

# 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)

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

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

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# Streamlined Annual PHA Plan

## for Fiscal Year: 2007

**PHA Name: Housing Authority of Cynthiana**

**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:** Cynthiana

**PHA Number:** KY021

**PHA Fiscal Year Beginning:** (mm/yyyy) 7-2007

**PHA Programs Administered:**

**Public Housing and Section 8**

Number of public housing units: 265  
Number of S8 units: 175

**Section 8 Only**

Number of S8 units:

**Public Housing Only**

Number of public housing units:

**PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**PHA Plan Contact Information:**

Name: Michael Buis  
TDD:

Phone: 859-234-5388  
Email (if available):

**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 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 **Not Applicable**  
**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 **Not Applicable**
- 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. **Not Applicable**
- 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

**Attachment A – 2005 CFP P & E**

**Attachment B – 2006 CFP P & E**

#### 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. **NO**

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

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? **None**

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):

<b>HOPE VI Revitalization Grant Status</b>	
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? 5

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)?

**Due to limited administrative resources, the Housing Authority of Cynthiana is forced to limit the number of our participants in the homeownership program to five. We have recently had two families purchase homes. We will add new families to our homeownership program as needed in order to maintain five participants.**

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):  
**Homeownership has been a component of the Housing Authority of Cynthiana's FSS program for the past eleven years. Several FSS graduates have utilized the programs homeownership counseling and established escrow account to make their first home purchase.**

#### **4. Use of the Project-Based Voucher Program**

##### **Intent to Use Project-Based Assistance**

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

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
- low utilization rate for vouchers due to lack of suitable rental units
  - access to neighborhoods outside of high poverty areas
  - other (describe below:)

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

### **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

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

1. Consolidated Plan jurisdiction: (provide name here)  
Commonwealth of Kentucky

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)

**The Housing Authority of Cynthiana is committed to providing decent, safe and sanitary housing.**

## **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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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
Not Required	<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
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <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
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <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	Annual Plan: Management

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	other applicable assessment).	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-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	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
X	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
Not Applicable	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
Not Applicable	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
Not Applicable	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
Not Applicable	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
Not Applicable	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
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
X	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
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	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 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
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: <b>Housing Authority of Cynthiana</b>		Grant Type and Number Capital Fund Program Grant No: <b>KY36P02150107</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2007</b>
<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				
3	1408 Management Improvements	<b>23,500</b>			
4	1410 Administration	<b>15,000</b>			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	<b>10,000</b>			
10	1460 Dwelling Structures	<b>392,791</b>			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	<b>6,000</b>			
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				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>447,291</b>			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

**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: <b>Housing Authority of Cynthiana</b>		Grant Type and Number Capital Fund Program Grant No: <b>KY36P02150107</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2007</b>	
<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	
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

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

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part II: Supporting Pages</b>								
PHA Name: <b>Housing Authority of Cynthiana</b>			Grant Type and Number Capital Fund Program Grant No: <b>KY36P02150107</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2007</b>		
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	
<b>HA - Wide</b>	Agency Plan Preparation	1408		3,500				
	Resident Initiatives Programs	1408		10,000				
	Elderly Services	1408		10,000				
	Program Administration	1410		15,000				
	Continued Landscaping Upgrades	1450		10,000				
	Employee Benefit Cost	1460		65,000				
	Force Account labor	1460		205,491				
	Workers Compensation	1460		5,000				
	Vehicle Insurance	1460		4,000				
	Substation	1460		10,000				
	Technology Upgrades – Computers	1475		6,000				
<b>KY021-001</b>								

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

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHA Name: Housing Authority of Cynthiana</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>KY36P02150107</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2007</b>		
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	
<b>Terrace Park</b>	Interior Remodeling	1460		25,000				
	HVAC	1460		12,000				
<b>KY021-002</b>								
<b>Riverside Homes</b>	Interior Remodeling	1460		9,000				
	HVAC	1460		6,000				
<b>KY021-003</b>								
<b>Indian Hills</b>	Interior Remodeling	1460		35,000				
	HVAC	1460		16,300				

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

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name:		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant:	
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	
<b>HA-Wide</b>	12-31-08			6-30-09			
<b>KY021-001</b>	12-31-08			6-30-09			
<b>KY021-002</b>	12-31-08			6-30-09			
<b>KY021-003</b>	12-31-08			6-30-09			
<b>KY021-004</b>	No Work			No Work			

## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Housing Authority of Cynthiana			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2008 PHA FY: 2009	Work Statement for Year 3 FFY Grant: 2009 PHA FY: 2010	Work Statement for Year 4 FFY Grant: 2010 PHA FY: 2011	Work Statement for Year 5 FFY Grant: 2011 PHA FY: 2012
	Annual Statement				
<b>PHA - Wide</b>		369,009	369,009	369,009	369,009
<b>KY021-001 (Terrace Park)</b>		30,000	30,000	30,000	30,000
<b>KY021-002 (Riverside Homes)</b>		10,000	10,000	10,000	10,000
<b>KY021-003 (Mecca Homes) (Riverside Addition) (Indian Hills)</b>		38,282	38,282	38,282	38,282
<b>KY021-004 (Clifton Village) (Indian Hills Addition)</b>		-0-	-0-	-0-	-0-
CFP Funds Listed for 5-year planning		447,291	447,291	447,291	447,291
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: 2008 PHA FY: 2009			Activities for Year: 3 FFY Grant: 2009 PHA FY: 2010		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>See</b>	<b>HA - Wide</b>	Agency Plan Prep.	3,500	<b>HA - Wide</b>	Agency Plan Prep.	3,500
<b>Annual</b>		Resident Initiative	10,000		Resident Initiative	10,000
<b>Statement</b>		Management Imp. Training	5,000		Management Imp. Training	5,000
		Elderly Services	15,000		Elderly Services	15,000
		Program Admin.	15,000		Program Admin.	15,000
		Continued Landscaping Upgrades	10,000		Continued Landscaping Upgrades	10,000
		E.B.C.	65,000		E.B.C.	65,000
		Force Acct. Labor	220,509		Force Acct. Labor	220,509
		Workers Comp.	5,000		Workers Comp.	5,000
		Vehicle Insurance	4,000		Vehicle Insurance	4,000
		Substation	9,000		Substation	9,000
		Technology Upgrade/Computers	7,000		Technology Upgrade/Computers	7,000
	<b>KY021-001</b>	HVAC	15,000	<b>KY021-001</b>	HVAC	15,000
	<b>Terrace Park</b>	Interiors	15,000	<b>Terrace Park</b>	Interiors	15,000

**8. Capital Fund Program Five-Year Action Plan**

	<b>KY021-002</b>	HVAC	5,000	<b>KY021-002</b>	HVAC	5,000
	<b>Riverside Homes</b>	Interiors	5,000	<b>Riverside Homes</b>	Interiors	5,000
	<b>KY021-003</b>	HVAC	20,000	<b>KY021-003</b>	HVAC	20,000
		Interiors	18,282		Interiors	18,282
	<b>Indian Hills</b>			<b>Indian Hills</b>		
	<b>Mecca Homes</b>			<b>Mecca Homes</b>		
	<b>Riverside Addition</b>			<b>Riverside Addition</b>		
	<b>KY021-004</b>	NO WORK	-0-	<b>KY021-004</b>	NO WORK	-0-
	<b>Indian Hills Addition</b>			<b>Indian Hills Addition</b>		
	<b>Clifton Village</b>			<b>Clifton Village</b>		
	Total CFP Estimated Cost		\$447,291			\$447,291

## 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: 2010 PHA FY: 2011			Activities for Year: 5 FFY Grant: 2011 PHA FY: 2012		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>HA – Wide</b>	Agency Plan Prep.	3,500	<b>HA – Wide</b>	Agency Plan Prep	3,500
	Resident Initiative	10,000		Resident Initiative	10,000
	Management Imp. Training	5,000		Management Imp. Training	5,000
	Elderly Services	15,000		Elderly Services	15,000
	Program Admin.	15,000		Program Admin.	15,000
	Continued Landscaping Upgrade	10,000		Continued Landscaping Upgrade	10,000
	E.B.C.	65,000		E.B.C.	65,000
	Force Acct. Labor	220,509		Force Acct. Labor	220,509
	Workers Comp.	5,000		Workers Comp.	5,000
	Vehicle Insurance	4,000		Vehicle Insurance	4,000
	Substation	9,000		Substation	9,000
	Technology Upgrades/Computers	7,000		Technology Upgrades/Computers	7,000
<b>KY021-001</b>	HVAC	15,000	<b>KY021-001</b>	HVAC	15,000
<b>Terrace Park</b>	Interiors	15,000	<b>Terrace Park</b>	Interiors	15,000
<b>KY021-002</b>	HVAC	5,000	<b>KY021-002</b>	HVAC	5,000
<b>Riverside Homes</b>	Interiors	5,000	<b>Riverside Homes</b>	Interiors	5,000
<b>KY021-003</b>	HVAC	20,000	<b>KY021-003</b>	HVAC	20,000
	Interiors	18,282		Interiors	18,282

