

PHA Plans

Streamlined Annual Version

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

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

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

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

Streamlined Annual PHA Plan

for Fiscal Year: 2008

PHA Name: Massac County 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: Massac County Housing Authority

PHA Number: IL-041

PHA Fiscal Year Beginning: 07/2008

PHA Programs Administered:

Public Housing and Section 8

Number of public housing units:
Number of S8 units:

Section 8 Only

Number of S8 units:

Public Housing Only

Number of public housing units: 233

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: Paul McKnight

TDD: 618-524-8451

mcha@midwestmail.com

Phone: 618-524-8411

Email (if available):

Public Access to Information

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

X PHA's main administrative office PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

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

If yes, select all that apply:

X Main administrative office of the PHA

PHA development management offices

Main administrative office of the local, county or State government

Public library PHA website Other (list below)

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

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

Streamlined Annual PHA Plan

Fiscal Year 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

- X 1. Site-Based Waiting List Policies
- 903.7(b)(2) Policies on Eligibility, Selection, and Admissions
- X 2. Capital Improvement Needs
- 903.7(g) Statement of Capital Improvements Needed
- 3. Section 8(y) Homeownership
- 903.7(k)(1)(i) Statement of Homeownership Programs
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- X 6. Supporting Documents Available for Review
- X 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- X 8. Capital Fund Program 5-Year Action Plan
- X 9. Attachment C-Carbon Monoxide
- X 10. Attachment D-VAWA
- X 11. Attachment E-Disposition of Property

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? **No** If yes, complete the following table; if not skip to B.

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

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

B. Site-Based Waiting Lists – Coming Year

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

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

2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously?
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
 - PHA main administrative office
 - All PHA development management offices
 - Management offices at developments with site-based waiting lists
 - At the development to which they would like to apply
 - Other (list below)

2. Capital Improvement Needs

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

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

A. Capital Fund Program

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

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

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

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

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

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

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

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

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

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

2. Program Description:

a. Size of Program

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

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

b. PHA-established eligibility criteria

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

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

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

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

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

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

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

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

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

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

1. Consolidated Plan jurisdiction: (provide name here) **State of Illinois**

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

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

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

The state plan commission sign the Certification of Consistency with the State Consolidated Plan for the Housing Authority.

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

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

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

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

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

Membership Resident Advisory Board

Judy Higgins
Sandra Davis
Morris Smith

Sandra Davis is the resident member currently serving on MCHA's governing board. Ms. Davis was appointed to service 10-04/10-09.

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

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P041-501-08 Replacement Housing Factor Grant No:	Federal FY of Grant:
---	--	-----------------------------

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4 PHA Wide	1410 Administration	16,740.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7 PHA	1430 Fees and Costs	26,730.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	234,036.00			
11 IL041-1, 3, 5, 7, 8, 9	1465.1 Dwelling Equipment—Nonexpendable	35,478.00			
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 – 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	5,098.00			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Massac County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P041-501-08 Replacement Housing Factor Grant No:		Federal FY of Grant:
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041 501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
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	A & E	1430		38,023				
PHA Wide	Administration	1410		15,614				
41-7 Humma	Remodel Kitchen/Bath	1460	41	217,250				
41-2 Strickland	Gas Meters	1460	10	1,017				
41-1 Spence	Appliances	1465.1		15,138				
41-3 King	Appliances	1465.1		2,522				
41-5 S/S Addn.	Appliances	1465.1		6,045				
41-6 Bunch.	Appliances	1465.1		3,038				
41-8 Young	Appliances	1465.1		4,022				

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

PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041 501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
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	
41-9 Fair.	Appliances	1465.1		2,322				
PHA Wide	Fees and Costs	1430		13,091				

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

PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program No: IL06P041 501-08 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		

