

PHA Plans
Streamlined Annual
Version

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

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief 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: Hocking Metropolitan
Housing Authority

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: Hocking Metropolitan Housing Authority
PHA Number: OH32

PHA Fiscal Year Beginning: (mm/yyyy) 01/01/2006

PHA Programs Administered:

Public Housing and Section 8 **Section 8 Only** **Public Housing Only**
 Number of public housing units: 164 Number of S8 units: Number of public housing units:
 Number of S8 units: 306

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: Craig A. Garrelts Phone: 740 385 3883
 TDD: 740 385 3883 Email (if available):
 office@Hockingmha.org

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)]

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

Form SF-LLL & SF-LLL a, *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? 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:

Hocking Metropolitan Housing will be using the mixed finance develop strategy in conjunction with the Capital Grant Forward Financing Program to develop 72 apartments. 15 of those apartments will be new public housing units. The CFFP program was approved in November 2004. The mixed financing application has been approved. Evidentiary materials are currently under review.

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?

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:

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

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

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

- 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.
- 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):
HMHA has operating a homeownership program since 1998. It added the Section 8 Homeownership option when it became available in 2000. To date HMHA has closed 8 transactions in Hocking county and 4 transactions in Athens County.

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: (provide name here)
Hocking County is under the jurisdiction of the State of Ohio.
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
HMHA Main Office	<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
HMHA Main Office	<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
HMHA Main Office	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
HMHA Main Office	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
PHA Main Office	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
HMHA Main Office	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
HMHA Main Office and site office	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
N/A	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
HMHA Main Office	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
HMHA Main Office	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
HMHA Main Office	Public housing rent determination policies, including the method for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
HMHA main office and site office	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	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
HMHA Main office	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
HMHA Main Office	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
HMHA Main Office	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
HMHA Main Office	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
HMHA Main Office	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
HMHA Main Office	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
HMHA Main Office	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
HMHA Main Office	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
HMHA main office and site office	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
HMHA Main office	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
HMHA Main Office	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public	Annual Plan: Community

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	housing.	Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
HMHA Main Office and site office	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
HMHA Main Office	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)
N/A	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 Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-04 Replacement Housing Factor Grant No:		Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/05 <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				
3	1408 Management Improvements				
4 PHA Wide	1410 Administration	13506	20000	17200	
5	1411 Audit				
6	1415 Liquidated Damages				
7 OH32 ool and New Project	1430 Fees and Costs	21000	81000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10 OH 32 001	1460 Dwelling Structures	137285	21024		
11 OH 32 001	1465.1 Dwelling Equipment—Nonexpendable	28400	27200	27200	27200
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		100,000		
19 New Project	9000 Collaterization or Debt Service	51915	2882		
20	1502Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	252106	252106		
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				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
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<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/05 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-04 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Implementation of modernization activities	1410		13506	20000	20000		
PHA Wide	A/E Services to plan for the replacement of tubs and surrounds in project 32-01	1430		21000	21000			

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

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-04 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	A/E Services for the inspection of the new mixed financed project	1430		0	40000			
OH32 001	Replace tub surrounds and fixtures	1460	63	137285	21024			
OH32-001	Replace Refrigerators	1465.1	71	28400	27200	27200		
New Project	Debt Service for CFFP	9000			2882			
New Project	Legal Service to complete mixed finance documents	1430		0	20000			
New Project	Construction of 15 new apartments	1499	15		100,000			

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-04 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule								
PHA Name: Hocking Metropolitan Housing Authority		Grant Type and Number Capital Fund Program No: 501-04 Replacement Housing Factor No:					Federal FY of Grant: 2004	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
PHA Wide	9/1/2006			9/1/2008				
OH 32 001	9/1/2006			8/1/2008				
New Project	9/1/2006			9/1/2008				