**8. Capital Fund Program Five-Year Action Plan**

<b>Indian Hills</b>			<b>Indian Hills</b>		
<b>Mecca Homes</b>			<b>Mecca Homes</b>		
<b>Riverside Addition</b>			<b>Riverside Addition</b>		
<b>KY021-004</b>	NO WORK	-0-	<b>KY021-004</b>	NO WORK	-0-
<b>Indian Hills Addition</b>			<b>Indian Hills Addition</b>		
<b>Clifton Village</b>			<b>Clifton Village</b>		
Total CFP Estimated Cost		\$447,291			\$447,291

<b>Annual Statement/Performance and Evaluation Report</b>						
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>						
<b>PHA Name:</b> Housing Authority of Cynthiana		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P02150105 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2005	
<b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <b>Revised Annual Statement (revision no: 1 )</b> <b>Performance and Evaluation Report for Period Ending:</b> <input checked="" type="checkbox"/> <b>Final Performance and Evaluation Report 4-11-07</b>						
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 Soft Costs	<b>23,500</b>	<b>20,856</b>	20,855.79	20,855.79	
	Management Improvements Hard Costs					
4	1410 Administration	<b>15,000</b>	<b>7,500</b>	7,500.30	7,500.30	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	<b>10,000</b>	<b>31,208</b>	31,207.88	31,207.88	
10	1460 Dwelling Structures	<b>382,791</b>	<b>355,249</b>	355,248.99	355,248.99	
11	1465.1 Dwelling Equipment—Nonexpendable	<b>7,000</b>	<b>16,476</b>	16,476.00	16,476.00	
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	<b>6,000</b>	<b>12,852</b>	12,852.04	12,852.04	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of Cynthiana		Grant Type and Number Capital Fund Program Grant No: KY36P02150105 Replacement Housing Factor Grant No:			Federal FY of Grant:  2005
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1 )					
Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report 4-11-07					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs	<b>3,000</b>	<b>3,150</b>	3,150.00	3,150.00
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	<b>447,291</b>	<b>447,291</b>	447,291.00	447,291.00
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security – Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: <b>Housing Authority of Cynthiana</b>		Grant Type and Number Capital Fund Program Grant No: KY36P02150105 Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2005</b>			
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	Obligated Expended			
<b>HA-Wide</b>	Agency Plan Preparation		1408		3500	615	614.80	614.80	
	Resident Initiatives Programs		1408		10000	5624	5623.84	5623.84	
	Elderly Services		1408		10000	0			
	Management Improvements		1408		0	14617	14617.15	14617.15	
	Program Administration		1410		15000	7500	7500.30	7500.30	
	Continued Landscaping Upgrade		1450		5000	15921	15920.44	15920.44	
	Sidewalks		1450		5000	1909	1909.00	1909.00	
	Mulch – Playgrounds		1450		0	13270	13270.00	13270.00	
	Concrete		1450			108	108.44	108.44	
	Employee Benefit Costs		1460		66000	63847	63846.69	63486.69	
	Force Account Labor		1460		194,509	185,989	185989.41	185989.41	
	Workers Compensation		1460		5000	13997	13997.04	13997.04	
	Vehicle Insurance		1460		4000	1831	1831.11	1831.11	
	Substation		1460		10000	11319	11318.55	11318.55	
	Learning Center		1460		0	7674	7674.36	7674.36	
	Handicapp Ramps		1460			8477	8476.72	8476.72	
	Water Heaters		1460			1364	1364.31	1364.31	

