PHA Plans

Streamlined Annual Version

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

OMB No. 2577-0226
(exp. 08/31/2009)

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: 2007 PHA Name: Housing Authority of Henry County

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: Housing Auth. of Henry Co. **PHA Number:** IL09

PHA Fiscal Year Beginning: (mm/yyyy) 04/2007

PHA Programs Administered:

☒**Public Housing and Section 8**
Number of public housing units: 454
Number of S8 units: 176

☐**Section 8 Only**
Number of S8 units:

☐**Public Housing Only**
Number of public housing units:

☐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: Kathleen A. Barton, Exec. Dir.
TDD:
Phone: (309) 852-2801
Email: kbarton@henrycountyhousing.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)
All resident Advisory Board
Presidents receive a copy of Plan

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 2007
[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.

A. PHA PLAN COMPONENTS

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903.7(b)(2) Policies on Eligibility, Selection, and Admissions
☒ 2. Capital Improvement Needs **Page 5**
903.7(g) Statement of Capital Improvements Needed
☐ 3. Section 8(y) Homeownership
903.7(k)(1)(i) Statement of Homeownership Programs
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☐ 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan. **Page 8**
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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-LLLa, *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**
Hollis House 9-7HH, Kewanee	04/2005	16		
Washington 9-4, Kewanee	04/2005	3		

2. What is the number of site based waiting list developments to which families may apply at one time? Families with children – one (1)list
   Elderly/disabled – all waiting lists

3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? 3

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? 5

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? 2
3. ☒ Yes ☐ No: May families be on more than one list simultaneously
   If yes, how many lists? Families with children – one (1) list
   Elderly/disabled – 5 waiting 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: ☐ Revitalization Plan under development ☐ Revitalization Plan submitted, pending approval ☐ Revitalization Plan approved ☐ 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: Hotel renovation – tax credit project – Parkside Apartments

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):

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): 10 – Kewanee, Illinois

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: (State of Illinois Consolidated Plan)

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	*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*;	5 Year and Annual Plans
X	*PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan*	Streamlined Annual Plans
X	*Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan*.	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
	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. ☐ 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. ☒ 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**
X	Schedule of flat rents offered at each public housing development. ☒ 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. ☒ 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
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
X	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 ☐ Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☒ Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. ☒ 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
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
X	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
n/a	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
n/a	Policies governing any Section 8 Homeownership program (Section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs ☒ Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	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	Annual Plan: Community

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	grant) grant program reports for public housing.	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). ☒ 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
n/a	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 Only: 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: Housing Authority of Henry County	Grant Type and Number Capital Fund Program Grant No: ILl06P00950107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

☒ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0			
3	1408 Management Improvements	93,000.00			
4	1410 Administration	80,000.00			
5	1411 Audit	1,000.00			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	50,000.00			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	49,110.00			
10	1460 Dwelling Structures	440,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00			
12	1470 Nondwelling Structures	8,000.00			
13	1475 Nondwelling Equipment	50,000.00			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	1,000.00			
18	1499 Development Activities	0			
19	1501 Collaterization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	782,110.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	40,000.00			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

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: Housing Authority of Henry County		**Grant Type and Number** Capital Fund Program Grant No: ILl06P00950107 Replacement Housing Factor Grant No:			**Federal FY of Grant: 2007**
☒**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:)** ☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**					
Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
	Measures				

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: **Housing Authority of Henry County**		**Grant Type and Number** Capital Fund Program Grant No: ILl06P00950107 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Part-time police	1408		40,000.00				
HA-Wide	Resident Service Coord.	1408	1	40,000.00				
HA-Wide	Summer Camp Asst.	1408	1	10,000.00				
HA-Wide	Training	1408		1,000.00				
HA-Wide	Consultant	1408		1,000.00				
HA-Wide	Software	1408		1,000.00				
	Total 1408			**93,000.00**				
HA- Wide	Adm. Salaries	1410		78,000.00				
HA-Wide	Sundry	1410		1,000.00				
HA-Wide	Insurance	1410		1,000.00				
	Total 1410			**80,000.00**				
HA-Wide	Audit	1411		1,000.00				
	Total 1411			**1,000.00**				
HA-Wide	A&E Services	1430		57,000.00				
HA-Wide	LBP/Asbestos Testing	1430		5,000.00				
	Total 1430			**62,000.00**				
HA-Wide	Landscaping	1450		5,000.00				
IL 9-6 Maple	Add Parking Spaces	1450	10	30,000.00				

