. Other entry costs may be from non-personal sources.

Eligible Unit Types

- A home may be purchased which is either under construction or already existing.
- Homeownership assistance may only be used for the purchase of a one unit property or single dwelling unit in a cooperative or a condo. (a townhouse or condo is permissible, owning both units of a duplex is not)
- No family member may have a present ownership interest in a second residence while receiving homeownership assistance.

Purchase Agreements and Inspection Requirements

- Participants in the Homeownership Program must complete a “Purchase Agreement” with the owner of the property to be purchased. The unit must be under construction before the Purchase Agreement is executed.
- The Purchase Agreement must include the home’s price and terms of sale, the purchaser’s pre-purchase inspection requirements and notice that the sale is conditional on the purchaser’s acceptance of the inspection report; and an agreement that the purchaser is not obligated to pay for necessary repairs.
- The Purchase Agreement must include an addendum, provided by the HRA, for seller certification that the seller is not debarred, suspended, or subject to a limited denial of

participation under 24 CFR part 24.

- The participant must obtain an independent professional home inspection from a licensed inspector of the unit's major systems at the participant's expense. The inspection must cover major building systems and components, including foundation and structure, housing interior and exterior, roofing, plumbing, electrical and heating systems. A copy of this inspection report must be given to the HRA.
- The Olmsted County HRA will also conduct an HQS inspection and will review the independent professional inspection of the unit's major systems. Olmsted County HRA retains the right to disqualify the unit based on either the HQS inspection or the professional inspection report. The HRA will conduct annual inspections of the unit.

Length of Continuation of Assistance

- Section 8 Homeownership Assistance will only be provided for the months the family is in residence in the home and the family must continue to qualify for Section 8.
- Except for elderly and disabled families, Section 8 homeownership assistance may only be paid for a maximum period of 15 years if the initial mortgage is 20 years or longer. In all other cases, the maximum term is 10 years.
- Participants may purchase another home with Section 8 assistance under the following conditions:
 - A move is necessary due to a medical condition. (ex. handicap accessibility)
 - Over crowded conditions based on Section 8 occupancy standards.
 - The participant is in compliance with their current mortgage and the Statement of homeowner obligations.
 - Must have lived in the home for at least two years.

Transferring to Rental Assistance

- If a participant defaults or is unable to pay on the mortgage loan, the participant will be able to transfer to Section 8 Rental Assistance provided they cooperate with the HRA and the lender to minimize any loss. This includes leaving the unit in good, clean condition.

Assistance Payment

- The participant monthly housing assistance payment will be the lower of (1) the Section 8 payment standard minus the total tenant payment or (2) the monthly homeowner expenses minus the total family contribution. The Olmsted County HRA will annually reexamine the family income and composition and make appropriate adjustments to the amount of the monthly housing assistance payment.
- Homeownership expenses include principal and interest on mortgage debt, refinancing charges or mortgage debt, taxes and other public assessments, insurance, maintenance, major repair expenses and utility allowance. The allowance for maintenance expenses, major repairs and replacements will be \$30 per month.
- Housing assistance payment will be made payable and sent to the participant. If the housing assistance payment is greater than the mortgage payment and tax/insurance escrow payments, the difference will be paid to the participant. The participant has a responsibility to notify the HRA in advance if the mortgage lender changes.
- If a family's income increases to a point where they do not receive a housing payment, eligibility for such payments will continue for 180 calendar days. At the end of a continuous period of 180 days without any assistance payments, eligibility for Section 8 assistance will automatically terminate.

Termination of Homeownership Assistance

- The HRA can terminate homeownership assistance if the participant fails to comply with the Statement of Homeowner Obligations which include:
- Complying with the annual reexamination process.
- Verifying annually that participant is current on the loan.
- Notifying HRA before moving out of the home.
- Passing an annual HQS inspection, if conducted by the HRA.
- Accurately reporting family members and income.
- Delinquent house payments.

