

# PHA Plans

## Streamlined Annual Version

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

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

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

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

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# Streamlined Annual PHA Plan

## for Fiscal Year: 2008

### PHA Name: Oneonta Housing Authority

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

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Oneonta Housing Authority

**PHA Number:** AL063

**PHA Fiscal Year Beginning:** (mm/yyyy) 01/2008

**PHA Programs Administered:**

**Public Housing and Section 8**

**Section 8 Only**

**Public Housing Only**

Number of public housing units: 170

Number of S8 units:

Number of public housing units:

Number of S8 units: 50

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

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

**PHA Plan Contact Information:**

Name: Kim Hamby

Phone: (205) 625-5955

TDD:

Email (if available): khamby@otelco.net

**Public Access to Information**

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

PHA's main administrative office

PHA's development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.  Yes  No.

If yes, select all that apply:

Main administrative office of the PHA

PHA development management offices

Main administrative office of the local, county or State government

Public library  PHA website  Other (list below)

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

Main business office of the PHA

PHA development management offices

Other (list below)

**Streamlined Annual PHA Plan**  
**Fiscal Year 2008**  
[24 CFR Part 903.12(c)]

**Table of Contents**  
[24 CFR 903.7(r)]

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

**A. PHA PLAN COMPONENTS**

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

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

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

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070**, *Certification for a Drug-Free Workplace*;

**Form HUD-50071**, *Certification of Payments to Influence Federal Transactions*; and

**Form SF-LLL & SF-LLLa**, *Disclosure of Lobbying Activities*.

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

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

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

**A. Site-Based Waiting Lists-Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B. **NO**

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

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

**B. Site-Based Waiting Lists – Coming Year**

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

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

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

## **2. Capital Improvement Needs**

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

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

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

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

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

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

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

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

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

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

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

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

2. Program Description:

a. Size of Program

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

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

b. PHA-established eligibility criteria

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

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

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

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

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

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
  - low utilization rate for vouchers due to lack of suitable rental units
  - access to neighborhoods outside of high poverty areas
  - other (describe below):
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

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

[24 CFR Part 903.15]

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

1. Consolidated Plan jurisdiction: STATE OF ALABAMA ([www.adeca.alabama.gov](http://www.adeca.alabama.gov))

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

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

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

**“The State of Alabama views promotion and provision of housing opportunities for all citizens as a very important objective. To promote awareness of Fair Housing and to effectively address impediments to this goal, the State will take advantage of opportunities when they present themselves. Particularly, in the administration of HUD funded programs, Alabama will work creatively toward fostering housing opportunity.”**

**“The entities administering Consolidated Plan programs will use programmatic workshops and events to provide training and education regarding opportunity for all those seeking housing.”**

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

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
√	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
√	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
√ from 2005	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
√	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
√	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
√	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
√	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
√	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
√	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
√	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

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

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

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Oneonta Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P06350108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	300.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	19,700.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	200,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



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

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Oneonta Housing Authority			<b>Grant Type and Number</b> Capital Fund Program No: AL09P06350108 Replacement Housing Factor No:				Federal FY of Grant: 2008
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	
AL063001	9/30/2010			9/30/2012			

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Oneonta Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P06350107 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007
<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: 9/5/2007 <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	10,000.00	0.00		
3	1408 Management Improvements				
4	1410 Administration	2,000.00	2,000.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	19,700.00	19,700.00		
8	1440 Site Acquisition				
9	1450 Site Improvement		12,100.00		
10	1460 Dwelling Structures	180,468.00	120,048.00		
11	1465.1 Dwelling Equipment— Nonexpendable		70,000.00		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 –	212,168.00	223,848.00		

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

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Oneonta Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P06350107 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2007
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: 1)</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 9/5/2007</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
	20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Oneonta Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P06350107 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	
<b>PHA-WIDE</b>	<b>OPERATIONS</b>	<b>1406</b>	1 L.S.	<b>10,000.00</b>	<b>0.00</b>			
<b>PHA-WIDE</b>	<b>ADMINISTRATION</b>	<b>1410</b>		<b>2,000.00</b>	<b>2,000.00</b>			
	a. Misc. Cost associated with bidding		1 L.S.					
	b. Accounting		1 L. S.					
<b>PHA-WIDE</b>	<b>FEES AND COSTS</b>	<b>1430</b>		<b>19,700.00</b>	<b>19,700.00</b>			
	a. Architect/Engineering Fee		1 L. S.	19,700.00				
<b>AL063003</b>	<b>SITE IMPROVEMENT</b>	<b>1450</b>		<b>0.00</b>	<b>12,100.00</b>			
	a. flower bed with shrubbery				10,000.00			
	b. trim two trees				1,500.00			
	c. sidewalk repair				600.00			
<b>AL063003</b>	<b>DWELLING STRUCTURES</b>	<b>1460</b>		<b>180,468.00</b>	<b>120,048.00</b>			

