

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 Co.
of Wabash, Illinois

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 Co. of Wabash, Illinois

PHA Number: IL 093-1,2

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:
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: Tina M. Belt Phone: 618/262-5518
TDD: Email (if available): wcha93@accessus.net

Public Access to Information

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

X 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. X Yes No.

If yes, select all that apply:

- X 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)

X Main business office of the PHA PHA development management offices

Other (list below)

Streamlined Annual PHA Plan

Fiscal Year 2007

[24 CFR Part 903.12(c)]

Table of Contents

[24 CFR 903.7(r)]

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

A. PHA PLAN COMPONENTS

- 1. Site-Based Waiting List Policies
903.7(b)(2) Policies on Eligibility, Selection, and Admissions
- X 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.
- X 6. Supporting Documents Available for Review
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- X 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-LLL a, Disclosure of Lobbying Activities.

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

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

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

A. Site-Based Waiting Lists-Previous Year

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

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

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

B. Site-Based Waiting Lists – Coming Year

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

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

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

2. Capital Improvement Needs

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

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

A. Capital Fund Program

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

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

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

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

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

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

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

2. Program Description:

a. Size of Program

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

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

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 down payment 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: (Office of Housing Coordination Service / Illinois Housing Dev. Authority)

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

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

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

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

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

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component

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 Co. of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350107 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	150,000			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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)	150,000			
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 Co. of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350107 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
	Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the Co, of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 093-1	Window Replacement	14 06		84,500				
IL 093-2	Transfer Fans	14 06		12,000				
IL 093-2	Remove Shurbs/Trees	14 06		15,300				
HA-Wide	A/E	14 06		30,000				
HA-Wide	Adminitration	14 06		8,200				
				150,000				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the Co, of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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 Co. of Wabash, Illinois			Grant Type and Number Capital Fund Program No: IL06P09350107 Replacement Housing Factor No:				Federal FY of Grant: 2007
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	09/30/2009			09/30/2011			

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

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Housing Authority of the Co. of Wabash, Illinois				<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	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: IL06P09350108 PHA FY: 2008	FFY Grant:IL06P09350109 PHA FY: 2009	FFY Grant: IL06P09350110 PHA FY: 2010	FFY Grant: IL06P09350111 PHA FY:2011
	Annual Statement	1406 150,000	1406 150,000	1406 150,000	1406 150,000
CFP Funds Listed for 5-year planning		150,000	150,000	150,000	150,000
Replacement Housing Factor Funds					

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

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

Activities for Year :2010 FFY Grant: IL06P09350110 PHA FY: 2010			Activities for Year: 2011 FFY Grant: IL06P09350111 PHA FY: 2011		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
H/A Wide	A/E	42,000	93-1	Compactor	20,000
93-2	Water Heaters	40,000	H/A Wide	A/E	40,000
H/A Wide	Pickup	20,000	93-1	Widen Dir Office Doorway 504	1,650
93-1,2	Burnisher	3,000	93-1	Wall A/C Maint. Apt.	2,200
93-2	Patio Swing / Gazebo	45,000	93-1	Transfer Fans	16,500
			H/A Wide	Computer Software	17,500
			93-2	Vent Garbage Rm.	3,500
			93-1	Grab Bars	14,550
			93-2	Retaining Wall	12,800
			93-1	Pull Down Ladder 8 th Floor	1,500
			93-2	Gutter Guards	2,800
			93-1	Washer/Dryer Hookup Maint. Apt.	1,000
			93-2	Repoint Brick Joints	6,500
			HA/Wide	Office Desk / Office Lites	9,500
Total CFP Estimated Cost		\$150,000			\$150,000

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the Co. of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: 3) <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	13,205.00	.00	.00	.00
3	1408 Management Improvements				
4	1410 Administration	12,870.00	.00	.00	.00
5	1411 Audit	2,000.00	.00	.00	.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	6,814.00	6,814.00	6,814.00
8	1440 Site Acquisition				
9	1450 Site Improvement	11,840.00	15,818.15	15,818.15	15,818.15
10	1460 Dwelling Structures	100,000.00	150,520.19	150,520.19	150,520.19
11	1465.1 Dwelling Equipment—Nonexpendable	9,290.00	1,000.00	1,000.00	1,000.00
12	1470 Nondwelling Structures	15,000.00	2,052.66	2,052.66	2,052.66
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	2,000.00	.00	.00	.00
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	176,205.00	176,205.00	176,205.00	176,205.00
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
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 Co. of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: 3) <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
	Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the Co, of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	14 06		13,205.00	.00	.00	.00	
HA Wide	Administration	14 10		12,870.00	.00	.00	.00	
HA Wide	Audit	14 11		2,000.00	.00	.00	.00	
HA Wide	A/E	14 30		10,000.00	6,814.00	6,814.00	6,814.00	100%
IL 93-1,2	Landscaping Work for Water Drainage/Comm Rm Improv	14 50		11,840.00	15,818.15	15,818.15	15,818.15	100%
IL 93-1	Water Project	14 60		100,000.00	150,520.19	150,520.19	150,520.19	100%
IL 93-2	Deductible – Call Box	14 65.1		9,290.00	1,000.00	1,000.00	1,000.00	100%
IL 93-2	Landscaping	14 70		15,000.00	2,052.66	2,052.66	2,052.66	100%

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 Co, of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 93-1	Relocation	14 95.1		2,000.00	.00	.00	.00	

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the Co. of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: 2) <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	13,187.00	13,187.00	.00	.00
3	1408 Management Improvements				
4	1410 Administration	5,000.00	1,500.00	.00	.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,250.00	35,250.00	35,250.00	17,700.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	100,865.00	119,115.00	1,504.00	1,504.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	14,750.00	.00	.00	.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	169,052.00	169,052.00	36,754.00	19,204.00
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
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 Co. of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: 2) <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
	Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the Co, of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	14 06		13,187.00	13,187.00	.00	.00	
HA Wide	Administration	14 10		5,000.00	1,500.00	.00	.00	
93-1	A/E	14 30		35,250.00	35,250.00	35,250.00	17,700.00	
93-1	Repair/Seal Whole Building	14 60		100,865.00	119,115.00	1,504.00	1,504.00	
93-1	Control Pump/Panels	14 75		14,750.00	.00	.00	.00	

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the Co, of Wabash, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P09350106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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 Co. of Wabash, Illinois			Grant Type and Number Capital Fund Program No: IL06P09350106 Replacement Housing Factor No:				Federal FY of Grant: 2006
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	09/30/08			09/30/10			
93-1	09/30/08			09/30/10			

8. Capital Fund Program Five-Year Action Plan

HOUSING AUTHORITY OF CO. OF WABASH, IL

COMMUNITY SERVICE POLICY

Section 512 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), which amends Section 12 of the Housing Act of 1927, establishes a new requirement for non-exempt residents of public housing to contribute eight (8) hours of community service each month. Community service is a service for which individuals are not paid. Housing Authority of the Co. of Wabash, IL (hereinafter referred to as PHA) believes that the community service requirement should not be perceived by the resident to be a punitive or demeaning activity, but rather to be a rewarding activity that will benefit both the resident and the community. Community service offers public housing residents an opportunity to contribute to the communities that support them.

The Community Service program, as written by Congress and regulated by HUD, is further designed to encourage economic self-sufficiency among residents of public housing by helping them to qualify for integration into the economic fabric of the community, providing ways for residents to increase their employment skills, as well as demonstrating employment opportunities they may explore. However, the Housing Authority of Co. of Wabash, IL is not in a position to offer its residents a Self-Sufficiency Program due to financial and staffing constraints.

Exemptions:

In accordance with provisions of the Act, the PHA will exempt from participation in community service requirements the following groups or individuals:

- * Adults who are sixty-two (62) years of age or older;
- * Persons engaged in work activities as defined under Social Security (minimum eight (8) hours per month);
- * Is a blind or disabled individual, as defined under the Social Security Act and who certifies that because of this disability she or he is unable to comply with the provisions (this will not be an automatic exemption);
- * A family member who is a primary caretaker of such blind or disabled individual;
- * Meets requirements for being exempted from having to engage in a work activity under the State program funded under the Social Security Act: or
- * Is a member of a family receiving assistance, benefits or services under a State program funded under the Social Security Act, including a State administered welfare-to-work program, which requires the participation of all eligible family members in order for the family to qualify to receive benefits, and has not been found by the State or other administering entity to be in noncompliance with such a program.

Program Requirements: The basic requirement states that all non-exempt adults must either:

Contribute eight (8) hours per month of voluntary, unpaid, community service which may include but is not limited to:

Volunteer services in local schools, Project Success, day care centers, hospitals, nursing homes, recreation centers, senior citizens centers, food banks, county extension offices, youth or senior organizations, meals on wheels programs, Red Cross volunteer programs, caring for or assisting the elderly, tutoring elementary or high school age residents, caring for young children in the family while the other parent works full time. (If the adult who is employed loses the employment, then both parents must comply with the community service requirement.) If the children of the family are removed from the home for any reason then both parents, if eighteen (18) years of age or older, must comply with the community service requirement. Self improvement activities such as job training, work placement, GED classes, computer training, adult education, junior college or other formal education, work apprenticeship, or any program necessary to ready participants to work.

Restrictions: Political activity of any description cannot be considered to be Community Service nor can engaging in any form of political activity be used to meet the resident's volunteer time requirement. Likewise, attendance at or membership in a PTA, PTO, Lions Club, Masonic Lodge, or any other local service club or fraternal organization cannot be considered to be volunteer work for the purposes of complying with Community Service requirements.