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name		<input type="checkbox"/> Original 5-Year Plan 3 Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2009 PHA FY: 2008	Work Statement for Year 3 FFY Grant: 2010 PHA FY: 2009	Work Statement for Year 4 FFY Grant: 2011 PHA FY: 2010	Work Statement for Year 5 FFY Grant: 2012 PHA FY: 2011
	Annual Statement				
PHA Wide		40,250.00	40,250.00	84,750.00	98,571.00
41-1		19,000.00	200.00	72,000.00	222,000.00
41-2		5,000.00	200.00	24,000.00	6,000.00
41-3		10,855.00	200.00	48,000.00	145,000.00
41-5		10,855.00	200.00	6,800.00	150,000.00
41-6		6,513.00	200.00	3,000.00	14,400.00
41-7		22,251.00	244,250.00	10,000.00	5,000.00
41-8		153,860.00	200.00	5,000.00	5,000.00
41-9		6,217.00	4,700.00	15,000.00	444,490
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year :_09 ____			Activities for Year: _10__		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	PHA Wide	A & E	24,750.00	PHA Wide	A & E	24,750.00
Annual Statement	PHA Wide	Administration	15,500.00	PHA Wide	Administration	15,500.00
	Strickland 41-2	Parking	5,000.00	Fairmount 41-9	Gas Meters Eld.	4,500.00
	Spence 41-1	Parking	10,000.00	Humma 41-7	Elevator	244,050.00
	Spence 41-1	Gas Meters	9,000.00	Spence 41-1	Landscaping	200.00
	Young 41-8	Gas Piping	7,200.00	Strickland 41-2	Landscaping	200.00
	Young 41-8	Electric	500.00	King 41-3	Landscaping	200.00
	Young 41-8	Doors/Windows	25,500.00	S/S Add. 41-5	Landscaping	200.00
	Young 41-8	Handicap Unit	15,000.00	Bunchman 41-6	Landscaping	200.00
	Young 41-8	Interior Remodel	64,435.00	Humma 41-7	Landscaping	200.00
	Young 41-8	Int. Mechanical	41,225.00	Young 41-8	Landscaping	200.00
	King 41-3	Appliances	10,855.00	Fairmount 41-9	Landscaping	200.00
	S/S 41-5	Appliances	10,854.00			
	Bunchman 41-6	Appliances	6,513.00			
	Humma 41-7	Appliances	22,251.00			
	Fairmount 41-9	Appliances	6,217.00			
Total CFP Estimated Cost			\$ 274,800.00			\$290,400.00

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

Activities for Year :_11___ FFY Grant: PHA FY:			Activities for Year: __12_ FFY Grant: PHA FY:		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA Wide	A & E	24,750.00	<i>PHA Wide</i>	A & E	24,540.00
PHA Wide	Administration	15,500.00	PHA Wide	Administration	15,500.00
PHA Wide	Vehicles	22,500.00	PHA Wide	Vehicle	20,000.00
PHA Wide	Appliances	25,000.00	PHA Wide	Parking	26,000.00
Spence 41-1	Air Conditioning	72,000.00	PHA Wide	Operations	12,532.00
Strickland 41-2	Air Conditioning	24,000.00	Spence 41-1	Air Con.	72,000.00
King 41-3	Air Conditioning	48,000.00	King 41-3	504 Unit	45,000.00
S/S Addn. 41-5	Fences	6,800.00	S/S Addn. 41-5	Replace Pipe	150,000.00
Bunchman 41-6	Exterior Lighting	3,000.00	Bunchman 41-6	A/C Family	14,400.00
Humma 41-7	Com. Room Eq.	10,000.00	Humma 41-7	Main Eq.	5,000.00
Young 41-8	Stoves	5,000.00	King 41-3	Exteriors	100,000.00
Fairmount 41-9	Exterior Lighting	15,000.00	Young 41-8	Stoves	5,000.00
			Fairmount 41-9	504 Con	95,000.00
			Fairmount 41-9	Painting	14,540.00
			Fairmount 41-9	Interiors	120,000.00
			Fairmount 41-9	Mechanical	163,950.00
			Fairmount 41-9	Parking	51,000.00
			Strickland 41-2	Painting	6,000.00
			Spence 41-1	Exteriors	250,000.00
Total CFP Estimated Cost		\$ 271,550.00			\$1,118,637.00

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: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06PO41 501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies x Revised Annual Statement (revision no: 3) Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e 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	45,580.00	4,565.68	4,565.68	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22,700.00	35,400.00	35,400.00	28,200.00
8	1440 Site Acquisition				
9	1450 Site Improvement	22,525.00	270,197.32	270,197.32	243,177.59
10	1460 Dwelling Structures	1,200.00	0	0	0
11	1465.1 Dwelling Equipment— Nonexpendable	18,158.00	0	0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				

