

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

PHA Plans

5 Year Plan for Fiscal Years 2007 - 2011

Annual Plan for Fiscal Year 2007

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

PHA Plan Agency Identification

PHA Name Fayette County Housing Authority

PHA Number: PA 015

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

PHA Programs Administered:

Public Housing and Section 8
 Section 8 Only
 Public Housing Only
 Number of public housing units: 1,316
 Number of S8 units:
 Number of public housing units:
 Number of Sec.8 units: 1,104

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

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

Public Access to Information

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

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

Display Locations for PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHA FISCAL YEARS 2007 - 2011
[24 CFR Part 903.5]

A. Mission

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)
The mission of FCHA is to maintain, manage and develop affordable and safe assisted housing for residents of Fayette County, and to do so with a commitment to the highest Standard of customer service.

B. Goals

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

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
The Fayette County Housing Authority has been awarded 184 Section 8 Relocation/Replacement Vouchers, and does not intend to apply for any additional Vouchers at this time.
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score) 88
 - Improve voucher management: (SEMAP score) 89
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)

- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

Laurel Estates proposed mixed finance revitalization plan summary by the Housing Authority. Site consists of approximately 22.5 acre site adjacent to existing residential community and to Laurel Highlands High School. The development will consist of 56 units of affordable rental housing in duplex and triplex configuration. Units will be served by a new roadway and utility infrastructure, and will include a modest community center. Units will consist of one, two, and four-bedroom units. Accessible units will be provided. A mixed-financing development method is proposed. Sources of funds will include a Pennsylvania Department of Economic Development (PA DCED) grant (application submitted on October 20, 2006); limited partner equity provided from the sale of Low Income Housing Tax Credits (LIHTC) (Volume Cap 9% Credits); and a 20-year loan. The project will be owned by a separate Limited Partnership, not yet formed. That Partnership will bear the responsibility of management and regulatory compliance. FCHA will continue to provide maintenance under contract with manager while learning the Low-Income Housing Tax (LIHTC) serve as Replacement Housing (Public Housing) Units. Rents will be governed by HUD and LIHTC guidelines. Units will be available to households up to 60% of the area median income. Community and Supportive Services will be provided to the residents. Such services include, for example, job training, day care, continuing education, and credit counseling. All tenants will be relocated according to FCHA's Relocation Plan. At Bierer Wood Acres, the Authority will be applying in 2007 for a HOPE VI grant to do 186 units. The Housing Authority will be issuing an RFP in 2007 to seek the services of a qualified energy services company so the Authority can begin utilizing HUD's energy performance contracting incentive to improve the energy efficiency of its dwelling units and to reduce utility costs associated with their operation.

- PHA Goal: Increase assisted housing choices
 - Objectives:
 - Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

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

- PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements:
Installation of surveillance cameras at elderly high rise entrances.
Installation of vehicle gates at select housing locations.
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)
FCHA received approval from HUD for complete Elderly and Near Elderly Designation at 4 developments, and partial Elderly and Near Elderly Designation at 3 developments.
Flat rents were revised in December 2001 conforming with the current Market rents at the jurisdiction.
Utility allowances are monitored and adjusted as necessary each year to reflect changing utility rates.

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

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

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
- Objectives:
- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:

- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 20
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

Fayette County Housing Authority is committed to provide housing in accordance to HUD's and all other applicable performance standards. FCHA has adopted and implemented all of the requirements of the Quality Housing and Work Responsibility Act.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

Table of Contents

Page #

Annual Plan

- i. Executive Summary
- ii. Table of Contents
 - 1. Housing Needs
 - 2. Financial Resources
 - 3. Policies on Eligibility, Selection and Admissions
 - 4. Rent Determination Policies
 - 5. Operations and Management Policies
 - 6. Grievance Procedures
 - 7. Capital Improvement Needs
 - 8. Demolition and Disposition
 - 9. Designation of Housing
 - 10. Conversions of Public Housing
 - 11. Homeownership
 - 12. Community Service Programs
 - 13. Crime and Safety

14. Pets (Inactive for January 1 PHAs)
15. Civil Rights Certifications (included with PHA Plan Certifications)
16. Audit
17. Asset Management
18. Other Information

Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration
- FY 2007 Capital Fund Program Annual Statement (**attachment pa015a001**)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- List of Resident Advisory Board Members
- List of Resident Board Member (**attachment pa015a017**)
- Community Service Description of Implementation (**attachment pa015a011**)
- Information on Pet Policy (**attachment pa015a013**)
- Section 8 Homeownership Capacity Statement, if applicable

We have 5 Section 8 Homeownership Vouchers, 4 of which have become homeowners, with 1 available

- Description of Homeownership Programs, if applicable

Optional Attachments:

- PHA Management Organizational Chart (**attachment pa015a016**)
- FY 2005 Capital Fund Program 5 Year Action Plan (**attachment pa015a002**)
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (**attachment pa015a015**)
- Other (List below, providing each attachment name)

pa015a000 – Annual Plan

pa015a003 – P&E Report 2004

pa015a004 – P&E Report 2005

pa015a005 – P&E Report 2006

pa015a006 – RHF P&E Report 2002

pa015a007 - RHF P&E Report 2003

pa015a008 – RHF P&E Report 2004

pa015a009 – RHF P&E Report 2005

pa015a010 – RHF P&E Report 2006

pa015a011 - Community Service Policy

pa015a012 – Criteria for Substantial Deviation & Significant Amendments

pa015a014 – Violence against Women Act Policy

pa015a017 – RAB Board

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
	Fair Housing Documentation: 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
	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	A & O Policy	
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" 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 checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	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
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	4557	5	3	5	5	5	5
Income >30% but <=50% of AMI	1647	2	2	2	2	5	2
Income >50% but <80% of AMI	396	1	1	1	1	1	1
Elderly	2224	3	2	3	5	2	5
Families with Disabilities	556	3	2	3	5	2	5
Race/Ethnicity	1703	NA	NA	NA	NA	NA	NA
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

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

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

In house data

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	212		813
Extremely low income <=30% AMI	184	85.58	
Very low income (>30% but <=50% AMI)	21	11.16	
Low income (>50% but <80% AMI)	7	3.25	
Families with children	102	48.11	
Elderly families	25	11.79	
Families with Disabilities	29	13.67	
Race/ethnicity Black	31	14.41	
Race/ethnicity Indian Not specified	1	.47	
Race/ethnicity Hispanic	1	.47	
Race/ethnicity Non Hispanic	211	99.52%	

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	111	52.35	
2 BR	61	28.77	
3 BR	34	16.03	
4 BR	6	2.83	
5 BR	0	0	
5+ BR	0	0	
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input checked="" type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	491		489
Extremely low income <=30% AMI	406	82.68	
Very low income (>30% but <=50% AMI)	80	16.29	
Low income (>50% but <80% AMI)	5	1.01	
Families with children	317	64.57	
Elderly families	55	11.20	
Families with Disabilities	119	24.23	
Race/ethnicity Black	81	16.49	

Housing Needs of Families on the Waiting List			
Race/ethnicity Indian Mixed	2	.40	
Race/ethnicity Hispanic	4	.81	
Race/ethnicity Non Hispanic	487	99.17%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units

- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

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

The Fayette County Housing Authority has been awarded 184 Section 8 Relocation/Replacement Vouchers, and does not intend to apply for any additional Vouchers at this time.

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

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

Select all that apply

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

Adopted flat rents at all locations to encourage employment and to retain Families that gain employment.

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

FCHA received approval for elderly designation in 2003.

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

Adopted Reasonable Accommodation Policy for Public Housing and Section 8.

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

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

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs

Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2007 grants)		
a) Public Housing Operating Fund	4,400,000.00	PH Operations
b) Public Housing Capital Fund	2,539,226.00	Capital Improvements
c) Replacement Housing Factor	247,414.00	Development
d) LIHTC	8,824,000.00	Development
e) Dept. of Economic Development	500,000.00	Development
f) Annual Contributions for Section 8 Tenant-Based Assistance	4,215,535.00	Rental Assistance
g) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
h) Resident Opportunity and Self-Sufficiency Grants		
i) Community Development Block Grant		
j) HOME		
Other Federal Grants (list below)		
FSS	40,400.00	Sec.8
2. Prior Year Federal Grants (unobligated funds only) (list below)		
2006 Capital Funds	2,339,226.00	PH Capital Improvements
2005 Capital Funds	200,000.00	PH Capital Improvements
3. Public Housing Dwelling Rental Income		
Dwelling Rent	1,600,000.00	PH Operations
4. Other income (list below)		
Financial Income	102,000.00	PH Operations
Miscellaneous Income	8,500.00	PH Operations
4. Non-federal sources (list below)		
State Housing	68,181.31	Improvements
Total resources	22,545,256.31	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

At time of application and for a second time when they reach the top of the waiting list.

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

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

c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2) Waiting List Organization

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

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

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

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

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

1. How many site-based waiting lists will the PHA operate in the coming year? **19**

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? **(19)**

3. Yes No: May families be on more than one list simultaneously
If yes, how many lists? **Three (3)**

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)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

b. Yes No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

- Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
 Overhoused
 Underhoused
 Medical justification
 Administrative reasons determined by the PHA (e.g., to permit modernization work)
 Resident choice: (state circumstances below)
 Other: (list below)

In all above according to our ACOP, since transfers have preference over new admissions.

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

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

Former Federal preferences:

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

Other preferences: (select below)

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

- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)
 1. Income Tiers
 2. A residency preference is granted to applicants who live or work in the Fayette County geographical area.
 3. Victims of Federally Declared Disasters.

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

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

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

(6) Deconcentration and Income Mixing

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

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

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

- Adoption of site based waiting lists
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- Other (list policies and developments targeted below)
Income Tiers

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

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

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

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

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

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

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

B. Section 8

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

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)

- b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
- Other (describe below) Previous Landlord and address.

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- PHA main administrative office
- Other (list below)

(3) Search Time

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

If yes, state circumstances below: After review of justification, if the family documents their efforts and additional time can reasonably be expected to result in success, the Housing Authority will grant two (2) thirty-day extensions, giving a total of 120 days.

If the family includes a person with disabilities and the family requires an extension due to the disability, the Housing Authority will grant an extension allowing the family the full 120 days search time or longer if required as a documented reasonable accommodation with HUD approval.

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences) Former Federal preferences

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)
1. A residency preference is granted to applicants who live in the Fayette County geographical area.
2. Victims of Federally Declared Disasters

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)
 1. Victims of Federally Declared Disasters.
 2. A residency preference is granted to applicants who live in the Fayette County geographical area.

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

- Date and time of application
- Drawing (lottery) or other random choice technique

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

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

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

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

(5) Special Purpose Section 8 Assistance Programs

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

- The Section 8 Administrative Plan
 Briefing sessions and written materials
 Other (list below)

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

- Through published notices
 Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

The Minimum rent shall be \$50 per month, but a hardship exemption shall be granted to residents who can document that they are unable to pay the \$50 because of a long-term hardship (over 90 days). Examples under which residents would qualify for the hardship exemption to the minimum rent would include but not be limited to the following:

- The family has lost eligibility for or is applying for an eligibility determination for a Federal, State or Local assistance program;
- The family would be evicted as result of the imposition of the minimum rent requirements;
- The income of the family has decreased because of changed circumstances, including loss of employment;
- A death in the family has occurred; or
- Other circumstances as determined by FCHA

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

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

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

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

- For the earned income of a previously unemployed household member
 For increases in earned income
 Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

- Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

- For household heads
 For other family members
 For transportation expenses
 For the non-reimbursed medical expenses of non-disabled or non-elderly families
 Other (describe below)

e. Ceiling rents

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

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

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

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

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

- Market comparability study
 Fair market rents (FMR)
 95th percentile rents
 75 percent of operating costs
 100 percent of operating costs for general occupancy (family) developments
 Operating costs plus debt service
 The "rental value" of the unit
 Other (list below)

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- Other (list below) Decrease in income/decrease in rent or change in employer.

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)
Housing Authority can pay up to 120% of FMR for reasonable accommodations necessary and completed by landlord. This is approved on a case basis.

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

- Annually
- Other (list below)

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

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

FCHA will consider vacancy rates and rents in the market area, size and quality of units leased under the program, rents for units leased under the program, success rates of voucher holders in finding units, and the percentage of annual income families are paying for rent under the Voucher Program. Also, the housing Authority has adopted a payment standard of up to 120% for reasonable accommodations necessary and completed by the landlord. This will be done on a case by case basis.

(2) Minimum Rent

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

- \$0
- \$1-\$25

\$26-\$50

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

The FCHA has set the minimum rent at \$50.00. However, if the family requests a hardship exemption, the FCHA will suspend the minimum rent for the family beginning the month following the family's hardship request. The suspension will continue until the FCHA can determine whether hardship exists and whether the hardship is of a temporary or long-term nature. During suspension, the family will not be required to pay a minimum rent and the Housing Assistance Payment will be increased accordingly.