Program Administration: The PHA will determine, at the next regularly scheduled reexamination, the status of each household member eighteen (18) year of age or older with respect to the requirement to participate in community service activities. The PHA will use the "PHA Family Community Service Monthly Time-Sheet" to document resident eligibility and the hours of community service. A record for each adult will be established and maintained by the housing authority. Each non-exempt household member will be provided with forms to be completed by a representative of the service or economic self-sufficiency activity verifying the hours of volunteer service conducted each month. Compliance checks will be administered semi-annually in conjunction with the Housing Authority of the Co. of Wabash, IL annual rent reexamination, and at six (6) month intervals between recertifications. Non-exempt residents will be notified in advance of the deadlines for submitting completed verification forms. Completed forms may be submitted to the housing authority office on a monthly basis, if desired.

The PHA will also assure that procedures are in place which provide residents the opportunity to change status with respect to the community service requirement, however, reporting any changes in status shall be the responsibility of the affected resident. Such changes include, but are not limited to:

- * going from unemployment to employment;
- * entering a job training program
- * entering an educational program which exceeds eight(8) hours monthly

All exemptions to the community service requirement will be verified and documented in the resident file. Required verifications may include, but are not limited to:

- * third-party verification of employment, enrollment in a training or education program, welfare to work program, or other economic self sufficiency activities:
- driver's licenses, birth certificates, etc. to verify age sixty-two (62) or older; or if appropriate, verification of disability limitations

Public Housing resident families who pay flat rents, or families who are over income when they occupy a public housing unit will not receive an automatic exemption.

Cooperative Relationships with Welfare Agencies: The PHA may initiate cooperative relationships with local service agencies that provide assistance to its families to facilitate information exchange, expansion of community service program options, and aid in the coordination of those activities.

Lease Requirement and Documentation: The PHA's lease has a twelve (12) month term and is automatically renewable except for non-compliance with the community service requirement. The lease also provides for termination and eviction of the entire household for such non-compliance. The lease provision will be implemented for the current residents effective January 1, 2005. The PHA will not renew or extend the lease if the household contains a non-exempt member who has failed to comply with the community service requirement.

Non-Compliance: A resident of the Housing Authority of the Co. of Wabash, IL who:

has not shown verifiable proof that he or she is exempt from the requirements of the Community Service Program; and

has also not submitted proof of having completed the necessary eight (8) hours per month of Community Service work, for those months following his/her notification by the PHA of his/her inclusion in the program at each semi-annual compliance check (or a total of forty-eight (48) cumulative volunteer work hours completed for six-month period), or his or her participation in an approved Self Sufficiency Program;

shall be deemed by the WCHA to be in noncompliance with the program. Before said noncompliant resident's lease term ends, the WCHA must offer the resident an opportunity to "cure" in the next twelve (12) months. Upon notification of noncompliance, the noncompliant adult shall have the right to utilize the PHA's grievance procedures.

Penalties: If the noncompliant adult does not enter into an "Agreement to Cure" or fails, within the following twelve (12) months, to make up the volunteer hours he/she has fallen behind on, in addition to performing his/her eight (8) hours of monthly Community Service work due each month for the current year, the lease for that resident's household will not be renewed at the next designated renewal date.

May 26, 2005

Section 227 of the Housing and Urban Rural Recovery Act of 1983 (12 U.S.C. 1701-1) provides that no owner or manager of federally assisted rental housing for the elderly or handicapped may prohibit or prevent a tenant from owning or having common household pets living in the tenant's dwelling unit, or restrict or discriminate against any person regarding admission to or continued occupancy of such housing because of the person's ownership of pets in the person's dwelling unit.

Housing Authority of the Co. of Wabash, IL

Tina M. Belt
Executive Director

Adopted April 26, 1988
Resolution #88-2

December 12, 2006

RE: Carbon Monoxide Alarm Detector Act (Public Act 094-0741)

The Housing Authority of the Co. of Wabash, IL received a letter from the City Inspector Don Price, of the City of Mount Carmel, Illinois in regards to an inspection conducted December 11, 2006.

The Housing Authority is in compliance with the cited act. Tower Heights heat for the individual apartments is circulation of hot water generated by fossil fuel burning appliances in the mechanical room. There is a hard-wired with battery back up carbon monoxide alarm in the mechanical room, in addition to one placed in the hallway between the mechanical room and the Maintenance Supervisors apartment on ground floor.

Tina M. Belt
Executive Director

December 26, 2006

The Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) was adopted at the December 2006 Board Meeting.

Housing Authority of the Co. of Wabash, IL

Tina M. Belt
Executive Director

Resolution No. 06-07