

Macoupin County Housing Authority IL047

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

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2007

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

**PHA Plan
Agency Identification**

PHA Name: Macoupin County Housing Authority **PHA Number:** IL047
PHA Fiscal Year Beginning: (mm/yyyy) 10/2007

PHA Programs Administered:

Public Housing and Section 8 **Section 8 Only** **Public Housing Only**
 Number of public housing units: Number of S8 units: Number of public housing units: 362
 Number of S8 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:				

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

- Main business office of the PHA

Macoupin County Housing Authority IL047

- PHA development management offices
- Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2009

[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

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

The PHA's mission is: (state mission here)

Our goal is to provide drug free, decent, safe and sanitary housing for eligible families and to provide opportunities and promote self-sufficiency and economic independence for residents.

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities: Develop and implement homeownership program using state Bond Cap funds and pursue funding sources for developing additional rental housing that is affordable to low-income families.
 - Acquire or build units or developments. Demolish and replace IL047-05 over the next five to ten years
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score). Maintain high performer status

Macoupin County Housing Authority IL047

- Improve voucher management: (SEMAP score)
- Increase customer satisfaction:
- Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units: Use CFP funds (See annual and five year plans)
- Demolish or dispose of obsolete public housing: Demolish and replace IL047-05 over the next ten years
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below) Add amenities and improve curb appeal for improved quality of life and marketability of units.

- PHA Goal: Increase assisted housing choices
Objectives:
 - Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs: Develop and implement homeownership program using state Bond Cap funds
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers: In conjunction with the demolition and replacement of IL047-05 over the next ten years
 - Other: (list below) Pursue funding for additional rental and homeownership units that are affordable to low-income families.

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

- PHA Goal: Provide an improved living environment
Objectives:
 - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - Implement public housing security improvements:
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - Other: (list below)

Pursue ROSS and other grants; develop and implement FSS Action Plan; obtain grants to fund a public housing FSS Coordinator; and develop and implement homeownership program.

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

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

Objectives:

- Increase the number and percentage of employed persons in assisted families: The Authority has a Public Housing FSS program and one of the program's goals is to add ten to twelve participants to the program each year. Action plans are then custom developed for each FSS program participant which usually involves assistance with job training and placement. The Authority will work closely with TANF and the Illinois Valley Economic Development Corporation to provide job training and placement.
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)
 - Manage new independent living with services for the elderly
 - Pursue ROSS and other grants
 - Expand newly implemented public housing FSS Program
 - Establish escrow accounts for FSS program participants
 - Pursue funding for public housing FSS Coordinator
 - Develop and implement homeownership program

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below) Provide training for current residents and applicants

Other PHA Goals and Objectives: (list below)

Pursue alternative funding sources

**Annual PHA Plan
PHA Fiscal Year 2007**

[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan Financially Troubled Component which is currently being appealed

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

The Authority is on schedule with its FY2006 annual plan and its FY2005-2009 five-year plan.

For FY 2007 the Authority plans to achieve high PHAS performer status and pursue additional affordable rental and homeownership housing opportunities for low-income families. The Authority may pursue state bond cap, HOME, CDBG, tax credits, trust funds, conventional loans and other available financing sources to develop additional rental and homeownership housing that is affordable to low-income families.

During FY 2007 the Authority will develop and implement a \$1,500,000 state bond cap funded homeownership program with technical assistance from the Illinois Housing Development Authority.

During FY2006 the Authority completed the construction and started leasing a 46 unit independent living with services facility known as The Village at Morse Farm. During FY2007 the Authority will administer the facility.

During FY2007 the Authority may submit to HUD for approval, a public housing FSS Action Plan that incorporates plan participant escrow plans. Once approved, the Authority will implement the escrow accounts.

The Authority plans to develop and submit public housing FSS Coordinator and homeownership grants during 2007 and implement funded grants in 2008. The Authority is a HUD Certified Housing Counselor and currently has a Public Housing FSS Coordinator grant.

Each year the Authority reviews all its policies and procedures. This year changes are made in the Pet, ACOP, Lease, Personnel and Rec-Hall policies. The ACOP has been revised to include the provision that a resident or applicant that is or has been a victim of domestic violence, dating violence, or stalking will not be denied housing or admission to housing if the resident or

Macoupin County Housing Authority IL047

applicant is otherwise qualified for housing assistance or admission. Copies of the updated documents are available for review at the Authority’s central office.

During 2006 the Authority installed carbon monoxide detectors and alarms in all its public housing units.

The Authority is on schedule with all open CFP programs and its five-year CFP program

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

Table of Contents

	<u>Page #</u>
Annual Plan	
i. Executive Summary	1
ii. Table of Contents	
1. Housing Needs	6
2. Financial Resources	11
3. Policies on Eligibility, Selection and Admissions	12
4. Rent Determination Policies	20
5. Operations and Management Policies	24
6. Grievance Procedures	25
7. Capital Improvement Needs	26
8. Demolition and Disposition	28
9. Designation of Housing	29
10. Conversions of Public Housing	30
11. Homeownership	31
12. Community Service Programs	33
13. Crime and Safety	35
14. Pets (Inactive for January 1 PHAs)	37
15. Civil Rights Certifications (included with PHA Plan Certifications)	37
16. Audit	37
17. Asset Management	38
18. Other Information	38

Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment’s name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- Admissions Policy for Deconcentration Attachment A: Deconcentration il047a02
- FY 2005 Capital Fund Program Annual Statement Attachment B: il047b02

Macoupin County Housing Authority IL047

- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) Attachment C: il047c02
- List of Resident Advisory Board Members Attachment D: il047d02
- List of Resident Board Member Attachment E: il047e02
- Community Service Description of Implementation Attachment F: il047f02 (Currently only two families must provide Community service)
- Information on Pet Policy Attachment G: il047g02
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

Optional Attachments:

- PHA Management Organizational Chart: Attachment L: il047l02
- FY 2005 Capital Fund Program 5 Year Action Plan Attachment H: il047h02
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
 - Attachment J: Definition of Substantial Deviation il047j02
 - Attachment K: Town Based Waiting List il047k02
 - Attachment P: Capital Fund 04 Cover Letter il047p02
 - Attachment Q: Capital Fund 04 P&E Report il047q02
 - Attachment R: Capital Fund 04 Section 3 Report il047r02
 - Attachment S: Capital Fund 05 Cover Letter il047s02
 - Attachment T: Capital Fund 05 P&E Report il047t02
 - Attachment U: Capital Fund 05 Section 3 Report il047u02
 - Attachment W: Capital Fund 06 Cover Letter il047w02
 - Attachment X: Capital Fund 06 P&E Report il047x02
 - Attachment Y: Capital Fund 06 Section 3 Report il047y02

NOTE: MCHA may analyze demolition of IL047-05 and prepare required forms in 2007 as stated in five year plan, that is why the number of CFP accounts have been expanded

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
	Fair Housing Documentation:	5 Year and Annual Plans

Macoupin County Housing Authority IL047

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

Macoupin County Housing Authority IL047

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	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	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	759	4	3	4	3	3	2
Income >30% but <=50% of AMI	501	3	3	3	3	3	2
Income >50% but <80% of AMI	249	2	2	3	3	3	2
Elderly	60	3	2	2	2	2	2
Families with Disabilities	20	3	4	4	3	4	2
Race/Ethnicity W	1485	3	3	4	3	3	2
Race/Ethnicity B	18	3	3	4	3	3	2
Race/Ethnicity O							
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s State of Illinois
Indicate year: 2006
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1,108		84
Extremely low income <=30% AMI	896	80.87%	
Very low income (>30% but <=50% AMI)	185	16.70%	
Low income (>50% but <80% AMI)	25	2.26%	
Families with children	1,027	92.69%	
Elderly families	81	7.31%	
Families with Disabilities	157	14.17%	
Race/ethnicity W	1,082	97.65%	
Race/ethnicity B	26	2.35%	
Race/ethnicity NH	1,017	91.79%	
Race/ethnicity H	91	8.21%	
Characteristics by Bedroom Size (Public Housing Only)			

Housing Needs of Families on the Waiting List			
1BR	349	31.5%	22
2 BR	464	41.88%	30
3 BR	258	23.29%	27
4 BR	37	3.34%	5
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

See Attachment K il047k01 for waiting list analysis by town.

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

Macoupin County Housing Authority IL047

- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly

- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below) The Authority completed construction of a new 46 unit independent living with services facility for the elderly in 2006 and is currently in the process of initial lease-up

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

Macoupin County Housing Authority IL047

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

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below) Results of Housing Needs Assessment conducted by the Authority in 2004.

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2007 grants)		
a) Public Housing Operating Fund	\$716,625	
b) Public Housing Capital Fund	\$611,070	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	\$19,500	
h) Community Development Block Grant		
i) HOME		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
CFP FY 2004	\$20,750	Modernization
CFP FY 2005	\$416,789	Modernization
CFP FY 2006	\$611,070	Modernization
3. Public Housing Dwelling Rental Income	\$460,343	
Nondwelling rental	\$2,016	Operations
4. Other income (list below)		
Interest on investments	\$6,762	Operations
4. Non-federal sources (list below)		
Total resources	\$2,864,925	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time) When the family makes application and then within 90 days of unit offer.
- Other: (describe)

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

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe) Credit history

- c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe) By the nine towns served by the Authority as previously approved by HUD.

b. Where may interested persons apply for admission to public housing?

- PHA main administrative office
- PHA development site management office
- Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year? 9

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? All nine town 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)?

Macoupin County Housing Authority IL047

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

(3) Assignment

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

(4) Admissions Preferences

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

Macoupin County Housing Authority IL047

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs

Macoupin County Housing Authority IL047

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

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

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list)

(6) Deconcentration and Income Mixing (See Attachment il047a01)

a. Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

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

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

- Adoption of site based waiting lists

Macoupin County Housing Authority IL047

If selected, list targeted developments below:

- Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments
 If selected, list targeted developments below: (See Attachment il047a01)

Development Name:	Number of Units
IL047-03	24
IL047-09	20
IL047-12	18
IL047-13	12
IL047-16	20
IL047-18	14
IL047-20	10

- Employing new admission preferences at targeted developments
 If selected, list targeted developments below:
- Other (list policies and developments targeted below)

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

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

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

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

- Not applicable: results of analysis did not indicate a need for such efforts
 List (any applicable) developments below: (See Attachment il047a01)

Development Name:	Number of Units

Macoupin County Housing Authority IL047

IL047-09	20
IL047-13	12
IL047-18	14

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

- Not applicable: results of analysis did not indicate a need for such efforts
 List (any applicable) developments below: (See Attachment il047a01)

Development Name:	Number of Units
IL047-03	24
IL047-12	18
IL047-16	20
IL047-20	10

B. Section 8

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

(1) Eligibility

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

Other (describe below)

(2) Waiting List Organization

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

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

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

- PHA main administrative office
- Other (list below)

(3) Search Time

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

If yes, state circumstances below:

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

Macoupin County Housing Authority IL047

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

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

Other preference(s) (list below)

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

Date and time of application

Drawing (lottery) or other random choice technique

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

This preference has previously been reviewed and approved by HUD

The PHA requests approval for this preference through this PHA Plan

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

The PHA applies preferences within income tiers

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

(5) Special Purpose Section 8 Assistance Programs

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

The Section 8 Administrative Plan

Briefing sessions and written materials

Other (list below)

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

Through published notices

Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

Macoupin County Housing Authority IL047

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

- For the earned income of a previously unemployed household member
 For increases in earned income

Macoupin County Housing Authority IL047

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

e. Ceiling rents

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

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

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 95th percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below) Ceiling rents are the same as flat rents, which were established based upon a local market study.

f. Rent re-determinations:

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

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

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

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

(2) Minimum Rent

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

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

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached. Attachment L: Organizational Structure il047101
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	362 units	84 units
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		
Public Housing FSS	8	4
Housing Counseling	50	N/A

In addition to the above Federal programs the Authority administers a 46 unit independent living with services facility, the Village at Morse Farms, and a state funded homeownership program (\$1,500,000 Bond-Cap). The Authority will begin construction

and sales of the homes during FY 2007 with technical assistance from the Illinois Housing Development Authority.

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

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

- Admissions and Continued Occupancy Policy
- Public Housing Lease
- Rent Collection Policy
- Pet Policy
- Grievance Procedure
- Pest Control Policy
- Maintenance Plan
- Personnel Policy
- Procurement Policy
- Capitalization Policy
- Disposition Policy
- Operating Budget
- Capital Budget
- Capital Grant Program Plan
- Deconcentration Policy
- Community Service Requirement Policy
- Investment Policy
- Public Housing Master Book
- Rec-Hall Policy
- Emergency Handbook for Employees

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office
 PHA development management offices
 Other (list below)

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) Attachment B: il047b01

-or-

The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) Attachment H: il047h01

-or-

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

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

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

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

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

Yes No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one)

Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/>

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

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

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

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD

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

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. Yes No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S.

Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

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

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 8/31/2000

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size (Once the program is implemented)	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Public Housing FSS Program	25	Specific Criteria	PHA main office	Public Housing

--	--	--	--	--

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	N/A	8 as of 12/19/2006
Section 8		

The Authority is in the process of implementing its newly established Public Housing FSS Program and estimates it will serve up to 25 families once the program is established.

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

C. Welfare Benefit Reductions

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

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

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

The Authority does not have an actual or perceived crime problem due to the proactive measures already in place and the on-going close relationship with local law enforcement agencies. Any problem, no matter how small, is reported daily to the Authority by local law enforcement. The Authority also has regularly scheduled weekly contact with local law enforcement. Because of the Authority's proactive measures and policies (one strike and you are out and banned policies) that are strictly enforced; applicants, residents and the community at large know crime and drug related activity will not be tolerated. All applicants are thoroughly screened for criminal background through local law enforcement and the FBI, including in-house finger printing.

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

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

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

The Authority has 19 developments located in 9 towns and has taken action to ensure the safety of all residents. Safety measures in place include:

- One strike and you are out policy that is strictly enforced
- Banned policy that is strictly enforced with the full support of local law enforcement
- Regular patrols of all developments by local law enforcement
- Reports from local law enforcement as incidents occur
- Safety and anti-crime/drug articles in the Authority's monthly newsletter to all Residents
- Security lighting at every building
- Aggressive and thorough criminal background checks of all applicants

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

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

- Contracting with outside and/or resident organizations for the provision of crime-and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below) See above A., 3.

2. Which developments are most affected? (list below) See above A., 3.

C. Coordination between PHA and the police

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

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

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

D. Additional information as required by PHDEP/PHDEP Plan (Not Applicable)

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes No: Were there any findings as the result of that audit?
4. Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? _____
5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

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

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

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

- Attached at Attachment (File name)
- Provided below: The PHA Plan was developed in conjunction with the Resident Advisory Board therefore their input was incorporated as the PHA Plan was developed.

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments
List changes below:
- Other: (list below) The PHA Plan was developed in conjunction with the Resident Advisory Board therefore their input was incorporated as the PHA Plan was developed.

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

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

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

Note: Mr. Don B. Denby, Jr., County Board Chair, reappointed our resident commissioner, Ms. Ilene Winters, August, 2004 for a five-year term as all other commissioners. Appointments are made during August of each year for five-year terms.

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

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

Macoupin County Housing Authority IL047

- 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)
 - Preserve existing housing stock
 - Provide more affordable housing for low- income families
- Other: (list below)

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

The state provides loans, grants and technical assistance with developing affordable housing for low-income families. The Authority has received \$1,500,000 in bond-cap funds and technical assistance from the state to develop and implement a low-income homeownership program during FY 2007.

D. Other Information Required by HUD

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

**Attachment A: il047a02
Deconcentration and Income Mixing
Macoupin County Housing Authority
760 Anderson Street
P. O. Box 226
Carlinville, IL 62626
217-854-8606 Fax 217-854-8749**

**CERTIFICATION
OF
DECONCENTRATION AND INCOME MIXING**

December 19, 2006

The Macoupin County Housing Authority hereby certifies:

- That the following developments are general occupancy developments covered by the deconcentration rule:

IL47-01
IL47-02
IL47-03
IL47-04
IL47-05
IL47-06
IL47-08
IL47-09
IL47-10
IL47-12
IL47-13
IL47-14
IL47-15
IL47-16
IL47-17
IL47-18
IL47-19
IL47-20

- That 3 of the 18 covered developments have average incomes below 85% and 4 have average incomes above 115% of the average incomes of all covered developments.

Margaret (Peg) Barkley, Chief Executive Officer

Date

Attachment A: il047a02
Deconcentration and Income Mixing

(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)]
IL047-03	24	Above 115%	Incentives/skipping
IL047-09	20	Below 85%	Incentives/skipping
IL047-12	18	Above 115%	Incentives/skipping
IL047-13	12	Below 85%	Incentives/skipping
IL047-16	20	Above 115%	Incentives/skipping
IL047-18	14	Below 85%	Incentives/skipping
IL047-20	10	Above 115%	Incentives/skipping

**Attachment A: il047a02
Deconcentration and Income Mixing**

Deconcentration Analysis FY 2007:

Development	Total Income	# Units	Average Income	Below 85%	Above 115%
IL47-01	\$128,391	12	\$10,699		
IL47-02	\$453,138	45	\$10,070		
IL47-03	\$341,745	24	\$14,239		Y
IL47-04	\$425,883	40	\$10,647		
IL47-05	\$223,193	20	\$11,160		
IL47-06	\$73,505	6	\$12,251		
IL47-08	\$255,026	20	\$12,751		
IL47-09	\$182,956	20	\$9,148	Y	
IL47-10	\$243,968	20	\$12,198		
IL47-12	\$244,013	18	\$13,556		Y
IL47-13	\$90,102	12	\$7,509	Y	
IL47-14	\$193,862	19	\$10,203		
IL47-15	\$206,899	20	\$10,345		
IL47-16	\$279,433	20	\$13,972		Y
IL47-17	\$253,005	20	\$12,650		
IL47-18	\$126,222	14	\$9,016	Y	
IL47-19	\$130,524	10	\$13,052		
IL47-20	\$162,448	10	\$16,245		Y
HA-Wide	\$4,014,314	350	\$11,469		
85% HA- Wide			\$9,749		
115% HA- Wide			\$13,190		

Attachment A: il047a02
Deconcentration and Income Mixing

MACOUPIN COUNTY HOUSING AUTHORITY

DECONCENTRATION POLICY

PUBLIC HOUSING:

In an ongoing effort for the Housing Authority to meet or exceed the laws and regulations regarding its public housing programs, the following Deconcentration Policy has been developed in order to comply with the Quality Housing and Work Responsibility Act of 1998, Section 513.

INCOME MIX TARGETING: To meet the requirements of the Act and subsequent HUD regulations, at least 40 percent of families admitted to public housing by the Housing Authority must have incomes that do not exceed 30% of the area median. If 40% or more of the Housing Authority units are occupied by families whose incomes do not exceed 30% of the area median income, this requirement shall be considered as being met.

PROHIBITION OF CONCENTRATION OF LOW-INCOME FAMILIES: The Housing Authority will not, in meeting this income mix targeting, concentrate very low-income families, or other families with relatively low incomes, in public housing units in certain projects or certain buildings. The Housing Authority will review the income and occupancy characteristics of the housing projects and the buildings of each project to ensure that a low-income concentration does not occur.

DECONCENTRATION: The Housing Authority will make every effort to deconcentrate families of certain income characteristics within the Authority development. To achieve this, the Housing Authority will offer incentives for eligible families having higher incomes to occupy dwelling units in projects predominantly occupied by eligible families having lower incomes, and provide for occupancy of eligible families having lower incomes in project predominantly occupied by eligible families having higher incomes. Incentives by the Housing Authority allow for the eligible family to have the sole discretion in determining whether to accept the incentive and the Housing Authority will not take any adverse action toward any eligible family for choosing not to accept these incentives. The skipping of a family on the waiting list to reach another family to implement this Deconcentration Policy shall not be considered an adverse action. As such, the Housing Authority will continue to accept application and place the individuals on a waiting list. Selection will be made based on a combination of the local preferences and an income target mix.

Attachment A: il047a02
Deconcentration and Income Mixing

The Housing Authority will track the income mix within each project as an effort to avoid a concentration of higher or lower income families in any one building or development.

Monitoring will be conducted to confirm that at least forty (40) percent of all leased units will be within thirty (30) percent of median income.

Efforts through marketing and outreach shall be made to increase the number of families with incomes greater than thirty (30) percent of median income in the projects noted above in order to avoid concentrations of very low-income families in the projects as per the requirements of the QHWRA of 1998.

Attachment B: il047b02
CAPITAL FUND PROGRAM ANNUAL PLAN

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Macoupin County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P04750107 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$61,107			
3	1408 Management Improvements	\$61,107			
4	1410 Administration	\$61,107			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$47,500			
8	1440 Site Acquisition	\$2,500			
9	1450 Site Improvement	\$87,567			
10	1460 Dwelling Structures	\$256,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$1,000			
13	1475 Nondwelling Equipment	\$28,182			
14	1485 Demolition	\$2,500			
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	\$2,500			
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$611,070			
22	Amount of line 21 Related to LBP Activities	\$15,000			
23	Amount of line 21 Related to Section 504 compliance	\$10,000			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

**Attachment B: il047b02
CAPITAL FUND PROGRAM ANNUAL PLAN**

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Macoupin County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P04750107 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				

**Attachment B: il047b02
CAPITAL FUND PROGRAM ANNUAL 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: Macoupin County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P04750107 Replacement Housing Factor Grant No:				Federal FY of Grant: FY2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Units	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Service contracts	LS	1406		\$21,107				
HA-Wide	Vacancy reduction plan activities	LS	1406		\$40,000				
HA Wide	Resident Services Coordinator	LS	1408		\$44,000				
HA Wide	Commissioner /Staff Training	LS	1408		\$10,000				
HA Wide	Technical Assistance with operations and affordable housing	LS	1408		\$7,107				
HA Wide	Grant Administrator/Clerical Support	LS	1410		\$61,107				
HA Wide	A/E Fees	LS	1430		\$25,000				
HA Wide	Agency plan technical assistance	LS	1430		\$7,500				
HA Wide	LBP/asbestos inspections/risk assessments	LS	1430		\$15,000				
HA-Wide	Purchase property	LS	1440		\$2,500				
IL47-14	Repair/replace sidewalks & drives	LS	1450		\$87,567				

Attachment B: il047b02
CAPITAL FUND PROGRAM ANNUAL 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: Macoupin County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P04750107 Replacement Housing Factor Grant No:				Federal FY of Grant: FY2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Units	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA Wide	Section 504 upgrade to full UFAS	LS	1460		\$10,000				
HA Wide	LBP/Asbestos removal	LS	1460		\$15,000				
IL47-04	Re-roof	DU	1460		\$91,000				
IL47-04	Replace kitchen cabinets	DU	1460		\$70,000				
IL 47-12	Install carpet in 1 BR elderly units	DU	1460		\$17,500				
IL 47-13	Install carpet in 1 BR elderly units	DU	1460		\$14,000				
IL 47-14	Install carpet in 1 BR elderly units	DU	1460		\$17,500				
IL 47-09	Replace boiler/utility room doors	DU	1460		\$21,000				
HA Wide	Upgrade facilities and furniture	LS	1470		\$1,000				
HA Wide	Computer/communications equipment	LS	1475		\$10,000				
HA Wide	Maintenance, vehicles and tools	LS	1475		\$18,182				
IL47-05	Demolition	LS	1485		\$2,500				
HA-Wide	New development	LS	1499		\$2,500				

**Attachment B: il047b02
CAPITAL FUND PROGRAM ANNUAL 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: Macoupin County Housing Authority			Grant Type and Number Capital Fund Program No: IL06P04750107 Replacement Housing Factor No:			Federal FY of Grant: FY2007	
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	9/30/2009			9/30/2010			
IL047-04	9/30/2009			9/30/2010			
IL047-05	9/30/2009			9/30/2010			
IL047-09	9/30/2009			9/30/2010			
IL047-12	9/30/2009			9/30/2010			
IL047-13	9/30/2009			9/30/2010			
IL047-14	9/30/2009			9/30/2010			

ATTACHMENT C: il047c02

MACOUPIN COUNTY HOUSING AUTHORITY

FY END SEPTEMBER 30, 2007

Name	Macoupin County Housing Authority
Street Address	P.O. Box 226
City	Carlinville
State	IL
Zip Code	62626
ACC Number	C-831
PAS/LOCCS Project #	IL0047-1-6;8-20
HUD Office Street	77 W. Jackson Blvd.
HUD Office City, State	Chicago, IL 60604
Number of Units	360
Number of Projects	19
Fiscal Year Beginning	01-Oct-06
Fiscal Year Ending	30-Sep-07
Units Occupied Date	01-Apr-06
Rent Roll Date	01-Apr-06
Date of Submission	05-Sep-06
Date of Board Meeting	05-Sep-06
Executive Director	Margaret Barkley
Board Chairperson	Raymond Coatney
Inflation Factor	1.028

**PHA
Operating Budget Checklist**

Submission (Check One)

Original Resubmission No. _____ Revision No. _____

PHA Name: Macoupin County Housing Authority FYE: 30-Sep-07

(The documents (original and two copies) checked are included in the operating budget package.)

<u>PHA Use</u>				<u>Operating Budget Forms</u>			<u>Field Office Use</u>	
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52564 (Four Pages) Operating Budget	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52566 Schedule of All Positions & Salaries	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52567 Schedule of Non-Routine Expenditures	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52571 Schedule of Administration Expense Other Than Salaries	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52573 (Four Pages) Summary of Budget Data and Justifications	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52574 Board Resolution Approving Operating Budget and/or Calculation of PFS	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
				<u>PFS Forms</u>				
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52720A, Funding Formula Data Collection Form	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52720A Worksheet No. 1: Multiplications	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52720B Worksheet No. 2: Calculation of Variable Products and Formula Expense Level	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52720C (Four Pages) Worksheet No. 3: Calculating Allowable Expense Level (First PFS Year Only)	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52720D Worksheet No. 4: Calculating Revised Allowable Expense Level	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52722A Calculation of Allowable Utilities Expense Level	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52723 Calculation of PFS Operating Subsidy	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52728 Calculation of Occupancy Percentage	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52721 (Five Pages) Direct Disbursement Payment Schedule Data - Operating Subsidy	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52722B Adjustment for Utility Consumption and Rates 1/	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	Estimated Investment Income (EII) Schedule	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing

**PHA
Operating Budget Checklist**

PHA Name: Macoupin County Housing Authority

FYE: 30-Sep-07

PFS Forms (Cont.)

<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	Target Investment Income (TII) Schedule 1/	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	Certification of Reexamination of Family Income and Composition (24 CFR 960.209)	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	Resolution of the Board of Commissioners Approving the Operating Budget	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	Extract From Minutes of the Meeting	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	Certificate of Recording Officer	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	HUD-52158 Maintenance Wage Rate Determination	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing
<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing	List of Housing Manager and Assistant Housing Manager Positions in Accordance With Handbook 7460.2 Dated 11/80 Paragraph 24(b)	<input type="checkbox"/>	Included	<input type="checkbox"/>	Missing

Miscellaneous Forms:

- Certification of Positions
- Certification For a Drug-Free Workplace
- 2001 Cash Flow
- Add-on to PFS for FICA Calculation
- Add-on to PFS for State Unemployment Insurance
- Add-on to PFS for Family Self-Sufficiency
- Add-on to PFS for Long-Term Vacancy
- Add-on to PFS for Unit Reconfiguration
- Add-on to PFS for Non-Dwelling Units
- Add-on to PFS for Demolition of 4-01
- Organizational Chart

Operating Budget

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

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

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

a. Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____		b. Fiscal Year Ending <u>30-Sep-07</u>		c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. <input type="checkbox"/> Other (specify) _____		d. Type of HUD assisted project(s) 01 <input checked="" type="checkbox"/> PHA/IHA-Owned Rental Housing 02 <input type="checkbox"/> IHA Owned Mutual Help Homeownership 03 <input type="checkbox"/> PHA/IHA Leased Rental Housing 04 <input type="checkbox"/> PHA/IHA Owned Turnkey III Homeownership 05 <input type="checkbox"/> PHA/IHA Leased Homeownership	
e. Name of Public Housing Agency/Indian Housing Authority (PHA/IHA) Macoupin County Housing Authority							
f. Address (city, State, zip code) P.O. Box 226 Carlinville IL 62626						i. HUD Field Office 77 W. Jackson Blvd. Chicago, IL 60604	
g. ACC Number C-831			h. PAS/LOCCS Project No. IL0047-1-6;8-20				

j. No. of Dwelling Units 360	k. No. of Unit Months Available 4,320	m. No. of Projects 19					
--	---	---------------------------------	--	--	--	--	--

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2005 PUM (2)	[X] Estimates [] or Actual Current Budget Yr. 2006 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
Homebuyers Monthly Payments for:								
010	7710	Operating Expense						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
040	Total	Break-Even Amount (sum of lines 010, 020, and 030)						
050	7716	Excess (of deficit) in Break-Even						
060	7790	Homebuyers Monthly Payments - Contra						
Operating Receipts:								
070	3110	Dwelling Rental	114.73	116.34	106.56	460,343		
080	3120	Excess Utilities	0.00	0.00		0		
090	3190	Nondwelling Rental	0.23	0.21	0.47	2,016		
100	Total	Rental Income (sum of lines 070, 080 and 090)	114.96	116.55	107.03	462,359		
110	3610	Interest on General Fund Investments	1.39	0.79	1.48	6,381		
120	3690	Other Income	13.46	1.64	1.64	7,080		
130	Total	Operating Income (sum of lines 100, 110, and 120)	129.81	118.98	110.14	475,820		
Operating Expenditures - Administration:								
140	4110	Administrative Salaries	53.33	51.75	55.77	240,947		
150	4130	Legal Expense	4.81	6.25	6.25	27,000		
160	4140	Staff Training	0.00	0.00		0		
170	4150	Travel	4.33	6.25	6.25	27,000		
180	4170	Accounting Fees	2.10	1.50		0		
190	4171	Auditing Fees	1.23	0.69	1.50	6,500		
200	4190	Other Administrative Expenses	12.16	16.20	16.20	70,000		
210	Total	Administration Expense (sum of line 140 thru line 200)	77.97	82.65	85.98	371,447		
Tenant Services:								
220	4210	Salaries	0.92	1.74		0		
230	4220	Recreation, Publications, and Other Services	3.26	2.10	#REF!	#REF!		
240	4230	Contract Costs, Training and Other	0.00	0.23		0		
250	Total	Tenant Services Expense (sum of lines 220, 230, and 240)	4.19	4.06	#REF!	#REF!		
Utilities:								
260	4310	Water & Sewer	7.45	7.31	7.26	31,374		
270	4320	Electricity	9.70	9.15	9.57	41,356		
280	4330	Gas	2.52	2.90	2.75	11,878		
290	4340	Fuel	0.00	0.00				
300	4350	Labor	0.00	0.00		0		
310	4390	Other Utilities Expense	0.00	0.00				
320	Total	Utilities Expense (sum of line 260 thru line 310)	19.67	19.36	19.59	84,608		

Name of PHA/IHA Macoupin County Housing Authority				Fiscal Year Ending 30-Sep-07				
Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2005 PUM (2)	[X] Estimates [] or Actual Current Budget Yr. 2006 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
Ordinary Maintenance and Operation:								
330	4410	Labor	66.43	78.21	55.17	238,313		
340	4420	Materials	24.10	20.07	20.07	86,700		
350	4430	Contract Costs	22.89	26.78	26.78	115,700		
360	Total	Ordinary Maintenance & Operation (lines 330 to 350)	113.42	125.06	102.02	440,713		
Protective Services:								
370	4460	Labor	0.00	0.00		0		
380	4470	Materials	0.00	0.00		0		
390	4480	Contract Costs	0.00	0.00		0		
400	Total	Protective Services Expense (sum of lines 370 to 390)	0.00	0.00		0		
General Expense:								
410	4510	Insurance	15.29	16.98	16.98	73,360		
420	4520	Payments in Lieu of Taxes	9.53	9.19	9.19	39,690		
430	4530	Terminal Leave Payments	1.05	0.00		0		
440	4540	Employee Benefit Contributions	47.45	54.02	46.78	202,077		
450	4570	Collection Losses	0.18	0.46	0.46	2,000		
460	4590	Other General Expense	0.39	0.00				
470	Total	General Expense (sum of lines 410 to 460)	73.89	80.65	73.41	317,127		
480	Total	Routine Expense (sum of lines 210, 250, 320, 360, 400, and 470)	289.14	311.79	#REF!	#REF!		
Rent for Leased Dwellings:								
490	4710	Rent to owners of leased dwellings	0.00	0.00				
500	Total	Operating Expense (sum of lines 480 and 490)	289.14	311.79	#REF!	#REF!		
Nonroutine Expenditures:								
4620		Casualty Losses - noncapitalized - net	0.00	0.00		0		
510	4610	Extraordinary Maintenance	0.00	0.00		0		
520	7520	Replacement of Nonexpendable Equipment	11.35	12.72	4.17	18,000		
530	7540	Property Betterments and Additions	0.00	2.31		0		
540	Total	Nonroutine Expenditures (sum of lines 510, 520, and 530)	11.35	15.03	4.17	18,000		
550	Total	Operating Expenditures (sum of lines 500 and 540)	300.49	326.83	#REF!	#REF!		
Prior Year Adjustments:								
560	6010	Prior Year Adjustments Affecting Residual Receipts	0.00	0.00		0		
Other Expenditures:								
570		Deficiency in Residual Recpts at End of Preceding Fiscal Yr.						
580	Total	Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)	300.49	326.83	#REF!	#REF!		
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)	(170.68)	(207.85)	#REF!	#REF!		
HUD Contributions:								
600	8010	Basic Annual Contrib. Earned - Leased Projects: Current Yr						
610	9011	Prior Year Adjustments - (Debit) Credit						
620	Total	Basic Annual Contribution (line 600 plus or minus line 610)	0.00	0.00		0		
630	8020	Contributions Earned - Op. Sub.: - Cur. Yr. (before year-end adj) @82	186.84	198.04	165.89	716,625		
640		Mandatory PFS Adjustments (net):						
650		Other (specify ROSS FSS Grant			4.51	19,500		
660		Other (specify):				0		
670		Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)	0.00	0.00	4.51	19,500		
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)	186.84	198.04	170.40	736,125		
690	Total	HUD Contributions (sum of lines 620 and 680)	186.84	198.04	170.40	736,125		
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690) Enter here and on line 810	16.16	(9.81)	#REF!	#REF!		

Name of PHA/IHA Macoupin County Housing Authority		Fiscal Year Ending 30-Sep-07	
		Operating Reserve	PHA/IHA Estimates
			HUD Modifications
Part I - Maximum Operating Reserve - End of Current Budget Year			
740	2821	PHA/ IHA - Leased Housing - Section 23 or 10(c) 50% of Line 480, Column 5, form HUD 52564	#REF!

Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End			
780		Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date): 30-Sep-05	624,849
790		Provision for Operating Reserve - Current Budget Year (check one) [X] Estimated for FYE 9/30/2006 [] Actual for FYE	5,325
800		Operating Reserve at End of Current Budget Year (check one) [X] Estimated for FYE 9/30/2006 [] Actual for FYE	630,174
810		Provision for Operating Reserve - Requested Budget Year Estimated for FYE 30-Sep-07 Enter Amount from line 700	#REF!
820		Operating Reserve at End of Requested Budget Year Estimated for FYE 30-Sep-07 (Sum of lines 800 and 810)	#REF!
830		Cash Reserve Requirement - ___10___ % of line 480	#REF!

Comments:

PHA/IHA Approval

Name Margaret Barkley

Title Executive Director

Signature _____ Date 05-Sep-06

Field Office Approval

Name _____

Title _____

Signature _____ Date _____

Instructions for Preparing Form HUD-52564, Operating Budget

Separate Operating Budgets must be prepared for each separate Annual Contributions Contract (ACC). However, the supporting documentation can be combined for each Turnkey III project within an ACC, provided it clearly separates the cost by program and/or ACC number. Prepare all of the supporting documentation (Forms HUD-52573, HUD-52566 and HUD-52571) prior to finalizing the Operating Budget.

The headings for items a. through m. are self-explanatory

Columns:

Column (2): Obtain actual P.U.M. amounts from the Statement(s) of Operating Receipts and Expenditures (Form HUD-52599) for the year preceding the current budget year.

Columns (4) and (5): Enter amounts on applicable lines from HUD Schedules and/or HA worksheets in column (5). After completing column (5) compute the P.U.M. amounts for column (4) by dividing each figure in Column (5) by the No. of Unit Months of Availability, item k.

Columns (6) and (7): Leave blank. If HUD modifies the HA estimates as a condition for approval, HUD will complete these columns return a comp to the HA.

Line Items

Lines 010 through 060 are specific to the Turnkey III Owned Homeownership Program. These lines correspond to accounts 7710 through 7790, see Accounting Handbook 7510.1.

Line 460: Use this line, if applicable, for showing estimated interest on Administrative and Sundry Loans.

Line 490: This line is specific to the Section 23, Leased Rental Program.

Line 560: Use this line, if applicable, only in connection with budget revisions.

Line 570: Use this line, if applicable, for such items as carry-overs of unabsorbed deficiencies in residual receipts from prior years.

Line 630: Operating Subsidy Eligibility for the requested year before year end adjustments.

Lines 640 to 660: Year end adjustments to be funded in the requested budget year.

Line 700: An estimated decrease cannot be more than the amount available in the operating reserve at the beginning of the requested budget year (line 800).

Special Instructions, Budget Revisions

Budget revisions must be approved by the end of the PHA fiscal year.

When using this form for budget revisions, the following additional instructions are applicable:

No changes are to be made to Column (2) or Column (3).

No changes are to be made in the amount for Operating Subsidy Eligibility before year end adjustments (Line 630, or in Part I-Maximum Operating Reserve-End of Current Budget Year.

Operating Reserves

Operating reserves are calculated by individual Annual Contributions Contract except that the operating reserves for Section 23 Leased Housing Projects, Turnkey III Homeownership Projects (HA Owned or Leased) must be separately calculated and reported by project.

Line 780: Enter amount as of the last previous fiscal year (year preceding current budget year).

Line 790:

a. Enter estimated amount, if original budget, or actual amount, if revised budget.

b. Enter negative balance in parentheses. (The negative balance may not exceed the amount on line 780.)

Line 800: Enter sum of lines 780 and 790.

Line 810:

a. Enter estimated amount.

b. Enter negative balance in parentheses. (The negative balance may not exceed the amount on line 800.)

Line 820: Enter sum of lines 800 and 810.

Line 830: Enter percent of routine operating expenses (or minimum dollar amount) currently used by HUD as a performance measure to evaluate the cash requirements and/or operating reserve adequacy.