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	1323	180-200
Section 8 Vouchers	950	250
Section 8 Certificates	N/A	N/A
Section 8 Mod Rehab	4	2
Special Purpose Section 8 Certificates/Vouchers (list individually)	18	12
Public Housing Drug Elimination Program (PHDEP)		

Other Federal Programs(list individually)		
FSS	57	12

C. Management and Maintenance Policies

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

- (1) Public Housing Maintenance and Management: (list below)
 - Admission and Continued Occupancy Policy (ACOP)
 - Residential Lease
 - Maintenance/Preventive Maintenance Plan
 - Grievance Policy
 - Pest Eradication Policy
 - Facilities Use
 - House Rules
 - Crime Tracking
 - Pet Policy
 - Rent Collection
- (2) Section 8 Management: (list below)
 - Section 8 Administrative Plan
 - Related HUD Forms (request for Tenancy, etc.)
 - HQS Guidebook and Checklist
 - Inspections Procedures
- (3) FCHA Management
 - Drug Free Policy
 - Procurement Policy
 - Disposition Policy
 - Hazardous Materials
 - EEO
 - Violence Against Women Act Policy

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) **pa015a001**

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment **pa015a002**

-or-

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

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

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

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

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

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

Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

Bierer Wood Acres

Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

Lemon Wood Acres (9% LIHTC)

FCHA and developer partner will apply

Bierer Wood Acres (HOPE VI)

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

If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description	
1a. Development name:	Bierer Wood Acres
1b. Development (project) number:	PA 15-1
2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<u>5/2008</u>
5. Number of units affected:	86
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: 8/30/07 b. Projected end date of activity: 8/30/09

Demolition/Disposition Activity Description	
1a. Development name:	Lemon Wood Acres
1b. Development (project) number:	PA 15-4
2. Activity type:	Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	
5. Number of units affected:	0 units
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: 9/15/07 b. Projected end date of activity: 9/15/08

Demolition/Disposition Activity Description	
1a. Development name:	Dunlap Creek Village
1b. Development (project) number:	PA 15-7
2. Activity type:	Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/>

Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>9/01/06</u>
5. Number of units affected: 0 units
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: <u>5/30/07</u> b. Projected end date of activity: <u>5/30/07</u>
Demolition/Disposition Activity Description
1a. Development name: South Hill Terrace 1b. Development (project) number: PA 15-5
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>11/2006</u>
5. Number of units affected: 55 units
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: <u>9/15/07</u> b. Projected end date of activity: <u>5/15/08</u>

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

[24 CFR Part 903.7 9 (i)]

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

1. Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete

one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

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

Designation of Public Housing Activity Description
1a. Development name: Mulligan Manor 1b. Development (project) number: PA 15-11
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: 12/23/03
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 65
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: White Swan Apartments 1b. Development (project) number: PA 15-12
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: 12/23/03
5. If approved, will this designation constitute a (select one)

<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 78
7. Coverage of action (select one)
<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Marshall Manor
1b. Development (project) number: PA 15-13
2. Designation type:
Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)
Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: 12/23/03
5. If approved, will this designation constitute a (select one)
<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 100
7. Coverage of action (select one)
<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Belle Vernon Apartments
1b. Development (project) number: PA 15-16
2. Designation type:
Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)
Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: 12/23/03
5. If approved, will this designation constitute a (select one)
<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 150

7. Coverage of action (select one)

Part of the development

Total development

Designation of Public Housing Activity Description	
1a. Development name: South Hill Terrace	
1b. Development (project) number: PA 15-5	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input checked="" type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: 12/23/03	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
6. Number of units affected: 18	
7. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

Designation of Public Housing Activity Description	
1a. Development name: Snowden Terrace	
1b. Development (project) number: PA 15-9	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input checked="" type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: 12/23/03	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
6. Number of units affected: 5	
7. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

Designation of Public Housing Activity Description
1a. Development name: East View Terrace 1b. Development (project) number: PA 15-10
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: 12/23/03
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 12 7. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Clarence Hess Terrace 1b. Development (project) number: PA 15-15
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: 12/23/03
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 11 7. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

As required by HUD’s June 22, 2001 final Rule: Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments, FCHA conducted an initial assessment for each of its 17 family developments to determine the viability of conversion. In its assessment, FCHA considered the implications of converting the public housing units to tenant-based assistance and concluded that the conversion is not viable because the conversion would be inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion. The assessment also concluded that Fayette County does not have enough affordable housing that meets HQS requirements making inappropriate the conversion. FCHA’s conducted the required initial assessment in 17 family developments; four elderly developments were not subject to the initial assessment.

2. Activity Description

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

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to	

block 5.)

4. Status of Conversion Plan (select the statement that best describes the current status)

- Conversion Plan in development
- Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- Conversion Plan approved by HUD on: (DD/MM/YYYY)
- Activities pursuant to HUD-approved Conversion Plan underway

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved:)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

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

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

B. Section 8 Tenant Based Assistance

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

high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

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

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

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

The FCHA plans to designate 5 additional Vouchers to Sec. 8 Vouchers.

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? DD/MM/YY

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

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families

- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

<i>Resident Owned Business/PH resident owned business for painting and ground work</i>	<i>10</i>	<i>Specific Criteria</i>	<i>FCHA Programs Dept.</i>	<i>Public Housing</i>

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2007 Estimate)	Actual Number of Participants (As of: 03/01/07)
Public Housing	8	7
Section 8	59	50

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

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies
 - Informing residents of new policy on admission and reexamination
 - Actively notifying residents of new policy at times in addition to admission and reexamination.
 - Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
 - Establishing a protocol for exchange of information with all appropriate TANF agencies

Other: (list below)

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

Bierer Wood Acres, South Hill Terrace, Snowden Terrace, East View Terrace,

Fort Mason Village, Gibson Terrace, Marion Villa

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

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

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

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

South Hill Terrace, Bierer Wood Acres, Snowden Terrace, Fort Mason Village, Gibson Terrace, Marion Villa, Marshall Manor, White Swan Apt., Marshall Manor, Mulligan Manor, Fairchance

C. Coordination between PHA and the police

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

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

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

South Hill Terrace, Snowden Terrace, Fort Mason Village, Clarence Hess, Fairchance, Gibson Terrace, Marion Villa, Mulligan Manor, Belle Vernon Apartments

D. Additional information as required by PHDEP/PHDEP Plan

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

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

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

FCFA is submitted its Pet Policy as Attachment **pa015a014**

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

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

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

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

- Attached at Attachment: **pa015a015**
- Provided below:

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments
List changes below:
- Other: (list below)

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

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

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

Nancy Sutton, Resident on the Board appointed by
Fayette County Board of Commissioners

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

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

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- 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)

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

D. Other Information Required by HUD

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

Attachments

Use this section to provide any additional attachments referenced in the Plans.

- pa015a000 – Annual Plan
- pa015a001 – FY 2005 Capital Fund Program Annual Statement
- pa015a002 – FY 2007 – 2011 Capital Fund Program 5 Year Action Plan
- pa015a003 – P&E Report 2005
- pa015a004 – P&E Report 2006
- pa015a005 – P&E Report 2006
- pa015a006 – RHF P&E Report 2002
- pa015a007 – RHF P&E Report 2003
- pa015a008 – RHF P&E Report 2004
- pa015a009 – RHF P&E Report 2005
- pa015a010 – RHF P&E Report 2006
- pa015a011 – Community Service Policy
- pa015a012 – Criteria for Substantial Deviations & Significant Amendments
- pa015a013 – Pet Policy
- pa015a014 – Violence Against Women Act Policy
- pa015a015 – RAB Meeting
- pa015a016 – Org. chart

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550107 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 <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	140,000.00			
4	1410 Administration	220,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	195,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	96,000.00			
10	1460 Dwelling Structures	495,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00			
12	1470 Nondwelling Structures	59,000.00			
13	1475 Nondwelling Equipment	45,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	20,000.00			
18	1498. Mod used for Development	910,000.00			
19	1502 Contingency				

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P01550107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	Amount of Annual Grant: (sum of lines 2 – 20)	2,200,000.00			
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance	665,000.00			
23	Amount of Line 21 Related to Security				
24	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: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550107 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	
PA.15-1 Bierer Wood Acres	Development Activities	1498	186	30,000.00				
PA.15-4 Lemon wood Acres	Development Activities	1498	56	880,000.00				
PA.15-2 Crossland Place	504 Upgrades- Demo of (two) two story units and community building and rebuild one (1BR) and one (4BR) handicap unit.		2 units					
	1. Demo work	1460		22,000.00				
	2. Masonry Biick/Block /Footings	1460		40,000.00				
	3. Framing	1460		30,000.00				
	4. Roofing / Metals	1460		20,000.00				
	5. Interior - drywall, paint,trim,flooring,shelving	1460		40,000.00				
	6. Kitchens	1460		20,000.00				
	7.Bathrooms	1460		8,000.00				
	9,Electrical upgrades	1460		25,000.00				
	10.Plumbing upgrades	1460		20,000.00				
	11. HVAC	1460		19,000.00				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550107 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	
	12. Concrete /Paving /Railings	1450		20,000.00				
	13. Landscape / Drainage /	1450		25,000.00				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550107 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	
PA. 15-11 Mulligan Manor	504 Upgrades on 4 units							
	1. Kitchens	1460	4 units	16,000.00				
	2. Bathrooms	1460	4 units	12,000.00				
	3. Electrical upgrdes	1460	4 units	8,000.00				
	4. Plumbing upgrades	1460	4 units	10,000.00				
	5. Community Room	1470		8,000.00				
	6. Managers office	1470		8,000.00				
	7. Common areas	1470		4,000.00				
PA. 15-13 Marshall Manor	504 Upgrades on 6 units							
	1. Kitchens	1460	6 units	24,000.00				
	2. Bathrooms	1460	6 units	22,000.00				
	3. Electrical upgrades	1460	6 units	16,000.00				
	4. Plumbing upgrades	1460	6 units	22,000.00				
	5. Community room	1470		2,000.00				
	6. Common areas Bathrooms	1470		10,000.00				
	7. Nurses call	1470		12,000.00				
	8. Handrails in hallways	1470		15,000.00				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550107 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	
PA. 15-15 Clarence Hess	504 upgrades 3 units		3 units					
	1. Kitchens	1460		21,000.00				
	2. Bathrooms	1460		15,000.00				
	3. Interior finishes/doors/flooring /paint	1460		30,000.00				
	4. Roofs	1460		15,000.00				
	5. Electrical upgrades	1460		20,000.00				
	6. Plumbing upgrades	1460		20,000.00				
	7. Concrete / Paving / Railings	1450		18,000.00				
	8. Landscape / Drainage	1450	Site Wide	33,000.00				

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550107 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	
Mgmt. Improve	1. Staff Training / Travel	1408		20,000.00				
	2. Resident Initiatives	1408		110,000.00				
	3. Computer Software	1408		10,000.00				
Administration	1. Mod. Salary & Benefits	1410		220,000.00				
Fees & Costs	1. Architectural & Engineering	1430		50,000.00				
	2. Financial Consultants	1430		30,000.00				
	3. Legal Fees	1430		20,000.00				
	4. Advertisement	1430		5,000.00				
	5. Applications/ Planning Services	1430		10,000.00				
	6. Development coordinator	1430		80,000.00				
Dwelling Equip.	1. Appliances	1465		20,000.00				
Non Dwel. Equip.	1. Computer Hardware	1475		20,000.00				
	2. Office Equip.	1475		5,000.00				
	3. Vehicle	1475	1	20,000.00				
HA-Wide	1. Relocation	1495		20,000.00				

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

PHA Name: Fayette County Housing Authority	Grant Type and Number Capital Fund Program No: PA28P01550107 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	
PA. 15-1 Biererwood Acres	7-01-09			9-31-10			
PA. 15-2 Crossland Place	7-01-09			9-31-10			
PA. 15-4 Lemonwood Acres	7-01-09			9-31-10			
PA. 1511 Mulligan Manor	7-01-09			9-31-10			
PA. 15-13 Marshall Manor	7-01-09			9-31-10			
PA. 15-15 Clarence Hess							
HA Wide							

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Fayette County Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2008 PHA FY: 7/01/8	Work Statement for Year 3 FFY Grant: 2009 PHA FY: 7/01/9	Work Statement for Year 4 FFY Grant: 2010 PHA FY: 7/01/10	Work Statement for Year 5 FFY Grant: 2011 PHA FY: 7/01/11
Admin. Building				560,000	
PA.15-2 Crossland				80,000	
PA.15-5 South Hills		250,000			
PA.15-6 Fort Mason		470,000			
PA.15-11 Mulligan Manor		150,000	130,000		440,000
PA.15-12 White Swan			685,000		
PA.15-13 Marshall Manor			250,000		
PA.15-16 Belle Vernon		260,000	600,000		
PA.15-17 Sembower Terrace		100,000		700,000	
PA.15-24 Lemont Heights		100,000			900,000
Laurel Estates CFFP Loan		300,000	300,000	300,000	300,000
HA-Wide		570,000	535,000	560,000	560,000
CFP Funds Listed for 5-year planning		2,200,000	2,200,000	2,200,000	2,200,000
Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2008 PHA FY: 7/1/08			Activities for Year: <u>3</u> FFY Grant: 2009 PHA FY: 7/01/09		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	PA. 15-5 South Hills Terrace	504 Upgrades 3 units	200,000	PA. 15-12 White Swan Apts.	504 Upgrades 4Units	200,000
Annual		Site work	50,000		Replace HVAC Units 80 Units	160,000
Statement	PA. 15-6 Fort Mason Village	504 Upgrades 5 units	440,000.		Replace Windows	225,000
		Site work	30,000	PA.15-16 Belle Vernon Apts.	Replace HVAC units 150 Units	200,000
	PA. 15-17 Sembower Terrace	504 Upgrades 2 units	100,000		Replace Windows	200,000
	PA.15-24 Lemont Heights	504 Upgrades 2 units	100,000.	PA.15-11 Mulligan Manor	Replace HVAC Units 65 Units	130,000
	PA. 15-11 Mulligan Manor	Replace Main Roof	150,000	PA. 15-13 Marshall Manor	Replace Windows	250,000
	PA 15 Belle Vernon Apts.	Replace Main Roof	200,000.			
		Replace Roof Top Heating Units	60,000			
	Laurel Estates CFFP Loan	Development	300,000	Laurel Estates CFFP Loan	Development	300,000
			Continued			Continued