<b>Annual Statement/Performance and Evaluation Report</b>									
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>									
<b>Part II: Supporting Pages</b>									
PHA Name: <b>Housing Authority of Cynthiana</b>			Grant Type and Number Capital Fund Program Grant No: KY36P02150105 Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2005</b>		
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	Obligated Expended		
	Equipment – Nonexpendable		1465		7000	16476	16476.00	16476.00	
	Technology Upgrade – Computers		1475		6000	11217	11217.16	11217.16	
	Tools & Equipment		1475			1635	1634.88	1634.88	
	Relocation		1495		3000	3150	3150.00	3150.00	
<b>KY021-001</b>	Interior Remodeling		1460		25000	11875	11875.72	11875.72	
	HVAC		1460		12000	0			
	Interior Electrical		1460		0	2357	2357.05	2357.05	
<b>Terrace Park</b>									
<b>KY021-002</b>	Interior Remodeling		1460		9000	10895	10894.82	10894.82	
<b>Riverside Homes</b>	HVAC		1460		6000	1238	1238.00	1238.00	
	Interior Electrical		1460			4287	4287.00	4287.00	
<b>KY021-003</b>	Interior Remodeling		1460		35000	14352	14351.56	14351.56	
<b>Indian Hills</b>	HVAC		1460		14282	0			
	Interior Electrical		1460		2000	10709	10708.76	10708.76	
<b>KY021-004</b>	Interior Remodeling		1460			3145	3144.89	3144.89	
<b>Clifton Village</b>	HVAC		1460			1893	1893.00	1893.00	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Housing Authority of Cynthiana			<b>Grant Type and Number</b> Capital Fund Program No: KY36P02150105 Replacement Housing Factor No:			<b>Federal FY of Grant: 2005</b>	
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	
<b>HA-Wide</b>	12-31-06			6-30-07			
<b>KY021-001</b>	12-31-06			6-30-07			
<b>KY021-002</b>	12-31-06			6-30-07			
<b>KY021-003</b>	12-31-06			6-30-07			
<b>KY021-004</b>	No Work			No Work			

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 Cynthiana		Grant Type and Number Capital Fund Program Grant No: KY36P02150106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-06 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	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	<b>23,500</b>		-0-	-0-
4	1410 Administration	<b>15,000</b>		-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	<b>10,000</b>		-0-	-0-
10	1460 Dwelling Structures	<b>392,791</b>		-0-	-0-
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	<b>6,000</b>		-0-	-0-
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				

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 Cynthiana		Grant Type and Number Capital Fund Program Grant No: KY36P02150106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-06 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>447,291</b>		-0-	-0-	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 compliance					
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Housing Authority of Cynthiana		Grant Type and Number Capital Fund Program Grant No: KY36P02150106 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	
<b>HA - Wide</b>	Agency Plan Preparation	1408		3,500		-0-	-0-	
	Resident Initiatives Programs	1408		10,000		-0-	-0-	
	Elderly Services	1408		10,000		-0-	-0-	
	Program Administration	1410		15,000		-0-	-0-	
	Continued Landscaping Upgrades	1450		10,000		-0-	-0-	
	Employee Benefit Cost	1460		65,000		-0-	-0-	
	Force Account labor	1460		205,491		-0-	-0-	
	Workers Compensation	1460		5,000		-0-	-0-	
	Vehicle Insurance	1460		4,000		-0-	-0-	
	Substation	1460		10,000		-0-	-0-	
	Technology Upgrades – Computers	1475		6,000		-0-	-0-	
<b>KY021-001</b>								
<b>Terrace Park</b>	Interior Remodeling	1460		25,000		-0-	-0-	
	HVAC	1460		12,000		-0-	-0-	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of Cynthiana		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P02150106 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>			
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	
<b>KY021-002</b>								
<b>Riverside Homes</b>	Interior Remodeling	1460		9,000		-0-	-0-	
	HVAC	1460		6,000		-0-	-0-	
<b>KY021-003</b>								
<b>Indian Hills</b>	Interior Remodeling	1460		35,000		-0-	-0-	
	HVAC	1460		16,300		-0-	-0-	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Housing Authority of Cynthiana			<b>Grant Type and Number</b> Capital Fund Program No: KY36P02150106 Replacement Housing Factor No:				<b>Federal FY of Grant: 2006</b>
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	
<b>HA-Wide</b>	12-31-07			6-30-08			
<b>KY021-001</b>	12-31-07			6-30-08			
<b>KY021-002</b>	12-31-07			6-30-08			
<b>KY021-003</b>	12-31-07			6-30-08			
<b>KY021-004</b>	No Work			No Work			