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

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009
Annual Plan for Fiscal Year 2008

January 2008 PHA Number: IL06P055

Board of Commissioners

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Executive Director
Earl H. Brown

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: HOUSING AUTHORITY CITY OF ALTON

PHA Number: IL06P055

PHA Fiscal Year Beginning: 04/2008

Public Access to Information

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

X 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)

X 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)

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

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2009
[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.

X The AHA's mission is: (state mission here)

The Alton Housing Authority is committed to providing quality, affordable housing that is decent and safe, to eligible families in this community. We strive to make the best use of all available resources so that our residents may live in an environment that is clean, well maintained and attractive. Our goal is to manage our public housing units in a manner that is consistent with good, financially sound property management practices. By taking advantage of available community and government resources, we intend to provide our residents with as many opportunities for economic self-sufficiency as we can identify. We endeavor to instill pride and a desire for an enhanced quality of life for our residents and their families. We are committed to serving our residents and this entire community in a manner that demonstrates professional courtesy, respect and caring.

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.

X PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
- X Reduce public housing vacancies:
- ☐ Leverage private or other public funds to create additional housing opportunities:
- ☐ Acquire or build units or developments
- ☐ Other (list below)

X PHA Goal: Improve the quality of assisted housing
Objectives:

X Improve public housing management: (PHAS score)
☐ Improve voucher management: (SEMAP score)
X Increase customer satisfaction:
X Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
X Renovate or modernize public housing units:
X Demolish or dispose of obsolete public housing:
☐ Provide replacement public housing:
☐ Provide replacement vouchers:
☐ Other: (list below)

☐ 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

X PHA Goal: Provide an improved living environment
Objectives:
X Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
X Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
X Implement public housing security improvements:
☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
☐ Oher: (list below)

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

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

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

Post fliers and bulletins promoting homeownership.

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

X PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
X 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:
X 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)

Continue to provide activities and programs that foster anti-drug and violence prevention as well as coping skills for our youth.

Review and change all Alton Housing Authority policies to make them in compliance with Quality Housing and Work Responsibility Act, HUD Policies and the Violence against Women Reauthorization Act of 2005 (VAWA).

Annual PHA Plan
PHA Fiscal Year 2008
[24 CFR Part 903.7]

i. Annual Plan Type:
Select which type of Annual Plan the PHA will submit.

X **Standard Plan**

Streamlined Plan:

- ☐ **High Performing PHA**
- ☐ **Small Agency (<250 Public Housing Units)**
- ☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan
[24 CFR Part 903.7 9 (r)]
The Alton Housing Authority has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuring HUD requirements.

We have adopted the following mission statement to guide the activities of the Alton Housing Authority.

Mission Statement

The Alton Housing Authority is committed to providing quality, affordable housing that is decent and safe, to eligible families in this community. We strive to make the best use of all available resources so that our residents may live in an environment that is clean, well maintained and attractive. Our goal is to manage our public housing units in a manner that is consistent with good, financially sound property management practices. By taking advantage of available community and government resources, we intend to provide our residents with as many opportunities for economic self-sufficiency as we can identify. We endeavor to instill pride and a desire for an enhanced quality of life for our residents and their families. We are committed to serving our residents and this entire community in a manner that demonstrates professional courtesy, respect and caring.

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan. Here are just a few highlights of our Annual Plan:

Management

Manage the Alton Housing Authority's existing public housing program in an efficient and effective manner that result in full compliance with applicable statutes and regulations, thereby always qualifying as at least a standard performer. A goal will always be to become a High Performer. Ensure full compliance with all applicable and generally accepted accounting practices. Prepare all staff and Board of Commissioners for the implementation of the new Operating Fund, Project Based Accounting and Asset Management.

Marketability

Make the Alton Housing Authority the affordable housing choice for the very low to moderate-income residents of this community and maintain an occupancy rate of 97% plus.

Security

Provide a safe and secure environment in the ALTON Housing Authority's public housing developments.

Supportive Service

Improve access of public housing residents to services that support economic opportunity, education, homeownership and quality of life.

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc set forth in the Annual Plan all lead toward the accomplishment of our goals and objectives and are consistent with the Consolidated Plan of Madison County and the City of Alton.

In summary, we will continue to improve the management, conditions and affordability of housing in the city of Alton.

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.