Number of Assisted Units

- The HRA will set aside 15 Section 8 Voucher slots for the Section 8 Homeownership Program. Five of these slots will be made available for residents of Public Housing.
- Waiver of modification of home ownership policies
- The HRA has the right to waive or modify any provision of the Section 8 Homeownership Program not governed by regulation for good cause or to comply with changes in HUD regulations or directives.

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

The OCHRA will continue to strive to meet the same goals and objectives of the previous 5-year annual plan

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources. **(OCHRA does not include the down payment requirement of at least 3%).**
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
 - low utilization rate for vouchers due to lack of suitable rental units
 - access to neighborhoods outside of high poverty areas
 - other (describe below:)

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

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: **Rochester, Minnesota.**

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 on its waiting lists 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)

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

6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
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/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. X Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	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	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (Section Appendix K of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

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

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Olmsted County HRA		Grant Type and Number Capital Fund Program: MN46P15150104 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input type="checkbox"/> Original Annual Statement (revision no: 2)		<input type="checkbox"/> Reserve for Disasters/ Emergencies			<input checked="" type="checkbox"/> Revised Annual Statement
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/05		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Revision 1	Revision 2	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25,000	25,000	20,000	20,000
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	163,947	163,947	125,064.33	120,393.69
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				

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

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Olmsted County HRA		Grant Type and Number Capital Fund Program: MN46P15150104 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input type="checkbox"/> Original Annual Statement (revision no: 2)		<input type="checkbox"/> Reserve for Disasters/ Emergencies			<input checked="" type="checkbox"/> Revised Annual Statement
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/05		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	188,947	188,947	145,064.33	140,393.69
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				

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

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Olmsted County HRA		Grant Type and Number Capital Fund Program #: MN46P15150104 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Revision 1	Revision 2	Funds Obligated	Funds Expended	
MN151002	Carpet Abatement	1460	2	22,000	22,000	5,705.50	5,705.50	
MN151002	Mechanical/Boiler	1460	30	0	0			
MN151002	Kitchen/bathroom/floors/roofs/misc	1460	1	0	0			
MN151003	Kitchen/bathroom/floors/roofs/misc	1460	3	4,500	3,000	2,819.41	2,819.41	
MN151003	Mechanical/Boiler	1460	24	0	0			
MN151004	Kitchen/bathroom/floors/roofs/misc	1460	2	7,000	8,500	7,512.05	4,706.08	
MN151004	Mechanical/Boiler	1460	30	0	0			
MN151004	Kitchen cabinets	1460	30	105,000	105,000	84,963.88	84,321.21	
MN151007	Kitchen/bathroom/floors/roofs/misc	1460	2	12,723	913.34	0	0	
MN151007	Rehab Home	1460	1	0	0			
MN151008	Kitchen/bathroom/floors/roofs/misc	1460	2	12,724	24,533.66	24,063.49	22,841.49	
MN151008	Rehab Home	1460	1	0	0			
MN151	Operations	1406	Lump sum	25,000	25,000	20,000	20,000	

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Olmsted County HRA		Grant Type and Number Capital Fund Program #: MN46P15150104 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2004	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Rev. #1	Revised	Actual	Rev. #1	Revised	Actual	
MN151002	9/13/06			9/13/08			
MN151004	9/13/06			9/13/08			
MN151007	9/13/06			9/13/08			
MN151008	9/13/06			9/13/08			
MN151	9/13/06			9/13/08			
MN151003	9/13/06			9/13/08			

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Olmsted County HRA		Grant Type and Number Capital Fund Program: MN46P15150105 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<input checked="" type="checkbox"/> Original Annual Statement (revision no:)		<input type="checkbox"/> Reserve for Disasters/ Emergencies			<input type="checkbox"/> Revised Annual Statement
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:6/30/05		<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	25,000		0	0
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	13,600		0	0
10	1460 Dwelling Structures	141,969		0	0
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				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Olmsted County HRA		Grant Type and Number Capital Fund Program: MN46P15150105 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2005	
<input checked="" type="checkbox"/> Original Annual Statement (revision no:)				<input type="checkbox"/> Reserve for Disasters/ Emergencies		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:6/30/05				<input type="checkbox"/> Revised Annual Statement <input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-19)	180,569		0	0	
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					