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

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2008 PHA FY: 7/01/08			Activities for Year: <u>3</u> FFY Grant: 2009 PHA FY: 7/01/09		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual Statement	Site Wide			Site Wide		
	Mgmt. Improvements	Staff Training/Travel	30,000	Mgmt. Improvements	Staff Training/Travel	20,000
		Resident Initiatives	100,000		Resident Initiatives	100,000
		Computer Software	10,000		Computer Software	5,000
		Application/Planning Services	20,000		Applicapion/ Planning Services	20,000
	Administration	Mod. Salary/Benefits	220,000	Administration	Mod. Sallery/Benifits	220,000
		Bid Advertisements	5,000		Advertisement	5,000
	Fees and Costs	A&E Services	100,000			
		Financial Consultants	20,000	Fees and Cost	A&E Services	70,000
		Mod. Legal Costs	15,000		Financial Consultants	30,000
	Non-Dwelling Equip.	Computer Hardware	10,000		Mod. Legal Cost	15,000
		Office Equip	10,000	Non Dwelling Equip.	Office Equip.	10,000
	Dwelling Equip.	Appliances	20,000		Computer Hardware	10,000
				Dwelling Equip.	Appliances	20,000
	HA. Wide	Relocation	10,000			
				HA. Wide	Relocation	10,000
		Total CFP Estimated Cost	2,200,000			2,200,000

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

Activities for Year 1	Activities for Year :_4_ FFY Grant: 2010 PHA FY: 7/01/10			Activities for Year: _5_ FFY Grant: 2011 PHA FY: 7/01/11		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	Administration Building	504 Upgrades	450,000	PA. 15-11 Mulligan Manor	Replace Siding	325,000
Annual		Electrical upgrades	50,000		Concrete/Paving	40,000
		Plumbing upgrades	30,000		Replace Trash compactor	20,000
Statement		Parking	30,000		Replace Carpet in all common areas	40,000
	PA. 15-2 Crossland Place	Replace Roof s	50,000		Replace Door entry system	15,000
		Replace Windows	30,000	PA.15-24 Lemont Heights	Rehab of all 24 units	900,000
	PA.15-17 Sembower Terrace	Rehab of 32 units	700,000		Roofs, Siding ,Windows Doors, Flooring	
		Roofs			Kitchens ,Bathrooms	
		Electrical			HVAC,Landscape	
		Plumbing				
		Hvac				
		Kitchens				
		Bathrooms				
		Landscape/Drainage				
		Doors/Windows				
	Laurel Estates CFFP Loan	Development	300,000	Laurel Estates CFFP Loan	Development	300,000

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

Activities for Year 1	Activities for Year :_4_ FFY Grant: 2010 PHA FY: 7/01/10			Activities for Year: _5_ FFY Grant: 2011 PHA FY: 7/01/11		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement	Management Imp.	Staff training/Travel	20,000	Management Imp.	Staff Training/ Travel	20,000
		Resident Initiatives	100,000		Resident Initiatives	130,000
		Computer Software	10,000		Computer Software	10,000
		Application/Planning Services	15,000		Application/Planning Services	25,000
	Administration	Mod. Salary/Benefits	220,000	Administration	Mod. Salary/ Benefits	220,000
		Bid Advertisements	5,000		Advertisements	5,000
	Fees and Costs	Mod. Legal Costs	20,000	Fees and Cost	A&E services	80,000
		A&E Services	100,000		Mod Legal Cost	10,000
	Dwelling Equip.	Appliances	20,000	Dwelling Equip.	Appliances	20,000
	Non-Dwelling Equip.	Computer Hardware	20,000	Non-Dwelling Equip.	Computer Hardware	10,000
		Office Equip.	10,000		Office Equip.	10,000
	HA. Wide	Relocation	20,000	HA.Wide	Relocation	20,000
		Total CFP Estimated Cost	2,200,000			2,200,000

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/06 <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	262,100.00	235,443.84	235,443.84	235,443.84	
4	1410 Administration	290,000.00	248,487.55	248,487.55	248,487.55	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	305,000.00	366,046.26	366,046.26	366,046.26	
8	1440 Site Acquisition					
9	1450 Site Improvement	188,000.00	391,420.71	391,420.71	391,420.71	
10	1460 Dwelling Structures	1,259,804.00	1,309,713.15	1,309,713.15	1,309,713.15	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	537,900.00	348,657.43	378,657.43	378,657.43	
13	1475 Nondwelling Equipment	55,000.00	20,162.53	20,162.53	20,162.53	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs	30,000.00	4,092.00	4,092.00	4,092.00	
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: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
---	--	-------------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 3)
 Performance and Evaluation Report for Period Ending: 12/31/06 Final Performance and Evaluation Report

Line No.	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)	2,927,804.00	2,927,804.00	2,927,804.00	2,927,023.47
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	1,429,804.00	1,810,332.62	1,810,332.62	266,186.23
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: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-3 Gibson Terrace	Conversion and 504 Upgrades:							
	1. Demo work	1460	3 bldgs.	60,000.00	0.00	0.00	0.00	In 2005
	2. Doors/windows/interior/exterior	1460	10 units	50,000.00	0.00	0.00	0.00	“
	3. Framing	1460	3 bldgs	36,000.00	0.00	0.00	0.00	“
	4. Roofing/metals	1460	3 bldgs	85,000.00	0.00	0.00	0.00	“
	5.Masonry/brick/block	1460	3 bldgs	100,000.00	0.00	0.00	0.00	“
	6. Interior finishes- drywall/paint/trim/flooring/shelving	1460	10 units	50,000.00	0.00	0.00	0.00	“
	7. Kitchens	1460	10 units	50,000.00	0.00	0.00	0.00	“
	8. Bathrooms	1460	10 units	30,000.00	0.00	0.00	0.00	“
	9.Electrical upgrades	1460	10 units	75,804.00	0.00	0.00	0.00	“
	10. Plumbing upgrades	1460	10 units	60,000.00	0.00	0.00	0.00	“
	11. HVAC upgrades	1460	10 units	90,000.00	0.00	0.00	0.00	“
	12. Concrete/paving/railings	1450	L.S	40,000.00	0.00	0.00	0.00	“
	13.Landscape/drainage	1450	L.S	30,000.00	0.00	0.00	0.00	“
	14. Asbestos testing/oversight	1460	L.S	20,000.00	0.00	0.00	0.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-5 South Hills Terrace	Conversion of one 2 story to 1-2br/1-3br 1-4br and 2-1br units 504 upgrades							
	1. Demo bldg. to slab	1460	1 bldg.	10,000.00	0.00	0.00	0.00	
	2. Roof	1460	1	20,000.00	0.00	0.00	0.00	
	3. Electrical upgrades	1460	5 units	40,000.00	0.00	0.00	0.00	
	4. Plumbing upgrades	1460	5units	30,000.00	0.00	0.00	0.00	
	5. Bathrooms	1460	5 units	20,000.00	0.00	0.00	0.00	
	6. Kitchen	1460	5units	25,000.00	0.00	0.00	0.00	
	7. Windows/doors	1460	5 units	12,000.00	0.00	0.00	0.00	
	8. Framing	1460	1bldg.	20,000.00	0.00	0.00	0.00	
	9. HVAC upgrades	1460	5 units	35,000.00	0.00	0.00	0.00	
	10. Drywall/finishes/interior	1460	5 units	40,000.00	0.00	0.00	0.00	
	11. Concrete /paving	1450	L.S	40,000.00	0.00	0.00	0.00	
	12. Landscaping/drainage	1450	L.S	22,000.00	0.00	0.00	0.00	
	13. Asbestos testing	1460	L.S	3,000.00	0.00	0.00	0.00	
PA 15-8, Marion Villa	Conversion: 1-6 row two-story bldg. to address 3 units to meet 504 and upgrades on 2 units to meet 504							
	1. Demo bldg. to slab	1460	1 bldg.	0.00	3,198.04	3,198.04	3,198.04	From 2003

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	2. Framing	1460	3 units	0.00	71,250.00	71,250.00	71,250.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-8, Marion Villa Cont'd.	3. Plumbing upgrades	1460	3 units	0.00	56,901.51	56,901.51	56,901.51	“
	4. Electrical upgrades	1460	3 units	0.00	29,471.09	29,471.09	29,471.09	“
	5. HVAC upgrades	1460	3 units	0.00	45,000.00	45,000.00	45,000.00	“
	6. Exterior finishes (brick, siding)	1460	3 units	0.00	70,500.00	70,500.00	70,500.00	“
	7. Windows	1460	3 units	0.00	28,500.00	28,500.00	28,500.00	“
	8. Doors	1460	3 units	0.00	27,950.00	27,950.00	27,950.00	“
	9. Roofing (metals)	1460	3 units	0.00	57,000.00	57,000.00	57,000.00	“
	10. Int. finish (drywall/paint/trim/floor)	1460	3 units	0.00	89,300.00	89,300.00	89,300.00	“
	11. Kitchens	1460	5 units	0.00	13,395.00	13,395.00	13,395.00	“
	12. Bathrooms	1460	3 units	0.00	2,850.00	2,850.00	2,850.00	“
	13. Concrete	1450	L.S.	0.00	103,635.00	103,635.00	103,635.00	“
	14. Landscaping	1450	L.S.	0.00	5,700.00	5,700.00	5,700.00	“
PA 15-8, Marion Villa Comm. Rm.	1. Kitchen 504 upgrade	1470	1	0.00	7,600.00	7,600.00	7,600.00	“
PA 15-9, Snowden Terrace	Rehab one elderly row type, 5 unit row:							From 2003
	1. Window replacement	1460	5 units	0.00	27,265.00	27,265.00	27,265.00	“

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Fayette County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	2. Replace ent./int./storm doors	1460	5 units	0.00	19,500.00	19,500.00	19,500.00	“

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Fayette County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-9, Snowden Cont'd.	3. HVAC upgrade	1460	5 units	0.00	44,550.00	44,550.00	44,550.00	“
	4. Electrical upgrade	1460	5 units	0.00	20,415.45	20,415.45	20,415.45	“
	5. Plumbing upgrade	1460	5 units	0.00	17,143.32	17,143.32	17,143.32	“
	6. Replace front/rear entrances & porch	1460	5 units	0.00	149,385.00	149,385.00	149,385.00	“
	7. Landscape & drainage	1450	L.S.	0.00	35,690.71	35,690.71	35,690.71	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	8. Concrete	1460	5 units	0.00	38,665.00	38,665.00	38,665.00	“
	9. Roofing & Metals	1460	5 units	0.00	6,350.00	6,350.00	6,350.00	“
	Community Building 504 Upgrade:							
	1. Add. to community room/framing	1470	1 bldg.	0.00	63,750.00	63,750.00	63,750.00	“
	2. Roofing/metals	1470	1 bldg.	0.00	33,250.00	33,250.00	33,250.00	“
	3. Electrical upgrade/fire & security	1470	1 bldg.	0.00	41,591.91	41,591.91	41,591.91	“
	4. Plumbing upgrade	1470	1 bldg.	0.00	33,806.57	33,806.57	33,806.57	“
	5. Bathrooms	1470	1 bldg.	0.00	2,850.00	2,850.00	2,850.00	“
	6. Kitchen	1470	1	0.00	8,550.00	8,550.00	8,550.00	“
	7. Windows/doors	1470	1 bldg.	0.00	25,800.00	25,800.00	25,800.00	“
	8. HVAC upgrade	1470	1 bldg.	0.00	9,000.00	9,000.00	9,000.00	“
	9. Masonry brick/block	1470	1 bldg.	0.00	43,500.00	43,500.00	43,500.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-9, Snowden Cont'd.	10. Int. finish drywall/paint/trim/floor	1470	1 bldg.	0.00	36,575.00	36,575.00	36,575.00	“
	11. Concrete/paving/railing	1450	L.S.	0.00	95,965.00	95,965.00	95,965.00	“
	12. Landscape/drainage	1450	L.S.	0.00	8,550.00	8,550.00	8,550.00	“
	13. Asbestos testing/oversight	1470	1 bldg.	0.00	398.95	398.95	398.95	“
	Conversion of 1-two story bldg. to meet 504 from 5 units to 3 units and 1-2 BR unit to meet 504							“
	1. Demo bldg. to slab	1460	1 bldg.	0.00	3,000.00	3,000.00	3,000.00	“
	2. Kitchens	1460	4 units	0.00	35,150.00	35,150.00	35,150.00	“
	3. Bathrooms	1460	4 units	0.00	7,600.00	7,600.00	7,600.00	“
	4. Electrical upgrade	1460	4 units	0.00	19,022.94	19,022.94	19,022.94	“
	5. Plumbing upgrade	1460	4 units	0.00	30,729.30	30,729.30	30,729.30	“
	6. Roofing/metals	1460	4 units	0.00	49,500.00	49,500.00	49,500.00	“
	7. Drywall/painting/flooring/trim	1460	4 units	0.00	132,035.00	132,035.00	132,035.00	“
	8. Framing	1460	1 bldg.	0.00	60,000.00	60,000.00	60,000.00	“
	9. Masonry-brick/block	1460	2 bldgs.	0.00	74,014.10	74,014.10	74,014.10	“
	10. HVAC upgrade	1460	4 units	0.00	0.00	0.00	0.00	“
	11. Doors/windows	1460	4 units	0.00	78,700.00	78,700.00	78,700.00	“
	12. Concrete/paving/railing	1450	L.S.	0.00	130,480.00	130,480.00	130,480.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-9, Snowden Cont'd.	13. Landscape/drainage	1450	L.S.	0.00	11,400.00	11,400.00	11,400.00	“
	14. Asbestos testing/oversight	1460	2 bldgs.	0.00	1,372.40	1,372.40	1,372.40	“
PA 15-11, Mulligan Manor	1. Replace roof top HVAC units & fans	1470	2	30,000.00	0.00	0.00	0.00	5 Yr. Plan
	2. Replace roof	1470	L.S.	100,000.00	0.00	0.00	0.00	“
	3. Replace HVAC units	1460	65	100,000.00	0.00	0.00	0.00	“
	4. Add 30” work surfaces in kitchens	1460	4 units	0.00	0.00	0.00	0.00	“
	5. Audible/visible alarms	1460	4 units	0.00	0.00	0.00	0.00	“
	6. Replace nurse call	1470	L.S.	0.00	0.00	0.00	0.00	“
	7. Replace door entrance systems	1470	L.S.	0.00	0.00	0.00	0.00	“
PA 15-12, White Swan Apartments	1. Replace water service	1470	L.S.	25,000.00	0.00	0.00	0.00	In 2005
	2. Rep. sprinkler system/fire/security system	1470	L.S.	50,900.00	0.00	0.00	0.00	“
	3. Replace main drains in building	1470	L.S.	50,000.00	0.00	0.00	0.00	5 Yr. Plan
	4. Replace entrance doors/locks	1470	8	25,000.00	0.00	0.00	0.00	“
	5. Replace main roof	1470	L.S.	50,000.00	0.00	0.00	0.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	6. Trash compactor	1470	1	15,000.00	0.00	0.00	0.00	In 2005

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-12, White Swan Cont'd.	7. Concrete	1470	L.S.	15,000.00	0.00	0.00	0.00	5 Yr. Plan
	8. Electrical upgrades	1470	L.S.	10,000.00	0.00	0.00	0.00	“
	9. Plumbing upgrades	1470	L.S.	15,000.00	0.00	0.00	0.00	“
	10. Asbestos abatement	1470	L.S.	15,000.00	0.00	0.00	0.00	“
PA 15-13, Marshall Manor	1. Rep. elevator door equipment both cars operator/rollers/tracks	1470	2	30,000.00	41,985.00	41,985.00	41,985.00	
	2. Replace nurse call system	1470	1	25,000.00	0.00	0.00	0.00	In 2005
PA 15-15, Clarence Hess	504 upgrades:							
	1. Kitchens	1460	3 units	21,000.00	0.00	0.00	0.00	5 Yr. Plan
	2. Bathrooms	1460	3 units	15,000.00	0.00	0.00	0.00	“
	3. Electrical upgrades	1460	3 units	40,000.00	0.00	0.00	0.00	“
	4. Plumbing upgrades	1460	3 units	22,000.00	0.00	0.00	0.00	“
	5. Windows	1460	3 units	9,000.00	0.00	0.00	0.00	“
	6. Doors	1460	3 units	12,000.00	0.00	0.00	0.00	“
	7. Int. finishes/drywall/paint/flooring	1460	3 units	42,000.00	0.00	0.00	0.00	“
	8. Roofing	1460	3 units	37,000.00	0.00	0.00	0.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-15, Clarence Hess Cont'd.	9. Concrete	1450	3 units	26,000.00	0.00	0.00	0.00	“
	10. Landscape & drainage	1450	3 units	12,000.00	0.00	0.00	0.00	“
	Community Room:							
	1. Bathrooms	1470	2	9,000.00	0.00	0.00	0.00	“
	2. Kitchen	1470	1	4,000.00	0.00	0.00	0.00	“
	3. Electrical upgrades	1470	1	13,000.00	0.00	0.00	0.00	“
	4. Plumbing upgrades	1470	1	12,000.00	0.00	0.00	0.00	“
	5. HVAC upgrades	1470	1	19,500.00	0.00	0.00	0.00	“
	6. Interior finishes	1470	1	12,500.00	0.00	0.00	0.00	“
	7. Doors/windows	1470	1	12,000.00	0.00	0.00	0.00	“
	8. Concrete/paving/railings	1450	L.S.	18,000.00	0.00	0.00	0.00	“
PA15-26, Outcrop	504 upgrades:							
	1. Kitchen upgrades	1460	2 units	0.00	0.00	0.00	0.00	In 2005
	2. Bathroom upgrades	1460	2 units	0.00	0.00	0.00	0.00	“
	3. Sewage plant upgrade	1470	1	0.00	0.00	0.00	0.00	5 Yr. Plan
	4. Replace entrance doors & locks	1460	32 units	0.00	0.00	0.00	0.00	In 2005
	5. Electrical upgrades	1460	2 units	0.00	0.00	0.00	0.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-26, Outcrop Cont'd.	6. Plumbing upgrades	1460	2 units	0.00	0.00	0.00	0.00	In 2005
	7. HVAC upgrades	1460	2 units	0.00	0.00	0.00	0.00	“
	8. Drywall/painting/trim/flooring	1460	2 units	0.00	0.00	0.00	0.00	“
	9. Doors/windows	1460	2 units	0.00	0.00	0.00	0.00	“
	10. Roofing/metals	1460	2 units	0.00	0.00	0.00	0.00	“
	11. Concrete/paving/railing	1450	2 units	0.00	0.00	0.00	0.00	“
	12. Landscape & drainage	1450	2 units	0.00	0.00	0.00	0.00	“
	Com. Room/Mgr. Office 504 upgrade:							
	1. Kitchen	1470	1	0.00	0.00	0.00	0.00	“
	2. Bathroom	1470	1	0.00	0.00	0.00	0.00	“
	3. Doors/hardware	1470	1 Bldg.	0.00	0.00	0.00	0.00	“
	4. Concrete/paving	1470	1 Bldg.	0.00	0.00	0.00	0.00	“
PA 15-31, Outcrop II	504 upgrades:							
	1. Kitchen upgrades	1460	2 units	0.00	0.00	0.00	0.00	In 2005
	2. Rep. entrance doors & locks	1460	2 units	0.00	0.00	0.00	0.00	“
	3. Bathrooms	1460	2 units	0.00	0.00	0.00	0.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-31, Outcrop II Cont'd.	4. Electrical upgrades	1460	2 units	0.00	0.00	0.00	0.00	“
	5. Plumbing upgrades	1460	2 units	0.00	0.00	0.00	0.00	“
	6. HVAC upgrades	1460	2 units	0.00	0.00	0.00	0.00	“
	7. Doors/windows	1460	2 units	0.00	0.00	0.00	0.00	“
	8. Drywall/painting/trim/flooring	1460	2 units	0.00	0.00	0.00	0.00	“
	9. Roofing & metals	1460	2 units	0.00	0.00	0.00	0.00	“
	10. Concrete/paving/railings	1460	2 units	0.00	0.00	0.00	0.00	“
	11. Landscape/drainage	1450	2 units	0.00	0.00	0.00	0.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Mgmt. Improve.	1. Staff training/travel	1408	L.S.	30,000.00	82,934.86	82,934.86	82,934.86	
	2. Resident Initiatives	1408	L.S.	80,000.00	75,122.09	75,122.09	75,122.09	
	3. Computer software	1408	L.S.	35,000.00	688.00	688.00	688.00	
	4. Applications/planning services/testing/assessments	1408	L.S.	117,100.00	76,698.89	76,698.89	76,698.89	
Administration	1. Mod. salary & benefits	1410	L.S.	282,000.00	244,441.94	244,441.94	244,441.94	
	2. Advertisements	1410	L.S.	8,000.00	4,045.61	4,045.61	4,045.61	
Fees & Costs	1. Architectural & Engineering	1430	L.S.	200,000.00	168,839.60	168,839.60	168,839.60	
	2. Financial consultants	1430	L.S.	80,000.00	147,571.23	147,571.23	147,571.23	
	3. Mod. Legal Costs	1430	L.S.	25,000.00	49,230.41	49,230.41	49,230.41	
	4. Advertisements	1430	L.S.	0.00	405.02	405.02	405.02	
Non-Dwelling Equipment	1. Computer hardware	1475	L.S.	30,000.00	20,162.53	20,162.53	20,162.53	
	2. Office equipment	1475	L.S.	25,000.00	10,000.00	0.00	0.00	
HA-Wide	1. Relocation	1495	L.S.	30,000.00	4,092.00	4,092.00	4,090.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: PA28P01550104 Replacement Housing Factor No:				Federal FY of Grant: 2004	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA 15-3, Gibson Terrace	9-13-06			9-13-08			
PA 15-5, South Hills Terrace	9-13-06			9-13-08			
PA 15-8, Marion Villa	9-13-06			9-13-08			
PA 15-9, Snowden Terrace	9-13-06			9-13-08			
PA 15-11, Mulligan Manor	9-13-06			9-13-08			
PA 15-12, White Swan	9-13-06			9-13-08			
PA 15-13, Marshall Manor	9-13-06			9-13-08			
PA 15-15, Clarence Hess	9-13-06			9-13-08			
PA 15-26, Outcrop	9-13-06			9-13-08			
PA 15-31, Outcrop II	9-13-06			9-13-08			
Mgmt. Improve.	9-13-06			9-13-08			
Administration	9-13-06			9-13-08			
Fees & Costs	9-13-06			9-13-08			
Non-Dwell. Equipment	9-13-06			9-13-08			
HA-Wide	9-13-06			9-13-08			

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: PA28P01550104 Replacement Housing Factor No:				Federal FY of Grant: 2004	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/06 <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	220,000.00	107,000.00	107,000.00	0.00
4	1410 Administration	271,682.00	268,000.00	268,000.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	210,000.00	112,499.67	112,499.67	11,800.16
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000.00	349,668.87	349,668.87	309,220.32
10	1460 Dwelling Structures	375,139.00	1,690,537.47	1,690,537.47	1,585,260.40
11	1465.1 Dwelling Equipment—Nonexpendable	40,000.00	21,620.00	21,620.00	21,620.00
12	1470 Nondwelling Structures	125,000.00	157,494.99	52,494.99	48,627.36
13	1475 Nondwelling Equipment	30,000.00	5,000.00	5000.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	20,000.00	5,000.00	0.00	0.00
18	1499 Development Activities	1,395,000.00	0.00	0.00	0.00
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: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P01550105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
---	--	-------------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 12/31/06 Final Performance and Evaluation Report

Line No.	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)	2,716,821.00	2,716,821.00	2,606,821.00	1,976,528.24
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	170,000.00	2,048,668.31	2,048,668.31	1,899,075.06
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	270,000.00			