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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:

X Admissions Policy for Deconcentration
X FY 2008 Capital Fund Program Annual Statement
☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

X PHA Management Organizational Chart
X FY 2008 Capital Fund Program 5 Year Action Plan
☐ Public Housing Drug Elimination Program (PHDEP) Plan
X Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
X Other (List below, providing each attachment name)

1. Deconcentration and Income Mixing
2. Resident Advisory Board
3. Community Wide Waiting List
4. Progress in Meeting 5 year Plan Goals
5. Criteria for Substantial Deviations Significant Amendments
6. Carbon Monoxide Alarm Detectors
7. Protection Against Denial Provided by VAWA

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
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	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.	
X	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
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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 Quality Housing and Work Responsibility Act Initial Guidance; Notice* 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 ☐ 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 ☐ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies ☐ 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 ☐ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures	Annual Plan: Grievance Procedures

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	☐ check here if included in Section 8 Administrative Plan	
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
	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
	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
	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	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program ☐ 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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	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	2001						
Income >30% but <=50% of AMI	1223						
Income >50% but <80% of AMI	1895						
Elderly							
Families with Disabilities							
Race/Ethnicity							
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:

X Other sources: (list and indicate year of information)
2000 US Census 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) ☐ Section 8 tenant-based assistance X Public Housing ☐ Combined Section 8 and Public Housing ☐ 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	386		
Extremely low income <=48% AMI	183		
Very low income (>30% but <=40% AMI)	153		
Low income (>50% but <80% AMI)	50		
Families with children	144		
Elderly families	13		
Families with Disabilities	0		
Race/Black	307		
Race/White	79		
Race/Hispanic	0		
Race/Other	0		
Characteristics by Bedroom Size (Public Housing Only)			
1BR	149		
2 BR	154		

Housing Needs of Families on the Waiting List			
3 BR	70		
4 BR	11		
5 BR	2		
5+ BR			

Is the waiting list closed (select one)? ☐ No ☒ Yes

If yes:

How long has it been closed (# of months)? 11 months

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☒ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☒ Yes

C. Strategy for Addressing Needs

Alton Housing Authority will collaborate with the second Housing Authority within Alton jurisdiction as well as Madison County Community Development and the City of Alton to provide access to housing needs services. We will continue to work with Madison County Urban League to address housing needs as well. These agencies have been and will continue to provide parallel access to services to our residents and those on our waiting list. By working together we as a group will provide better access services in our community to those targeted individuals.

(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

X Employ effective maintenance and management policies to minimize the number of public housing units off-line

X Reduce turnover time for vacated public housing units

X 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

X 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)

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
X Employ admissions preferences aimed at families with economic hardships
X Adopt rent policies to support and encourage work
☐ Other: (list below)

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

X Employ admissions preferences aimed at families who are working
X 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)

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
X Affirmatively market to local non-profit agencies that assist families with disabilities
☐ Other: (list below)

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:

X Funding constraints
X Staffing constraints
X Limited availability of sites for assisted housing
X Extent to which particular housing needs are met by other organizations in the community
X Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
X Influence of the housing market on PHA programs
X Community priorities regarding housing assistance
X Results of consultation with local or state government
X Results of consultation with residents and the Resident Advisory Board
X 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**
1. **Federal Grants (FY 2007 grants)**		
a) Public Housing Operating Fund	772,053	
b) Public Housing Capital Fund	668,043	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	390,000	
4. Other income (list below)		
4. Non-federal sources (list below)		
Total resources	1,830,096	

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)

X When families are within a certain time of being offered a unit: (1 MONTH)

☐ Other: (describe)

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

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

c. X 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. X 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)

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

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

X 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?

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)

(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
X Two
☐ Three or More

b. X 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 X 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)

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

c. Preferences

1. X 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:

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

Other preferences: (select below)

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

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.

2 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)

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

4. Relationship of preferences to income targeting requirements:
☐ The PHA applies preferences within income tiers
X 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)
X The PHA-resident lease
X The PHA's Admissions and (Continued) Occupancy policy
X PHA briefing seminars or written materials
X Other source: Resident Handbook

b. How often must residents notify the PHA of changes in family composition? (select all that apply)
X At an annual reexamination and lease renewal
X Any time family composition changes
X At family request for revision
☐ Other (list)

(6) Deconcentration and Income Mixing

a. X 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)

d. ☐ Yes X 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)

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)

X 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)

X 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)

(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:

(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

☐ 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)

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)

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---

X 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
X $26-$50

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

3. If yes to question 2, list these policies below**:**
Admission and Continued Occupancy Policy

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

1. ☐ Yes X 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)

X 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)

X 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)

X 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)
Any time the family experiences an income decrease

g. ☐ Yes X 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
X 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 below100% 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)

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)

(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)

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)

X 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	320	25
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

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)

a. Admissions and Continued Occupancy Policy
b. Alcohol & Drug Testing Policy
c. Allowance for Doubtful Accounts
d. Blood Borne Disease Policy
e. Capitalization Policy
f. Check Signing Authorization Policy
g. Community Space Policy
h. Criminal, Drug Treatment & Registered Sex Offender Classification Records Management
i. Deconcentration Policy
j. Disposition Policy
k. Drug-Free Workplace Policy
l. Equal Housing Opportunity Policy
m. Fund Transfer Policy
n. Hazardous Material Policy
o. