PHA Plans

Streamlined Annual Version

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

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

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

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

Streamlined Annual PHA Plan for Fiscal Year: 2007 PHA Name: Housing Authority of the County of Cumberland

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

Streamlined Annual PHA Plan
Agency Identification

PHA Name: Housing Authority of the County of Cumberland

PHA Number: IL070

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

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:
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:				

PHA Plan Contact Information:

Name: Sharon Trostle Phone: 217/849-2071
TDD: 217/849-2071 Email (if available): housinga@rr1.net

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. ☒ Yes ☐ No.
If yes, select all that apply:
☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library ☐ PHA website ☐ Other (list below)

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

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

Streamlined Annual PHA Plan
Fiscal Year 20
[24 CFR Part 903.12(c)]

Table of Contents
[24 CFR 903.7(r)]

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

A. PHA PLAN COMPONENTS

☐ 1. Site-Based Waiting List Policies
903.7(b)(2) Policies on Eligibility, Selection, and Admissions
☒ 2. Capital Improvement Needs
903.7(g) Statement of Capital Improvements Needed
☐ 3. Section 8(y) Homeownership
903.7(k)(1)(i) Statement of Homeownership Programs
☐ 4. Project-Based Voucher Programs
☒ 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
☒ 6. Supporting Documents Available for Review
☒ 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
☒ 8. Capital Fund Program 5-Year Action Plan

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

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

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:
Form HUD-50070, *Certification for a Drug-Free Workplace;*
Form HUD-50071, *Certification of Payments to Influence Federal Transactions*; and
Form SF-LLL &SF-LLLa, *Disclosure of Lobbying Activities*.

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

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

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

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

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

2. What is the number of site based waiting list developments to which families may apply at one time?

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

4. ☐ Yes ☐ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

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

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

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
   If yes, how many lists?
3. ☐ Yes ☐ No: May families be on more than one list simultaneously
   If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
   ☐ PHA main administrative office
   ☐ All PHA development management offices
   ☐ Management offices at developments with site-based waiting lists
   ☐ At the development to which they would like to apply
   ☐ Other (list below)

2. Capital Improvement Needs

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

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

A. Capital Fund Program

1. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.

2. ☐ Yes ☒ No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

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

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

   2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status
a. Development Name: b. Development Number:
c. Status of Grant: ☐ Revitalization Plan under development ☐ Revitalization Plan submitted, pending approval ☐ Revitalization Plan approved ☐ Activities pursuant to an approved Revitalization Plan underway

3. ☐ Yes ☒ No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:

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

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

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program

(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

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

2. Program Description:

a. Size of Program

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

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

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

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

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

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

☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.

☐ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.

☐ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):

☐ Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

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

1. ☐ Yes ☐ No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

   ☐ low utilization rate for vouchers due to lack of suitable rental units
   ☐ access to neighborhoods outside of high poverty areas
   ☐ other (describe below:)

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

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

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

1. Consolidated Plan jurisdiction: State of Illinois

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☐ The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
☒ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
☒ Other: (list below)

Maintain public housing units in good quality condition with efficient management And appropriate lease enforcement. Continue to exert our best efforts to market and utilize tenant-based assistance.

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

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;	5 Year and Annual Plans
	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan	Streamlined Annual Plans
	Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.	5 Year and standard Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. ☐ Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents. ☐ Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development. ☐ Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. ☐ Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	infestation).	
	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types ☐ Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures ☐ Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. ☐ Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Public Housing Community Service Policy/Programs ☐ Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). ☐ Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans Only: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

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

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

PHA Name: **Housing Authority of the County of Cumberland**	**Grant Type and Number** Capital Fund Program Grant No: IL06P070502-03 Replacement Housing Factor Grant No:

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	24294.06		24294.06	24294.06
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	153.94		153.94	153.94
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	24448.00		24448.00	24448.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

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

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

PHA Name: **Housing Authority of the County of Cumberland**	**Grant Type and Number** Capital Fund Program Grant No: IL06P070502-03 Replacement Housing Factor Grant No:	

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

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
	Measures				

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

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

PHA Name: Housing Authority of the County of Cumberland		**Grant Type and Number** Capital Fund Program Grant No: IL06P070502-03 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Management Improvements	1408		24294.06		24294.06	24294.06	
PHA Wide	Fees and Costs	1430		153.94		153.94	153.94	

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

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

PHA Name: Housing Authority of the County of Cumberland	**Grant Type and Number** Capital Fund Program No: IL06P070502-03 Replacement Housing Factor No:	**Federal FY of Grant:** 2003

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IL070 PHA Wide	09/30/05		09/30/05	09/30/2007		09/30/2007	

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan **Part I: Summary**					
PHA Name				☐**Original 5-Year Plan** ☐**Revision No:**	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2006 PHA FY: 2007	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2008	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2009	Work Statement for Year 5 FFY Grant: PHA FY:
	Annual Statement	Sidewalk and Driveway Replacement			
IL070001 IL070002 IL070003 IL070004			Sidewalk Replacement Driveway Replacement Addition of Parking Lots Canopies		
IL070001 IL070002 IL070003 IL070004				Sidewalk Replacement Driveway Replacement Closet Door Replacement Window Replacement Window Panel Replacement	

8. Capital Fund Program Five-Year Action Plan

IL070001 IL070002 IL070003 IL070004					Sidewalk Replacement Driveway Replacement Closet Door Replacement Window Replacement Window Panel Replacement
CFP Funds Listed for 5-year planning		119085	119085	119085	119085
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : 2 FFY Grant: 2006 PHA FY: 2007			Activities for Year: 3 FFY Grant: 2007 PHA FY: 2008		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	IL070002	1406	30000	IL070001,2,3&4	1406	30000
Annual		1430	10000		1430	10000
Statement		1450	79085		1450	79085
Total CFP Estimated Cost			$119085			$119085

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities					
Activities for Year : 4 FFY Grant: 2008 PHA FY: 2009			Activities for Year: 5 FFY Grant: 2009 PHA FY: 2010		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PHA Wide	1406	30000	PHA Wide	1406	30000
PHA Wide	1430	10000	PHA Wide	1430	10000
IL070001 IL070002 IL070003 IL070004	1450	20000	IL070001 IL070002 IL070003 IL070004	1450	20000
IL070001 IL070002 IL070003 IL070004	1460	59085	IL070001 IL070002 IL070003 IL070004	1460	59085
Total CFP Estimated Cost		$119085			$119085

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

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

Annual Statement /Performance and Evaluation Report
Comprehensive Grant Program (CGP) **Part I: Summary**

il070a07

HA Name	Comprehensive Grant Number	FFY of Grant Approval
Housing Authority of the County of Cumberland	**IL06P070501-04**	**2005**

☐ Original Annual Statement ☐ Reserve for Disaster/Emergencies ☐ Revised Annual Statement/Revision Number_____ 1

☐ Performance and Evaluation Report for Program Year Ending 6/30/?? [X] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost (2) Obligated	Total Actual Cost (2) Expended
1	Total Non-CGP Funds					
	1406	Operations (may not exceed 10% of 19)	$30,000.00	$0.00	$30,000.00	$30,000.00
	1408	Management Improvements	$0.00	$0.00	$0.00	$0.00
	1410	Administration	$0.00	$0.00	$0.00	$0.00
	1411	Audit	$0.00	$0.00	$0.00	$0.00
	1415	Liquidated Damages	$0.00	$0.00	$0.00	$0.00
	1430	Fees and Costs	$10,000.00	$0.00	$10,000.00	$10,000.00
	1440	Site Acquisition	$0.00	$0.00	$0.00	$0.00
	1450	Site Improvement	$102,068.00	$0.00	$102,068.00	$102,068.00
	1460	Dwelling Structures	$0.00	$0.00	$0.00	$0.00
	1465.1	Dwelling Equipment-Nonexpendable	$0.00	$0.00	$0.00	$0.00
	1470	Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
	1475	Nondwelling Equipment	$0.00	$0.00	$0.00	$0.00
	1485	Demolition	$0.00	$0.00	$0.00	$0.00
	1490	Replacement Reserve	$0.00	$0.00	$0.00	$0.00
	1492	Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
	1495.1	Relocation Cost	$0.00	$0.00	$0.00	$0.00
	1498	Mod Used for Development	$0.00	$0.00	$0.00	$0.00
19	1502	Contingency (may not exceed 8% of 20)	$0.00	$0.00	$0.00	$0.00
20	**Amount of Annual Grant (Sum of lines 2-19)**		$142,068.00	$0.00	$142,068.00	$142,068.00
21	Amount of line 20 Related to LBP Activities		$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance		$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security		$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Energy Conservation		$0.00	$0.00	$0.00	$0.00

Signature of Executive Director	Date (mm/dd/yyyy)	Signature of Public Housing Director	Date (mm/dd/yyyy)
X		**X**	

1 To be completed for the Performance & Evaluation Report or a Revised Annual Statement
2 To be completed for the Performance & Evaluation Report

Previous edition is obsolete

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

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
HA-Wide	Operations	1406		$30,000.00	$0.00	$30,000.00	$30,000.00	
HA Wide	A & E Services	1430		$10,000.00	$0.00	$10,000.00	$10,000.00	
IL070002	Site Improvements	1450		$102,068.00		$102,068.00	$102,068.00	
"								
			Totals	$142,068.00		$142,068.00	$142,068.00	
"								
"								
"								
"								
"								

Signature of Executive Director — Date (mm/dd/yyyy)

X

Signature of Public Housing Director — Date (mm/dd/yyyy)

X

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Previous edition is obsolete

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

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

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

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide	09/30/06			09/30/07		12/30/06	

Signature of Executive Director — Date (mm/dd/yyyy)
X

Signature of Public Housing Director — Date (mm/dd/yyyy)
X

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Previous edition is obsolete

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

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

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

Annual Statement /Performance and Evaluation Report
Comprehensive Grant Program (CGP) **Part I: Summary**

Attachment il070b07

HA Name	Comprehensive Grant Number	FFY of Grant Approval
Housing Authority of the County of Cumberland	**IL06P070501-05**	**2006**

[ ] Original Annual Statement [ ] Reserve for Disaster/Emergencies [X] Revised Annual Statement/Revision Number_____ 2
[ ] Performance and Evaluation Report for Program Year Ending 6/30/?? [ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost (2) Obligated	Total Actual Cost (2) Expended
1	Total Non-CGP Funds					
2	1406	Operations (may not exceed 10% of 19)	$30,000.00	$30,000.00	$30,000.00	$0.00
3	1408	Management Improvements	$4,000.00	$4,000.00	$4,000.00	$61,369.60
4	1410	Administration	$0.00	$0.00	$0.00	$0.00
5	1411	Audit	$0.00	$0.00	$0.00	$0.00
6	1415	Liquidated Damages	$0.00	$0.00	$0.00	$0.00
7	1430	Fees and Costs	$12,500.00	$12,500.00	$9,927.60	$9,927.60
8	1440	Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450	Site Improvement	$88,125.00	$88,125.00	$81,282.00	$51,442.00
10	1460	Dwelling Structures	$0.00	$0.00	$0.00	$0.00
11	1465.1	Dwelling Equipment-Nonexpendable	$0.00	$0.00	$0.00	$0.00
12	1470	Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475	Nondwelling Equipment	$0.00	$0.00	$0.00	$0.00
14	1485	Demolition	$0.00	$0.00	$0.00	$0.00
15	1490	Replacement Reserve	$0.00	$0.00	$0.00	$0.00
16	1492	Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
17	1495.1	Relocation Cost	$0.00	$0.00	$0.00	$0.00
18	1498	Mod Used for Development	$0.00	$0.00	$0.00	$0.00
19	1502	Contingency (may not exceed 8% of 20)	$0.00	$0.00	$0.00	$0.00
20	**Amount of Annual Grant (Sum of lines 2-19)**		$134,625.00	$134,625.00	$125,209.60	$122,739.20
21	Amount of line 20 Related to LBP Activities		$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance		$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security		$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Energy Conservation		$0.00	$0.00	$0.00	$0.00

Signature of Executive Director Date (mm/dd/yyyy)
X

Signature of Public Housing Director Date (mm/dd/yyyy)
X

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

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
HA-Wide	Operations	1406		$30,000.00	$30,000.00	$30,000.00	$0.00	
HA Wide	Management Improvements	1408		$4,000.00	$4,000.00	$0.00	$0.00	
HA Wide	Fees and Costs	1430		$12,500.00	$12,500.00	$9,927.60	$9,927.60	
IL070002	Site Improvements	1450		$88,125.00	$88,125.00	$81,282.00	$51,442.00	
		"		$0.00	$0.00	$0.00	$0.00	
"		"		$0.00	$0.00	$0.00	$0.00	
		"		$0.00	$0.00	$0.00	$0.00	
"		"		$0.00	$0.00	$0.00	$0.00	
"								
			Total	$134,625.00	$134,625.00	$121,209.60	$61,369.60	

Signature of Executive Director — Date (mm/dd/yyyy)

X

Signature of Public Housing Director — Date (mm/dd/yyyy)

X

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

Previous edition is obsolete

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

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

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

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide	09/30/07			09/30/08	09/30/09		Allow use in 501-06 CFP

Signature of Executive Director Date (mm/dd/yyyy)
X

Signature of Public Housing Director Date (mm/dd/yyyy)
X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
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facsimile form HUD-52837 (9/98)
ref. Handbook 7485.3

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

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

Annual Statement /Performance and Evaluation Report
Comprehensive Grant Program (CGP) **Part I: Summary**

Attachment il070c07

HA Name	Comprehensive Grant Number	FFY of Grant Approval
Housing Authority of the County of Cumberland	**IL06P070501-06**	**2007**

[ ] Original Annual Statement [ ] Reserve for Disaster/Emergencies [ ] Revised Annual Statement/Revision Number_____

[x] Performance and Evaluation Report for Program Yea year ending 6/30/2006 [ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost (2) Obligated	Total Actual Cost (2) Expended
1	Total Non-CGP Funds					
2	1406	Operations (may not exceed 10% of 19)	$30,000.00	$0.00	$0.00	$0.00
3	1408	Management Improvements	$0.00	$0.00	$0.00	$0.00
4	1410	Administration	$0.00	$0.00	$0.00	$0.00
5	1411	Audit	$0.00	$0.00	$0.00	$0.00
6	1415	Liquidated Damages	$0.00	$0.00	$0.00	$0.00
7	1430	Fees and Costs	$10,000.00	$0.00	$0.00	$0.00
8	1440	Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450	Site Improvement	$79,085.00	$0.00	$0.00	$0.00
10	1460	Dwelling Structures	$0.00	$0.00	$0.00	$0.00
11	1465.1	Dwelling Equipment-Nonexpendable	$0.00	$0.00	$0.00	$0.00
12	1470	Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475	Nondwelling Equipment	$0.00	$0.00	$0.00	$0.00
14	1485	Demolition	$0.00	$0.00	$0.00	$0.00
15	1490	Replacement Reserve	$0.00	$0.00	$0.00	$0.00
16	1492	Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
17	1495.1	Relocation Cost	$0.00	$0.00	$0.00	$0.00
18	1498	Mod Used for Development	$0.00	$0.00	$0.00	$0.00
19	1502	Contingency (may not exceed 8% of 20)	$0.00	$0.00	$0.00	$0.00
20	**Amount of Annual Grant (Sum of lines 2-19)**		$119,085.00	$0.00	$0.00	$0.00
21	Amount of line 20 Related to LBP Activities		$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance		$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security		$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Energy Conservation		$0.00	$0.00	$0.00	$0.00