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550105 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	
PA 15-1, Bierer Wood Acres	Development Activities	1499		1,000,000.00	0.00	0.00	0.00	In 2006
PA 15-2, Crossland Place	1. Replace HVAC units	1460	40 units	80,000.00	0.00	0.00	0.00	In 5 Yr. Plan
	2. Replace Roofs	1460	8 bldgs.	70,000.00	0.00	0.00	0.00	“
	3. Replace Gutters /Downspouts Soffit/Fascia	1460	8 bldgs.	20,000.00	0.00	0.00	0.00	“
	4. Replace entrance door locks	1460	120 doors	15,000.00	0.00	0.00	0.00	“
PA 15-2, Crossland Place Community Bldg.	1. Roof	1470	1 bldg.	15,000.00	0.00	0.00	0.00	“
	2. Bathrooms	1470	2	10,000.00	0.00	0.00	0.00	“
	3. Electrical upgrades	1470	1 bldg.	20,000.00	0.00	0.00	0.00	“
	4. Plumbing upgrades	1470	1 bldg.	20,000.00	0.00	0.00	0.00	“
	5. Kitchen	1470	1 bldg.	10,000.00	0.00	0.00	0.00	“
	6. Interior finishes (floors, painting, trim, drywall)	1470	1 bldg.	15,000.00	0.00	0.00	0.00	“
	7. Exterior finishes (siding,brick,metals)	1470	1 bldg.	20,000.00	0.00	0.00	0.00	“
	8. Doors	1470	1 bldg.	5,000.00	0.00	0.00	0.00	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550105 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	
PA 15-2, Crossland Place Community Bldg. Continued	9.Windows	1470	1 bldg.	10,000.00	0.00	0.00	0.00	In 5 Yr. Plan
	10. Concrete/Paving	1450	L.S.	20,000.00	0.00	0.00	0.00	“
	11. Landscape/Drainage	1450	L.S.	10,000.00	0.00	0.00	0.00	“
PA 15-3, Gibson Terrace	1. Replace HVAC units	1460	150 units	150,000.00	0.00	0.00	0.00	In 5 Yr. Plan
	2. Replace entrance door locks	1460	450 doors	35,139.00	0.00	0.00	0.00	“
PA 15-4, Lemon Wood Acres	1.Development Activities	1499	L.S.	395,000.00	0.00	0.00	0.00	In 2006
PA 15-11, Mulligan Manor	1. Replace entrance door locks	1460	65 doors	5,000.00	0.00	0.00	0.00	5 Yr. Plan
PA 15-12, White Swan Apts.	1. Replace water service	1470	L.S.	0.00	0.00	0.00	0.00	In 2006
	2. Rep. sprinkler/fire/security system	1470	L.S.	0.00	0.00	0.00	0.00	“
	3. Trash compactor	1470	1	0.00	0.00	0.00	0.00	“
HA Wide	1. Appliances Refrigerators/Ranges	1465	300	40,000.00	21,620.00	21,620.00	21,620.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550105 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	
PA 15-3, Gibson Terrace Phase I	Conversion and 504 Upgrades:							From 2004
	1. Demo work	1460	2 bldgs.	0.00	60,820.80	60,820.80	58,667.25	“
	2. Doors/windows/interior/exterior	1460	8 units	0.00	77,787.20	77,787.20	71,534.35	“
	3. Framing	1460	2 bldgs.	0.00	231,181.00	231,181.00	214,799.30	“
	4. Roofing/metals	1460	2 bldgs.	0.00	72,540.00	72,540.00	68,913.00	“
	5. Masonry – brick/block	1460	2 bldgs.	0.00	168,928.17	168,928.17	160,481.76	“
	6. Interior finishes – drywall/paint/trim Flooring/shelving	1460	8 units	0.00	152,116.00	152,116.00	144,510.20	“
	7. Kitchens	1460	8 units	0.00	53,765.00	53,765.00	51,076.75	“
	8. Bathrooms	1460	8 units	0.00	10,777.00	10,777.00	9,624.45	“
	9. Electrical upgrades	1460	8 units	0.00	98,075.00	98,075.00	66,139.44	“
	10. Plumbing upgrades	1460	8 units	0.00	168,313.60	168,313.60	150,325.20	“
	11. HVAC upgrades	1460	8 units	0.00	59,470.00	59,470.00	52,425.00	“
	12. Concrete/paving/railings	1450	L.S.	0.00	155,732.00	155,732.00	119,245.40	“
	13. Landscape/drainage	1450	L.S.	0.00	79,239.00	79,239.00	75,277.05	“
	14. Asbestos testing/oversight	1460	L.S.	0.00	0.00	0.00	0.00	“
	15. Electrical Upgrade	1470	1	0.00	12,925.00	12,925.00	9,057.37	“

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550105 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	
PA 15-9, Snowden Terrace	Rehab one elderly row type, 5 unit row:							From 2004
	1. Window replacement	1460	5 units	0.00	5,561.61	5,561.61	5,561.61	
	2. Replace ent./int./storm doors	1460	5 units	0.00	1,500.00	1,500.00	1,500.00	
	3. HVAC upgrade	1460	5 units	0.00	7,767.70	7,767.70	7,767.70	
	4. Plumbing upgrade	1460	5 units	0.00	8,543.00	8,543.00	8,543.00	
	5. Replace front/rear entrances & porch	1460	5 units	0.00	11,415.00	11,415.00	11,415.00	
	6. Landscape & drainage	1450	L.S.	0.00	590.71	590.71	590.71	
	7. Concrete	1450	5 units	0.00	6,805.00	6,805.00	6,805.00	
	8. Roofing & metals	1460	5 units	0.00	1,850.00	1,850.00	1,850.00	
	Community Building 504 Upgrade:							From 2004
	1. Add. to community room/framing	1470	1 bldg.	0.00	5,250.00	5,250.00	5,250.00	
	2. Roofing/metals	1470	1 bldg.	0.00	1,750.00	1,750.00	1,750.00	
	3. Plumbing upgrade	1470	1 bldg.	0.00	6,538.85	6,538.85	6,538.85	
	4. Bathrooms	1470	1 bldg.	0.00	150.00	150.00	150.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550105 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	
15-9, Snowden Cont'd.	5. Kitchen	1470	1	0.00	850.00	850.00	850.00	
	6. Windows/doors	1470	1 bldg.	0.00	2,178.72	2,178.72	2,178.72	
	7. HVAC upgrade	1470	1 bldg.	0.00	1,431.53	1,431.53	1,431.53	
	8. Masonry brick/block	1470	1 bldg.	0.00	3,000.00	3,000.00	3,000.00	
	9. Int. finish drywall/paint/trim/floor	1470	1 bldg.	0.00	1,925.00	1,925.00	1,925.00	
	10. Concrete/paving/railing	1450	1 bldg.	0.00	2,731.14	2,731.14	2,731.14	
	11. Landscape/drainage	1450	L.S.	0.00	450.00	450.00	450.00	
	12. Asbestos testing/oversight	1470	1 bldg.	0.00	398.96	398.96	398.96	
	Conversion of 1-two story bldg. to meet 504 from 5 units to 3 units and 1-2 BR unit to meet 504							From 2004
	1. Demo bldg. to slab	1460	1 bldg.	0.00	3,000.00	3,000.00	3,000.00	
	2. Kitchens	1460	4 units	0.00	1,850.00	1,850.00	1,850.00	
	3. Bathrooms	1460	4 units	0.00	400.00	400.00	400.00	
	4. Plumbing upgrade	1460	4 units	0.00	7,559.70	7,559.70	7,559.70	
	5. Roofing/metals	1460	4 units	0.00	4,500.00	4,500.00	4,500.00	
	6. Drywall/painting/flooring/trim	1460	4 units	0.00	7,565.00	7,565.00	7,565.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550105 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	
15-9, Snowden Cont'd.	7. Framing	1460	1 bldg.	0.00	6,000.00	6,000.00	6,000.00	
	8. Masonry-brick/block	1460	2 bldgs.	0.00	9,314.09	9,314.09	9,314.09	
	9. HVAC upgrade	1460	4 units	0.00	2,863.07	2,863.07	2,863.07	
	10. Doors/windows	1460	4 units	0.00	6,700.00	6,700.00	6,700.00	
	11. Concrete/paving/railing	1450	L.S.	0.00	878.07	878.07	878.07	
	12. Asbestos testing/oversight	1460	2 bldgs.	0.00	1,372.40	1,372.40	1,372.40	
15-8, Marion Villa	Conversion: 1-6 rom two-story bldg. to address 3 units to meet 504 and upgrades on 2 units to meet 504							From 2004
	1. Demo bldg. to slab	1460	1 bldg.	0.00	3,198.04	3,198.04	3,198.04	
	2. Framing	1460	3 units	0.00	3,750.00	3,750.00	3,750.00	
	3. Plumbing upgrades	1460	3 units	0.00	6,994.10	6,994.10	6,994.10	
	4. HVAC upgrades	1460	3 units	0.00	7,157.70	7,157.70	7,157.70	
	5. Exterior finishes (brick,siding)	1460	3 units	0.00	3,500.00	3,500.00	3,500.00	
	6. Windows	1460	3 units	0.00	5,626.62	5,626.62	5,626.62	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550105 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	
15-8 Marion Villa Cont'd.	7. Doors	1460	3 units	0.00	1,850.00	1,850.00	1,850.00	
	8. Roofing (metals)	1460	3 units	0.00	3,000.00	3,000.00	3,000.00	
	9. Int. finish (drywall/paint/trim/floor)	1460	3 units	0.00	4,700.00	4,700.00	4,700.00	
	10. Kitchens	1460	3 units	0.00	705.00	705.00	705.00	
	11. Bathrooms	1460	3 units	0.00	150.00	150.00	150.00	
	12. Concrete	1450	L.S.	0.00	4,567.00	4,567.00	4,567.00	
	13. Landscaping	1450	L.S.	0.00	300.00	300.00	300.00	
PA 15-13, Marshall Manor	1. Fire Protection Upgrade	1470	L.S.	0.00	105,000.00	0.00	0.00	From 2006

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550105 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	
PA 15-26, Outcrop	504 upgrades:							
	1. Kitchen upgrades	1460	2 units	0.00	11,246.84	11,246.84	11,246.84	From 2004
	2. Bathroom upgrades	1460	2 units	0.00	1,700.00	1,700.00	1,700.00	"
	3. Sewage plant upgrade	1470	1	0.00	0.00	0.00	0.00	In 5 Yr. Plan
	4. Replace entrance doors & locks	1460	32 units	0.00	14,500.00	14,500.00	14,500.00	From 2004
	5. Electrical upgrades	1460	2 units	0.00	29,774.00	29,774.00	29,774.00	
	6. Plumbing upgrades	1460	2 units	0.00	29,358.00	29,358.00	29,358.00	
	7. HVAC upgrades	1460	2 units	0.00	13,760.10	13,760.10	13,760.10	
	8. Drywall/painting/trim/flooring	1460	2 units	0.00	123,762.26	123,762.26	123,762.26	
	9. Doors & windows	1460	2 units	0.00	5,494.42	5,494.42	5,494.42	
	10. Roofing/metals	1460	2 units	0.00	9,138.87	9,138.87	9,138.87	
	11. Concrete/paving/railing	1450	2 units	0.00	61,775.95	61,775.95	61,775.95	
	12. Landscape & drainage	1450	2 units	0.00	10,000.00	10,000.00	10,000.00	
	Community room/mgr. office 504 upgrade:							
	1. Kitchen	1470	1	0.00	5,885.00	5,885.00	5,885.00	
	2. Bathroom	1470	1	0.00	9,138.34	9,138.34	9,138.34	
	3. Doors/hardware	1470	1 bldg.	0.00	600.00	600.00	600.00	
	4. Concrete/paving	1470	1 bldg.	0.00	473.59	473.59	473.59	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550105 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	
PA 15-31, Outcrop II	504 upgrades:							
	1. Kitchen upgrades	1460	1 unit	0.00	5,641.05	5,641.05	5,641.05	From 2004
	2. Rep. entrance doors & locks	1460	2 units	0.00	14,500.00	14,500.00	14,500.00	
	3. Bathrooms	1460	1 unit	0.00	900.00	900.00	900.00	
	4. Electrical upgrades	1460	2 units	0.00	19,383.76	19,383.76	19,383.76	
	5. Plumbing upgrades	1460	1 unit	0.00	14,558.00	14,558.00	14,558.00	
	6. HVAC upgrades	1460	1 unit	0.00	6,440.00	6,440.00	6,440.00	
	7. Doors/windows	1460	1 unit	0.00	11,505.97	11,505.97	11,505.97	
	8. Drywall/painting/trim/flooring	1460	1 unit	0.00	86,900.00	86,900.00	86,900.00	
	9. Roofing & metals	1460	2 units	0.00	9,807.40	9,807.40	9,807.40	
	10. Concrete/paving/railings	1450	2 units	0.00	23,600.00	23,600.00	23,600.00	
	11. Landscape/drainage	1450	2 units	0.00	3,000.00	3,000.00	3,000.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550105 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	
Mgmt. Improve	1. Staff Training / Travel	1408		75,000.00	15,000.00	15,000.00	0.00	
	2. Resident Initiatives	1408		80,000.00	80,000.00	80,000.00	0.00	
	3. Computer Software	1408		15,000.00	2,000.00	2,000.00	0.00	
	4. Applications / Planning Services	1408		50,000.00	10,000.00	10,000.00	0.00	
Administration	1. Mod. Salary & Benefits	1410		266,682.00	268,000.00	268,000.00	0.00	
	2. Advertisements	1410		5,000.00	0.00	0.00	0.00	
Fees & Costs	1. Architectural & Engineering	1430		60,000.00	50,000.00	50,000.00	0.00	
	2. Financial Consultants	1430		50,000.00	50,000.00	50,000.00	11,800.16	
	3. Legal Fees	1430		100,000.00	12,499.67	12,499.67	0.00	
Non-Dwell Equip.	1. Computer Hardware	1475		20,000.00	5,000.00	5,000.00	0.00	
	2. Office Equip.	1475		10,000.00	0.00	0.00	0.00	
HA-Wide	1. Relocation	1495		20,000.00	5,000.00	0.00	0.00	

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: PA28P01550105 Replacement Housing Factor No:				Federal FY of Grant: 2005	
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	
PA 15-1, Bierer Wood Acres	8-17-07			8-17-09			
PA 15-2, Crossland Place	8-17-07			8-17-09			
PA 15-3, Gibson Terrace	8-17-07			8-17-09			
PA 15-4, Lemon Wood Acres	8-17-07			8-17-09			
PA 15-11, Mulligan Manor	8-17-07			8-17-09			
PA 15-12, White Swan Apartments	8-17-07			8-17-09			
PA 15-13, Marshall Manor	8-17-07			8-17-09			
PA 15-26, Outcrop	8-17-07			8-17-09			
PA 15-31, Outcrop II	8-17-07			8-17-09			
HA Wide	8-17-07			8-17-09			
Mgmt. Improvements	8-17-07			8-17-09			
Administration	8-17-07			8-17-09			
Fees & Costs	8-17-07			8-17-09			
Non-dwelling equipment	8-17-07			8-17-09			

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: PA28P01550105 Replacement Housing Factor No:				Federal FY of Grant: 2005	
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	

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:(2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:12/31/06 <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	115,000.00	175,000.00		
4	1410 Administration	220,099.00	220,099.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	218,000.00	180,127.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	128,000.00	180,000.00		
10	1460 Dwelling Structures	321,000.00	775,000.00		
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00	20,000.00		
12	1470 Nondwelling Structures	150,000.00	195,000.00		
13	1475 Nondwelling Equipment	30,000.00	30,000.00		
14	1485 Demolition	0.00	110,000.00		
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	20,000.00	20,000.00		
18	1499 Development Activities	1,500,000.00	434,000.00		
19	1501 Collaterization 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: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P01550106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
---	--	-------------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:(2)
 Performance and Evaluation Report for Period Ending:12/31/06 Final Performance and Evaluation Report

Line No.	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)	2,272,099.00	2,339,226.00		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	1,200,000.00	925,000.00		
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	30,000.00	30,000.00		
26	Amount of line 21 Related to Energy Conservation Measures	40,000.00	40,000.00		

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550106 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	
PA. 15- 3 Gibson Terrace Phase 2	504 Upgrades Convert two buildings 12 units into 8 units four -504 units, 4 one bedroom units	1460	8 units					
	2. Roofs / Metals / Framing	1460	2 buildings	30,000.00	80,000.00			
	3. Kitchens	1460	8 units.	18,000.00	50,000.00			
	4. Bathrooms	1460	8 units	18,000.00	40,000.00			
	5. Electrical Upgrades	1460	8 units	40,000.00	70,000.00			
	6 Plumbing Upgrades	1460	8 units	48,000.00	80,000.00			
	7. HVAC	1460	8 units	30,000.00	70,000.00			
	8. Doors Interior / Exterior , Hardware	1460	8 units	18,000.00	100,000.00			
	9. Interior Finishes, drywall, paint, floors, and trim	1460	8 units	31,000.00	100,000.00			
	10. Windows	1460	8 units	18,000.00	50,000.00			
	11. Exterior Finishes brick ,trim	1460	8 units	22,000.00	60,000.00			
	12. Demolition / Asbestos testing	1460	8 units	26,000.00	40,000.00			
	13. Concrete / Footings, Paving ,curbs Railings	1450	Site wide	70,000.00	100,000.00			
	14. Landscape / Drainage / Site work	1450	Site Wide	28,000.00	50,000.00			
	15. Replace Entrance door locks	1460	152 units	22,000.00	35,000.00			

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550106 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	
PA.15-1 Bierer Wood Acres	1. Development Activities Biererwood Acres	1499	L.S.	50,000.00	4,000.00			
PA. 15-4 Lemon Wood Acres	1. Development Activities Lemon Wood Acres	1499	L.S.	1,500,000.00	430,000.00			
PA. 15-5 South Hills Terrace	1. Security Entrance Gate for Community	1450	L.S.	20,000.00	20,000.00			
	2. Security Cameras.	1450	L.S.	10,000.00	10,000.00			
	3. Demolition of 55 units	1485	55	0.00	110,000.00			
PA. 15-13 Marshall Manor	Replace Fire Stand Pipe System	1470		150,000.00	0.00			Work in 2005
PA 15-12, White Swan Apts.	1. Replace water service	1470	L.S.	0.00	130,000.00			From 2005
	2. Rep. sprinkler/fire/security system	1470	L.S.	0.00	100,000.00			
	3. Trash compactor	1470	1	0.00	15,000.00			

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P01550106 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	
Mgmt. Improve	1. Staff Training / Travel	1408		25,000.00	25,000.00			
	2. Resident Initiatives	1408		80,000.00	140,000.00			
	3. Computer Software	1408		10,000.00	10,000.00			
Administration	1. Mod. Salary & Benefits	1410		220,099.00	220,099.00			
Fees & Costs	1. Architectural & Engineering	1430		50,000.00	50,000.00			
	2. Financial Consultants	1430		50,000.00	50,000.00			
	3. Legal Fees	1430		50,000.00	50,000.00			
	4. Advertisement	1430		8,000.00	8,000.00			
	5. Applications/ Planning Services	1430		60,000.00	22,127.000			
Dwelling Equip.	1. Appliances	1465		20,000.00	20,000.00			
Non Dwel. Equip.	1. Computer Hardware	1475		20,000.00	20,000.00			
	2. Office Equip.	1475		10,000.00	10,000.00			
HA-Wide	1. Relocation	1495		20,000.00	20,000.00			

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

PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program No: PA28P01550106 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		
PA. 15-1 Biererwood Acres	7- 31-08			9-31-09				
PA. 15-3 Gibson Terrace	7-31-08			9-31-09				
PA. 15-4 Lemonwood Acres	7-31-08			9-31-09				
PA.15-13 Marshall Manor	7-31-08			9-31-09				
PA. 15-5 South Hills Terrace	7-31-08			9-31-09				
H.A. Wide	7-31-08			9-31-09				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550102			Federal FY of Grant: 2002
<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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	14,305.00			
19	1501 Collaterization 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: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550102	Federal FY of Grant: 2002
---	--	-------------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/06 Final Performance and Evaluation Report

Line No.	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)	14,305.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550103			Federal FY of Grant: 2003	
<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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities	11,106.00				
19	1501 Collaterization 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: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550103	Federal FY of Grant: 2003
--	---	------------------------------

Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/06
 Final Performance and Evaluation Report

Line No.	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)	11,106.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550104			Federal FY of Grant: 2004	
<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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities	14,853.00				
19	1501 Collaterization 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: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550104	Federal FY of Grant: 2004
---	--	-------------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/06 Final Performance and Evaluation Report

Line No.	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)	14,853.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation 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: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550104				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 15-4, Lemon Wood Acres	Proposed 56 family units. CFFP Loan	1499	56 units	14,853.00				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550105			Federal FY of Grant: 2005	
<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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities	15,115.00				
19	1501 Collaterization 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: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550105	Federal FY of Grant: 2005
---	--	-------------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/06 Final Performance and Evaluation Report

Line No.	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)	15,115.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Fayette County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550106			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: (1)) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:12/31/06 <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					
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	192,035.00				
19	1501 Collaterization 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: Fayette County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA28R01550106	Federal FY of Grant: 2006
---	--	-------------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: (1))
 Performance and Evaluation Report for Period Ending:12/31/06 Final Performance and Evaluation Report

Line No.	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)	192,035.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

COMMUNITY SERVICE/SELF SUFFICIENCY POLICY

Fayette County Housing Authority

A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes or other activities that help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease.

B. Definitions

Community Service - volunteer work which includes, but is not limited to:

- Work at a local school, hospital, recreation center, senior center or child care center
- Work with youth or senior organizations
- Work at the Authority to help improve physical conditions
- Work at the Authority to help with children's programs
- Work at the Authority to help with senior programs
- Helping neighborhood groups with special projects
- Working through resident organization to help other residents with problems
- Caring for the children of other residents so they may volunteer

NOTE: **Political activity is excluded.**

Self Sufficiency Activities - activities that include, but are not limited to:

- College, university or vocational education
- Job training programs
- GED classes
- Substance abuse or mental health counseling
- English proficiency or literacy (reading) classes
- Budgeting and credit counseling
- Any kind of class that helps a person toward economic independence
- Full time student status at any school, college or vocational school

Exempt Adult - an adult member of the family who

- Is 62 years of age or older
- Has a disability that prevents him/her from being gainfully employed
- Is the caretaker of a disabled person
- Is working at least 20 hours per week
- Is participating in a welfare to work program
- Is receiving assistance from TANF and is in compliance with job training and work activities requirements of the program.
- Is a full time student

C. Requirements of the Program

1. The eight (8) hours per month may be either volunteer work or self sufficiency program activity or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The Authority will

make the determination of whether to allow or disallow a deviation from the schedule.

3. Activities must be performed within the community and not outside the jurisdictional area of the Authority.
4. Family obligations
 - At lease execution or re-examination after May 1, 2001, all adult members (18 or older) of a public housing resident family must
 - 1 provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and
 - 2 sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in nonrenewal of their lease.
 - At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the Authority) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
 - If a family member is found to be noncompliant at re-examination, he/she and the Head of Household will sign an agreement with the Authority to make up the deficient hours over the next twelve (12) month period.
5. Change in exempt status:
 - If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the Authority and provide documentation of such.
 - If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

D. Authority obligations

1. To the greatest extent possible and practicable, the Authority will
 - provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (*According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the Community Service requirement*)
 - provide in-house opportunities for volunteer work or self sufficiency programs.
2. The Authority will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution
3. The Authority will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Authority's Grievance Procedure if they disagree with the Authority's determination.
4. Noncompliance of family member
 - At least thirty (30) days prior to annual re-examination and/or lease expiration, the Authority will begin reviewing the exempt or non-exempt status and compliance of family members.
 - If the Authority finds a family member to be noncompliant, the Authority will enter into an agreement with the noncompliant member and the Head of Household to make up the deficient hours over the next twelve (12) month period.
 - If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit.
 - The family may use the Authority's Grievance Procedure to protest the lease termination.

Attachment PA015A014

Criteria for Substantial Deviations and Significant Amendments

Changes other than those specified will be undertaken by the PHA staff and reported in the Annual Plan

- Any change with regard to demolition or disposition, designation of housing, homeownership programs or conversion activities.
- Additions of non-emergency work items (items not included in the current Annual statement of Five Year Action Plan).
- Changes or rent or admissions policies or organization of the waiting list.

Fayette County Housing Authority
PET OWNERSHIP POLICY

A. Pet Rules

The following rules shall apply for the keeping of pets by Residents living in the units operated by the Fayette County Housing Authority (FCHA). These rules do not apply to service or companion animals verified to be needed by a person with a documented disability.

1. Common household pets as authorized by this policy means a domesticated animals, such as cats, dogs, fish, birds, rodents (including rabbits) and turtles, that are traditionally kept in the home for pleasure rather than for commercial purposes.
2. Each resident family will be allowed to house only one (1) animal at any time. Visiting guests with pets will not be allowed.
3. Residents will register their pet with the FCHA **BEFORE** it is brought onto the FCHA premises, and will update the registration annually. The registration will include:
 - Information sufficient to identify the pet and to demonstrate that it is a common household pet and a picture;
 - A certificate signed by a licensed veterinarian or a State or Local Authority empowered to inoculate animals, stating that the pet has received all inoculations required by applicable State and Local Law;
 - The name, address, and telephone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet.
 - The registration will be updated annually at the annual re-examination of Residents' income.
 - A statement indicating that the pet owner has read the pet rules and agrees to comply with them;
 - The FCHA may refuse to register a pet if:
 - a.) The pet is not a common household pet;
 - b.) The keeping of the pet would violate any applicable house pet rule;
 - c.) The pet owner fails to provide complete pet registration information;
 - d.) The pet owner fails annually to update the pet registration;
 - e.) The FCHA reasonably determines, based on the pet owners' habits and practices and the pet's temperament, that the pet owner will be unable to keep the pet in compliance with the pet rules and other legal obligations;
 - f.) Financial ability to care for the pet will not be a reason for the FCHA to refuse to register a pet.

- The FCHA will notify the pet owner if the Authority refuses to register a pet. The notice will:
 - a.) State the reasons for refusing to register the pet;
 - b.) Be served on the pet owner in accordance with procedure outlined in paragraph B1 of this policy; and
 - c.) Be combined with a notice of a pet rule violation if appropriate.
- 4. Cats and dogs shall be limited to small breeds where total weight shall not exceed twenty (20) pounds and total height at the shoulder shall not exceed twelve (12) inches. The size limitations do not apply to service animals.
- 5. No chows, pit bulls, German police dogs, Dobermans, Rottweilers, presa canarios, or any other known fighter breed will be allowed on the premises.
- 6. All cat and dog pets shall be neutered or spayed, and verified by veterinarian, the cost to be paid by the owner. All cats will have to be declawed at the owner's expense. Pet owners will be required to present a certificate of health from their veterinarian verifying all required annual vaccines, initially and at re-examination.
- 7. A non-refundable pet fee of \$100 per bedroom in the pet owner's unit shall be made to the FCHA. Such fee will be a one-time fee (per pet) and shall be used to help cover cost of damages to the unit caused by the pet.
 - Tenants with fish bowls or aquariums under 20 gallons will be exempted from the security fee as well as the number of animals allowed.
 - Tenants with small (under one pound) caged birds will be exempted from the security fee however only two birds will be allowed in any unit.
 - Snakes, rodents, reptiles or other accepted types of small pets **will not be exempted** from the pet fee requirement nor will the number of animals be waived.
- 8. Pets shall be quartered in the Residents unit.
- 9. Dogs and cats shall be kept on a leash and controlled by a responsible individual when taken outside.
- 10. No doghouses will be allowed on the premises.
- 11. Each resident family will be allowed to house only one (1) animal at any time. Visiting guests with pets will not be allowed. Pets (dogs and cats) shall be allowed to run only on the owner's lawn and owners shall clean up after pet after each time the animal eliminates.
 - Litter boxes are required for cats and are to be kept clean.
 - All animal waste must be placed in sealed plastic bags and disposed of in the dumpster (if available) outside the building in an approved garbage can with a lid. No animal waste shall be placed in the trash chutes.
 - Any tenant having a dog or cat shall obtain some kind of "scooper" to clean up after the pet outdoors, and is responsible for placing all waste in sealed plastic bags and depositing such material in the dumpster.

- The tenant is required to take whatever action is necessary to insure that their pet does not bring any flea, tick or other pest into the building.
- A fee of \$25.00 (Twenty Five Dollars) per occurrence, shall be charged to the tenant for the removal of pet waste from either the interior or exterior of the building by Authority personnel.

12. All County Ordinances concerning pets will be complied with.

13. Pets shall be removed from the premises when their conduct or condition is duly determined to constitute a nuisance or a threat to the health and safety of the pet owner or other occupants of the FCHA in accordance with paragraph B3 below.

14. Birds must be kept in regular birdcages and not allowed to fly throughout the unit.

15. Dishes or containers for food and water will be located within the owner's apartment. Food and/or table scraps, will not be deposited on the owners porches or yards.

16. Residents will not feed or water stray animals or wild animals.

17. Pets will not be allowed on specified common areas (under clotheslines, social rooms, office, maintenance space, etc.).

18. Each resident family will be responsible for the noise or odor caused by their pet. Obnoxious odors can cause health problems and will not be tolerated.

19. No Housing Authority personnel will enter any apartment containing a dog or cat until the tenant has physical control of the animal.

20. The tenant shall be responsible for the arranging for burial or other disposal, off the premises of pets in the event of the death of the pet. Under no circumstance will any pet be disposed of in Authority dumpsters or tenant owned garbage cans.

B. Pet Violation Procedure

1. **NOTICE OF PET RULE VIOLATION** When the FCHA determines on the basis of objective facts supported by written statements, that a pet owner has violated one or more of these rules governing the owning or keeping of pets, the FCHA will:
 - Serve a notice of the pet rule violation on the owner by sending a letter by first class mail, properly stamped and addressed to the Resident at the leased dwelling unit, with a proper return address, or
 - serve a copy of the notice on any adult answering the door at the Residents' leased dwelling unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door;
2. The notice of pet rule violation must contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated;
3. The notice must state that the pet owner has ten (10) days from the effective date of service of notice to correct the violation (including, in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation, (the effective date of service is that day that the notice is delivered or mailed, or in the case of service by posting, on the day that the notice was initially posted);

4. The notice must state that the pet owner is entitled to be accompanied by another person on his or her choice at the meeting;
5. The notice must state that the pet owners' failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the pet owners' lease.
6. **PET RULE VIOLATION MEETING:** If the pet owner makes a timely request for a meeting to discuss an alleged pet rule violation, the FCHA shall establish a mutually agreeable time and place for the meeting to be held within fifteen (15) days from the effective date of service of the notice of pet rule violation (unless the FCHA agrees to a later date).
 - The FCHA and the pet owner shall discuss any alleged pet rule violation and attempt to correct it and reach an agreeable understanding.
 - The FCHA may, as a result of the meeting, give the pet owner additional time to correct the violation.
 - Whatever decision or agreements, if any, are made will be reduced to writing, signed by both parties, with one copy for the pet owner and one copy placed in the FCHA's Resident file.
7. **NOTICE OF PET REMOVAL:** If the pet owner and the FCHA are unable to resolve the pet rule violation at the pet rule violation meeting, or if the FCHA determines that the pet owner has failed to correct the pet rule violation within any additional time provided for this purpose under paragraph 6 above (or at the meeting, if appropriate), requiring the pet owner to remove the pet. This notice must:
 - Contain a brief statement of the factual basis for the determination and the pet rule or rules that have been violated;
 - State that the pet owner must remove the pet within ten (10) days of the effective date of service of notice or pet removal (or the meeting, if the notice is served at the meeting);
 - State the failure to remove the pet may result in initiation of procedures to terminate the pet owners' residency.
8. **INITIATION OF PROCEDURE TO TERMINATE PET OWNERS RESIDENCY:** The FCHA will not initiate procedure to terminate a pet owners' residency based on a pet rule violation unless:
 - The pet owner has failed to remove the pet or correct the pet rule violation within the applicable time period specified in paragraph 3b above;
 - The pet rule violation is sufficient to begin procedures to terminate the pet owners' residency under the terms of the lease and application regulations,
 - Provisions of Resident's Lease, Section XIV: Termination of Lease will apply in all cases.

C. Protection of the Pet

If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the FCHA may:

- Contact the responsible party or parties listed in the registration form and ask that they assume responsibility for the pet;
- If the responsible party or parties are unwilling or unable to care for the pet, the FCHA may contact the appropriate State or Local Authority (or designated agent of such Authority) and request the removal of the pet;
- If the FCHA is unable to contact the responsible parties despite reasonable efforts, action as outlined above will be followed; and
- If none of the above actions reap results, the FCHA may enter the pet owners' unit, remove the pet, and place the pet in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner.

D. NUISANCE OR THREAT TO HEALTH OR SAFETY

Nothing in this policy prohibits the FCHA or the Appropriate City Authority from requiring the removal of any pet from the FCHA property. If the pet's conduct or condition is duly determined to constitute, under the provisions of State or Local Law, a nuisance or a threat to the health or safety or other occupants of the FCHA property or of other persons in the community where the project is located.

E. APPLICATION OF RULES

1. Pet owners will be responsible and liable for any and all bodily harm to other residents or individuals. Destruction of personal property belonging to others caused by owner's pet will be the moral and financial obligation of the pet owner.
2. All pet rules apply to resident and/or resident's guests.

Appendix I
Pet Agreement

1. Management considers the keeping of pets a serious responsibility and a risk to each resident in the apartment. If you do not properly control and care for a pet, you will be held liable if it causes any damages or disturbs other residents.
2. Conditional Authorization for Pet. You may keep the pet that is described below in the apartment until Dwelling Lease is terminated. Management may terminate this authorization sooner if your right of occupancy is lawfully terminated or if you or your pet, your guests or any member of your household violate any of the rules contained in the FCHA's Pet Policy or this Agreement.
3. Pet Fee. The Pet Fee will be \$100 times the number of bedrooms in your unit for your current pet. The Pet Fee is a one-time, non-refundable charge.
 - If, at any time in the future, this pet is replaced by another animal, another one-time fee will be charged for that animal.
 - This fee will be used to pay reasonable expenses directly attributable to the presence of the pet in the complex, including but not limited to, the cost of repairs and replacement to, and fumigation of, the apartment.
4. Liability Not Limited. The fee under this Pet Agreement does not limit resident's liability for property damages, cleaning, deodorization, defleaing, replacements, or personal injuries.
5. Description of Pet. You may keep only one pet as described below. The pet may not exceed twelve (12) inches in height at the shoulder and twenty (20) pounds in adult weight. You may not substitute other pets for this one without amending this agreement.

Pet's Name _____ Type _____
Breed _____ Color _____ Weight _____ Age _____
Housebroken? _____ City of License _____ License No. _____
Date of last Rabies shot _____

Name, address and phone number of person able to care for pet in case of resident's permanent or temporary inability to care for animals

Name _____
Address _____
Phone _____

Appendix 2
Pet Policy Certification

Attach photo of Pet here



By _____
Title _____
Fayette County Housing Authority

Resident _____
Resident _____
Resident _____

I have read, fully understand and will abide by the rules and regulations contained in the Fayette County Housing Authority Pet Policy and in this Pet Agreement.

Appendix 3
Pet Policy Rules Violation Notice

DATE: _____
TIME: (IF DELIVERED) _____ A.M. / P.M.
TO: _____
NAME OF RESIDENT: _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE _____

PET NAME OR TYPE: _____

This notice hereby informs you of the following pet rule violation:

Factual Basis for Determination of Violation: _____

As pet owner you have ten (10) calendar days from the date shown on this notice (date notice delivered or mailed) in which to correct the violation or make a written request for a meeting to discuss the violation.

As pet owner you are entitled to be accompanied by another person of your choice at the meeting.

Failure to correct the violation, to request a meeting, or to appear at the requested meeting may result in initiation of procedures to terminate your tenancy.

Executive Director

FAYETTE COUNTY HOUSING AUTHORITY

Violence Against Women Act Policy (VAWA)

[Public Law 109-162 and Technical Amendments Public Law 109-271]

The Violence Against Women Act (VAWA) was enacted because of congressional findings which assert that “women and families across the Country are being discriminated against, denied access to, and even evicted from public and subsidized housing because of their status as victims of domestic violence”. The findings also note a strong link between domestic violence and homelessness, and found that abusers frequently manipulate finances in order to control their partners, so that victims often lack steady income, credit history, landlord references, and a current address, which would be necessary to obtain permanent housing. This causes the victim to return to the abuser because they cannot find permanent housing. Victims can be women, men, or children.

A. PURPOSE

1. To reduce domestic violence, dating violence, sexual assault, and stalking;
2. To enhance victim safety and prevention;
3. To break the link between domestic violence and homelessness, and prevent homelessness for the victims of such acts;
4. To help victims obtain or maintain housing, and create long-term housing solutions for victims;
5. To protect victims who reside in the Public Housing and Section 8 Housing Programs of the Fayette County Housing Authority;
6. To build collaborations among victim service providers;
7. To ensure victims have access to the criminal justice system without jeopardizing their housing;
8. To assist the Fayette County Housing Authority to respond appropriately to the violence while maintaining a safe environment for Housing Authority Employees, Public Housing Tenants, Section 8 Housing Participants, and Public Housing and Section 8 Housing Applicants,

This Policy will assist the Fayette County Housing Authority in providing rights under the Violence Against Women Act to its Public Housing and Section 8 Housing Applicants, Public Housing Residents, Section 8 Housing Participants, and any other program participants.

2. MISSION STATEMENT

It is the Policy of the Fayette County Housing Authority to comply with the Violence Against Women Act (VAWA) [Public Law 109-162 and Technical Amendments Public Law 109-271]. The Fayette County Housing Authority will not discriminate against a Public Housing or Section 8 Applicant, Public Housing Resident, Section 8 Participants, and any other program participants on the basis of the rights or privileges provided under VAWA.

This Policy is incorporated into and made a part of the Fayette County Housing Authority's Admissions and Continued Occupancy Policy and the Section 8 Administrative Plan, and applies to all Housing Authority Programs.

3. DEFINITIONS

The definitions in this Section apply only to this Policy.

A. Confidentiality: Means that the Fayette County Housing Authority will not enter information provided to the Housing Authority into a shared database or provide this information to any related entity, except as specifically stated in Section 5 of this Policy.

B. Dating Violence: Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim, based on length of relationship, type of relationship, and frequency of interaction between the persons.

C. Domestic Violence: Felony or misdemeanor, crimes of violence committed by:

- a. Current or former spouse of the victim, or person similarly situated to a spouse of the victim;
- b. Person with whom victim shares a child in common;
- c. Person who is cohabitating with or has cohabitated with the victim; or
- d. Any other person.

D. Homeless, Homeless Individual, and Homeless Person: A person who lacks a fixed, regular and adequate nighttime residence. Also includes:

- A person who is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason;
- A person living in a motel, hotel, trailer park, or campground due to lack of alternative adequate accommodations;
- A person living in emergency or transitional shelter;
- A person abandoned in a hospital;
- A person awaiting foster care placement; or

- A person who has a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

E. Involuntary Displacement: Occurs when a victim has vacated or will have to vacate their housing unit because of domestic violence, dating domestic violence, or stalking against the victim.

F. Immediate Family Member: A spouse, parent, brother, sister, or child of a victim or an individual to whom the victim stands in loco parentis (guardianship), or any other person living in the household of the victim and related to the victim by blood and marriage.

G. Long-Term Housing: Housing that is sustainable, accessible, affordable and safe for the foreseeable future which the person rents or owns, is subsidized by a voucher or other program as long as the person meets the eligibility requirements of the program, or is directly provided by the Fayette County Housing Authority and is not time limited and the person meets the eligibility requirements of the program.

H. Perpetrator: A person who commits an act of domestic violence, dating domestic violence, sexual assault, or stalking against a victim.

I. Sexual Assault: Causing another person to engage in a sexual act by threatening or placing that other person in fear, or someone who engages in a sexual act with another person if that person is incapable of appraising the nature of the conduct, or physically incapable of declining participation in, or communicating unwillingness to engage in the sexual act.

J. Stalking:

- To follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate the victim;
- To place under surveillance with the intent to kill, injure, harass or intimidate the victim;
- In the course of, or as a result of such following, pursuit, surveillance, or repeatedly committed acts, to place the victim in reasonable fear of the death of, or serious bodily injury to the victim; or
- To cause substantial emotional harm to the victim, a member of the immediate family of the victim, or the spouse or intimate partner of the victim.

5. CERTIFICATION AND CONFIDENTIALITY

The person shall provide complete and accurate certifications to the Fayette County Housing Authority within 14 business days after the Housing Authority requests, in writing, that the person completes the certifications. If the person does not provide a

complete and accurate certification within the 14 business days, the Housing Authority may take action to deny or terminate participation or tenancy.