Operating Budget
Schedule of All Positions and Salaries

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

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

Name of Housing Authority Macoupin County Housing Authority		Locality										Fiscal Year End 30-Sep-07
Position Title By Organizational Unit and Function	Present Salary Rate As of (date)	Requested Budget Year				Allocation of Salaries by Program						
		Salary Rate	Estimated Payment		Management	Modernization	Development	Section 8 Programs	Other Programs	Longevity	Method of Allocation	
			No. Months	Amount								
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
See Attached Schedule												
To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning:									Executive Director or Designated Official			Date 09/05/06

Inflation Factor for 2007: 3.00%

Schedule of all Positions & Salaries
Year Ending 9/30/2006

ADMINISTRATION

	Present Salary 09/30/06	Requested Budget Yr Salary	Est. # of Mo.	Estimated Payment 2007	% Low Rent	Other Programs		Low Rent Public Housing	Other Programs		
						% Other	%CF		Sect. 8 Exist	Other	CF
Chief Executive Officer	96,104.15	98,987.27	12.0	98,987.27	73.00%	27.00%	0.00%	72,260.71	0.00	26,726.56	0.00
Chief Operating/Financial Officer	60,000.00	61,800.00	12.0	61,800.00	45.00%	14.00%	41.00%	27,810.00	0.00	8,652.00	25,338.00
Bookkeeper	36,578.39	37,675.74	12.0	37,675.74	100.00%	10.00%	0.00%	37,675.74	0.00	3,767.57	0.00
Office Support Specialist	28,585.59	0.00	12.0	0.00	15.00%	0.00%	85.00%	0.00	0.00	0.00	0.00
Resident Services Coordinator	38,008.03	39,148.27	12.0	39,148.27	15.00%	0.00%	85.00%	5,872.24	0.00	0.00	33,276.03
Occupancy Specialist	27,500.00	28,325.00	12.0	28,325.00	100.00%	0.00%	0.00%	28,325.00	0.00	0.00	0.00
Admission/Customer Services Specialist	39,000.00	40,170.00	12.0	40,170.00	100.00%	0.00%	0.00%	40,170.00	0.00	0.00	0.00
Technical Services Coordinator	47,446.56	48,869.96	12.0	48,869.96	59.00%	0.00%	41.00%	28,833.27	0.00	0.00	20,036.68
TOTAL TO BUDGET (Line 4110)	373,222.72	354,976.24		354,976.24	67.88%	11.03%	22.16%	240,946.97	0.00	39,146.14	78,650.71

MAINTENANCE

Working Maintenance Foreman	39,340.85	40,521.08	12.0	40,521.08	100.00%	0.00%	0.00%	40,521.08	0.00	0.00	0.00
Maintenance Mechanic	36,577.36	37,674.68	12.0	37,674.68	25.00%	0.00%	75.00%	9,418.67	0.00	0.00	28,256.01
Maintenance Mechanic	36,577.36	37,674.68	12.0	37,674.68	100.00%	0.00%	0.00%	37,674.68	0.00	0.00	0.00
Maintenance Mechanic	36,577.36	37,674.68	12.0	37,674.68	100.00%	0.00%	0.00%	37,674.68	0.00	0.00	0.00
Maintenance Mechanic	36,577.36	37,674.68	12.0	37,674.68	100.00%	0.00%	0.00%	37,674.68	0.00	0.00	0.00
Maintenance Mechanic	36,577.36	37,674.68	12.0	37,674.68	100.00%	0.00%	0.00%	37,674.68	0.00	0.00	0.00
Maintenance Mechanic	36,577.36	37,674.68	12.0	37,674.68	100.00%	0.00%	0.00%	37,674.68	0.00	0.00	0.00
OVERTIME					100.00%	0.00%	0.00%	0.00	0.00	0.00	0.00
TOTAL TO BUDGET (Line 4410)	258,805.01	266,569.16		266,569.16	89.40%	0.00%	10.60%	238,313.15	0.00	0.00	28,256.01

TENANT SERVICES

Tenant Service Salaries	0.00	0.00	12.0	0.00	100.00%	0.00%	0.00%	0.00	0.00	0.00	0.00
OVERTIME	0.00	0.00		0.00	0.00%	0.00%	0.00%	0.00	0.00	0.00	0.00
TOTAL TO BUDGET (Line 4210)	0.00	0.00		0.00	0.00%	0.00%	0.00%	0.00	0.00	0.00	0.00
OVERTIME	0.00	0.00		0.00	0.00%	0.00%	0.00%	0.00	0.00	0.00	0.00
TOTAL TO BUDGET (CGP)	0.00	0.00		0.00	0.00%	0.00%	0.00%	0.00	0.00	0.00	0.00

TOTAL TO BUDGET LINE 4110	373,222.72	354,976.24		354,976.24	67.88%	11.03%	22.16%	240,946.97	0.00	39,146.14	78,650.71
TOTAL TO BUDGET LINE 4210	0.00	0.00		0.00	0.00%	0.00%	0.00%	0.00	0.00	0.00	0.00
TOTAL TO BUDGET LINE 4350	0.00	0.00		0.00	0.00%	0.00%	0.00%	0.00	0.00	0.00	0.00
TOTAL TO BUDGET LINE 4410	258,805.01	266,569.16		266,569.16	89.40%	0.00%	10.60%	238,313.15	0.00	0.00	28,256.01
TOTAL TO BUDGET LINE 4460 (CF 1408)	0.00	0.00		0.00	0.00%	0.00%	0.00%	0.00	0.00	0.00	0.00
TOTAL FORCE ACCOUNT LABOR	0.00	0.00		0.00	0.00%	0.00%	0.00%	0.00	0.00	0.00	0.00
TOTAL	632,027.73	621,545.40		621,545.40	77.11%	6.30%	17.20%	479,260.12	0.00	39,146.14	106,906.72

ORIGINAL SUBMISSION

Operating Budget
Schedule of Nonroutine Expenditures

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

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

me for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and review
the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development,
object (2577-0026), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Local Housing Authority Macoupin County Housing Authority P.O. Box 226 Carlinville IL 62626	Locality	Fiscal Year Ending 30-Sep-07
--	----------	---------------------------------

Work Project Number (1)	Extraordinary Maintenance and Betterments and Additions (Excluding Equipment Additions)					Equipment Requirements				
	Description of Work Project (List Extraordinary Maintenance and Betterments and Additions separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List Replacements and Additions separately) (8)	Requested Budget		
					Estimated Expenditure In Year (6)	Percent Complete Year End (7)		No. Of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
EXTRAORDINARY MAINTENANCE										
1)	Anticipated Extraordinary Maintenance items				\$0					
2)	Concrete Replacement				\$0					
3)					\$0					
4)					\$0					
5)					\$0					
	TOTAL EXTRAORDINARY MAINTENANCE:				\$0					
REPLACEMENT OF EQUIPMENT										
1)	Carbon Monoxide Detectors						450	\$40	\$18,000	
2)									\$0	
3)									\$0	
4)									\$0	
5)									\$0	
									\$0	
	TOTAL REPLACEMENT:								\$18,000	
BETTERMENTS & ADDITIONS										
1)							1	\$0	\$0	
2)							1	\$0	\$0	
3)							1	\$0	\$0	
4)									\$0	
5)									\$0	
6)									\$0	
	TOTAL BETTERMENTS & ADDITIONS:								\$0	

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

facsimile form HUD-52567 (3/95)
ref. Handbook 7475.1

Operating Budget
Schedule of Administration
Expense Other Than Salary

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

Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U. S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington, D.C., 20503. Do not send this completed form to either of the above addressees.

Name of Housing Authority: Macoupin County Housing Authority P.O. Box 226 Carlinville IL 62626		Locality:		Fiscal Year End: 09/30/07		
(1)	(2)	(3)	(4)	(5)	(6)	
Description	Total	Management	Development	Section 8	Other	
1 Legal Expense (see Special Note in Instructions)	27,000	27,000				
2 Training (list and provide justification)	0	0				
3 Travel						
Trips To Conventions and Meetings (list and provide justification)	27,000	27,000				
4 Other Travel:						
Outside Area of Jurisdiction	0	0				
5 Within Area of Jurisdiction	0	0				
6 Total Travel	27,000	27,000				
7 Accounting	0	0				
8 Auditing	6,500	6,500				
9 Sundry						
Rental of Office Space						
10 Publications	1,000	1,000				
11 Membership Dues and Fees (list organization and amount)	2,000	2,000				
12 Telephone, Fax, Electronic Communications	12,000	12,000				
13 Collection Agent Fees and Court Costs	0	0				
14 Administrative Services Contracts (list and provide justification)	15,500	15,500				
15 Forms, Stationary and Office Supplies	29,500	29,500				
16 Other Sundry Expense (provide breakdown)	10,000	10,000				
17 Total Sundry	70,000	70,000				
18 Total Administration Expense Other Than Salaries	130,500	130,500				

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

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

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

Signature of authorized representative & Date:

09/05/06

Justification/ Breakdown:

(11) NAHRO Dues

Illinois Assn. of Housing Authorities
 Newspaper & Subscriptions
 IL Pest Control Association
 PHADA & Misc Memberships
 S8 Update Service

(14) Office Equipment

Computer Software/Hardware
 Copier Contract
 Pension Plan Administration
 Post Office Box/Business Reply Mail Permit
 Macoupin Contract

Miscellaneous Fees 0
2,000

15,500

(16) Office Equip Repair

Bond Administration
 Marketing
 Fingerprint Checks
 Bank Fees, Pager, Misc

Total Other Sundry 10,000

Instructions for Preparation of Form HUD-52571

Prepare this form to reflect detailed estimates of Administration Expense, other than salaries, and the distribution to all programs administered by the Housing Authority.

The identification boxes in the upper right hand corner are self-explanatory.

1. Legal Expense: Enter in Column (2), Line 1 the estimated cost of legal service. Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

Special Note: The amount entered on Form HUD-52564 should also include salaries of Staff Attorneys as shown on Form HUD-52566 and included on line for "Other" in the Summary of Staffing and Salary Data section of Form HUD-52573.

2. Training: List and provide justification for all training

Travel Expense: Justification must be provided for travel.

3. Trips to Conventions and Meetings:

Under Justification/Breakdown, List each convention and meeting to be attended by commissioners and staff, with the location. Enter the number of persons expected to attend and show the aggregate number of travel days and the estimated total cost of each trip including subsistence allowance, cost of transportation, and reimbursable miscellaneous expenses. Enter the sum of the total costs of all trips in Column (2). Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

4. Other Travel: Outside Area of Jurisdiction:

Enter in Column (2), Line 4 the estimated cost for travel by commissioners and staff, including subsistence, transportation, and reimbursable miscellaneous expenses. Follow instructions 3 above for columns (3) through (6).

5. Other Travel: Within Area of Jurisdiction:

Enter in Column (2), Line 5 the estimated cost for travel, including fixed monthly allowances for reimbursement on a mileage basis for use of privately owned automobiles; and reimbursement for authorized use of local public transportation. Follow instructions 3 above for columns (3) through (6)

6. Total travel: Sum Lines 3, 4, and 5 for Columns (2) through (6)

7. thru 16. Accounting, Auditing and Sundry: Enter the estimated total for all programs in Column (2) for each item of expense in Lines 7 through 16. In Columns (3) through (6) enter the pro rata share amounts shown in Column (2) chargeable to all programs administered by the Housing Authority

14. Administrative Services Contracts: List and provide justification for all contracts (excluding accounting contracts).

16. All Other Sundry Expense: List all items identified under the expense.

18. Total Administration Expense Other Than Salaries:

Add the amounts on the following Lines:

Line 1	Legal Expense
Line 2	Training
Line 6	Total Travel
Line 7	Accounting
Line 8	Auditing
Line 17	Total Sundry

On Line 18 enter the appropriate totals in Columns (2) through (6) The amount shown in Column (3), lines 1, 2, 6, 7, 8, and 17, should be carried forward to Lines 150 through 200 of Form HUD-52564 Operating Budget.

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

As of 4/30/06 General Fund Investment is	226,414.73	
which is	49.93% of General Fund	
Average monthly Total General Fund	600,796	
minus greater of \$10,000 or \$10 per unit	<u>10,000</u>	
Average monthly General Fund Cash available	590,796	
Current 91-day Treasury Bill rate	1.08%	
Estimated Investment Income	<u>6,381</u>	Equals ROUND(+H82*H83,0)

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

See Attached Detail of Other Income - 7,080

Operating Expenditures

Summary of Staffing and Salary Data

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

- Column (1)** Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566.
- Column (2)** Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to such housing at the rate of 80%, 70%, and 50% respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 + 5/10).
- Column (3)** Enter the portion of total salary expense shown in Column (5) or Column (10), form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.
- Column (4)** Enter the portion of total salary expense shown in Column (5) or Column (10), form HUD-52566, allocable to Section 23 Leased housing in management.
- Column (5)** Enter the portion of total salary expense shown in Column (5) or Column (7), form HUD-52566, allocable to Modernization programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).
- Column (6)** Enter the portion of total salary expense shown in Column (5) or Column (9), form HUD-52566, allocable to Section 8 Programs.

Note: The number of equivalent full-time positions and the amount of salary expense for all positions designated "M" on form HUD-52566 must be equitably distributed to account lines ORDINARY MAINTENANCE AND OPERATION -LABOR, EXTRAORDINARY MAINTENANCE WORK PROJECTS, AND BETTERMENTS AND ADDITIONS WORK PROJ

	Total Number of Positions (1)	Equivalent Full-Time Positions (2)	HUD-Aided Management Program			
			Salary Expense			
			Management (3)	Section 23 Leased Housing Only (4)	CFP Programs (5)	Other Programs (6)
Administration - Nontechnical Salaries 1	7	7	240,947		78,651	39,146
Administration - Technical Salaries 1						
Ordinary Maintenance and Operation - Labor 1	7	7	238,313		28,256	0
Utilities - Labor 1	0	0	0		0	0
Other (specify) (Legal, etc.) 1 Security	0	0			0	0
Extraordinary Maintenance Work Projects 2						
Betterments and Additions Work Projects 2		Total	479,260		106,907	39,146

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

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

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

Positions Abolished:

No New Positions for Fiscal Year 2005

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

See HUD 52571

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

See HUD form 52722A

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

Materials	86,700
Total	<u>86,700</u>

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

Plumbing	5,000
Heating	3,200
Carpentry	2,500
Vehicle Mnt	6,000
Interior Painting	15,000
Lawn Care	35,000
Carpet Replacement	14,000
Trash Removal	35,000
	<u>115,700</u>

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

Line Item Remains Same as Last FY 73,360

0
73,360

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

Salaries		632,028	which is	77.11%	of total payroll
FICA	7.650%	48,350			
Retirement	8.500%	53,720			
State UC	1.100%	1,390	14	employees	77.11% of total payroll
Health Insurance		85,616			
Deferred Comp		13,000			
		<u>202,077</u>			

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

Based on prior year's experience estimated \$2,000

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

Extraordinary Maintenance estimated at \$0

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

0

Macoupin County Housing Authority
 Estimate of Other Income
 for Budget Year Ending 30-Sep-07

	Total	to 52564	to PFS
Excess Utilities			
0	0		
0	0		
0	0		
0	0		
0	0		
	0	0	0
Office Space	900	900	
Mental Health Unit	93	1,116	
Maintenance Fees	7,080	7,080	0
Late Fees		0	0
Court Costs: w/ corresponding expense		0	0
		0	
		0	0
		0	0
Total Other Income	7,080	7,080	0
Divided by UMA		4,320	4,320
Equals PUM		1.64	0.00
		100%	0%

PHA/IHA Board Resolution Approving
 Operating Budget or Calculation of
 Performance Funding System
 Operating Subsidy

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

Public Reporting Burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. This information is required by Section 6 c (4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justifications of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality

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

		(date)
<input checked="" type="checkbox"/>	Operating Budget Submitted on:	_____ 5-Sep-06 _____
<input type="checkbox"/>	Operating Budget Revision Submitted on:	_____ _____
<input checked="" type="checkbox"/>	Calculation of Performance Funding System Submitted on:	_____ 5-Sep-06 _____
<input type="checkbox"/>	Revised Calculation of Performance Funding System Submitted on:	_____ _____

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

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

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

Board Chairman's Name (type)	Signature:	Date:
Raymond Coatney		09/05/06

Calculation of Allowable Utilities Expense Level

PHA-Owned Rental Housing Operating Fund

a) Public Housing Agency Macoupin County Housing Authority PO Box 226 Carlinville, IL 62626		b) Operating Fund Project Number I L 0 4 7 0 0 1 0 6 D										c) New Project Numbers
Line No.	Description	Unit Months Available		Sewage and Water Consumption								
	(2)	(3)		(4)								
01	UMA and actual consumption for old projects for 12 month period which ended 12 months before the Requested Budget Year. FY05	4,320		3,227,060								
02	UMA and actual consumption for old projects for 12 month period which ended 24 months before the Requested Budget Year. FY04	4,344		3,368,272								
03	UMA and actual consumption for old projects for 12 month period which ended 36 months before the Requested Budget Year. FY03	4,344		3,318,105								
04	Accumulated UMA and actual consumption of old projects (sum of lines 01, 02, 03).	13,008		9,913,437								
05	Estimated Unit Months available for old projects for Requested Budget Year.	4,320										
06	Ratio of Unit months available for old projects (line 04 divided by line 05 column 3)	3.011										
07	Estimated UMA and consumption for old projects for Requested Budget Year (Each figure on line 04 divided by line 06).	4,320		3,292,285								
08	Estimated UMA and consumption for new projects.	0		0								
09	Total estimated UMA and consumption for old and new projects for Requested Budget Year (line 07 + line 08).	4,320		3,292,285								
10	Estimated cost of consumption on line 09 for Requested Budget Year (see instructions).	Costs		31,374								

11	Total estimated cost for Requested Budget Year (sum of all columns of line 10).	84,608	
12	Est. PUM cost of consumption for Requested Budget Year (Allowable Utilities Expense Level) (Line 11 divided by line 08, col. 3)	19.59	
13	Rate		0.0095
14	Unit of Consumption		Gallon

Previous editions are obsolete

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

OMB Approval No. 2577-0029

d) Fiscal Year Ending 12/31/2006	f) Type of Submission: <input checked="" type="checkbox"/> f) Original <input type="checkbox"/>
e) ACC Number C-831	g) Energy Performance Contract <input type="checkbox"/> h) Uti

Electricity Consumption	Gas Consumption	Fuel (Specify type e.g. oil, coal, wc	
		(7)	(8)
(5)	(6)	(7)	(8)
310,123	7,063		
281,644	8,890		
288,482	10,315		
880,249	26,268		
292,334	8,724		
0	0		
292,334	8,724		
41,356	11,878		

0.1415	1.3616			
KWH	Therm			

(exp. 06/30/2006)

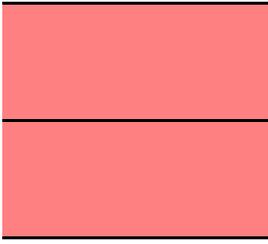
Revision No. ()

lity Rate Incentive

od)

(9)





JD-52722-A (10/2001)

Adjustment for Utility Consumption and Rates

PHA-Owned Rental Housing
Operating Fund

Public reporting burden for this collection of information is estimated to average 1.5 h maintaining the data needed, and completing and reviewing the collection of informat a currently valid OMB control number. This information is required by Section 9(a) of operation of low-income housing projects to PHAs. The Operating Fund Formula det Level (AEL), Allowable Utilities Expense Level and Other Costs for the major formula appropriated by Congress each fiscal year. HUD also uses the information as a mea annual appropriations from Congress. Responses to the collection of information are

a) Public Housing Agency Macoupin County Housing Authority PO Box 226 Carlinville, IL 62626	b) Operating Fund Project Number										c) Fiscal Year Ending <u>12</u>
	I	L	0	4	7	0	0	1	0	6	D

Line No.	Description	Line Totals	Sewage and Water Cost and Consumption
	(2)	(3)	(4)
01	Actual utility cost for the fiscal year for which adjustment is requested.	84,981	32,174
02	Actual consumption for the fiscal Year for which adjustment is requested		3,227,060
03	Actual average rate (line 01 divided by line 02)		0.0100
04	Estimated consumption for old and new projects for the fiscal year for which adjustment is required	84,981	3,212,880
05	Cost of estimated consumption at average rate (line 03 times line 04; enter total in column 3	79,307	32,033
06	Line 05, column (3) times 0.75; enter the amount in column 3	59,480	
07	Line 01, column (3) times 0.25;	21,245	

	enter the amount in column 3		
08	Total utility costs includable in Operating Subsidy Calculation (line 06 plus 07).	80,725	
09	Total estimated cost for the fiscal year for which adjustment is requested (line 11, form HUD-52722-A).	88,880	
10	Utility adjustment (line 08 minus 09)	(8,155)	

Previous editions are obsolete for PHA fiscal years ending 12/31/1999 and after

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

OMB Approval No. 2577-0029 (€

ours per response, including the time for reviewing instructions, searching existing data
ion. This agency may not collect this information, and you are not required to complete
the U.S. Housing act of 1937, as amended, and by 24 CFR Part 990 HUD regulations.
ermine the amount of operating subsidy to paid to PHAs. PHAs provide information on
components. HUD reviews the information to determine each PHA's share of the total c
ns of estimating the annual aggregate operating subsidy eligibility of PHAs which serves
required to obtain a benefit. The information requested does not lend itself to confiden

<u>2/31/2006</u>	e) Type of Submission <input checked="checked" type="checkbox"/> Original <input type="checkbox"/> Revision No. ()	
	f) Energy Performance Contract <input type="checkbox"/>	g) Utility Rate Incentive <input type="checkbox"/>

Electricity Costs and Consumption	Gas Costs and Consumption	Fuel Costs & Consumptions (Specify type e.g.		
		(5)	(6)	(7)
41,920	10,887			
310,123	7,063			
0.1352	1.5414			
246,101	9,088			
33,266	14,008			

form HUD-52722-B (10/2001)

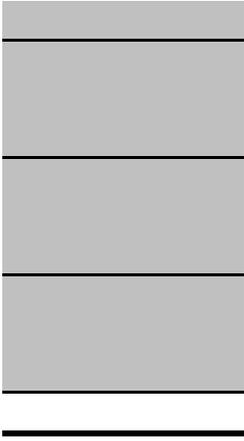
exp. 06/30/2006)

sources, gathering and
this form, unless it displays
HUD makes payments for
the Allowable Expense
operating subsidy funds
; as the basis for requesting
tiality.

oil, coal, wood)

(9)





Section 1

a) Name and Address of Public Housing Agency / Indian Housing Authority: (PHA/IHA)

Macoupin County Housing Authority
P.O. Box 226
Carlinville Illinois 62626

b) Budget submission to HUD required:

Yes No

c) Type of Submission:

Original

Revision No:

Section 2

d) Number of HA Units: 360	e) Unit Months Available: (UMAs) 4,320	f) Subject FYE: 30-Sep-07	ACC Number: C-831	Oper. Fund Project No: IL0047-1-6;8-20	Submission Date: 5-Sep-06	l) (Reserved)
--------------------------------------	--	-------------------------------------	-----------------------------	--	-------------------------------------	---------------

Line No.	Description	Requested by PHA (PUM)	HUD Modifications (PUM)
----------	-------------	------------------------	-------------------------

Part A. Allowable Expenses and Additions

1	Previous allowable expense level (line 08 of form HUD-52723 for previous year)	274.17	
2	Part A, Line 01 multiplied by 0.005	1.37	
3	Delta from form HUD-52720-B, if applicable (see instructions)		
4	Requested year units from latest form HUD-52720-A (See instructions)		
5	Add-ons to allowable expense level from previous fiscal year (see instructions)		
6	Total of lines 01, 02a, 02b, and 05	275.54	
7	Inflation factor	1.028	
8	Revised allowable expense level (AEL) (line 06 times line 07)	283.26	
9	Transition Funding		
10	Increase to AEL		
11	Allowable utilities expense level from form HUD-52722-A	19.59	
12	X Actual PUM cost of Independent Audit (IA) Through FYE	1.50	
13	Cost attributable to deprogrammed units		
14	Total Allowable Expenses and Additions (sum of Part A lines 08 thru 13)	304.35	

Part B. Dwelling Rental Income

1	Total rent roll (as of 4/1/2006)	\$ 37,935.00	
2	Number of occupied units (as of rent roll date 4/1/2006)	356	
3	Average monthly dwelling rental charge per unit (line 1 divided by line 2)	106.56	
4	Average monthly dwelling rental charge per unit for prior budget year	119.74	
5	Average monthly dwelling rental charge per unit for budget year 2 years ago	108.65	
6	Three-year average monthly dwelling rental charge per unit	111.65	
7	50/50 Income split ((Part B, line 3 / Line 6) / 2)	109.10	
8	Average monthly dwelling rental charge per unit (lesser of Part B, Line 3 or Line 7)	106.56	
9	Rental income adjustment factor	1	0.03
10	Projected average monthly dwelling rental charge per unit (Part B, Line 8 times Line 9)	109.75	
11	Projected occupancy percentage from form HUD-52728	97%	%
12	Projected average monthly dwelling rental income per unit (Line 10 times Line 11)	106.45	

Part C. Non-dwelling Income

1	Other income	0.00	
2	Total operating receipts (Part B, Line 12 plus Part C, Line 01)	106.45	
3	PUM deficit or (Income) (Part A, Line 14 minus Part C, Line 02)	197.89	

		Requested by PHA/IHA (Whole dollars)	HUD Modifications (Whole dollars)
4	Deficit or (Income) before ε (Part C, Line 03 times Section 1, e)	854,896	

Line No.	Description	Requested by PHA (Whole Dollars)	HUD Modifications (Whole Dollars)
Part D. Add-ons for changes in Federal Law or regulation and other eligibility			
1	FICA contributions	32,853	
2	Unemployment compensation	1,330	
3	Family Self Sufficiency	0	
4	Energy Add-On for Loan Amortization	0	
5	Unit Reconfiguration	0	
6	Non-Dwelling Units Approved for Subsidy	0	
7	Long-Term Vacant Units	0	
8	Phase Down for Demolitions	0	
9	Units Eligible for Resident Participation	356	
	Occupied Units (Part B, Line 02)		
10	Employee Units		
11	Police Units		
12	Total Units Eligible for Resedent Participation	356	
13	Funding for Resident Participation - Line D x \$25.00	8,900	
14	Other Approved Funding, not listed (Specify in Section 3)		
15	Total Add-Ons (Sum of Part D, lines 01, 02, 03, 04, 05, 06, 07, 08, 13 and 14)	43,083	
Part E. Calculation of Operating Subsidy Eligibility Before Year-End Adjustments			
1	Deficit or (income) before year-end adjustments (total of Part C, Line 04 and Part D, Line 15)	897,978	
2	Actual Cost of Independent Audit (IA)	6,500	
3	Operating Subsidy Eligibility before Adjustments (greater of Part E, line 01 or 02) (If less than zero, enter zero (0))	897,978	
Part F. Calculation of Operating Subsidy Approvable for Subject Fiscal Year (Note: Do not revise after the end of the subject FY)			
1	Utility Adjustment for Prior years		
2	Additional subject fiscal year operating subsidy eligibility (specify)		
3	Unfunded eligibility in prior fiscal years to be obligated in subject fiscal year		
4	HUD discretionary adjustments		
5	Other (specify)		
6	Other (specify)		
7	Unfunded portion due to proration		
8	Net adjustments to operating subsidy (total of Part F, lines 01 thru 07)	0	
9	Operating subsidy approvable for subject fiscal year (total of Part E, Line 03 and Part F, Line 08)	897,978	
HUD Use Only (Note: Do not revise after the end of the subject FY)			
10	Amount of operating subsidy approvable for subject fiscal year not funded		()
11	Amount of funds obligated in excess of operating subsidy approvable for subject fiscal year		
12	Funds obligated in subject fiscal year (sum of Part F, Lines 09 thru 11)		
	(Must be the same as line 690 of the Operating Budget, form HUD-52564, for the subject fiscal year)		
	Appropriation symbol(s):		
Part G. Memorandum of Amounts Due HUD, Including Amounts on Repayment Schedules			
1	Total amount due in previous fiscal year (Part G, Line 04 of form HUD-52723 for previous fiscal year)		
2	Total amount to be collected in subject fiscal year (identify individual amounts under Section 3)		()
3	Total additional amount due HUD (identify individual amounts under Section 3)		
4	Total amount due HUD to be collected in future fiscal year (Total of Part G, Lines 01 thru 03) (identify individual amounts under Section 3)		

Line No.	Description	Requested by PHA (Whole Dollars)	HUD Modifications (Whole Dollars)
----------	-------------	----------------------------------	-----------------------------------

Part H. Calculation of Adjustment for Subject Fiscal Year
This part is to be completed only after the subject fiscal year has ended

1	Indicate the types of adjustments that have been reflected on this form: <input type="checkbox"/> Utility Adjustment <input type="checkbox"/> Unit Months Available (UMAs)		
2	Utility Adjustment from form HUD-52722-B		
3	Deficit or (Income) after adjustments (total of Part E, Line 01 and Part H, Line 02)		
4	Operating subsidy eligibility after year-end adjustments (greater of Part E, Line 02 or Part H, Line 03)		
5	Part E, Line 03 of latest form HUD-52723 Approved during FY (Do not use Part E, Line 03 of this revision)		
6	Net adjustments for subject fiscal year (Line 04 minus Line 05)		
7	Utility Adjustment (enter same amount as Part H, Line 02)		
8	Total HUD discretionary adjustments (Part H, Line 06 minus Line 07)		
9	Unfunded portion of utility adjustment due to proration		
10	Unfunded portion of HUD discretionary adjustment due to proration		
11	Prorated utility adjustment (Part H, Line 07 plus Line 09)		
12	Prorated HUD Discretionary Adjustment (Part H, Line 08 plus Line 10)		

Section 3

Remarks (provide part and line number(s))

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

Signature of Authorized HA Representative & Date:
 Margaret Barkley, Executive Director 5-Sep-06

Signature of Authorized Field Office Representative & Date:

x _____

x _____

**HA Calculation of
Occupancy Percentage
for a Requested Budget Year (RBY)**
PHA/IHA-Owned Rental Housing Performance
Funding System (PFS)

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

OMB Approval No. 2577-0066 (Exp. 8/31/98)

1a. Name of PHA/IHA: Macoupin County Housing Authority			2a. Contact: (Person who can best answer questions about this submission) Margaret Barkley		
1b. Street Address: P.O. Box 226			2b. Contact's Phone No: (include area code) (217) 854-8606		
1c. City: Carlinville	1d. State: IL	1e. Zip Code: 62626			
3. RBY Beginning Date: (mo/day/yr) 10/01/06	4. Type of Submission: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. ()	5. PAS/LOCCS Project No: IL0047-1-6;8-20		6. Report Date: (mo/day/yr) 04/01/06	7. Data Source: <input type="checkbox"/> form HUD-51234 <input checked="" type="checkbox"/> Rent Roll Records

Part A. Actual Occupancy Data as of Report Date

8. Units Occupied	356
9. Units Available	360
10. Actual Occupancy Percentage (Divide line 8 by line 9; multiply by 100 and round to nearest whole)	99%

Stop & Note 11. If the HA-wide occupancy percentage shown on line 10 is 97% or greater AND the HA believes that an average occupancy rate of at least 97% is sustainable for the RBY, then check the box below. **You have completed the form and do not need to proceed further.**

High Occupancy HA: Occupancy Percentage is 97% or higher and is sustainable for the RBY Use 97% as the Projected Occupancy Percentage on line 17 of form HUD-52723

12. Units vacant as of Report Date (subtract line 8 from line 9 and enter result)	
---	--

Stop & Note 13. If the result on line 12 is five or fewer vacant units AND the HA believes that during the RBY: 1) the inventory (line 9) will not change; and, 2) the number of vacant units on line 12 will be vacant for the full RBY, then check the box below. **You have completed the form and do not need to proceed further.**

High Occupancy HA with five or fewer vacant units Use line 10 for the Projected Occupancy Percentage on line 17 of form HUD-52723

Part B. Distribution of Actual Vacancies By Major Cause Given below are circumstances and actions recognized by HUD as possible causes of vacancies that are beyond the control of the HA to correct. If appropriate, please distribute the number of vacant units reported on line 12 among these causes. Attach sheet identified with HA name and address, the RBY beginning date, and ACC number. Use the sheet to describe, for each circumstance: when the circumstance occurred; the location of the units involved; why the circumstance is preventing the HA from occupying, selling, demolishing, rehabilitating, reconstructing, consolidating or modernizing the vacant units; and the likelihood that these circumstances will be mitigated or eliminated in the RBY.

14. Units vacant because of litigation (e.g., units that are being held vacant as part of court-ordered or HUD-approved desegregation plan)	0
15. Units vacant because of Federal, Tribal, or State laws of general applicability. (Note: Do not include units vacant only because they do not meet minimum construction or habitability standards.)	0
16. Units vacant due to changing market conditions	0
17. Units vacant because of natural disaster	0
18. Units vacant because of insufficient funding for otherwise approvable CIAP application	0
19. RMC-managed units vacant because of failure of HA to fund approvable request for Federal modernization funding <i>(This line for use only by RMCs)</i>	0
20. Units vacant because of casualty loss and need to settle insurance claims	0
21. Total Units Vacant Due To Circumstances Beyond The HA's Control (Enter sum of lines 14 - 20)	0
22. Units vacant after adjusting for circumstances beyond the HA's control (Subtract line 21 from line 12)	0

Stop & Note 23. If the result on line 22 is five or fewer vacant units AND the HA believes that during the RBY: 1) the inventory (line 9) will not change; and, 2) the number of vacant units on both lines 21 and 22 will be vacant for the full RBY, then check the box below. **You have completed the form and do not need to proceed further.**

High Occupancy HA with five or fewer vacant units after adjustment for vacancies beyond its control Use line 10 for the Projected Occupancy Percentage on line 17 of form HUD-52723

24. Vacancy Percentage after adjusting for beyond control circumstances (Divide line 22 by line 9, multiply by 100, and round to nearest whole)	0%
--	----

Stop & Note 25. If the result on line 24 is 3% or less AND the HA believes that during the RBY: 1) the inventory (line 9) will not change; and, 2) the number of vacant units on both lines 21 and 22 will be vacant for the full RBY, then check the box below. **You have completed the form and do not need to proceed further.**

High Occupancy HA; 3% or less vacancy rate after adjustment for vacancies beyond its control Use line 10 for the Projected Occupancy Percentage on line 17 of form HUD-52723

Part C. Status of Units Undergoing Modernization as of Report Date
 this form, the most current status will be shown.

If changes occur after the Report Date but prior to submission of

26. Protected Units		Occupied Units	Vacant Units
a;	Number of units that are under modernization construction (contract awarded or force account work started)	0	0
b;	Number of units not under construction contract but included in a HUD-approved modernization budget where the time period for placing the units under construction (two FFYs after FFY of approval) has not yet expired.	0	0
27.	Unprotected units: Number of units included in a HUD-approved modernization budget where the time period for placing the units under construction (two FFYs after FFY of approval) has expired.	0	0

Part D. Units Estimated to be Available for Occupancy During RBY		(a) No. of Units	(b) Avg.No. of Mos. in RBY	(c) No. of Unit Mos. (a x b)
28.	Units Available as of Report Date (Enter line 9)	360	12	4,320
29.	Additional Units Available During RBY because of Development/Acquisition of PFS-Eligible projects	+ 0	0	+ 0
30.	Units Unavailable During RBY because of Demolition/Disposition/Conversion Actions Approved by HUD	-- 0	0	-- 0
31.	Total (Add lines 28 and 29; subtract line 30)	360		4,320

Part E. Units Estimated to be Occupied During RBY		(a)	(b)	(c)
32.	Units Occupied as of Report Date (Enter line 8)	356	12	4,272
33.	Additional Units Occupied during RBY because of Development/Acquisition of PFS-Eligible Projects	+ 0	0	+ 0
34.	Reoccupancy during RBY of Units Vacated for Circumstances Beyond the HA's Control	+ 0	0	+ 0
35.	Reoccupancy during RBY of Vacant Units in a Funded Modernization Program	+ 0	8	+ 0
36.	Occupied Units in Funded Modernization Program Being Vacated during RBY	-- 0	0	-- 0
37.	Occupied Units Being Vacated during RBY because of Demolition/Disposition/Conversion Actions Approved by HUD. If there are occupied units that become vacant after the Report Date but before the start of the RBY because of circumstances and actions beyond the HA's control, place that number here () and include in total shown on 37. Attach separate sheet with same information requested in Part C.	-- 0	0	-- 0
38.	Total (Add lines 32-35; subtract lines 36 and 37)	356		4,272

Part F. Occupancy Percentage During RBY		
39.	Total Unit Months of Occupancy (Enter line 38c)	4,272
40.	Total Unit Months Available for Occupancy (Enter line 31c)	4,320
41.	Occupancy Percentage for RBY (Divide line 39 by line 40; multiply by 100 and round to nearest whole)	99%
42.	Average Number of Vacant Units During RBY (Subtract line 39 from line 40; divide result by 12 and round to nearest whole)	4

Stop & Note 43. If the result on line 41 is 97% or higher OR if the result on line 42 is five or less, then check the appropriate box below.

You have completed the form and do not need to proceed further.

a. High Occupancy HA: Occupancy Percentage is 97% or higher for the RBY Use 97% as the Projected Occupancy Percentage on line 17 of form HUD-52723

b. High Occupancy HA with five or fewer vacant units Use line 41 for the Projected Occupancy Percentage on line 17 of form HUD-52723

Part G. Vacancy Percentage for RBY Adjusted for Modernization		
44.	Total Unit Months of Vacancy in RBY (Enter line 40 less line 39)	48
45.	Total Unit Months for Vacant Units in Funded Mod. and Under Construction or Funded for Construction (Sum the vacant units of lines 26a and b; multiply by 12)	0
46.	If any of the vacant units on lines 26a or b will be reoccupied during the RBY, enter that number times the average number of months during the RBY these units will be reoccupied.	-- 0
47.	If any of the vacant units on lines 26a or b will be vacated during the RBY for mod, construction, enter that number times the average number of months during the RBY these units will be vacated.	+ 0
48.	Total Unit Months for Vacant Units in Funded Mod, And Under Construction or Funded for Construction in RBY (Add line 45; less line 46; plus line 47)	0
49.	Total Unit Months of Vacancy in RBY Adjusted for Modernization (Enter line 44 less line 48)	48
50.	Vacancy Percentage for RBY Adjusted for Modernization (Divide line 49 by line 40; multiply by 100; and round to nearest whole.)	1%
51.	Average Number of Vacant Units in RBY Adjusted for Modernization (Divide line 49 by 12; round to nearest whole)	4

Stop & Note 52. If the result on line 50 is 3% or lower OR if the result on line 51 is five or less, then check the appropriate box below.

You have completed the form and do not need to proceed further.

a. High Occupancy HA: Vacancy Percentage is 3% or less for the RBY after Modernization Adjustment Use line 41 as the Projected Occupancy Percentage on line 17 of form HUD-52723

b. High Occupancy HA: five or fewer vacant units after Modernization Adjustment Use line 41 for the Projected Occupancy Percentage on line 17 of form HUD-52723

Part H. Vacancy Percentage for RBY Adjusted for Both Modernization AND Beyond Control Circumstances		
53.	Total Unit Months of Vacancy in RBY (Enter line 44)	48
54.	Total Unit Months of Vacancy in RBY Due to Modernization (Enter line 48)	0
55.	Total Unit Months of Vacancy in RBY Due to Beyond Control Vacancies (Enter line 21 times 12; less any entry made on line 34c)	0
56.	Total Unit Months of Vacancy After Above Adjustments (Enter line 53 less lines 54 and 55)	48
57.	Vacancy Percentage for RBY After Above Adjustments (Divide line 56 by line 40; multiply by 100; and round to nearest whole.)	1%
58.	Average Number of Vacant Units in RBY After Above Adjustments (Divide line 56 by 12; round to nearest whole)	4
Stop & Note	59. If the result on line 57 is 3% or lower OR if the result on line 58 is five or less, then check the appropriate box below. You have completed the form and do not need to proceed further.	
	<input type="checkbox"/>	a. High Occupancy HA: Vacancy Percentage is 3% Use line 41 as the Projected Occupancy less for the RBY after Modernization Adjustment Percentage on line 17 of form HUD-52723
	<input type="checkbox"/>	b. High Occupancy HA: five or fewer vacant units after Modernization Adjustment Use line 41 for the Projected Occupancy Percentage on line 17 of form HUD-52723

Part I. Adjustment for Long Term Vacancies		
If the HA estimates that it will have a vacancy percentage of more than 3% for its RBY and more than five vacant units after adjusting for vacant units undergoing modernization and vacancies beyond its control, the HA will exclude all of its long-term vacancies (if any) from its count of units available for occupancy and use this section to determine its projected occupancy percentage.		
60.	Total Long-Term Vacancies (Subtract vacant units shown on lines 21, 26a, and b from line 12. Analyze remaining vacancies and identify those units that have been vacant for more than 12 months as of the Report Date.)	0
61.	Total Unit Months of Vacancy Associated With Long-Term Vacancies (Multiply line 60 by 12)	0
62.	Total Unit Months Available for Occupancy in RBY Adjusted for Long-Term Vacancies (Subtract line 61 from line 31 (c)) Use this UMA number in all other PFS calculations.	4,320
63.	Occupancy Percentage for RBY Adjusted for Long-Term Vacancies (Divide line 38(c) by line 62; multiply by 100 and round to nearest whole)	99%
64.	Average Number of Vacant Units in RBY after All Adjustments (Subtract line 60 from line 58)	(4)
65.	Total Unit Months of Vacancy in RBY after All Adjustments (Subtract line 61 from line 56)	(48)
66.	Vacancy Percentage for RBY Adjusted for Long-Term Vacancies (Divide line 65 by line 62; multiply by 100 and round to nearest whole)	-1%
Stop & Note	67. If the result on line 63 is 97% or higher OR if the result on line 64 is five or less OR if the result on line 66 is 3% or less, then check the appropriate box below. You have completed the form and do not need to proceed further.	
	<input type="checkbox"/>	a. High Occupancy HA: Occupancy Percentage is 97% or higher for the RBY after Long-Term Vacancies Adjustment Use 97% as the Projected Occupancy Percentage on line 17 of form HUD-52723. Use the UMA result on line 62 in calculating PFS eligibility.
	<input type="checkbox"/>	b. High Occupancy HA: five or fewer vacant units after Adjustment for Long-Term Vacancies Use line 63 as the Projected Occupancy Percentage on line 17 of form HUD-52723. Use the UMA result on line 62 in calculating PFS eligibility.
	<input type="checkbox"/>	c. High Occupancy HA: Vacancy Percentage is 3% or lower for the RBY after Long-Term Vacancies Adjustment Use line 63 as the Projected Occupancy Percentage on line 17 of form HUD-52723. Use the UMA result on line 62 in calculating PFS eligibility.

Part J. Projected Occupancy Percentages for Low Occupancy HAs		
If the HA cannot determine an acceptable Projected Occupancy Percentage for the RBY using the above approach, it will use this section. The HA will use the lower of either 97% or that percentage based on having five units vacant for the RBY. Either percentage can be adjusted for vacant units undergoing modernization construction and vacancies beyond its control. Small HAs of 140 units or less will generally want to use a percentage based on five vacant units.		
68.	Enter 97% if HA has more than 140 units. If 140 or fewer units, determine occupancy percentage based on 5 vacant units, for RBY. (Take 60 unit months and divide by line 62; multiply by 100 and round to nearest whole. Subtract result from 100%)	97%
69.	Percentage Adjustment for Modernization and Beyond Control Vacancies (Add lines 48 plus 55; divide that sum by line 62; multiply by 100 and round to nearest whole)	0%
70.	Projected Occupancy Percentage for Low Occupancy HA (Take the percentage on line 68 and subtract the percentage shown on line 69. Use the result as the Projected Occupancy Percentage on line 17 of form HUD-52723. Use the UMA result on line 62 in calculating PFS eligibility)	97%

Macoupin County Housing Authority

Certification of Re-Examination of Family Income & Composition

24 CFR 960.209

The Macoupin County Housing Authority shall re-examine the income and composition of all tenant families at least once every 12 months and determine whether the family's unit size is still appropriate. After consultation with the family and upon verification of the information, the PHA shall make appropriate adjustments in Total Tenant Payment and Tenant rent in accordance with Part 913 of this chapter.

Also, the family must comply with provisions in its lease regarding interim reporting of changes in income. All changes made in the family's Total Tenant Payment or Tenant rent will be verified.

The Macoupin County Housing Authority generates a computer listing monthly of all families in the project, which is recertified at least on a monthly basis.

Margaret (Peg) Barkely, CEO

5-Sep-06
Date

families at
sultation
n the

me.

ogram to be

Macoupin County Housing Authority

Certification of Positions and Salaries

Per HUD Notice 90, the Macoupin County Housing Authority certifies that no employee is in a variety of positions which would exceed 100% of his/her time.

Margaret (Peg) Barkley, CEO

5-Sep-06

Date

Certification of Payments to Influence Federal Transactions

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

Applicants Name

Macoupin County Housing Authority

Program/Activity Receiving Federal Grant Funding:

IL0047-1-6;8-20

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal Grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal Contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

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

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

Name of Authorized Official:

Margaret Barkley

Title:

Chief Executive Officer

Signature:

X

Date:

5-Sep-06

Certification for a Drug-Free Workplace

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

The public Reporting for this collection of information is estimated to average 0.25 hours per response, including the time for gathering information, completing and reviewing the collection of information, completing HUD forms, and reporting. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) certify to the provisions of a drug-free workplace as a condition of assistance. Responses to the collection are required by the Drug-Free Workplace Act of 1988. The information requested does not lend itself to confidentiality.

Applicant Name

Macoupin County Housing Authority

Program/Activity Receiving Federal Grant Funding:

IL0047-1-6;8-20

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

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

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the PHA's/IHA's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- b. Establishing a drug-free awareness program to inform employees about the following:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The PHA's/IHA's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- c. Making it a requirement that each employee of the PHA/IHA be given a copy of the statement required by paragraph a.;
- d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment with the PHA/IHA, the employee will do the following:
 - (1) Notifying the agency in writing, within ten days after receiving notice under subparagraph d, (2) from an employee or otherwise receiving actual notice of such conviction;. Employers of convicted employees must provide notice, including position, title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number of each affected grant;
 - f. Taking one of the following actions within 30 days of receiving notice under subparagraph d. (2) with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraph a. thru f.

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

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

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

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

Name of Authorized Official:

Margaret Barkley

Title:

Chief Executive Officer

Signature:

Date:

5-Sep-06

X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

Macoupin County Housing Authority

FOR FISCAL BUDGET YEAR 2005

DOCUMENTATION OF MCHA UNITS

	Units	Off-Line	Avail.
IL-047-01	12	0	12
IL-047-02	46	0	46
IL-047-03	24	0	24
IL-047-04	40	1	39
IL-047-05	20	0	20
IL-047-06	6	0	6
IL-047-08	20	0	20
IL-047-09	20	0	20
IL-047-10	20	0	20
IL-047-11	10	0	10
IL-047-12	18	0	18
IL-047-13	12	0	12
IL-047-14	20	1	19
IL-047-15	20	0	20
IL-047-16	20	0	20
IL-047-17	20	0	20
IL-047-18	14	0	14
IL-047-19	10	0	10
IL-047-20	10	0	10
	362	2	360

x 6 months : 0 Unit Months Available

360 x 12 months : 4,320 Unit Months Available

360 Total 4,320 Unit Months Available

0 0 Long-term vacancies x 12 months

4,320 Unit Months Available for PFS

Macoupin County Housing Authority

FOR FISCAL BUDGET YEAR 2005

DOCUMENTATION OF LONG TERM VACANCIES

1-Apr-06

	Total LTV	Due to Market Cond.	Modernization Repair
IL06-P004-002	0	0	0
IL06-P004-031	0	0	0
IL06-P004-032	0	0	0
IL06-P004-005	0	0	0
IL06-P004-006	0	0	0
IL06-P004-009	0	0	0
IL06-P004-010	0	0	0
IL06-P004-012	0	0	0
IL06-P004-014	0	0	0
IL06-P004-018	0	0	0
IL06-P004-019	0	0	0
IL06-P004-020	0	0	0
IL06-P004-022	0	0	0
IL06-P004-024	0	0	0
	0	<u>0</u>	<u>0</u>

Rent Roll and Number of Occupied Units

		Rent Roll April 1, 2006	Occupied Units April 1, 2006	Average
1	47-1	1,496.00	12	124.67
2	47-2	4,197.00	46	91.24
3	47-3	3,431.00	24	142.96
4	47-4	3,415.00	38	89.87
5	47-5	1,272.00	20	63.60
6	47-6	746.00	6	124.33
7	47-8	1,449.00	18	80.50
8	47-9	1,918.00	20	95.90
9	47-10	2,475.00	20	123.75
10	47-11	1,735.00	10	173.50
11	47-12	2,246.00	18	124.78
12	47-13	641.00	12	53.42
13	47-14	1,610.00	19	84.74
14	47-15	2,775.00	20	138.75
15	47-16	3,177.00	20	158.85
16	47-17	2,437.00	20	121.85
17	47-18	1,609.00	13	123.77
18	47-19	445.00	10	44.50
19	47-20	861.00	10	86.10
		\$ 37,935.00	356	106.56

Average Monthly Dwelling Rent

\$ 106.56

March 1 Rent Roll

1,681.00	12
4,827.00	46
3,606.00	24
3,897.00	38
1,601.00	19
712.00	6
2,244.00	20
2,145.00	20
2,773.00	19
1,761.00	10
2,426.00	18
942.00	12
1,762.00	19
2,726.00	20
3,149.00	19
2,372.00	20
942.00	14
561.00	10
<u>1,013.00</u>	<u>10</u>
\$ 41,140.00	356

Macoupin County Housing Authority
 Calculation of Average Rent Per Unit

Project #	# of Units		LTV	Mod Rehab	Apr-06		Apr-06	
	Available	Vacant			Occupied	Occupancy	Rent	Average
47- 1	12	0	0	0	12	100.00%	1,496	124.67
47- 2	46	0	0	0	46	100.00%	4,197	91.24
47- 3	24	0	0	0	24	100.00%	3,431	142.96
47- 4	40	2	0	0	38	95.00%	3,415	89.87
47- 5	20	0	0	0	20	100.00%	1,272	63.60
47- 6	6	0	0	0	6	100.00%	746	124.33
47- 8	20	2	0	0	18	90.00%	1,449	80.50
47- 9	20	0	0	0	20	100.00%	1,918	95.90
47- 10	20	0	0	0	20	100.00%	2,475	123.75
47- 11	10	0	0	0	10	100.00%	1,735	173.50
47- 12	18	0	0	0	18	100.00%	2,246	124.78
47- 13	12	0	0	0	12	100.00%	641	53.42
47- 14	20	1	0	0	19	95.00%	1,610	84.74
47- 15	20	0	0	0	20	100.00%	2,775	138.75
47- 16	20	0	0	0	20	100.00%	3,177	158.85
47- 17	20	0	0	0	20	100.00%	2,437	121.85
47- 18	14	1	0	0	13	92.86%	1,609	123.77
47- 19	10	0	0	0	10	100.00%	445	44.50
47- 20	10	0	0	0	10	100.00%	861	86.10
	<u>362</u>	<u>6</u>	<u>0</u>	<u>0</u>	<u>356</u>	<u>98.34%</u>	<u>37,935</u>	<u>106.56</u>

Schedule of FICA Add-On Calculations
 Macoupin County Housing Authority
 Fiscal Budget Year 2007

Step 1.	Requested Budget Year (RBY) FICA Rate	7.65%
	times the	
	RBY Payroll subject to FICA	<u>621,545</u>
	Total RBY Estimate	47,548
Step 2.	Minus:	
	Base Year Salary	251,200
	Base-year FICA Rate (1976)	
	(5.85% of 1st \$14,100 base year salary) =	<u>5.85% x</u>
	Total FICA in Base Year AEL	14,695
Step 3.	Minus:	
	Subsequent year FICA Add-ons permanently on AEL	0
	times Unit Months	<u>4,320</u>
	2001 FICA already in AEL	0
Step 4.	RBY FICA Base (Step 1)	47,548
	less Base FICA Total (Step 2)	(14,695)
	less '00 FICA in AEL (Step 3)	0
	Requested Budget Year Add-On	<u><u>32,853</u></u>

Schedule of Unemployment Compensation Add-On Calculation
 Macoupin County Housing Authority
 Fiscal Budget Year 2007

1. Total Payroll Estimate for Fiscal Year 2007		621,545
2. Low Rent Housing Payroll Estimate for 2007		479,260
Low Rent Portion =		77.11%

FTE Positions in 2007 Budget of the first	16
	<u>9,800</u>
Payroll subject to State U/C	156,800

Estimated State U/C Rate	<u>1.10%</u>
Estimated Total State U/C Tax	1,725

Low Rent Portion =	<u>77.11%</u>
Portion Applicable to Low-Rent	<u><u>1,330</u></u>

Other Add-On for Family Self-Sufficiency
Macoupin County Housing Authority
Fiscal Budget Year 2007

Family Self Sufficiency Employee		0
FICA	7.65%	0
Retirement	8.50%	0
State UC	1.10%	0
Health Insurance		0
Worker's Compensation	0.00%	0
Life Insurance (per \$1000)	\$0.000	<u>0</u>
Total Add-On for Family Self-Sufficiency		<u><u>0</u></u>

Other Add-On for Long-Term Vacancy
Macoupin County Housing Authority
Fiscal Budget Year 2007

As of 8/31/2000:

	Number of Long-Term Vacants		0
X	12 months		0
X	283.26 2001 AEL =		0
X	20.00% =	<hr/>	0

Schedule of Add-Ons for Unit Reconfiguration
Macoupin County Housing Authority
Fiscal Budget Year 2007

Background

Regulatory Basis

Calculation:

Project 4-02 original unit count		
Units remaining after conversion	<u>0</u>	
Units converted from efficiency units	0	
AEL for FYE	09/30/07	283.26
Units months lost budget year	<u>0</u>	
	<u>0</u>	

Other Add-On for Non-Dwelling Units
Macoupin County Housing Authority
Fiscal Budget Year 2007

Project Number and Name

Non-Dwelling Units

Total Non-Dwelling Units	0	
Twelve Months	<u>12</u>	
UMAs	0	
x Allowable Expenses Level	<u>283.26</u>	52723 Page 1 Part A, Line 8
	<u><u>0</u></u>	

Other Add-On for Demolition
Macoupin County Housing Authority
Fiscal Budget Year 2007

Number of Occupied Units as of Date of Approval for Demolition

		0
x	0 months =	0
x	283.26 2000 AEL =	0
x	33.00% =	0

Total Add-On for Demolition 0

Note: Date of Approval for demolition was

Other Add-On for Resident Participation Activities
Macoupin County Housing Authority
Fiscal Budget Year 2007

Project	Rate per Unit	Occupancy FYE 12/31/01	Add-On Amount
47-01	25.00	12	300.00
47-02	25.00	46	1,150.00
47-03	25.00	24	600.00
47-04	25.00	38	950.00
47-05	25.00	20	500.00
47-06	25.00	6	150.00
47-08	25.00	18	450.00
47-09	26.00	20	520.00
47-10	27.00	20	540.00
47-11	28.00	10	280.00
47-12	29.00	18	522.00
47-13	30.00	12	360.00
47-14	25.00	19	475.00
47-15	25.00	20	500.00
47-16	25.00	20	500.00
47-17	25.00	20	500.00
47-18	25.00	13	325.00
47-19	25.00	10	250.00
47-20	25.00	10	250.00
	Total	356	9,122.00

PFS Other Income Incentive (Short Form) For HA's with Other Income Adjustment Only (Revised 6/97)	
HA Name: Macoupin County Housing Authority	
Fiscal Year: 1-Oct-06 through 30-Sep-07	
Note: Line references are to PFS from HUD-52723. Calculate PFS subsidy eligibility and proration before completing this worksheet.	
A Unfunded Portion of Operating Subsidy due to Proration (Line 40 of HUD-52723):	#REF!
B Estimate of PFS Other Income (Line 20 of HUD-52723 times UMA): NOTE: The PFS Definition of Other Income has not changed. See 24 CFR 990.102.	#REF!
C Estimate of Other Income from Excess Utilities, rents billed to dwelling units rented for nondwelling purposes, and rents and charges to other HUD programs;	\$2,016.00
D Potential incentive adjustment for Other Income (B minus C)	#REF!
E Actual Incentive Adjustment (Enter smaller of A or D). Enter this amount on Line 37 of HUD-52723.	#REF!

ATTACHMENT D: il047d02

**Macoupin County Housing Authority
Resident Advisory Board**

December 19, 2006

Ilene Winters 20 Olroyd Court Carlinville, IL 62626	(217) 854-3646	Carlinville
Mary Weeks 213 Deneen St. Staunton, IL 62088	(618) 635-2708	Staunton
Robert Hozian 724B East Pleasant Street Bunker Hill, IL 62014	(618) 585-6164	Bunker Hill
Vacant		Palmyra
Bernice Miller 504 Lynn St. Gillespie, IL 62033	(217) 839-2631	Gillespie
Leta Frailey 105 N. Walnut St. Mt. Olive, IL 62069	(217) 999-7341	Mt. Olive
Joseph Young 612 Rimini Drive. Virden, IL 62690	(217) 965-9764	Virden
Vacant		Benld
Treva Juare 339 South Lincoln St. Girard, IL 62640	(217) 627-3248	Girard

ATTACHMENT E: il047e02

Resident Board Member

Resident Commissioner:	Ilene Winters
How Selected:	Reappointed by County Board Chair Mr. Don B. Denby, Jr. All Commissioners are appointed by the Macoupin County Board Chair
Term:	Reappointed August 2004 for a five year term that will end August 2009

Attachment F: il047f02

COMMUNITY SERVICE REQUIREMENT POLICY

MACOUPIN COUNTY HOUSING AUTHORITY

SERVICE REQUIREMENT

Except for any family member who is an exempt individual, each adult resident of public housing must:

- 1) Contribute 8 hours per month of community service (does not include political activities); or
- 2) Participate in an economic self-sufficiency program for 8 hours per month; or
- 3) Perform 8 hours per month of combined community service and economic self-sufficiency.

COVERED RESIDENTS

All public housing residents between the ages of 18 and 62 years of age who are not exempt.

EXEMPT RESIDENTS

Any public housing resident who is:

- 1) 62 years or older;
- 2) Blind or disabled and who certifies that because of this disability she or he is unable to comply with the requirement of the policy;
- 3) Primary caretaker of a person who is 62 years or older or who is blind or disabled;
- 4) Engaged in work activities;
- 5) Engaged in a work activity under the state program funded under Part A of Title IV of the Social Security Act, or under any other welfare program of the state, including a state administered welfare-to-work program;
- 6) Member of a family receiving assistance, benefits or services under a state program funded under Part A of Title IV of the Social Security Act, or under any other welfare program of the state, including a state administered welfare-to-work program and has not been found by the state to be in noncompliance with such a program;
- 7) Primary caregiver for a sibling five years of age or younger.

Attachment F: il047f02

VIOLATION OF SERVICE REQUIREMENT

Violation of the service requirement is grounds for nonrenewal of the twelve (12) months lease agreement, but not for termination of tenancy during the course of the twelve (12) months lease term.

COMMUNITY SERVICE

The performance of volunteer work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities.

QUALIFIED COMMUNITY SERVICE ORGANIZATIONS AND ACTIVITIES

As a convenience to covered residents, the Housing Authority will develop, post on the Authority's bulletin boards and provide to covered residents a list of qualified organizations (and activities) that have agreed to work with residents in helping them satisfy their community service requirement. Residents are not limited to the published list and are encouraged to identify other organizations and activities. To ensure compliance with this community service policy, residents should seek the Housing Authority's approval prior to volunteering for organizations or performing activities not included on the published list. It is the Housing Authority's policy to provide great latitude in approving community service organizations and activities.

DETERMINING RESIDENT STATUS

Per the Housing Authority's approved Admission and Continued Occupancy Policy (ACOP):

- The status of all applicant family members will be determined and families notified during the application process.
- During annual (or every three years for residents paying flat rents) recertifications, the status of each family member will be reviewed and determined.
- Between recertifications, residents are required to notify the Housing Authority within ten (10) days when there is a change in employment, income, family composition or welfare-to-work training or employment activities. The Housing Authority will use this information to determine changes, if any, in family member status.
- Members will be informed verbally and in writing of their community service requirement.

Attachment F: il047f02

ASSURING RESIDENT COMPLIANCE

The Housing Authority shall review and verify family compliance with service requirements annually at least thirty (30) days before the end of the twelve (12) month lease term. The Housing Authority will retain reasonable documentation of service requirement performance or exemption in resident family files.

If the Housing Authority determines that a covered family member has not complied with their service requirement, the Housing Authority will notify the family of this determination, describe the noncompliance and state the Authority will not renew the lease at the end of the twelve (12) month lease term unless:

- The family enters into an agreement with the Authority that the noncompliant family member will cure such noncompliance within the twelve (12) month term of the new lease while also satisfying the on-going service requirement.
- Or the family provides written assurance satisfactory to the Authority that the noncompliant family member no longer resides in the unit.

Families may request a grievance hearing on the Housing Authority's determination in accordance with the Authority's approved Grievance Procedure.

SIGNED CERTIFICATIONS

The Housing Authority management staff will provide signed certifications of any community service activities administered by the Authority. In a similar manner, organizations other than the Authority, who administer qualifying activities must provide signed certifications.

The Housing Authority will provide covered residents with three part, prepaid post card size certification forms that the residents will present to the organization administering the qualifying activities for certification approval and signatures. The person(s) approved for signing the certifications will tear the three part, prepaid mailer form apart, give one copy to the resident, keep one copy, and drop the prepaid (and pre-addressed) part in the mail back to the Authority. The Authority will file the returned cards in each covered resident's file.

ATTACHMENT G: il047g02

PET POLICY

This Statement of Pet Policy is established for the Macoupin County Housing Authority (MCHA) on October 1, 2000 and revised October 1, 2007.

Per the requirements of 24 CFR Part 5.35 and 24 CFR Part 960, “a resident of a dwelling unit in public housing may own one (1) or more common household pets or have one (1) or more common household pets present in the dwelling unit of such resident, subject to the reasonable requirements of the public housing agency, if the resident maintains each pet responsibly and in accordance with applicable state and local public health, animal control and animal anti-cruelty laws and regulations and with the following policies”.

1.0 Application for Pet Permit

Prior to housing any pet on the premises, the resident shall apply to MCHA for a pet permit which shall be accompanied by the following:

- 1.1 A current license issued by the appropriate authority, if applicable; and
- 1.2 Evidence that the pet has been spayed or neutered, as applicable; and
- 1.3 Evidence that the pet has received current rabies and distemper inoculations or boosters, as applicable, and
- 1.4 Evidence of payment of a \$100 refundable pet deposit for each dog or cat. Pet deposits are not required for birds, fish aquariums, hamsters, guinea pigs and gerbils. Pet deposits are non-interest bearing and may be gradually paid at the rate of \$50 when the cat or dog is brought on the premise then \$10 per month until the deposit is paid. This refundable pet deposit must be paid in addition to MCHA’s standard security deposit; and**
- 1.5 Current picture of dog or cat, taken by MCHA; and
- 1.6 Residents must identify an alternate custodian for pets in the event of resident illness or other absence from the dwelling unit. This identification of an alternate custodian must occur prior to the Housing Authority issuing a pet registration permit and must be kept current. Custodian must state in writing to MCHA that they are willing to be the pet care giver. MCHA must have custodian’s name, address and phone number.

ATTACHMENT G: il047g02

- 2.0 All residents with pets permitted to be kept under this policy shall comply with the following rules:
- 2.1 Permitted pets are domesticated dogs, cats, birds in cages, fish aquariums, hamsters, guinea pigs and gerbils. All other animals not listed are specifically excluded.
 - 2.2 Birds, hamsters, guinea pigs, and gerbils are considered caged animals and must be kept in a cage.
 - 2.3 The weight of the dog or cat may not exceed thirty (30) pounds (adult size) and the height of the dog or cat may not exceed fifteen inches at the shoulder (adult size).
 - 2.4 A maximum total of two pets are allowed; however combinations of two dogs, two cats or a dog and a cat are not allowed. Examples of acceptable combinations include, but are not limited to: two caged animals, two aquariums, one caged animal and one aquarium, one caged animal and a dog, one caged animal and a cat, one aquarium and a dog, and one aquarium and a cat.
 - 2.5 Dogs and cats must be licensed yearly with the County and/or City and residents must show proof of annual rabies and distemper booster inoculations required by state or local law.
 - 2.6 Vicious and/or intimidating dogs will not be allowed, including, but not limited to such breeds as Dobermans, German Shepherds, Chows, Pit Bulls, Rockweilers, etc
 - 2.7 All dogs and cats must be spayed or neutered, as applicable.
 - 2.8 Dogs and cats shall remain inside the resident's unit. No animal shall be permitted to be loose in hallways, lobby areas, laundromats, community rooms, yards or other common areas of the facility.
 - 2.9 When taken outside the unit, dogs and cats must be kept on a leash, controlled by an adult.
 - 2.10 Birds, hamsters, guinea pigs and gerbils must be confined to a cage at all times. Fish must be confined to an aquarium not to exceed 55 gallons in size.
 - 2.11 Residents shall not permit their pet to disturb, interfere, or diminish the peaceful enjoyment of other residents. The terms, "disturb, interfere or diminish" shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities.

ATTACHMENT G: il047g02

- 2.12 Residents must provide litter boxes for cat waste, which must be kept in the dwelling unit. Residents shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary.
- 2.13 Residents are solely responsible for cleaning up pet droppings, if any, outside the unit and on facility grounds. Droppings must be disposed of by being placed in a sack and then placed in a refuse container outside the building.
- 2.14 Residents shall take adequate precautions and measures necessary to eliminate pet odors within or around the unit and shall maintain the unit in a sanitary condition at all times.
- 2.15 If pets are left unattended for a period of twenty-four (24) hours or more, MCHA may enter the dwelling unit, remove the pet and transfer it to the designated custodian or if unavailable, to the proper authorities, subject to the provision of state law and pertinent local ordinances. MCHA accepts no responsibility for the animal under such circumstances.
- 2.16 Residents shall not alter their unit, patio or grounds area in order to create an enclosure for any pet.
- 2.17 Residents are responsible for all damages caused by their pets, including the cost of cleaning of carpets and/or fumigation of units.
- 2.18 Residents are prohibited from feeding or harboring stray animals. The feeding of any stray animals shall constitute having a pet without written permission of MCHA.
- 2.19 At recertifications, residents must identify an alternate custodian for pets in the event of resident illness or other absence from the dwelling unit. The identification of an alternate custodian must occur prior to MCHA issuing a pet registration permit and then must be kept current.
- 2.20 Visitors are not allowed to bring pets and the residents shall not engage in “pet-sitting”.
- 2.21 No animals shall be tied up on the outside or left unattended. No dog houses, animal runs, etc., will be permitted.
- 2.22 These rules may be amended from time to time, as necessary, by MCHA and such amendments shall be binding on the residents upon notice thereof.

ATTACHMENT G: il047g02

- 2.23 Exception: The above rules may be waived in the case of an animal required by Doctor's written authorization to aid in the care of a visually, hearing or other impaired handicapped resident. Proper certification will be required if the animal is indeed properly trained to serve in this capacity.
- 3.0 Residents who violate these rules are subject to:
- 3.1 Being required to get rid of the pet within 14 days of written notice by MCHA; and/or
- 3.2 Eviction.
- 4.0 The privilege of maintaining a pet in a facility owned and/or operated by MCHA shall be subject to the rules set forth above. This privilege may be revoked at any time, subject to MCHA's Hearing Procedures, if the animal should become destructive, create a nuisance, represent a threat to the safety, health and security of other residents, or create a problem in the area of cleanliness and sanitation.
- 5.0 A breach of any of the foregoing rules constitutes a breach of the resident's lease and can result in not only in the revocation of the privilege of keeping a pet, but may result in any of the sanctions set forth in the resident's lease for breach thereof, including forfeiture of further leasehold rights and termination of the lease. Further, the resident is subject to the Animal Control Act, Section 351 et. seq. of Chapter 8 of the Illinois Revised Statutes. The election of a remedy by MCHA for a resident's breach of the forgoing rules is not exclusive and MCHA may thereafter pursue any of the various remedies set forth in the lease as MCHA may, in its discretion, decide.

Resident's Signature

Date

Chief Executive Officer's Signature

Date

**ATTACHMENT H: i1047h02
CAPITAL FUND PROGRAM FIVE-YEAR PLAN**

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Macoupin County Housing Authority				<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: 2008 PHA FY: 2008	Work Statement for Year 3 FFY Grant: 2009 PHA FY: 2009	Work Statement for Year 4 FFY Grant: 2010 PHA FY: 2010	Work Statement for Year 5 FFY Grant: 2011 PHA FY: 2011
IL047-001	Annual Statement		\$184,000		
IL047-002					
IL047-003					
IL047-004					
IL047-005					
IL047-006			\$25,000		
IL047-008					
L047-009					\$135,000
L047-010			\$21,000		\$5,000
L047-011			\$10,000		
L047-012			\$11,000		
L047-013			\$8,000		
L047-014			\$15,000		
L047-015			\$20,000		\$5,000
L047-016			\$90,000		
L047-017			\$20,000		
L047-018			\$14,000		
L047-019			\$80,667	\$10,000	
L047-020			\$6,000	\$35,000	
1450 HA-Wide				\$5,000	\$5,000
1460 HA-Wide		\$15,000	\$15,000	\$15,000	\$15,000
1406 Operations		\$61,107	\$61,107	\$61,107	\$61,107
1408 Mgt Improve		\$61,107	\$61,107	\$61,107	\$61,107
1410 Administration		\$61,107	\$61,107	\$61,107	\$61,107
1430 Fees and Costs		\$47,500	\$47,500	\$52,500	\$52,500
1440 Site Acquisition		\$2,500	\$2,500	\$15,000	\$15,000
1470 Non-Dwelling Structures		\$1,000	\$1,000	\$1,000	\$1,500
1475 Vehicles/tools		\$26,082	\$30,000	\$30,000	\$30,000
1475 Computer		\$10,000	\$20,000	\$40,000	\$40,000
1485 Demolition		\$2,500	\$10,000	\$10,000	\$10,000

**ATTACHMENT H: i1047h02
CAPITAL FUND PROGRAM FIVE-YEAR PLAN**

1485.1 Relocation			\$5,000	\$5,000	\$5,000
1499 New Development		\$2,500	\$62,749	\$109,249	\$60,428
1501 Collateralization/debt s					\$183,321
Total CFP Funds (Est.)		\$611,071	\$611,071	\$611,071	\$611,071
Replacement Housing Factor Funds					

**ATTACHMENT H: i1047h02
CAPITAL FUND PROGRAM FIVE-YEAR PLAN**

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: 2008 PHA FY: 2008			Activities for Year: <u>3</u> FFY Grant: 2009 PHA FY: 2009		
	Project #	Major Work Categories	Estimated Cost	Project #	Major Work Categories	Estimated Cost
See	HA-Wide	1406 Operations	\$61,107	HA-Wide	1406 Operations	\$61,107
Annual	HA-Wide	1408 Management Improvements	\$61,107	HA-Wide	1408 Management Improvements	\$61,107
Statement	HA-Wide	1410 CFP Administration	\$61,107	HA-Wide	1410 CFP Administration	\$61,107
	HA-Wide	1430A/E Fees	\$25,000	HA-Wide	1430A/E Fees	\$25,000
	HA-Wide	1430 CFP Tech Assistance	\$7,500	HA-Wide	1430 CFP Tech Assistance	\$7,500
	HA-Wide	1430 LBP/Asbestos inspect/assess	\$15,000	HA-Wide	1430 LBP/Asbestos inspect/assess	\$15,000
	HA-Wide	1440 Site acquisition	\$2,500	HA-Wide	1440 Site acquisition	\$2,500
	IL047-19	1450 Repair/replace walks/drives	\$45,667	HA-Wide	1450 Repair/replace walks/drives	\$5,000
	HA-Wide	1460 Section 504 upgrade, full UFAS	\$10,000	HA-Wide	1460 Section 504 upgrade, full UFAS	\$10,000
	HA-Wide	1460 LBP/Asbestos removal	\$5,000	HA-Wide	1460 LBP/Asbestos removal	\$5,000
	IL047-06	1460 Re-roof	\$25,000	IL047-02	1460 Re-roof	\$184,000
	IL047-16	1460 Replace kitchen cabinets	\$70,000	IL047-19	1460 Repair/replace windows	\$10,000
	IL047-19	1460 Replace kitchen cabinets	\$35,000	IL047-20	1460 Repair/replace windows	\$35,000
	IL047-10	1460 Replace boiler room doors	\$21,000	HA-Wide	1470 Upgrade nondwelling structures	\$1,000
	IL047-11	1460 Replace boiler room doors	\$10,000	HA-Wide	1475 Vehicles, tools and equipment	\$20,000
	IL047-12	1460 Replace boiler room doors	\$11,000	HA-Wide	1475 Computer/Communicate system	\$30,000
	IL047-13	1460 Replace boiler room doors	\$8,000	IL047-05	1485 Demolition	\$10,000
	IL047-14	1460 Replace boiler room doors	\$15,000	IL047-05	1495.1 Relocation	\$5,000
	IL047-20	1460 Replace boiler room doors	\$6,000	HA-Wide	1499 New development	\$62,749
	IL047-15	1460 Repair/replace windows	\$20,000			
	IL047-16	1460 Repair/replace windows	\$20,000			
	IL047-17	1460 Repair/replace windows	\$20,000			
	IL047-18	1460 Repair/replace windows	\$14,000			
	HA-Wide	1470 Upgrade nondwelling structures	\$1,000			
	HA-Wide	1475 Vehicles, tools and equipment	\$26,082			
	HA-Wide	1475 Computer/communicate systems	\$10,000			
	IL047-05	1485 Demolition	\$2,500			
	HA-Wide	1499 New development	\$2,500			
	Total CFP Estimated Cost		\$611,070			\$611,070

ATTACHMENT: il047j02

Definition of Substantial Deviation and Significant Amendment or Modification for the Macoupin County Housing Authority

The following actions are defined as substantial deviation or significant amendment or modification:

GOALS

- Additions or deletions of Strategic Goals

PROGRAMS

- Adding new programs not included in the Housing Agency Plan
- Any change with regard to demolition or disposition, designation of housing, homeownership programs or conversion activities

CAPITAL BUDGET

- Additions of non-emergency work items in excess of \$25,000 (items not included in the current Annual Statement or Five Year Action Plan) or change in use of replacement reserve funds in excess of \$25,000.