Signature of Executive Director Date (mm/dd/yyyy)

X

Signature of Public Housing Director Date (mm/dd/yyyy)

X

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

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
HA-Wide	Operations	1406		$30,000.00	$0.00	$0.00	$0.00	
HA Wide	Fees and Costs	1430		$10,000.00	$0.00	$0.00	$0.00	
IL070002	Site Improvements	1450		$79,085.00	$0.00	$0.00	$0.00	
				$0.00	$0.00	$0.00	$0.00	
		"		$0.00	$0.00	$0.00	$0.00	
"		"		$0.00	$0.00	$0.00	$0.00	
		"		$0.00	$0.00	$0.00	$0.00	
"		"		$0.00	$0.00	$0.00	$0.00	
"								
			Total	$119,085.00	$0.00	$0.00	$0.00	

Signature of Executive Director — Date (mm/dd/yyyy)

X

Signature of Public Housing Director — Date (mm/dd/yyyy)

X

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

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

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide	09/30/08			09/30/10			

Signature of Executive Director Date (mm/dd/yyyy)
X

Signature of Public Housing Director Date (mm/dd/yyyy)
X

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ref. Handbook 7485.3

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

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

Annual Statement /Performance and Evaluation Report
Comprehensive Grant Program (CGP) **Part I: Summary**

Attachment il070d07

HA Name	Comprehensive Grant Number	FFY of Grant Approval
Housing Authority of the County of Cumberland	**IL06P070501-07**	**2008**

[X] Original Annual Statement [ ] Reserve for Disaster/Emergencies [ ] Revised Annual Statement/Revision Number_____

[ ] Performance and Evaluation Report for Program Year Ending 6/30/?? [ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost (2) Obligated	Total Actual Cost (2) Expended
1	Total Non-CGP Funds					
2	1406	Operations (may not exceed 10% of 19)	$30,000.00	$0.00	$0.00	$0.00
3	1408	Management Improvements	$0.00	$0.00	$0.00	$0.00
4	1410	Administration	$0.00	$0.00	$0.00	$0.00
5	1411	Audit	$0.00	$0.00	$0.00	$0.00
6	1415	Liquidated Damages	$0.00	$0.00	$0.00	$0.00
7	1430	Fees and Costs	$10,000.00	$0.00	$0.00	$0.00
8	1440	Site Acquisition	$0.00	$0.00	$0.00	$0.00
9	1450	Site Improvement	$79,085.00	$0.00	$0.00	$0.00
10	1460	Dwelling Structures	$0.00	$0.00	$0.00	$0.00
11	1465.1	Dwelling Equipment-Nonexpendable	$0.00	$0.00	$0.00	$0.00
12	1470	Nondwelling Structures	$0.00	$0.00	$0.00	$0.00
13	1475	Nondwelling Equipment	$0.00	$0.00	$0.00	$0.00
14	1485	Demolition	$0.00	$0.00	$0.00	$0.00
15	1490	Replacement Reserve	$0.00	$0.00	$0.00	$0.00
16	1492	Moving to Work Demonstration	$0.00	$0.00	$0.00	$0.00
17	1495.1	Relocation Cost	$0.00	$0.00	$0.00	$0.00
18	1498	Mod Used for Development	$0.00	$0.00	$0.00	$0.00
19	1502	Contingency (may not exceed 8% of 20)	$0.00	$0.00	$0.00	$0.00
20	**Amount of Annual Grant (Sum of lines 2-19)**		$119,085.00	$0.00	$0.00	$0.00
21	Amount of line 20 Related to LBP Activities		$0.00	$0.00	$0.00	$0.00
22	Amount of line 20 Related to Section 504 Compliance		$0.00	$0.00	$0.00	$0.00
23	Amount of line 20 Related to Security		$0.00	$0.00	$0.00	$0.00
24	Amount of line 20 Related to Energy Conservation		$0.00	$0.00	$0.00	$0.00