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

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Oneonta Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P06350107 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	
	a. sandblast & repair deteriorated areas and paint exterior , walkway trim, & steps		1 L. S.		41,548.00			
	b. replace kitchen and pantry floors		30		26,000.00			
	c. paint interior		30		26,000.00			
	d. replace range hoods		30		6,500.00			
	e. replace exterior carnish		1 L. S.		20,000.00			
	<b>DWELLING EQUIPMENT</b>	<b>1465.1</b>			<b>70,000.00</b>			
<b>AL063006</b>	a. new refrigerators		50		17,500.00			
<b>AL063006</b>	b. new stoves		50		17,500.00			
<b>AL063007</b>	a. new refrigerators		50		17,500.00			
<b>AL063007</b>	b. new stoves		50		17,500.00			

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

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Oneonta Housing Authority			<b>Grant Type and Number</b> Capital Fund Program No: AL09P06350107 Replacement Housing Factor No:				<b>Federal FY of Grant: 2007</b>
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-WIDE	9/13/2009			9/13/2011			

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

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Oneonta Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P06350106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 7/24/2007 <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	\$2,980.00	800.89	0.00	0.00
3	1408 Management Improvements				
4	1410 Administration	\$2,000.00	0.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$19,700.00	19,700.00	19,700.00	15,760.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$187,488.00	206,258.11	206,258.11	0.00
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	0.00	3,360.00	0.00	0.00
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$212,168.00	230,119.00	225,958.11	15,760.00
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				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Oneonta Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P06350106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>PHA-WIDE</b>	<b>OPERATIONS</b>	<b>1406</b>	1 L.S.	2,980.00	800.89			
	a. Move funding to Operating account							
<b>PHA-WIDE</b>	<b>ADMINISTRATION</b>	<b>1410</b>						
	a. Misc. Cost associated with bidding		1 L. S.	500.00	0.00			
	b. Accounting		1 L. S.	1,500.00	0.00			
<b>PHA-WIDE</b>	<b>FEES AND COSTS</b>	<b>1430</b>						
	a. Architect/Engineering Fee		1 L. S.	19,700.00	19,700.00	19,700.00	15,760.00	Incomplete
<b>AL063006 &amp; 007</b>	<b>DWELLING STRUCTURES</b>	<b>1460</b>	<b>23 units</b>		206,258.00	206,258.11		Incomplete
	a. Replace tile		23 units	40,950.00				
	b. Replace baseboard		23 units	11,088.00				
	c. Paint		23 units	16,800.00				
	d. Install Bathroom exhaust fan		23 units	3,150.00				
	e. Install dryer vents		23 units	7,350.00				
	g. Install kitchen cabinets		23 units	42,000.00				
	h. Install sinks and faucets		23 units	5,250.00				
	i. Install new range hoods		23 units	3,150.00				
	j. Install vanity and sink		23 units	7,350.00				
	k. Install dining room light fixtures		23 units	2,100.00				
	l. Add phone and cable wiring		23 units	10,500.00	0.00			
	m. Install new interior door units		23 units	37,800.00				
	<b>RELOCATION COSTS</b>	<b>1495.1</b>						
	a. assist with voluntary moving expenses @ \$80 per household		42	0.00	3360.00	0.00	0.00	



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

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Oneonta Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P06350105 Replacement Housing Factor Grant No:		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: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2007 <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	\$1,744.00	0.00		
3	1408 Management Improvements				
4	1410 Administration	\$2,000.00	0.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$19,700.00	19,700.00	19,700.00	16,154.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$206,805.00	220,749.00	220,749.00	197,518.11
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	\$10,200.00	0.00		
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$240,449.00	240,449.00	240,449.00	213,672.11
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				