POLICIES

- Changes to rent or admissions policies or organization of the waiting list

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

WAITING LIST ANALYSIS FY2007 HOUSING AGENCY PLAN

	Benld		Bunker Hill		Carlinville		Gillespie		Girard		Staunton		Mt. Olive		Palmyra		Virden		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Extremely low income <=30% AMI	127	85.23%	74	80.43%	136	76.40%	154	80.63%	66	78.57%	118	84.29%	58	81.69%	19	76.00%	72	80.90%	896	80.87%
Very low income (>30% but <=50% AMI)	21	14.09%	18	19.57%	37	20.79%	33	17.28%	16	19.05%	19	13.57%	13	18.31%	6	24.00%	11	12.36%	185	16.70%
Low income (>50% but <80% AMI)	1	0.67%	0	0.00%	4	2.25%	3	1.57%	2	2.38%	3	2.14%	0	0.00%	0	0.00%	6	6.74%	25	2.26%
Families over 80% AMI	0	0.00%	0	0.00%	1	0.56%	1	0.52%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.18%
Total	149	100.00%	92	100.00%	178	100.00%	191	100.00%	84	100.00%	140	100.00%	71	100.00%	25	100.00%	89	100.00%	1,108	100.00%
Families with children	144	96.64%	87	94.57%	167	93.82%	178	93.19%	79	94.05%	123	87.86%	63	88.73%	22	88.00%	82	92.13%	1,027	92.69%
Elderly families	5	3.36%	5	5.43%	11	6.18%	13	6.81%	5	5.95%	17	12.14%	8	11.27%	3	12.00%	7	7.87%	81	7.31%
Total	149	100.00%	92	100.00%	178	100.00%	191	100.00%	84	100.00%	140	100.00%	71	100.00%	25	100.00%	89	100.00%	1,108	100.00%
Families with Disabilities	12	8.05%	13	14.13%	34	19.10%	19	9.95%	18	21.43%	14	10.00%	9	12.68%	6	24.00%	16	17.98%	157	14.17%
Race/ethnicity White	147	98.66%	86	93.48%	170	95.51%	185	96.86%	83	98.81%	139	99.29%	71	100.00%	25	100.00%	88	98.88%	1,082	97.65%
Race/ethnicity Black	2	1.34%	6	6.52%	8	4.49%	6	3.14%	1	1.19%	1	0.71%	0	0.00%	0	0.00%	1	1.12%	26	2.35%
Race/ethnicity O	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total	149	100.00%	92	100.00%	178	100.00%	191	100.00%	84	100.00%	140	100.00%	71	100.00%	25	100.00%	89	100.00%	1,108	100.00%
Race/ethnicity NH	147	98.66%	91	98.91%	177	99.44%	190	99.48%	1	1.19%	139	99.29%	71	100.00%	25	100.00%	88	98.88%	1,017	91.79%
Race/ethnicity H	2	1.34%	1	1.09%	1	0.56%	1	0.52%	83	98.81%	1	0.71%	0	0.00%	0	0.00%	1	1.12%	91	8.21%
Total	149	100.00%	92	100.00%	178	100.00%	191	100.00%	84	100.00%	140	100.00%	71	100.00%	25	100.00%	89	100.00%	1,108	100.00%
1BR	39	26.17%	23	25.00%	69	38.76%	54	28.27%	31	36.90%	41	29.29%	22	30.99%	12	48.00%	29	32.58%	349	31.50%
2 BR	69	46.31%	39	42.39%	61	34.27%	87	45.55%	34	40.48%	64	45.71%	36	50.70%	6	24.00%	34	38.20%	464	41.88%
3 BR	36	24.16%	23	25.00%	44	24.72%	44	23.04%	16	19.05%	30	21.43%	12	16.90%	7	28.00%	23	25.84%	258	23.29%
4 BR	5	3.36%	7	7.61%	4	2.25%	6	3.14%	3	3.57%	5	3.57%	1	1.41%	0	0.00%	3	3.37%	37	3.34%
Total	149	100.00%	92	100.00%	178	100.00%	191	100.00%	84	100.00%	140	100.00%	71	100.00%	25	100.00%	89	100.00%	1,108	100.00%

ATTACHMENT K: iI047k02

MACOUPIN COUNTY HOUSING AUTHORITY

TOWN BASED WAITING LIST ANALYSIS

Town	White		Black		Hispanic		Elderly		Family		Disabled		Total Wait List
	2007		2007		2007		2007		2007		2007		
	#	%	#	%	#	%	#	%	#	%	#	%	
Benld	147	98.66%	2	1.34%	2	1.34%	5	3.36%	144	96.64%	12	8.05%	149
Bunker Hill	86	93.48%	6	6.52%	1	1.09%	5	5.43%	87	94.57%	13	14.13%	92
Carlinville	170	95.51%	8	4.49%	1	0.56%	11	6.18%	167	93.82%	34	19.10%	178
Gillespie	185	96.86%	6	3.14%	1	0.52%	13	6.81%	178	93.19%	19	9.95%	191
Girard	83	98.81%	1	1.19%	1	1.19%	5	5.95%	79	94.05%	18	21.43%	84
Staunton	139	99.29%	1	0.71%	1	0.71%	17	12.14%	123	87.86%	14	10.00%	140
Mt. Olive	71	100.00%	0	0.00%	0	0.00%	8	11.27%	63	88.73%	9	12.68%	71
Palmyra	25	100.00%	0	0.00%	0	0.00%	3	12.00%	22	88.00%	6	24.00%	25
Virден	88	98.88%	1	1.12%	1	1.12%	7	7.87%	82	92.13%	16	17.98%	89
Totals	994	97.55%	25	2.45%	8	0.79%	74	7.26%	945	92.74%	141	13.84%	1,019

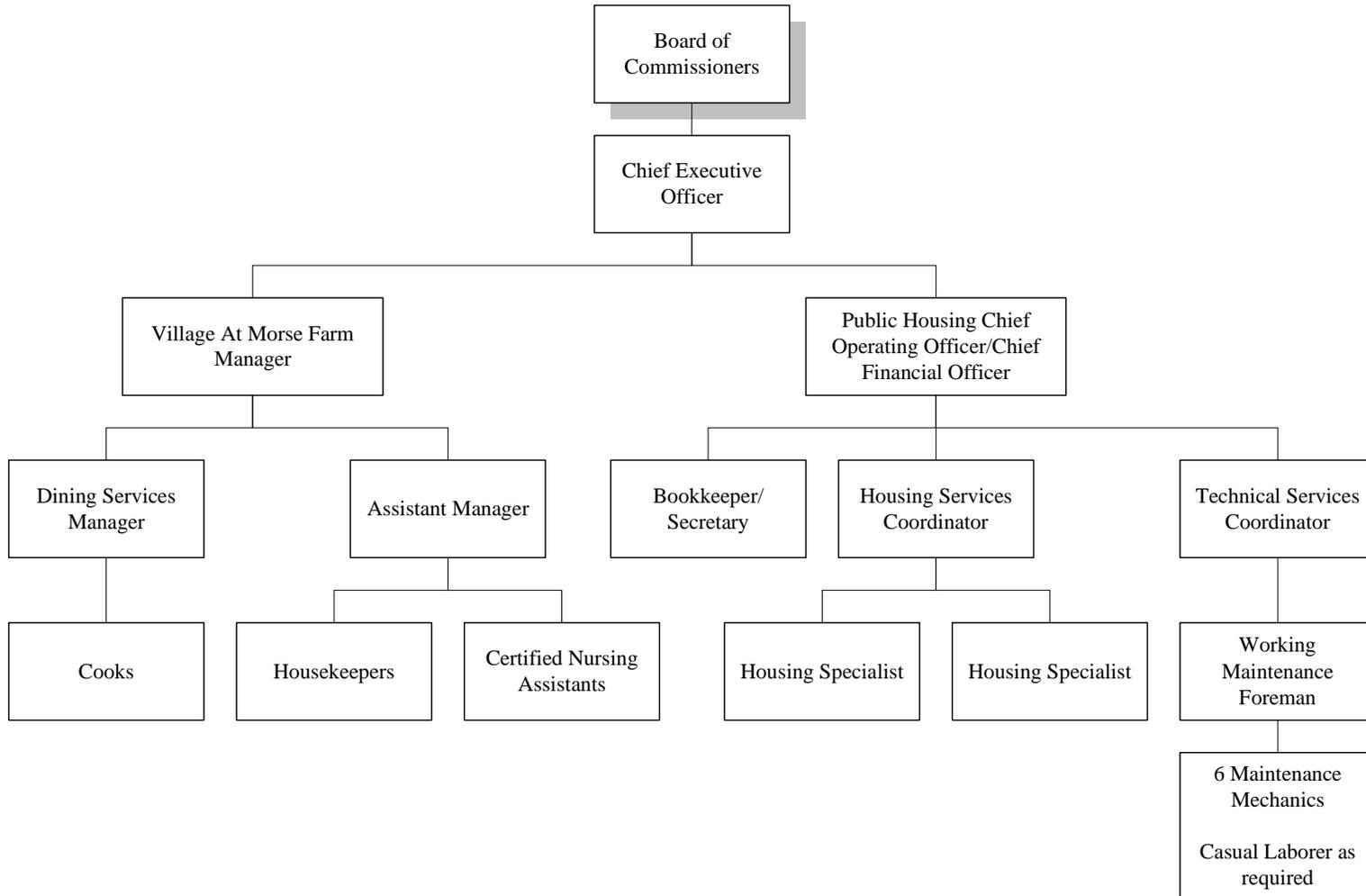
ATTACHMENT K

MACOUPIN COUNTY HOUSING AUTHORITY

TOWN BASED WAITING LIST ANALYSIS, COMPARISON OF FY2006 TO FY2007

Town	White					Black					Hispanic					Elderly					Family					Disabled					FY2007 Total Applicants	FY2006 Total Applicants	Difference FY2007/FY2006	
	FY2007		FY2006		% Diff	FY2007		FY2006		% Diff	FY2007		FY2006		% Diff	FY2007		FY2006		% Diff	FY2007		FY2006		% Diff	FY2007		FY2006		% Diff			#	%
	#	%	#	%		#	%	#	%		#	%	#	%		#	%	#	%		#	%	#	%		#	%	#	%					
Benld	147	98.66%	26	100.00%	-1.3%	2	1.34%	0	0.00%	1.3%	2	1.34%	0	0.00%	1.3%	5	3.36%	1	3.85%	-0.5%	144	96.64%	22	84.62%	12.03%	12	8.05%	3	11.54%	-3.48%	149	26	123	473.08%
Bunker Hill	86	93.48%	16	100.00%	-6.5%	6	6.52%	0	0.00%	6.5%	1	1.09%	0	0.00%	1.1%	5	5.43%	2	12.50%	-7.1%	87	94.57%	12	75.00%	19.57%	13	14.13%	2	12.50%	1.63%	92	16	76	475.00%
Carlinville	170	95.51%	40	97.56%	-2.1%	8	4.49%	1	2.44%	2.1%	1	0.56%	1	2.44%	-1.9%	11	6.18%	6	14.63%	-8.5%	167	93.82%	27	65.85%	27.97%	34	19.10%	7	17.07%	2.03%	178	41	137	334.15%
Gillespie	185	96.86%	30	96.77%	0.1%	6	3.14%	1	3.23%	-0.1%	1	0.52%	1	3.23%	-2.7%	13	6.81%	1	3.23%	3.6%	178	93.19%	28	90.32%	2.87%	19	9.95%	2	6.45%	3.50%	191	31	160	516.13%
Girard	83	98.81%	15	93.75%	5.1%	1	1.19%	1	6.25%	-5.1%	1	1.19%	1	6.25%	-5.1%	5	5.95%	3	18.75%	-12.8%	79	94.05%	10	62.50%	31.55%	18	21.43%	3	18.75%	2.68%	84	16	68	425.00%
Staunton	139	99.29%	28	100.00%	-0.7%	1	0.71%	0	0.00%	0.7%	1	0.71%	0	0.00%	0.7%	17	12.14%	3	10.71%	1.4%	123	87.86%	21	75.00%	12.86%	14	10.00%	4	14.29%	-4.29%	140	28	112	400.00%
Mt. Olive	71	100.00%	10	100.00%	0.0%	0	0.00%	0	0.00%	0.0%	0	0.00%	0	0.00%	0.0%	8	11.27%	0	0.00%	11.3%	63	88.73%	8	80.00%	8.73%	9	12.68%	2	20.00%	-7.32%	71	10	61	610.00%
Palmyra	25	100.00%	9	100.00%	0.0%	0	0.00%	0	0.00%	0.0%	0	0.00%	0	0.00%	0.0%	3	12.00%	2	22.22%	-10.2%	22	88.00%	6	66.67%	21.33%	6	24.00%	1	11.11%	12.89%	25	9	16	177.78%
Virden	88	98.88%	18	100.00%	-1.1%	1	1.12%	0	0.00%	1.1%	1	1.12%	0	0.00%	1.1%	7	7.87%	6	33.33%	-25.5%	82	92.13%	10	55.56%	36.58%	16	17.98%	2	11.11%	6.87%	89	18	71	394.44%
Totals	994	97.55%	192	98.46%	-0.9%	25	2.45%	3	1.54%	0.9%	8	0.79%	3	1.54%	-0.8%	74	7.26%	24	12.31%	-5.0%	945	92.74%	144	73.85%	18.89%	141	13.84%	26	13.33%	0.50%	1,019	195	824	422.56%

**MACOUPIN COUNTY HOUSING AUTHORITY
Organizational Chart**



Margaret (Peg) Barkley
Executive Director

MACOUPIN COUNTY
HOUSING AUTHORITY

Post Office Box 226, Carlinville, Illinois 62626

760 Anderson Street
Telephone (217) 854-8606
FAX (217) 854-8749

Paul W. Bloomer
Attorneys

April 3, 2007

Performance and Evaluation Report
2004 Capital Fund Plan

This report is submitted to describe the activities, obligations and expenditures of this authority's 2004 Capital Fund Plan for fiscal year 2007 as of March 31, 2007. The allocated funds have been obligated and expended within the prescribed implementation plan and schedule and changes have been made within the prescribed activities as stated in the Comprehensive Grant Handbook 7485.3.

1. Emergency Needs

There were no funds used for emergency needs.

2. Deviations within the 10% cap for major changes.

All changes were within the "Fungibility" standards adopted for the 2004 Capital Fund Plan. These standards allow the movement of work items throughout the approved Five-Year Action Plan.

3. Deviations between years one and two of the approved Annual Statement.

There are no deviations between years one and two at this reporting period.

4. Actual fund obligations and expenditures as compared to the budgeted amounts.

The actual fund obligations and expenditures are within the budgeted amounts.

5. Performance with respect to the target dates established in the implementation schedule. Target dates established in the implementation schedule are being maintained.

Summary of resident and local/tribal government comments.

The Macoupin County Housing Authority distributed the Performance and Evaluation Draft Report to the county board chairman, the Macoupin County Housing Board of Commissioners and the resident advisory board members. In addition the housing residents were notified that a copy of the draft report was available for their review and comments at the housing office. The Macoupin County Housing Board of Directors will review the Draft Performance and Evaluation Report included as part of the Agency Plan at their June board meeting.

Sincerely,

Margaret (Peg) Barkley
Chief Executive Officer

**Annual Statement /
Performance and Evaluation Report**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0157
(exp. 11/30/2008)

Comprehensive Grant Program (CGP) **Part 1 Summary**

Office of Public and Indian Housing

HA NAME

MACOUPIN COUNTY HOUSING AUTHORITY

Comprehensive Grant Number

IL06P04750104

FFY of Grant Approval

2004

Original Annual Statement Revised Annual Statement/Revision Number 2

Performance and Evaluation Report for Period Ending 3/31/2007

Reserve for Disaster/Emergencies Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds	\$0.00			
2	1406 Operations	\$71,977.00	\$65,572.35	\$65,572.35	\$65,572.35
3	1408 Management Improvements	\$71,977.00	\$71,977.00	\$71,977.00	\$71,977.00
4	1410 Administration	\$71,977.00	\$71,977.00	\$71,977.00	\$71,977.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$45,060.00	\$12,046.08	\$12,046.08	\$12,046.08
8	1440 Site Acquisition	\$150,000.00	\$93,697.00	\$93,697.00	\$93,697.00
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$238,787.00	\$330,014.00	\$330,013.92	\$330,013.92
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures	\$0.00	\$62,249.51	\$62,249.51	\$62,249.51
13	1475 Nondwelling Equipment	\$20,000.00	\$12,245.14	\$12,245.14	\$12,245.14
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development activities for homeownership plan	\$50,000.00	\$0.00	\$6,467.06	\$6,467.06
19	1502 Contingency (may not exceed 8% of line 19)				
20	Amount of Annual Grant (Sum of lines 2-18)	\$719,778.00	\$719,778.08	\$719,778.00	\$719,778.00
21	Amount of line 20 Related to LBP Activities	\$14,434.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Compliance	\$60,000.00	\$24,353.72	\$24,353.72	\$24,353.72
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to 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	Date (mm/dd/yyyy)	Signature of Public Housing Director/Office American Programs Administrator Date(mm/dd/yyyy)
---------------------------------	-------------------	--

form HUD-52837 (9/98)
ref Handbook 7485.3

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Statues of proposed work (2)
				Original	Revised (1)	Funds Obligated	Funds Expended (2)	
PHA Wide Operating	Vacancy reduction plan activities	1406		\$40,000.00	\$39,978.35	\$39,978.35	\$39,978.35	
	Maintenance Contracts			\$31,977.00	\$25,594.00	\$25,594.00	\$25,594.00	
	Subtotal			\$71,977.00	\$65,572.35	\$65,572.35	\$65,572.35	
PHA Wide Management Improvement	Resident services coordinator/Fringes	1408		\$46,805.94	\$46,095.79	\$46,095.79	\$46,095.79	
	Commissioner Training			\$7,194.06	\$7,969.93	\$7,969.93	\$7,969.93	
	Technical Assistance with operations and affordable housing			\$17,977.00	\$17,911.28	\$17,911.28	\$17,911.28	
Subtotal	\$71,977.00	\$71,977.00	\$71,977.00	\$71,977.00				
PHA Wide Administration	CFP Administrator/fringes	1410		\$48,301.00	\$48,301.00	\$48,301.00	\$48,301.00	
	Clerical Support/fringes			\$23,676.00	\$23,676.00	\$23,676.00	\$23,676.00	
	Subtotal			\$71,977.00	\$71,977.00	\$71,977.00	\$71,977.00	
Fees & Costs	A/E Fees	1430		<u>\$23,126.00</u>	<u>\$4,546.08</u>	\$4,546.08	\$4,546.08	
	Capital Program Update			<u>\$7,500.00</u>	\$7,500.00	\$7,500.00	\$7,500.00	
	LBP inspections/risk assesments			\$14,434.00	\$0.00	\$0.00	\$0.00	
Subtotal	\$45,060.00	\$12,046.08	\$12,046.08	\$12,046.08				

(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	Date (mm/dd/yyyy)	Signature of Public Housing Director/Office American Programs Administrator	Date(mm/dd/yyyy)
---------------------------------	-------------------	---	------------------

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Statues of proposed work (2)
				Original	Revised (1)	Funds Obligated	Funds Expended (2)	
PHA Wide	Purchase Property & Demolish any unwanted structures	1440		\$150,000.00	\$93,697.00	\$93,697.00	\$93,697.00	
	Subtotal			\$150,000.00	\$93,697.00	\$93,697.00	\$93,697.00	
PHA Wide	Section 504 Upgrade to full UFAS standards	1460		\$60,000.00	\$24,353.72	\$24,353.72	\$24,353.72	
	Subtotal			\$60,000.00	\$24,353.72	\$24,353.72	\$24,353.72	
PHA Wide	Asbestos containing material removal	1460		\$15,000.00	\$0.00	\$0.00	\$0.00	
	Subtotal			\$15,000.00	\$0.00	\$0.00	\$0.00	
IL 47-4 Virden	Re-roof	1460		\$95,000.00	\$0.00	\$0.00	\$0.00	
	Subtotal			\$95,000.00	\$0.00	\$0.00	\$0.00	
IL 47-6 Bunker Hill	Re-roof	1460		\$29,392.00	\$0.00	\$0.00	\$0.00	
	Subtotal			\$29,392.00	\$0.00	\$0.00	\$0.00	
IL 47-13 Bunker Hill	Re-roof	1460		\$0.00	\$42,800.00	\$42,800.00	\$42,800.00	Completed
	Subtotal			\$0.00	\$42,800.00	\$42,800.00	\$42,800.00	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement. Signature of Executive Director _____ Date (mm/dd/yyyy) _____	(2) To be completed for the Performance and Evaluation Report Signature of Public Housing Director/Office American Programs Administrator _____ Date(mm/dd/yyyy) _____
---	---

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Statues of proposed work (2)
				Original	Revised (1)	Funds Obligated	Funds Expended (2)	
IL 47-16	Re-roof	1460		\$39,395.00	\$64,085.20	\$64,085.20	\$64,085.20	Completed
IL 47-03 Staunton	Re-roof	1460		\$0.00	\$93,000.00	\$93,000.00	\$93,000.00	Completed
	Subtotal			\$39,395.00	\$157,085.20	\$157,085.20	\$157,085.20	
IL 47-12	Cabinets	1460		\$0.00	\$45,197.00	\$45,197.00	\$45,197.00	Completed
IL 47-14	Cabinets	1460		\$0.00	\$42,274.00	\$42,274.00	\$42,274.00	Completed
IL 47-18	Cabinets	1460		\$0.00	\$18,304.00	\$18,304.00	\$18,304.00	Completed
	Subtotal			\$0.00	\$105,775.00	\$105,775.00	\$105,775.00	
IL 47-4 Virden	New Resident Recreation Hall	1470		\$0.00	\$62,249.51	\$62,249.51	\$62,249.51	Completed
	Subtotal			\$0.00	\$62,249.51	\$62,249.51	\$62,249.51	
	Non-Dwelling Equipment	1475						
	Computer Hardware			\$10,000.00	\$5,778.08	\$5,778.08	\$5,778.08	
	Maintenance vehicles and tools			\$10,000.00	\$6,467.06	\$6,467.06	\$6,467.06	
	Subtotal			\$20,000.00	\$12,245.14	\$12,245.14	\$12,245.14	
	Development activities for homeownership plan	1499		\$50,000.00	\$0.00	\$0.00	\$0.00	
	Subtotal			\$50,000.00	\$0.00	\$0.00	\$0.00	

(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	Date (mm/dd/yyyy)	Signature of Public Housing Director/Office American Programs Administrator	Date(mm/dd/yyyy)
---------------------------------	-------------------	---	------------------

Annual Statement / Performance and Evaluation Report
Part III : Implementation Schedule
 Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
 (exp. 11/30/2008)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Date (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
IL 47 - 4	9/30/2006	9/30/2006		9/30/2007	9/30/2007		
IL 47-6	9/30/2006	9/30/2006		9/30/2007	9/30/2007		
IL 47-13	9/30/2006	9/30/2006		9/30/2007	9/30/2007		
IL 47-16	9/30/2006	9/30/2006		9/30/2007	9/30/2007		
1406	9/30/2006	9/30/2006		9/30/2007	9/30/2007		
1408	9/30/2006	9/30/2006		9/30/2007	9/30/2007		
1410	9/30/2006	9/30/2006		9/30/2007	9/30/2007		
1430	9/30/2006	9/30/2006		9/30/2007	9/30/2007		
1440	9/30/2006	9/30/2006		9/30/2007	9/30/2007		
1460	9/30/2006	9/30/2006		9/30/2007	9/30/2007		
1475	9/30/2006	9/30/2006		9/30/2007	9/30/2007		
1499	9/30/2006	9/30/2006		9/30/2007	9/30/2007		

(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 _____ Date (mm/dd/yyyy) _____ Signature of Public Housing Director/Office American Programs Administrator _____ Date (mm/dd/yyyy) _____

form HUD-52837 (9/98)
 ref Handbook 7485.3

Margaret (Peg) Barkley
Executive Director

MACOUPIN COUNTY
HOUSING AUTHORITY

Post Office Box 226, Carlinville, Illinois 62626

760 Anderson Street
Telephone (217) 854-8606
FAX (217) 854-8749

Paul W. Bloomer
Attorneys

April 3, 2007

Performance and Evaluation Report
2005 Capital Fund Plan

This report is submitted to describe the activities, obligations and expenditures of this authority's 2005 Capital Fund Plan for fiscal year 2007 as of March 31, 2007. The allocated funds have been obligated and expended within the prescribed implementation plan and schedule and changes have been made within the prescribed activities as stated in the Comprehensive Grant Handbook 7485.3.

1. Emergency Needs

There were no funds used for emergency needs.

2. Deviations within the 10% cap for major changes.

All changes were within the "Fungibility" standards adopted for the 2005 Capital Fund Plan. These standards allow the movement of work items throughout the approved Five-Year Action Plan.

3. Deviations between years one and two of the approved Annual Statement.

There are no deviations between years one and two at this reporting period.

4. Actual fund obligations and expenditures as compared to the budgeted amounts.

The actual fund obligations and expenditures are within the budgeted amounts.

5. Performance with respect to the target dates established in the implementation schedule. Target dates established in the implementation schedule are being maintained.

Summary of resident and local/tribal government comments.

The Macoupin County Housing Authority distributed the Performance and Evaluation Draft Report to the county board chairman, the Macoupin County Housing Board of Commissioners and the resident advisory board members. In addition the housing residents were notified that a copy of the draft report was available for their review and comments at the housing office. The Macoupin County Housing Board of Directors will review the Draft Performance and Evaluation Report included as part of the Agency Plan at their June board meeting.

Sincerely,

Margaret (Peg) Barkley
Chief Executive Officer

**Annual Statement /
Performance and Evaluation Report**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0157
(exp. 11/30/2008)

Comprehensive Grant Program (CGP) **Part 1 Summary**

Office of Public and Indian Housing

HA NAME

MACOUPIN COUNTY HOUSING AUTHORITY

Comprehensive Grant Number

IL06P04750105

FFY of Grant Approval

2005

Original Annual Statement Revised Annual Statement/Revision Number

Performance and Evaluation Report for Period Ending 3/31/2007

Reserve for Disaster/Emergencies Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds	\$0.00			
2	1406 Operations	\$69,081.00	\$69,081.00	\$65,662.65	\$65,662.65
3	1408 Management Improvements	\$69,081.00	\$80,950.53	\$80,950.53	\$80,950.53
4	1410 Administration	\$69,081.00	\$62,342.90	\$62,342.90	\$62,342.90
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$52,500.00	\$52,500.00	\$15,211.00	\$15,211.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$129,723.00	\$124,591.57	\$9,357.80	\$9,357.80
10	1460 Dwelling Structures	\$263,000.00	\$263,000.00	\$77,100.31	\$77,100.31
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures	\$5,000.00	\$5,000.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$33,344.00	\$33,344.00	\$10,000.00	\$10,000.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development activities for homeownership plan	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 19)				
20	Amount of Annual Grant (Sum of lines 2-18)	\$690,810.00	\$690,810.00	\$320,625.19	\$320,625.19
21	Amount of line 20 Related to LBP Activities	\$15,000.00	\$15,000.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Compliance	\$20,000.00	\$20,000.00	\$2,948.31	\$2,948.31
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to 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	Date (mm/dd/yyyy)	Signature of Public Housing Director/Office American Programs Administrator Date(mm/dd/yyyy)
---------------------------------	-------------------	--

form HUD-52837 (9/98)
ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report
 Part II : Supporting Pages
 Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
 (exp. 11/30/2008)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Statues of proposed work (2)
				Original	Revised (1)	Funds Obligated	Funds Expended (2)	
PHA Wide Operating	Vacancy reduction plan activities	1406		\$40,000.00	\$52,627.65	\$52,627.65	\$52,627.65	
	Maintenance Contracts			\$29,081.00	\$16,453.35	\$13,035.00	\$13,035.00	
	Subtotal			\$69,081.00	\$69,081.00	\$65,662.65	\$65,662.65	
PHA Wide Management Improvement	Resident services coordinator/Fringes	1408		\$44,000.00	\$49,778.37	\$49,778.37	\$49,778.37	
	Commissioner Training			\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	
	Technical Assistance with operations and affordable housing			\$15,081.00	\$21,172.16	\$21,172.16	\$21,172.16	
Subtotal	\$69,081.00	\$80,950.53	\$80,950.53	\$80,950.53				
PHA Wide Administration	CFP Administrator/fringes	1410		\$48,302.00	\$46,445.63	\$46,445.63	\$46,445.63	
	Clerical Support/fringes			\$20,779.00	\$15,897.27	\$15,897.27	\$15,897.27	
	Subtotal			\$69,081.00	\$62,342.90	\$62,342.90	\$62,342.90	
Fees & Costs	A/E Fees	1430		<u>\$30,000.00</u>	<u>\$30,000.00</u>	\$7,711.00	\$7,711.00	
	Capital Program Update			<u>\$7,500.00</u>	\$7,500.00	\$7,500.00	\$7,500.00	
	LBP inspections/risk assesments			\$15,000.00	\$15,000.00	\$0.00	\$0.00	
Subtotal	\$52,500.00	\$52,500.00	\$15,211.00	\$15,211.00				

(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	Date (mm/dd/yyyy)	Signature of Public Housing Director/Office American Programs Administrator	Date(mm/dd/yyyy)
---------------------------------	-------------------	---	------------------

form HUD-52837 (9/98)
 ref Handbook7485.3

Annual Statement / Performance and Evaluation Report
 Part II : Supporting Pages
 Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
 (exp. 11/30/2008)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Statues of proposed work (2)
				Original	Revised (1)	Funds Obligated	Funds Expended (2)	
PHA Wide	Repair/replace sidewalks & drives	1450		\$129,723.00	\$129,723.00	\$9,357.80	\$9,357.80	
	Subtotal			\$129,723.00	\$129,723.00	\$9,357.80	\$9,357.80	
PHA Wide	Section 504 Upgrade to full UFAS standards	1460		\$20,000.00	\$20,000.00	\$2,948.31	\$2,948.31	
	Subtotal			\$20,000.00	\$20,000.00	\$2,948.31	\$2,948.31	
PHA Wide	Asbestos containing material removal	1460		\$15,000.00	\$15,000.00	\$0.00	\$0.00	
	Subtotal			\$15,000.00	\$15,000.00	\$0.00	\$0.00	
IL 47-3 Staunton	Re-roof	1460	24	\$96,000.00	\$0.00	\$0.00	\$0.00	
	Subtotal			\$96,000.00	\$0.00	\$0.00	\$0.00	
IL 47-4 Virden	Re-roof	1460	13	\$52,000.00	\$148,000.00	\$0.00	\$0.00	
	Subtotal			\$52,000.00	\$148,000.00	\$0.00	\$0.00	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement. Signature of Executive Director _____ Date (mm/dd/yyyy) _____	(2) To be completed for the Performance and Evaluation Report Signature of Public Housing Director/Office American Programs Administrator _____ Date(mm/dd/yyyy) _____
---	---

form HUD-52837 (9/98)
 ref Handbook7485.3

Annual Statement / Performance and Evaluation Report
 Part II : Supporting Pages
 Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
 (exp. 11/30/2008)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Statues of proposed work (2)
				Original	Revised (1)	Funds Obligated	Funds Expended (2)	
IL 47-13	Cabinets	1460		\$80,000.00	\$23,500.00	\$23,500.00	\$23,500.00	
IL 47-17	Cabinets	1460		\$0.00	\$56,500.00	\$50,652.00	\$50,652.00	
	Subtotal			\$80,000.00	\$80,000.00	\$74,152.00	\$74,152.00	
PHA Wide	Office,Maint building, Rec Rooms	1470		\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	Subtotal			\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	Non-Dwelling Equipment	1475						
	Computer Hardware			\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	
	Maintenance vehicles and tools			\$23,344.00	\$23,344.00	\$0.00	\$0.00	
	Subtotal			\$33,344.00	\$33,344.00	\$10,000.00	\$10,000.00	

(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 _____ Date (mm/dd/yyyy) _____ Signature of Public Housing Director/Office American Programs Administrator Date(mm/dd/yyyy) _____

Annual Statement / Performance and Evaluation Report
Part III : Implementation Schedule
 Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
 (exp. 11/30/2008)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Date (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
IL 47 - 3	9/30/2007			9/30/2009			
IL 47-4	9/30/2007			9/30/2009			
IL 47-14	9/30/2007			9/30/2009			
1406	9/30/2007			9/30/2009			
1408	9/30/2007			9/30/2009			
1410	9/30/2007			9/30/2009			
1430	9/30/2007			9/30/2009			
1450	9/30/2007			9/30/2009			
1460	9/30/2007			9/30/2009			
1475	9/30/2007			9/30/2009			

(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 _____ Date (mm/dd/yyyy) _____

Signature of Public Housing Director/Office American Programs Administrator _____ Date(mm/dd/yyyy) _____

form HUD-52837 (9/98)
 ref Handbook 7485.3

Margaret (Peg) Barkley
Executive Director

MACOUPIN COUNTY
HOUSING AUTHORITY

Post Office Box 226, Carlinville, Illinois 62626

760 Anderson Street
Telephone (217) 854-8606
FAX (217) 854-8749

Paul W. Bloomer
Attorneys

April 3, 2007

Performance and Evaluation Report
2006 Capital Fund Plan

This report is submitted to describe the activities, obligations and expenditures of this authority's 2006 Capital Fund Plan for fiscal year 2007 as of March 31, 2007. The allocated funds have been obligated and expended within the prescribed implementation plan and schedule and changes have been made within the prescribed activities as stated in the Comprehensive Grant Handbook 7485.3.

1. Emergency Needs

There were no funds used for emergency needs.

2. Deviations within the 10% cap for major changes.

All changes were within the "Fungibility" standards adopted for the 2006 Capital Fund Plan. These standards allow the movement of work items throughout the approved Five-Year Action Plan.

3. Deviations between years one and two of the approved Annual Statement.

There are no deviations between years one and two at this reporting period.

4. Actual fund obligations and expenditures as compared to the budgeted amounts.

The actual fund obligations and expenditures are within the budgeted amounts.

5. Performance with respect to the target dates established in the implementation schedule. Target dates established in the implementation schedule are being maintained.

Summary of resident and local/tribal government comments.

The Macoupin County Housing Authority distributed the Performance and Evaluation Draft Report to the county board chairman, the Macoupin County Housing Board of Commissioners and the resident advisory board members. In addition the housing residents were notified that a copy of the draft report was available for their review and comments at the housing office. The Macoupin County Housing Board of Directors will review the Draft Performance and Evaluation Report included as part of the Agency Plan at their June board meeting.

Sincerely,

Margaret (Peg) Barkley
Chief Executive Officer

**Annual Statement /
Performance and Evaluation Report**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0157
(exp. 11/30/2008)

Comprehensive Grant Program (CGP) **Part 1 Summary**

Office of Public and Indian Housing

HA NAME

MACOUPIN COUNTY HOUSING AUTHORITY

Comprehensive Grant Number

IL06P04750106

FFY of Grant Approval

2006

Original Annual Statement Revised Annual Statement/Revision Number

Performance and Evaluation Report for Period Ending 3/31/2007

Reserve for Disaster/Emergencies Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds	\$0.00			
2	1406 Operations	\$61,107.00	\$61,107.00	\$20,704.91	\$20,704.91
3	1408 Management Improvements	\$61,107.00	\$61,107.00	\$30,652.21	\$30,652.21
4	1410 Administration	\$61,107.00	\$61,107.00	\$29,827.07	\$29,827.07
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$47,500.00	\$47,500.00	\$7,500.00	\$7,500.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$93,000.00	\$93,000.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$191,000.00	\$191,000.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures	\$1,000.00	\$1,000.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$92,249.00	\$92,249.00	\$7,387.98	\$7,387.98
14	1485 Demolition	\$1,000.00	\$1,000.00	\$0.00	\$0.00
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development activities for homeownership plan	\$2,000.00	\$2,000.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 19)				
20	Amount of Annual Grant (Sum of lines 2-18)	\$611,070.00	\$611,070.00	\$96,072.17	\$96,072.17
21	Amount of line 20 Related to LBP Activities	\$15,000.00	\$15,000.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Compliance	\$25,000.00	\$20,000.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to 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	Date (mm/dd/yyyy)	Signature of Public Housing Director/Office American Programs Administrator Date(mm/dd/yyyy)
---------------------------------	-------------------	--

form HUD-52837 (9/98)
ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report
 Part II : Supporting Pages
 Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
 (exp. 11/30/2008)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Statues of proposed work (2)
				Original	Revised (1)	Funds Obligated	Funds Expended (2)	
PHA Wide Operating	Vacancy reduction plan activities	1406		\$40,000.00	\$40,000.00	\$20,704.91	\$20,704.91	
	Maintenance Contracts			\$21,107.00	\$21,107.00	\$0.00	\$0.00	
	Subtotal			\$61,107.00	\$61,107.00	\$20,704.91	\$20,704.91	
PHA Wide Management Improvement	Resident services coordinator/Fringes	1408		\$40,000.00	\$40,000.00	\$21,875.95	\$21,875.95	
	Commissioner Training			\$10,000.00	\$10,000.00	\$3,511.97	\$3,511.97	
	Technical Assistance with operations and affordable housing			\$11,107.00	\$11,107.00	\$5,264.29	\$5,264.29	
Subtotal	\$61,107.00	\$61,107.00	\$30,652.21	\$30,652.21				
PHA Wide Administration	CFP Administrator/fringes	1410		\$40,000.00	\$40,000.00	\$16,960.84	\$16,960.84	
	Clerical Support/fringes			\$21,107.00	\$21,107.00	\$12,866.23	\$12,866.23	
	Subtotal			\$61,107.00	\$61,107.00	\$29,827.07	\$29,827.07	
Fees & Costs	A/E Fees	1430		<u>\$25,000.00</u>	<u>\$25,000.00</u>	\$0.00	\$0.00	
	Capital Program Update			<u>\$7,500.00</u>	\$7,500.00	\$7,500.00	\$7,500.00	
	LBP inspections/risk assesments			\$15,000.00	\$15,000.00	\$0.00	\$0.00	
Subtotal	\$47,500.00	\$47,500.00	\$7,500.00	\$7,500.00				

(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	Signature of Public Housing Director/Office American Programs Administrator
Date (mm/dd/yyyy)	Date(mm/dd/yyyy)

Annual Statement / Performance and Evaluation Report
 Part II : Supporting Pages
 Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
 (exp. 11/30/2008)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Statues of proposed work (2)
				Original	Revised (1)	Funds Obligated	Funds Expended (2)	
PHA Wide	Repair/replace sidewalks & drives	1450		\$93,000.00	\$93,000.00	\$0.00	\$0.00	
	Subtotal			\$93,000.00	\$93,000.00	\$0.00	\$0.00	
PHA Wide	Section 504 Upgrade to full UFAS standards	1460		\$25,000.00	\$25,000.00	\$0.00	\$0.00	
	Subtotal			\$25,000.00	\$25,000.00	\$0.00	\$0.00	
PHA Wide	Asbestos containing material removal	1460		\$10,000.00	\$10,000.00	\$0.00	\$0.00	
	Subtotal			\$10,000.00	\$10,000.00	\$0.00	\$0.00	
IL 47-14 Gillespie	Re-roof	1460		\$84,000.00	\$84,000.00	\$0.00	\$0.00	
	Subtotal			\$84,000.00	\$84,000.00	\$0.00	\$0.00	
IL 47-8 Girard	Replace Exterior Wall Panels	1460		\$72,000.00	\$72,000.00	\$0.00	\$0.00	
	Subtotal			\$72,000.00	\$72,000.00	\$0.00	\$0.00	

(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	Date (mm/dd/yyyy)	Signature of Public Housing Director/Office American Programs Administrator	Date(mm/dd/yyyy)

form HUD-52837 (9/98)
 ref Handbook7485.3

Annual Statement / Performance and Evaluation Report
 Part II : Supporting Pages
 Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
 (exp. 11/30/2008)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Statues of proposed work (2)
				Original	Revised (1)	Funds Obligated	Funds Expended (2)	
PHA Wide	Office,Maint building, Rec Rooms	1470		\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	Subtotal			\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	Non-Dwelling Equipment	1475						
	Computer Hardware			\$70,000.00	\$70,000.00	\$7,387.98	\$7,387.98	
	Maintenance vehicles and tools			\$22,249.00	\$22,249.00	\$0.00	\$0.00	
	Subtotal			\$92,249.00	\$92,249.00	\$7,387.98	\$7,387.98	
IL 47-05	Demolition - 2 units	1485		\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	Subtotal			\$1,000.00	\$1,000.00	\$0.00	\$0.00	
PHA Wide	Development Activies	1499						
	Purchase Property			\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	New Development			\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	Subtotal			\$2,000.00	\$2,000.00	\$0.00	\$0.00	

(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	Signature of Public Housing Director/Office American Programs Administrator
Date (mm/dd/yyyy)	Date(mm/dd/yyyy)

Annual Statement / Performance and Evaluation Report
Part III : Implementation Schedule
 Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
 (exp. 11/30/2008)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Date (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
IL 47 - 3	9/30/2008			9/30/2010			
IL 47-4	9/30/2008			9/30/2010			
IL 47-14	9/30/2008			9/30/2010			
1406	9/30/2008			9/30/2010			
1408	9/30/2008			9/30/2010			
1410	9/30/2008			9/30/2010			
1430	9/30/2008			9/30/2010			
1450	9/30/2008			9/30/2010			
1460	9/30/2008			9/30/2010			
1475	9/30/2008			9/30/2010			

(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 _____ Date (mm/dd/yyyy) _____ Signature of Public Housing Director/Office American Programs Administrator Date(mm/dd/yyyy) _____

form HUD-52837 (9/98)
 ref Handbook 7485.3