8. Capital Fund Program Five Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 501-07 PHA FY: FY 2008	Work Statement for Year 3 FFY Grant: 501-08 PHA FY: 2009	Work Statement for Year 4 FFY Grant: 501-09 PHA FY: 2010	Work Statement for Year 5 FFY Grant: 501-10 PHA FY: 2011
OH 32 001	Annual Statement	No activity this project	No activity this project	1460 Upgrade and Rebuild elevator	1460 Re-sleeve and purchase new Heat Pumps
OH 32-2		No Activity	No activity this period	No activity	1465 Purchase 48 new stoves
New Project		9000 Debt Service	9000 Debt Service	9000 Debt Service	9000 Debt service
New Project		1406 operation and maintenance	1406 operation and maintenance	1406 operation and maintenance	1406 operations and maintenance
PHA Wide		1470 Phase two of new administration building	1470 Phase three of new administration building	1470 Phase Four of new administration building	
PHA Wide		1410 Administration of Capital Grant	1410 Administration of Capital Grant	1410 Administration of Capital Grant	1410 Administration of Capital Grant
				1430 A/E Fees for Elevator Upgrade for Project OH32001	1430 A/E services for re-sleeving building

8. Capital Fund Program Five Year Action Plan

CFP Funds Listed for 5-year planning	N/A				
Replacement Housing Factor Funds	N/A				

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2007 PHA FY: 2008			Activities for Year: <u>3</u> FFY Grant: 2008 PHA FY: 2009		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	PHA Wide	1470	117246	PHA Wide	1406	25000
Annual	PHA Wide	1410	18307	PHA Wide	1410	27000
Statement	CFFP	9000	83376	PHA wide	1470	108553
	New Project	1406	25000	CFFP	9000	83376

8. Capital Fund Program Five Year Action Plan

Total CFP Estimated Cost			\$243929		\$243929

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

Activities for Year : <u>4</u> FFY Grant: 2009 PHA FY: 2010			Activities for Year: <u>5</u> FFY Grant: 2009 PHA FY: 2010		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA Wide	1470	23553	PHA Wide	1406	25000
CFFP	9000	83376	PHA wide	1410	24000
New Project	1406	25000	OH032-01	1430	11000
PHA Wide	1410	24000	OH032-01	1460	82000
OH3201	1430	10000	OH 32-02	1465	18553
OH 3201	1460	78000	CFFP	9000	83376
Total CFP Estimated Cost		\$ 243949			\$243949

8. Capital Fund Program Five Year Action Plan

Annual Statement for Capital Grant 501-05

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-05 Replacement Housing Factor Grant No:		Federal FY of Grant:
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/05 <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	10744			
3	1408 Management Improvements				
4 PHA Wide	1410 Administration	22882			
5	1411 Audit				
6	1415 Liquidated Damages				
7 OH32 oo1 and New Project	1430 Fees and Costs	15000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10 OH 32 001	1460 Dwelling Structures	95609			
11 OH 32 001	1465.1 Dwelling Equipment—Nonexpendable	19200			
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 New Project	9000 Collateralization or Debt Service	80494			
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	243929			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504				

8. Capital Fund Program Five Year Action Plan

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-05 Replacement Housing Factor Grant No:		Federal FY of Grant:
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/05 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number	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	
PHA Wide	Maintenance and operations of additional public housing units	1406		10744				

8. Capital Fund Program Five Year Action Plan

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Administration and implementation of Capital Grant Program	1410		22885				
PHA Wide	Legal Fees to complete CFFP process	1430		15000				
OH32 001	Replace tub surrounds and fixtures	1460	71	95609				
OH32-002	Replace Refrigerators family project	1465.1	48	19200				
New Project	Debt Service for CFFP	9000		80494				

8. Capital Fund Program Five Year Action Plan

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

PHA Name: Hocking Metropolitan Housing Authority		Grant Type and Number Capital Fund Program No: 501-05 Replacement Housing Factor No:					Federal FY of Grant: 2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	9/1/2007			9/1/2009			
OH 32 002	9/1/2007			8/1/2009			
New Project	9/1/2007			9/1/2009			

8. Capital Fund Program Five Year Action Plan

Annual Statement for Capital Grant 501-06

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-06 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/06 <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	25000			
3	1408 Management Improvements				
4 PHA Wide	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7 OH32 oo1 and New Project	1430 Fees and Costs	30000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10 OH 32 001	1460 Dwelling Structures				
11 OH 32 001	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	105553			
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 New Project	9000 Collateralization or Debt Service	83376			
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	243929			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504				