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: **Housing Authority of Henry County**		**Grant Type and Number** Capital Fund Program Grant No: ILl06P00950107 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Concrete Repair	1450		14,110.00				
	Total 1450			**49,110.00**				
IL 9-7 Hollis	Add Elevator	1460	1	250,000.00				
IL 9-7 Hollis	Mod. Elevator & Alarm	1460	1	60,000.00				
IL 9-1 Fair.	Replace Roofs	1460	10	120,000.00				
IL 9-1 Fair.	Replace Roof	1460	1	10,000.00				
	Total 1460			**440,000.00**				
HA-Wide	Appliances	1465	22	10,000.00				
	Total 1465			**10,000.00**				
IL 9-1 Fair	Storage Building	1470		8,000.00				
	Total 1470			**8,000.00**				
HA-Wide	Vehicle	1475	1	25,000.00				
HA-Wide	Computer Hardware	1475		5,000.00				
HA-Wide	Mower	1475	1	20,000.00				
	Total 1475			**50,000.00**				
HA-Wide	Relocation	1495		1,000.00				
	Total 1495			**1,000.00**				

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

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan **Part I: Summary**					
PHA Name **Housing Authority of Henry County**				☒**Original 5-Year Plan** ☐**Revision No:**	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2008 PHA FY:	Work Statement for Year 3 FFY Grant: 2009 PHA FY:	Work Statement for Year 4 FFY Grant:2010 PHA FY:	Work Statement for Year 5 FFY Grant: 2011 PHA FY:
	Annual Statement				
IL 9-1 Fairview		50,000.00			
IL 9-2 Fairview		0			
IL 9-4 Wash.		100,000.00	325,000.00	75,000.00	10,000.00
IL 9-5 Lincoln		100,000.00	225,000.00	50,000.00	10,000.00
IL 9-6 Maple City		100,000.00	265,000.00	50,000.00	10,000.00
IL 9-7 Hollis		100,000.00		325,000.00	10,000.00
IL 9-7 Lakeland		0			470,000.00
CFP Funds Listed for 5-year planning		450,000.00	815,000.00	500,000.00	510,000.00
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year :__2__ FFY Grant: PHA FY:			Activities for Year: _3__ FFY Grant: PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	Washington IL 9-4	Generator	75,000.00	Washington IL 9-4	Kitchens	225,000.00
Annual	Washington IL 9-4	Re-Lamp for energy	25,000.00	Washington IL 9-4	sewer/waterlines	100,000.00
Statement	Lincoln IL 9-5	Generator	75,000.00	Lincoln IL 9-5	Kitchens	150,000.00
	Lincoln IL 9-5	Re-Lamp for energy	25,000.00	Lincoln IL 9-5	sewer/waterlines	75,000.00
	Maple City IL 9-6	Generator	75,000.00	Maple City IL 9-6	Kitchens	190,000.00
	Maple City IL 9-6	Re-Lamp for energy	25,000.00	Maple City IL 9-6	sewer/waterlines	75,000.00
	Hollis House IL 9-7	Generator	75,000.00			
	Hollis House IL 9-7	Re-Lamp for energy	25,000.00			
	Fairview IL 9-1	Generator	50,000.00			
Total CFP Estimated Cost			$450,0000.00			$815,000.00

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities					
Activities for Year :__4__ FFY Grant: PHA FY:			Activities for Year: _5__ FFY Grant: PHA FY:		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
Hollis House IL 9-7	Kitchens	150,000.00	Lakeland IL 9-7	Mod. 45 apts	450,000.00
Hollis House IL 9-7	Sewer / Waterlines	75,000.00	Lakeland IL 9-7	Security Lights	20,000.00
Hollis House IL 9-7	Roof	50,000.00	Hollis House IL 9-7	Security Lights	10,000.00
Hollis House IL 9-7	Fire Sprinkler	50,000.00	Washington IL 9-4	Security Lights	10,000.00
Washington IL 9-4	Fire Sprinkler	75,000.00	Lincoln IL 9-5	Security Lights	10,000.00
Lincoln IL 9-5	Fire Sprinkler	50,000.00	Maple City IL 9-6	Security Lights	10,000.00
Maple City IL 9-6	Fire Sprinkler	50,000.00			
Total CFP Estimated Cost		$500,000.00			$510,000.00

Component 3, (6) Deconcentration and Income Mixing

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

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

If yes, list these developments as follows:

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

Attachment - B

Formation of Resident Advisory Board

The Housing Authority of Henry County's Resident Advisory Board, which meets monthly throughout the year, consists of the Tenant Council Presidents for each of the HAHC's developments. This group includes the Presidents, Vice-Presidents, Housing Authority staff members as needed, and the Executive Director. In addition to this group information on the Annual Plan and its process is made available at regularly scheduled Tenant Council meetings to ensure adequate potential for input from residents.

The Tenant Council President group was originally formed in 1996 in order to ensure direct communication between the Executive Director and the residents and is held at the HAHC administrative offices. Meetings consist of general discussion about issues at each development, a review of changes in regulations, review and update of the Annual Plan, review of the Capital Fund Program and other issues as needed.

Members of the Resident Advisory Board 2007 – 2008

Fairview/Lakeland Terrace Apartments	Bonnie Peterson
Hollis House	Peggy Simmons
Lincoln House	Robert Galbreath
Maple City Apartments	Donna Hart
Washington Apartments	Marilyn May

*The resident advisory board is also open to any members wishing to participate

Resident Member of the Board of Commissioners

Lincoln House	Dorothy McCollam

Attachment - C

Carbon Monoxide Alarm Detector Act
Implementation Date of January 1, 2007

The Housing Authority of Henry County will be in compliance with the Carbon Monoxide Alarm Detector Act by January 1, 2007.

The Housing Authority's Plan to implement this requirement is as follows:

The Housing Authority has purchased Carbon Monoxide Alarm Detectors for all 454 Housing Authority Public Housing units. Maintenance has been properly installing the detectors in all units and will complete the installation process before the January 1, 2007 deadline.

Maintenance will also check the detectors to ensure they are working properly and replace any they may find defective. Maintenance will check detectors during our annual housing inspection and prior to any new move-ins.

During residency, maintaining the detector will be up to the residents to check to ensure they are working. They are to report to the housing authority by work order if they find the detector not operating or testing correctly.

Maintaining the Carbon Monoxide Detector is discussed and demonstrated at all new tenant orientation meetings. We also have instructions for maintaining and testing of the detectors posted in our Tenant Handbooks which are updated annually or as needed. There they will find our office phone number to call if they find the detector to be inoperable.

There are also instructions regarding what to do if the alarm goes off which includes instructions to get out of the apartment or open the windows and doors and to call the fire department. We have listed the appropriate phone number to the fire department for each community for which they reside in.

Attachment - D

Violence Against Women Act Report

The Housing Authority of Henry County provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

We partner with the Freedom House of Princeton, IL – They provide service for Domestic Violence, Sexual Assault Services, Public Education, and they provide temporary housing for women and children who have been affected by domestic and sexual violence.

The Housing Authority of Henry County provides or offers the following activities, services, or programs that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

We are an active member of Henry County Violence Prevention Council. We also partner with Freedom House, Child Advocacy Center and Catholic Charities which all provide family counseling and intervention services.

The Housing Authority of Henry County provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

We have partnered with the Child Advocacy Center. Our own Housing Authority Resident Initiative person along with our Housing Authority police officer teach Bully Awareness to our younger residents. Our Resident Police provides assistance and pamphlets to residents regarding Domestic Violence and Safety Planning.

***** We have also added a provision to our Lease, ACOP and our Section 8 Admin Plan in accordance with the Violence Against Women and Department of Justice Reauthorization Act of 2005.

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R009501-01	Federal FY of Grant: 2001

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 6/06** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	36,107.00		0.00	0.00
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
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				

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R009501-01	Federal FY of Grant: 2001

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 6/06 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY		**Grant Type and Number** Capital Fund Program Grant No: IL06P00950103 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE		1499		36,107.00		0.00	0.00	

PHA Name:HOUSING AUTHORITY OF HENRY COUNTY				**Grant Type and Number** Capital Fund Program No: IL06P00950103 Replacement Housing Factor No:			**Federal FY of Grant:** 2001
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	
HA-WIDE	09-16-2005			09-16-2007			
9-2 Fairview	09-16-2005			09-16-2007			

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R009501-02	Federal FY of Grant: 2002

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 6/06 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	36,088.00		0.00	0.00
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	36,088.00			
22	Amount of line 21 Related to LBP Activities				

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R009501-02	Federal FY of Grant: 2002

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 6/06 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY		**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R009501-02				**Federal FY of Grant:** 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE		1499		36,088.00		0.00	0.00	

PHA Name:HOUSING AUTHORITY OF HENRY COUNTY				**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No: IL06R009501-02			**Federal FY of Grant:** 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	02-27-2006			02-27-2008			

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R009501-03	Federal FY of Grant: 2003

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 6/06 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	28,018.00		0.00	0.00
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	28,018.00			
22	Amount of line 21 Related to LBP Activities				

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R009501-03	Federal FY of Grant: 2003

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 6/06 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY		**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R009501-03				**Federal FY of Grant:** 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE		1499		28,018.00		0.00	0.00	

PHA Name:HOUSING AUTHORITY OF HENRY COUNTY				**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No: IL06R009501-03			**Federal FY of Grant:** 2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	02-27-2006			02-27-2008			

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R009501-04	Federal FY of Grant: 2004

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 6/06 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	34,388.00		0.00	0.00
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	34,388.00			

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R009501-04	Federal FY of Grant: 2004

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 6/06 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY		**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R009501-04				**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	
HA-WIDE		1499		34,388.00		0.00	0.00	

PHA Name:HOUSING AUTHORITY OF HENRY COUNTY				**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No: IL06R009501-04			**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	
HA-WIDE	09-13-2006			09-13-2008			

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY	Grant Type and Number Capital Fund Program Grant No: IL06P00950104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 06/06 ☐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	76,282.00		63,030.72	63,030.72
4	1410 Administration	79,000.00		65,973.39	65,973.39
5	1411 Audit	5,000.00		795.29	795.29
6	1415 Liquidated Damages				
7	1430 Fees and Costs	65,000.00		53,926.60	53,926.60
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000.00		0.00	0.00
10	1460 Dwelling Structures	590,000.00		196,224.18	196,224.18
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00		0.00	0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	30,000.00		0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	10,000.00		20.60	20.60
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	30,746.00		0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	911,028.00		379,970.78	379,970.78

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY	Grant Type and Number Capital Fund Program Grant No: IL06P00950104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 06/06 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY		**Grant Type and Number** Capital Fund Program Grant No: IL06P00950103 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	PART-TIME POLICE	1408		36,000.00			25,221.07	
HA-WIDE	RESIDENT SERV. COORDINATOR	1408	1	25,282.00			37,089.65	
HA-WIDE	UPGRADE SECURITY CAMERAS	1408		10,000.00			0.00	
HA-WIDE	SOFTWARE	1408		5,000.00			0.00	
HA-WIDE	ADMINISTRATIVE SALARIES	1410		74,000.00			63,292.79	
HA-WIDE	SUNDRY	1410		5,000.00			2,680.60	
HA-WIDE	AUDIT	1411		5,000.00			795.29	
HA-WIDE	A & E FEES	1430		55,000.00			53,926.60	
HA-WIDE	LBP TESTING	1430		10,000.00			0.00	
HA-WIDE	CONCRETE REPAIR	1430		10,000.00			0.00	
HA-WIDE	LANDSCAPING	1450		5,000.00			0.00	
IL 9-2 Fairview	RENOVATE INTERIOR	1460		540,000.00			187,200.80	
IL 9-7 HOLLIS	CARPETING	1460		20,000.00			0.00	
IL 9-1 ADM.	SECURITY DOORS	1460		10,000.00	0.00		0.00	DELETE
IL 9-5 LINCOLN	AIR CONDITION HALLS	1460		20,000.00			0.00	
IL 9-1FAIRVIEW	ASBESTOS ABATEMENT	1460		0.00	10,000.00		9,023.38	COMPLETE
HA-WIDE	APPLIANCES	1465		10,000.00			0.00	
HA-WIDE	COMPUTER HARDWARE	1475		10,000.00			0.00	
IL 9-1 IL 9-2	REPLACE MOWER	1475		20,000.00			0.00	
HA-WIDE	RELOCATION	1495		10,000.00			20.60	
HA-WIDE	CONTINGENCY	1502		30,746.00			0.00	

PHA Name:HOUSING AUTHORITY OF HENRY COUNTY				**Grant Type and Number** Capital Fund Program No: IL06P00950103 Replacement Housing Factor No:			**Federal FY of Grant:** 2001
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	
HA-WIDE	09-16-2006		09-05-06	09-16-2008			
IL 9-1 FAIRVIEW	09-16-2006		09-05-06	09-16-2008			
IL 9-2 FAIRVIEW	09-16-2006		09-05-06	09-16-2008			

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY	Grant Type and Number Capital Fund Program Grant No: IL06P00950105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 6/05 ☐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	80,000.00			
4	1410 Administration	94,975.00			
5	1411 Audit	5,000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	70,000.00		5,016.60	5,016.60
8	1440 Site Acquisition				
9	1450 Site Improvement	32,658.00			
10	1460 Dwelling Structures	570,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	5000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	5,000.00			
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	872,663.00		5,016.60	5,016.60

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY		Grant Type and Number Capital Fund Program Grant No: IL06P00950105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
22	Amount of line 21 Related to LBP Activities	5,000.00			
23	Amount of line 21 Related to Section 504 compliance	10,000.00			
24	Amount of line 21 Related to Security – Soft Costs	30,000.00			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	60,000.00			

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

PHA Name: HOUSING AUTHORITY OF hENRY COUNTY		**Grant Type and Number** Capital Fund Program Grant No: IL06P00950102 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	PART-TIME POLICE	1408		30,000.00				
HA-WIDE	RESIDENT SERV. COORDINATOR	1408	1	25,000.00				
HA-WIDE	SUMMER CAMP ASSISTANT	1408		5,000.00				
HA-WIDE	TRAINING	1408		5,000.00				
HA-WIDE	CONSULTANT	1408		5,000.00				
HA-WIDE	SOFT WARE	1408		5,000.00				
HA-WIDE	HOMEOWNERSHIP	1408		5,000.00				
HA-WIDE	ADMINISTRATIVE SALARIES	1410		89,000.00				
HA-WIDE	SUNDRY	1410		5,975.00				
HA-WIDE	AUDIT	1411		5,000.00				
HA-WIDE	A & E SERVICES	1430		60,000.00				
HA-WIDE	LBP/ ASBESTOS TESTING	1430		5,000.00				
HA-WIDE	ENERGY AUDIT	1430		5,000.00				
IL 9-7 HOLLIS	NEW SEWER	1450		20,000.00				
HA-WIDE	LANDSCAPING	1450		5,000.00				
IL 9-4 WASH	FENCING	1450		7,688.00				
IL 9-2	RENOVATE INTERIOR/EXTERIOR	1460		560,000.00				
IL 9-6 MAPLE	SOLID CORE DOORS	1460		10,000.00				

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY		Grant Type and Number Capital Fund Program Grant No: IL06P00950102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	APPLIANCES	1465		10,000.00				
HA-WIDE	COMPUTER HARDWARE	1475		5,000.00				
IL 9-2 FAIR	RELOCATION	1495		5,000.00				

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

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

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY		**Grant Type and Number** Capital Fund Program Grant No: IL06P00950102 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

PHA Name: HOUSING AUTHORITY OF HENRY COUNTY				**Grant Type and Number** Capital Fund Program No: IL06P00950102 Replacement Housing Factor No:			**Federal FY of Grant:** 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	05-30-2004			05-30-2006			
IL 9-1 & 9-2	05-30-2004			05-30-2006			
IL 9-4	05-30-2004			05-30-2006			