Signature of Executive Director	Date (mm/dd/yyyy)	Signature of Public Housing Director	Date (mm/dd/yyyy)
X		X	

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Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
HA-Wide	Operations	1406		$30,000.00	$0.00	$0.00	$0.00	
HA Wide	Fees and Costs	1430		$10,000.00	$0.00	$0.00	$0.00	
IL070002	Site Improvements	1450		$79,085.00	$0.00	$0.00	$0.00	
				$0.00	$0.00	$0.00	$0.00	
		"		$0.00	$0.00	$0.00	$0.00	
"		"		$0.00	$0.00	$0.00	$0.00	
		"		$0.00	$0.00	$0.00	$0.00	
"		"		$0.00	$0.00	$0.00	$0.00	
"								
			Total	$119,085.00	$0.00	$0.00	$0.00	

Signature of Executive Director — Date (mm/dd/yyyy)

X

Signature of Public Housing Director — Date (mm/dd/yyyy)

X

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

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

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide	09/30/09			09/30/11			

Signature of Executive Director Date (mm/dd/yyyy)
X

Signature of Public Housing Director Date (mm/dd/yyyy)
X

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ref. Handbook 7485.3

THE HOUSING AUTHORITY
Of the County of Cumberland, Illinois

P. O. Box 160
TOLEDO, ILLINOIS 62468
(217) 849-2071
FAX (217) 849-3030

CHARLES W. CUMMINS, Chairman
REX LINDLEY, Vice Chairman
MICHAEL FLETCHER
JAMES WILLIAM CLINE
BRAD FITCH

SHARON TROSTLE, Executive Director

Attachment il070e07

As Executive Director of the Housing Authority of the County of Cumberland I hereby certify that the Authority has met the requirements of the Carbon Monoxide Alarm Detector Act by installing combination Carbon Monoxide/Smoke Alarms that are hard wired with battery back up.

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FAX (217) 849-3030

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REX LINDLEY, Vice Chairman
MICHAEL FLETCHER
JAMES WILLIAM CLINE
BRAD FITCH

SHARON TROSTLE, Executive Director

Attachment il070f07

The Housing Authority of the County of Cumberland is in the process of working on an agreement between the Coalition Against Domestic Violence and the PHA to work the agency through referrals, follow-ups and feedback.

Brochures are available to all residents, applicants and lease-ups that meet the notification requirement of the VAWA at the office of the Authority.

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Of the County of Cumberland, Illinois

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FAX (217) 849-3030

CHARLES W. CUMMINS, Chairman
REX LINDLEY, Vice Chairman
MICHAEL FLETCHER
JAMES WILLIAM CLINE
BRAD FITCH

SHARON TROSTLE, Executive Director

Attachment il070g07

The members of the Resident Advisory Board for 2007 were as follows:

Helen Hughes - Section 8 Program

IL070001 – Winnie Lee Moore

IL070002 – Gail Russell

IL070003 – Grace Perkins

IL070004 – Sandy Fearday

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Of the County of Cumberland, Illinois

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FAX (217) 849-3030

CHARLES W. CUMMINS, Chairman
REX LINDLEY, Vice Chairman
MICHAEL FLETCHER
JAMES WILLIAM CLINE
BRAD FITCH

SHARON TROSTLE, Executive Director

Attachment il070h07

Resident Advisory Board Recommendations:

The RAB did not have any recommendations for changes to any policies of the Authority.

The Public Hearing was held on December 8th, 2006 with the following in attendance:

Chairman Cummins
Commissioner Lindley
Commissioner Cline
Sharon Trostle, Executive Director

No Public Comments were submitted.