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

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Oneonta Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P06350105 Replacement Housing Factor Grant No:		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: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2007 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages</b>								
PHA Name: Oneonta Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P06350105 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	
PHA-WIDE	OPERATIONS	1406	1 L.S.	1,744.00	0.00			
	a. Move funding to Operating account							
PHAW-WIDE	ADMINISTRATION	1410						
	a. Misc. Cost associated with bidding		1 L.S.	500.00	0.00			
	b. Accounting		1 L. S.	1,500.00	0.00			
PHA-WIDE	FEES AND COSTS	1430						Incomplete

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

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Oneonta Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P06350105 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	
	a. Architect/Engineering Fee		1 L. S.	19,700.00	19,700.00	19,700.00	16,154.00	
AL063006	DWELLING STRUCTURES	1460	22 units		220,749.00	220,749.00	197,518.11	Incomplete
	a. Replace tile		17 units	17,255.00				
	b. Replace baseboard		17 units	12,750.00				
	c. Paint		17 units	17,000.00				
	d. Install Bathroom exhaust fan		17 units	2,550.00				
	e. Install dryer vents		17 units	3,400.00				
	f. Repair ceilings		17 units	51,000.00				
	g. Install kitchen cabinets		17 units	42,500.00				
	h. Install sinks and faucets		17 units	4,250.00				
	i. Install new range hoods		17 units	2,550.00				
	j. Install vanity and sink		17 units	5,950.00				
	k. Install Dining Room light fixtures		17 units	1,700.00				
	l. Add phone and cable wiring		17 units	8,500.00	0.00			
	m. Install new interior door units		17 units	37,400.00				
	RELOCATION COSTS	1495.1						
	a. Relocation of 17 families		17units	10,200.00	0.00			

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

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Oneonta Housing Authority			<b>Grant Type and Number</b> Capital Fund Program No: AL09P06350105 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	
PHA WIDE	8/18/07			8/18/09			

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

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name : Oneonta Housing Authority				<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	2008	FFY Grant: PHA FY: 2009	FFY Grant: PHA FY: 2010	FFY Grant: PHA FY: 2011	FFY Grant: PHA FY: 2012
	Annual Statement				
AL063001		220,000.00			
AL063003					
AL063006 & 007			220,000.00	220,000.00	220,000.00
CFP Funds Listed for 5-year planning		220,000.00	220,000.00	220,000.00	220,000.00
Replacement Housing Factor Funds					





## **ATTACHMENTS**

### **ATTACHMENT A**

#### **VOLUNTARY CONVERSION REQUIRED INITIAL ASSESSMENT**

**A. How many of the PHA's developments are subject to the Required Initial Assessments?**

**TWO (2)**

**Hillcrest Circle Apartments**

**Camellia Court Apartments**

**B. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemption (e.g., elderly and / or disabled developments not general occupancy projects)? Two (2)**

**Valley Homes Apartments**

**W. L. Harris Apartments**

**B. How many assessments were conducted for the PHA's covered developments?**

**TWO (2)**

**D. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:**

**No developments were appropriate for conversion**

# ATTACHMENTS

## ATTACHMENT B

### LEAD BASED PAINT ACTIVITY REPORT

ONEONTA HOUSING AUTHORITY AL063

Reporting Period (01/01/2007 – 12/31/2007)

There has been no Lead Based Activity during the fiscal year 2007.

	AL063001	AL063003	AL063006	AL063007
Total Number of Family units in Development	40/40	0/30	38/50	0/50
<b>EBLs</b>				
1. Number of children identified with an EBL	0	0	0	0
2. Number of units with EBLs	0	0	0	0
3. Average number of days to perform testing	0	0	0	0
4. Number of times EBL resulted in abatement or relocation	0	0	0	0
<b>Testing</b>				
5. Number of units actually tested	0	0	0	0
6. Number of tested units with LBP hazards	0	0	0	0
7. Total amount of all funds expended for testing	0	0	0	0
8. Total amount of MOD funds expended for testing	0	0	0	0
<b>Abatement</b>				
9. Number of units planned to be abated	0	0	0	0
10. Number of units actually abated	0	0	0	0
11. Total amount of all funds expended for abatement	0	0	0	0
12. Total amount of MOD funds expended for abatement	0	0	0	0

## **ATTACHMENTS**

### **ATTACHMENT C:**

#### **RESIDENT ADVISORY BOARD**

Three public housing residents, Rebecca Lochamy, Doris Washburn, and Dorothy Tolbert met with the Executive Director to review the plan, ask any questions, and to make any comments about changes that needed to be considered for the plan.

There were no comments from the RAB that would suggest any changes to the plan.

#### **RESIDENT MEMBERSHIP OF THE PHA GOVERNING BOARD**

Oneonta Housing Authority does not have a resident serving as the Resident Member of the PHA Governing Board. The Resident Advisory Board did not make any recommendations. A notice was publicly displayed in the main administrative office during the months of July, August, and September, 2007 concerning the Governing Board Membership and there were no comments, recommendations, or volunteers brought forward.

The next appointment date is December 1, 2007. Honorable Mayor Danny Hicks of the City of Oneonta, Alabama is the appointing official for the Governing Board.

## ATTACHMENTS

### ATTACHMENT D DECONCENTRATION AND INCOME MIXING

**The Oneonta Housing Authority does not have any general occupancy (family) public housing development covered by the deconcentration rule. Each of our public housing developments have fewer than 100 units.**

#### DECONCENTRATION POLICY

1. **Objective:** The objective of the Deconcentration Rule for public housing units is to ensure that families are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development. The specific objective of the housing authority is to house no less than 40 percent of its public housing inventory with families that have income at or below 30% of the area median income by public housing development. Also the housing authority will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. The housing authority will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the housing authority's computer system.
2. **Exemptions.** The following are exempt from this rule.
  1. Public housing development with fewer than 100 public housing units. A covered development is defined as any single development or contiguous developments that total over 100 units.
  2. Public housing developments which house only elderly persons or persons with disabilities, or both.
  3. Public housing developments which consist of only one general occupancy family public housing development.
  4. Public housing developments approved for demolition or conversion to tenant-based assistance.
  5. Mixed financing developments.
3. **Actions:** To accomplish the deconcentration goals, the housing authority will take the following actions:
  - A. At the beginning of each housing authority fiscal year, the housing authority will establish a goal for housing 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40% of the total number of move-ins from the previous housing authority fiscal year.
  - B. To accomplish the goals of:

## **ATTACHMENTS**

- (1) Housing not less than 40% of its public housing inventory on an annual basis with families that have incomes at or below 30% of area median income, and
- (2) The HA shall determine the average income of all families residing in all the HA's covered developments. The HA shall determine the average income of all families residing in each covered development. In determining average income for each development, this HA has adjusted its income analysis for unit size in accordance with procedures prescribed by HUD. The HA shall determine whether each of its covered developments falls above, within or below the Established Income Range. The Established Income Range is 85 percent to 115 percent (inclusive of 85 percent and 115 percent) of the HA-wide average income for covered developments.

Fair housing requirements. All admission and occupancy policies for public housing programs must comply with Fair Housing Act requirements and with regulations to affirmatively further fair housing. The HA may not impose any specific income or racial quotas for any development or developments.

## **ATTACHMENTS**

### **ATTACHMENT E**

#### **DEFINITION OF SUBSTANTIAL DEVIATION AND SIGNIFICANT AMENDMENT OR MODIFICATION**

- a. Substantial deviation from the 5-year plan defined:**  
A “substantial deviation” to the 5 year plan is an overall change in the direction of the Authority pertaining to the Authority’s mission and goals. For example, deleting an existing mission/goal or adding a new mission/goal for the HA would constitute substantial deviation.
  
- b. Significant Amendment or Modification to the Annual Plan:**  
A “significant amendment or modification” to the annual plan would be a change to a statutory or regulatory HA requirement that requires prior approval from HUD. For example, a change in the “Tenant Selection and Assignment Plan” of the HA.

## **ATTACHMENTS**

### **ATTACHMENT F**

#### **VIOLENCE AGAINST WOMEN ACT**

**The residents have been notified of the Violence Against Women Act through the Oneonta Housing Authority resident newsletters that all residents receive. New tenants receive notice of the Violence Against Women Act in their Move-In packet.**

**ATTACHMENTS**

**ATTACHMENT G**

**FOLLOW UP PLAN TO RESIDENT ASSESSMENT  
SATISFACTION SURVEY**

**The Oneonta Housing Authority is not required to do a follow-up plan for the year ending 12/31/2006 in response to the Resident Assessment Satisfaction Survey.**