8. Capital Fund Program Five Year Action Plan

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-06 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/06 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-06 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	
PHA Wide	Maintenance and operations of additional public housing units	1406		25000				
PHA Wide								

8. Capital Fund Program Five Year Action Plan

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-06 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	
PHA Wide	A/E fees to design new administration building	1430		30000				
	New administration Building Phase I	1470		105553				
New Project	Debt Service for CFFP	9000		83376				

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part III: Implementation Schedule								
PHA Name: Hocking Metropolitan Housing Authority			Grant Type and Number Capital Fund Program No: 501-6 Replacement Housing Factor No:			Federal FY of Grant: 2006		

8. Capital Fund Program Five Year Action Plan

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	9/1/2007			9/1/2010			
New Project	9/1/2007			9/1/2010			

**Annual Statement /
Performance and Evaluation Report**
Part I: Summary
Capital Funds Program (CFP)

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name		Capital Funds Project Number		FFY of Approval	
Hocking Metropolitan Housing Authority		CFFP Financing Proceeds		2005	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number # <input type="checkbox"/> Performance and Evaluation Report for Program Year Ending----- <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original Revision #	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	\$0	\$0	\$0	\$0
3	1408 Management Improvements (May not exceed 20% of line 20)	\$0	\$0	\$0	\$0
4	1410 Administration (May not exceed 10% of line 20)	\$0	\$0	\$0	\$0
5	1411 Audit	\$0	\$0	\$0	\$0
6	1415 Liquidated Damages	\$0	\$0	\$0	\$0
7	1430 Fees and Costs	\$0	\$0	\$0	\$0
8	1440 Site Acquisition	\$0	\$0	\$0	\$0
9	1450 Site Improvement	\$0	\$0	\$0	\$0
10	1460 Dwelling Structures	\$0	\$0	\$0	\$0
11	1465.1 Dwelling Equipment - Nonexpendable	\$0	\$0	\$0	\$0
12	1470 Nondwelling Structures	\$0	\$0	\$0	\$0
13	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0
14	1485 Demolition	\$0	\$0	\$0	\$0
15	1490 Replacement Reserve	\$0	\$0	\$0	\$0
16	1492 Moving to Work Demonstration	\$0	\$0	\$0	\$0
17	1495.1 Relocation Costs	\$0	\$0	\$0	\$0
18	1499 Mod Used for Development Activities	\$1,000,000	\$0	\$1,000,000	\$0
19	1502 Contingency (may not exceed 8% of line 20)	\$0	\$0	\$0	\$0
20	Amount of CFFP Proceeds (Sum of lines 2 - 19)	\$1,000,000.00	\$0.00	\$1,000,000.00	\$0.00
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				
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.		(2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date Craig Garrelts		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: Proposed Loan Funds

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	1406 Operations	1406		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1408 Management Improvements	1408		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1410 Administration	1410		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1411 Audits	1411		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1415 Liquidated Damages	1415		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1430 Fees and Cost	1430						
	CLERK OF WORKS				\$0.00	\$0.00	\$0.00	
	A & E Fees				\$0.00	\$0.00	\$0.00	
	Total 1430			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1440 SITE ACQUISITION	1440			\$0.00	\$0.00	\$0.00	
PHA Wide	1490 REPLACEMENT RESERVE	1490		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1499 MOD USED FOR DEVELOPMENT construction of 15 public housing units	1499		\$0.00	\$0.00	\$0.00	\$0.00	
				\$1,000,000.00		\$1,000,000.00		
	SUBTOTAL			\$1,000,000	\$0	\$1,000,000	\$0	
FL29P016-001	Development #1							
	1450 Site Improvements	1450		\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460				0.00		
	Construction of 15 Public Housing units					0.00		
	Total 1460			\$0.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465		\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470		\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: Proposed Loan Funds

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	1475 Non-Dwelling Equipment	1475		\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for Pine Ridge			\$1,000,000.00	\$0.00	\$1,000,000.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part III: Implementation Schedule
Capital Fund Program: Proposed Loan Funds

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

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

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Pine Ridge Development	09/16/05			09/16/07			

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Craig Garrelts

Signature of Public Housing Director/Office of Native American Programs Administrator and Date