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

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06PO41 501-06 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
---	--	-------------------------------------

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

Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$310,163.00	\$310,163.00	310,163.00	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	\$245,000.00	\$257,268.00		
26	Amount of line 21 Related to Energy	0			

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

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06PO41 501-06 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
---	--	-------------------------------------

Original Annual Statement **Reserve for Disasters/ Emergencies** x **Revised Annual Statement (revision no: 3)**
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
	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: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041 501-07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007	
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) Performance and Evaluation Report for Period Ending:12/31/2007 <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	0				
3	1408 Management Improvements					
4	1410 Administration	20,000	20,000	20,000		
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	20,000	35,400	0		
8	1440 Site Acquisition					
9	1450 Site Improvement	261,368	0	0	0	
10	1460 Dwelling Structures	0	238,468	162,707.61	92,218	
11	1465.1 Dwelling Equipment— Nonexpendable	0	7,500		0	
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					

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

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P041 501-07 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
---	--	-------------------------------------

Original Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no: 2)** **Performance and Evaluation Report for Period Ending:12/31/2007** **Final Performance and Evaluation Report**

Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	301,368	301,368	0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041 501-07 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	
PHA Wide	A & E	1430		20,000	35,400	0	0	
PHA Wide	Administration	1410		0	20,000	20,000		
41-1 Spence	Roofs	1460	3	20,282	19,528	19,528	18,758	
41-3 King	Roofs	1460	5	44,263	28,667	28,667		
41-5 S/S Add.	Roofs	1460	6	24,947	38,285	38,285	38,285	
41-9 Fair.	Roofs	1460	11	95,243	71,599	71,599	35,174.60	
41-1 Spence	Siding Removal/Replacement	1460	3	57,980	0			
41-3 King	Siding Removal/Replacement	1460	2	38,653	0			
PHA Wide	Appliances	1465.1	20	0	7,500			
41-1 Spence	Gas Meters	1460	10	0	769			
41-2 Strick.	Water Heaters	1465.1	10	0	0			
41-6 Bunch.	Water Heaters	1465.1	12	0	0			
41-7 Humma	Washers and Dryers	1465.1	7	0	0			
41-8 Young	Roof	1460	2	0	6,509	6,509		
41-7	Roof fans and Wiring	1460		0	73,111			

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

PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041 501-07 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	

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

PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program No: IL06P041 501-07 Replacement Housing Factor No: 5,174				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	
PHA Wide	03/09			03/2011			
41-1 Spence	03/09			03/2011			
41-3 King	03/09			03/2011			
41-5 S/S Addition	03/09			03/2011			

Carbon Monoxide Detector Act Attachment

Carbon monoxide detectors have been installed to comply with the 2006 Carbon Monoxide Detector Act. Installation in all buildings and in all units was complete prior to January 1, 2007.

VAWA Attachment

As a result of the Violence Against Women Act, the Massac County Housing Authority shall not deny admission to any applicant who has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance. A copy of the law has been made available to all residents.

Language reflecting the requirements of the Violence Against Women Act has been incorporated into Massac County Housing Authority's lease and Admissions and Continued Occupancy Policy.

Disposition of Property

The 1.53 acre plot is excess to the need of the housing authority. Units originally on this property were demolished according to HUD guidelines in 1998. They were referred to as Allen Apartments IL041-4. This property is not suitable for development because of drainage problems and its location in a deteriorating neighborhood. The property is excess to the needs of the housing authority and is a financial drain because of mowing expenses. The Massac County Housing Authority plans to dispose of this property PT NW NE Section 14, Township 16 South, Range 5 East-Massac County Illinois. Map T. 16S.-R.4-5E

Within 15 days of formal approval from HUD, the housing authority will advertise the property for sale. Following two weeks of public advertisement, sealed bids will be opened publicly at the housing authority office. Proceeds from the sale will be placed in the operating fund to be used as needed by the housing authority. It is expected that the process will be complete within 60 days of approval.