The HUD-Approved Certification, Form HUD-50066 must be completed for each incident(s) that a person is claiming the abuse. The person shall certify the date, time and description of the incident(s), that the incident(s) are bona fide incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator, including, but not limited to, the name and, if known, all alias names, date of birth, address, contact information such as postal address, telephone, or other information. A copy of Form HUD-50066 is attached hereto, and made a part hereof.

A person who is claiming victim status shall provide to the Fayette County Housing Authority documentation signed by the victim and an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking or the effects of the abuse, in which the professional attests to their belief that the incident(s) in question are bona fide incident(s) of abuse, or by a federal, state, or local police or court record.

CONFIDENTIALITY

The Fayette County Housing Authority shall keep all information provided to the Housing Authority under this Section confidential. The Housing Authority shall not enter the information into a shared database or provide to any related entity except to the extent that:

- The victim requests or consents to the disclosure in writing;
- The disclosure is required for:
 1. Eviction from Public Housing;
 2. Termination of Section 8 Housing Assistance.
- The disclosure is required by applicable law.

6. APPROPRIATE BASIS FOR DENIAL OF ADMISSION, ASSISTANCE OR TENANCY

- The Fayette County Housing Authority shall not deny participation or admission to a program on the basis of a person's victim status, if the person otherwise qualifies for admission or assistance.
- An incident or incidents of actual or threatened domestic violence, dating violence, sexual assault, or stalking will not be a serious or repeated violation of

the lease by victim, and shall not be good cause for denying to a victim admission to a program, terminating Section 8 assistance or occupancy rights, or evicting a tenant.

- Criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim of domestic violence, dating violence, sexual assault, or stalking.
- The Fayette County Housing Authority or Section 8 Landlord may bifurcate (split into two) a lease to evict, remove, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing, terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant.
- The Fayette County Housing Authority or Section 8 Landlord, when notified, shall honor a court order addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- The Fayette County Housing Authority or the Section 8 Landlord shall have the right to evict or terminate assistance to any tenant for any violation of lease nor premised on the act or acts of violence against the tenant or a member of the tenant's household. However, the Housing Authority or Section 8 Landlord may not hold a victim to a more stringent standard than any other tenant or tenant family.
- The Fayette County Housing Authority or the Section 8 Landlord shall have the right to evict or terminate assistance, or deny admission to a program if they can show an actual and imminent threat to other tenants, neighbors, guests, their employees, persons providing services to the property, or others if the tenant family is not evicted or terminated from assistance or denied admission.
- The Fayette County Housing Authority or the Section 8 Landlord shall have the right to deny admission, terminate assistance, or evict a person who engages in criminal acts including, but not limited to, acts of physical violence of stalking against family members or others.
- A Section 8 recipient who moves out of an assisted dwelling unit to protect their health or safety and who is a victim under this Policy and reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit, and has otherwise complied with all other obligations of the

Section 8 Housing Choice Voucher Program, may receive a voucher and move to another Section 8 jurisdiction.

- A Public Housing tenant who wants to transfer to protect their health or safety and who is a victim under this Policy and reasonably believes that he or she was imminently threatened by harm from further violence if he or she remains in the unit, and has otherwise complied with all other obligations of the Public Housing Program, may transfer to another Public Housing Unit, or may receive a Section 8 Housing Choice Voucher and moved either within Fayette County or to another Section 8 jurisdiction.

7. ACTIONS AGAINST A PERPETRATOR

The Fayette County Housing Authority may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take action to control or prevent the domestic violence, dating violence, sexual assault, or stalking. The action may include, but is not limited to:

- Obtaining and enforcing a restraining or no contact order or order for protection against the perpetrator;
- Obtaining and enforcing a defiant trespass against the perpetrator;
- Enforcing the Fayette County Housing Authority's or law enforcement's defiant trespass against the perpetrator;
- Preventing the delivery of the perpetrator's mail to the victim's unit;
- Providing identifying information about the perpetrator.

8. NOTICE TO APPLICANTS, TENANTS, AND SECTION 8 LANDLORDS

The Fayette County Housing Authority shall provide notice to all applicants, participants, tenants, staff, and owners of their rights and responsibilities under this Policy.

9. PREFERENCES

Families who are victims under VAWA will receive a preference in tenant selection in the Fayette County Housing Authority's Public Housing and Section 8 Housing Programs. Families who have been victims of domestic violence, dating violence, sexual assault, or stalking shall provide documentation signed by the victim and an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking or the effects of the abuse, in which the professional attest their belief that the incident(s) in question are bona fide incident(s) of abuse, or federal, state, or local police or court record to establish their victim status under this Policy.

10. REPORTING REQUIREMENTS

The Fayette County Housing Authority shall included in its Five-Year and Annual Plan a copy of the Violence Against Women Act Policy and refer to the goals and services or programs provided to help victims obtain or maintain housing and to prevent the abuse and enhance the safety of victims.

11. CONFLICT AND SCOPE

If this Policy conflicts with any applicable law, regulation, or ordinance, the law, regulation, or ordinance shall control.

12. AMENDMENT

This Policy may be amended when it is reasonably necessary to effectuate the Policy's intent, purpose, or interpretation. Any amendment to this Policy shall be approved by the Board of Directors of the Fayette County Housing Authority and submitted to the U. S. Department of Housing and Urban Development.

County Wide Resident Council Meeting
February 5, 2007

South Hill Terrace

Attending: Florabell Loverdi, Wayne Miller, Mary Wertz, Mary Jo Manning, Karen Plichta, Nancy Sutton, Jerome Thomas, Myrtle Thomas, Ed Kalix, Jim Claar, Denny Barclay, Thomas Harkless, Andre Walters

Meeting called to order.

Roll call of officers. Florabell Loverdi, Mary Wertz, and Jerome Thomas present.

Treasurer's Report: There has been no change in the Treasurer's report since last month. The balance is \$18,358.06. The two \$5,000 certificates of deposit matured in November 2006. The CD's earned \$572.04 in interest and was rolled over for another 17 months. Treasurer's report was approved.

Representatives from South Hill Terrace, Marshall Manor, Mulligan Manor and White Swan Tenant Councils were present.

Tenant Council Reports:

South Hill Terrace – South Hill Terrace continues to have food bank each month. Mary Wertz is staffing the activity center three days each week, without pay.

Marshall Manor – Marshall Manor had a Christmas party and New Year's Eve party. Participants had a good time.

White Swan Apartments – White Swan continues to have food bank and food pantry each month and bingo on Mondays at 6:00 p.m. They are also planning to have a Valentine's Day party.

Scattered Sites – Scattered sites is looking to start a food bank but they need a place to store food and a place for pick-up. They will be discussing with Jim Claar, Administrator, the possibility of using the Tuskegee Terrace Community Center.

Mulligan Manor – A representative from Meridian spoke to the residents about the new Medicare plans. They continue to sell tickets every month because it is the only way they have to make money.

New Business:

Mary Wertz pointed out that there has been no money to pay the site coordinators. She questioned whether the County Wide Resident Council would be willing to pay for 6 months of services at South Hill Terrace and Fort Mason Village and whether the Housing Authority would be willing to pay for the other 6 months.

She proposed each site coordinator would work 2 hours each day, five days a week for a total of 40 hours each month per site coordinator.

Mr. Harkless pointed out that generally speaking the idea is good and it keeps children occupied that it is up to the Administrator at each site. Denny Barclay, Administrator pointed out that he could not pay because he currently has a deficit.

Florabell Loverdi questioned how the site coordinators were paid in previous years. Mr. Harkless pointed out that in the past the coordinator salaries were paid from a grant that has ended.

Denny Barclay discussed a proposal received by Beverly Sapp, a resident of Clarence Hess Terrace, for opening the Clarence Hess Community Hall and providing food, and arcade games for the children. The arcade company would split the profits from the games 60% - 40%. Mr. Barclay stated he did not have a problem with the proposal but Ms. Sapp needs to partner with the County Wide Resident Council. It is not something she can do on her own. Mr. Barclay stated he has no problem providing the space as long as the hall is staffed when open.

Florabell Loverdi pointed out that some councils do not have children. The elderly councils may feel slighted if monies are given to the family sites and not the elderly. As president, she feels it is her job to keep all councils in mind.

The issue of paying for the two site coordinators has been tabled until the next meeting so everyone can think about it.

FCHA Staff Reports:

Jim Claar – Mr. Claar questioned why the Bierer Wood Tenant Council did not respond to meetings. He stated he will speak with them to see if can get them to participate. Bierer Wood has food bank and computer lab. He will support Jerome in starting a food bank at Scattered Sites.

Ed Kalix – Mr. Kalix stated that currently there is no tenant council or site coordinator at Gibson Terrace. He also stated that there are a lot of art supplies and if any site is in need of these supplies they are welcome to them.

Andre Walters – Mr. Walters stated it is the time again when the housing authority is working on the Five Year and Annual plans. He stressed how important it is for the residents to provided input on things needed at the developments.

Comments on Five Year and Annual Plans

Nancy Sutton, Marshall Manor, stated that they need new windows. The current windows do not open and can not be cleaned.

Mary Jo Manning, White Swan Apartments, stated that there is air coming in around the air conditioning units.

Nancy Sutton, Marshall Manor, also stated there is a need for a large wash machine to wash rugs and comforters. Mr. Walters stated that is not an allowable expense from the Capital Fund.

Mary Wertz, South Hill Terrace, stated that the windows in the elderly section need replaced.

Performance Contracting/ Energy Savings

The housing authority is looking into performance contracting on how to save on energy costs where the amount saved will be given back to the housing authority. The majority of savings would be in the elderly high rises where commodes, faucets, lighting and windows will need replaced.

Comments on Performance Contracting/Energy Savings

There were no comments on the performance contracting.

HOPE VI

Congress did not fund the HOPE VI program. The housing authority will be starting Phase I at Bierer Wood Acres by building a 60 unit elderly building. This project will be funded by the 6% tax credits and loans.

Comments on HOPE VI

There were no comments on HOPE VI.

Mr. Walters stressed that if anyone has any questions or comments about the Annual and Five Year plans to please call his office or send an email.

Thomas Harkless – Mr. Harkless explained that Dave Huston was not present at the meeting because this was the last day for the ROSS Grant and he and Dave Peters were finishing the closing paper work. He explained the benefits of the ROSS program and stated that Dave Peters was furloughed.

Mr. Harkless explained the federal funding cuts. Congress approved to fund 84% of the funding formula. If the housing authority received 100%, more things could be done. An example of the funding cuts is that the Capital Fund should receive \$5 million, last year the housing authority only received \$2.4 million. Mr. Harkless stated that the less funds that are available, the less material that can be purchased, the less staff that is available and in turn creates a longer time period to get things fixed. Administrators are aware of this problem and are striving to ensure that all units are rented and all rents are received.

Mr. Harkless stressed residents to call Senators and Representatives to express their concern and to vote at elections.

The next FCHA board meeting will be held on February 8, 2007. The two major agenda items are the approval of a contract to replace the main water supply at Marshall Manor and housing authority employee benefits.

Mr. Harkless asked if there were any questions.

Wayne Miller asked when the bus shed would be built at the entrance to South Hill Terrace. Mr. Harkless explained that it is the County's responsibility and several times this issue was discussed with a FACT representative.

The next meeting will be held on March 5, 2007, 12:30 p.m. at the Clarence Hess Community Hall, which is the old ECHO Building in Masontown.

Meeting adjourned.

FAYETTE COUNTY HOUSING AUTHORITY

Board of Commissioners

Executive Office
 Executive Director
 Executive Secretary

Resident Programs
 Director
 Care Manager Supervisor
 Care Manager (6)
 PT Nurse
 Program Manager
 Clerk (2)
 FSS Coordinator
 HSDF Supervisor
 Homemaker (3)
 Adult Day Care Coordinator
 Adult Day Care Asst. Coordinator

Finance
 Director
 Computer Analyst
 Accountant (2)
 PT Accountant
 Purchasing Agent

Admissions
 Director
 Section 8 Coordinator
 Asst Section 8 Coordinator
 Inspector (2)
 Management Aide (3)

Technical Services
 Director
 Administrative Assistant

Senior AMP
 Housing Administrator
 Site Supervisor
 Clerk (2)
 Mechanic (3)
 Custodian (4)

Central AMP
 Housing Administrator
 Site Supervisor
 Clerk (2)
 Mechanic (3)
 Technician (3)
 Custodian
 Resident Program Mgr (30%)

East AMP
 Housing Administrator
 Clerk
 Mechanic (2)
 Technician (2)
 Resident Program Mgr (19%)

Southwest AMP
 Housing Administrator
 Site Supervisor
 Clerk (3)
 Mechanic (3)
 Sewage Mechanic (1/2)
 Technician
 Custodian
 Resident Program Mgr (25%)

Northwest AMP
 Housing Administrator
 Site Supervisor
 Clerk (3)
 Mechanic (4)
 Sewage Mechanic (1/2)
 Custodian (2)
 Resident Program Mgr (26%)

Resident Advisory Board Members

Florabell Loverdi – Mulligan Manor
Jerome Thomas – Scattered Sites
Myrtle Thomas – Scattered Sites
Mary Wertz – South Hill Terrace
Sharyn Lewis – Mulligan Manor
John Hodge – Marshall Manor

Resident Board Member

Nancy Sutton – Marshall Manor