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

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Olmsted County HRA			Grant Type and Number Capital Fund Program #: MN46P15150105 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MN151002	Carpet Abatement	1460	2	22,000		0	0	
MN151002	Mechanical/Boiler	1460	30	45,000		0	0	
MN151002	Stripe parking lot	1450	1	400		0	0	
MN151002	Side exposed wood & add gutters	1460	4	35,000		0	0	
MN151002	Replace rotting planters	1450	4	4,000		0	0	
MN151003	Kitchen/bathroom/floors/roofs/misc	1460	3	4,500		0	0	
MN151003	Stripe parking lot	1450	1	400		0	0	
MN151004	Kitchen/bathroom/floors/roofs/misc	1460	2	7,000		0	0	
MN151004	Stripe parking lot	1450	1	400		0	0	
MN151004	Patios	1450	14	8,400		0	0	
MN151004	Remove basement windows	1460	14	2,100		0	0	
MN151007	Kitchen/bathroom/floors/roofs/misc	1460	2	13,184		0	0	
MN151008	Kitchen/bathroom/floors/roofs/misc	1460	2	13,185		0	0	
MN151	Operations	1406	Lump sum	25,000		0	0	

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Olmsted County HRA			Grant Type and Number Capital Fund Program #: MN46P15150105 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MN151002	8/17/07			8/17/09			
MN151004	8/17/07			8/17/09			
MN151007	8/17/07			8/17/09			
MN151008	8/17/07			8/17/09			
MN151	8/17/07			8/17/09			
MN151003	8/17/07			8/17/09			

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

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Olmsted County HRA		Grant Type and Number Capital Fund Program: MN46P15150106 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input checked="" type="checkbox"/> Original Annual Statement (revision no:)				<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement	
<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	25,000			
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	78,000			
10	1460 Dwelling Structures	87,500			
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				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Olmsted County HRA		Grant Type and Number Capital Fund Program: MN46P15150106 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2006	
<input checked="" type="checkbox"/> Original Annual Statement (revision no:) <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement					
<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	
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	190,500			
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				

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

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Olmsted County HRA			Grant Type and Number Capital Fund Program #: MN46P15150106 Capital Fund Program Replacement Housing Factor #:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MN151002	Carpet Abatement	1460	2	15,500				
MN151002	Replace window	1450	43	43,000				
MN151003	Kitchen/bathroom/floors/roofs/misc .	1460	3	4,500				
MN151003	Mechanical Boiler	1460	30	36,000				
MN151004	Kitchen/bathroom/floors/roofs/misc .	1460	2	7,000				
MN151004	Side exposed wood & add gutters	1450	4	35,000				
MN151007	Kitchen/bathroom/floors/roofs/misc .	1460	2	12,250				
MN151008	Kitchen/bathroom/floors/roofs/misc .	1460	2	12,250				
MN151	Operations	1406	Lump sum	25,000				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Olmsted County HRA		Grant Type and Number Capital Fund Program #: MN46P15150106 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2006	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MN151002	8/17/08			8/17/10			
MN151004	8/17/08			8/17/10			
MN151007	8/17/08			8/17/10			
MN151008	8/17/08			8/17/10			
MN151	8/17/08			8/17/10			
MN151003	8/17/08			8/17/10			

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name				Original 5-Year Plan Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 3 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 4 FFY Grant: 2009 PHA FY: 2009	Work Statement for Year 5 FFY Grant: 2010 PHA FY: 2010
MN151	Annual Statement	25,000	25,000	25,000	25,000
MN151002		42,000	28,000	38,600	45,000
MN151003		40,500	29,000	66,000	22,500
MN151004		42,000	74,500	27,800	80,000
MN151007		17,750	14,250	14,000	12,500
MN151008		17,750	14,250	14,000	12,500
CFP Funds Listed for 5-year planning		185,000	185,000	185,400	197,500
Replacement Housing Factor Funds					

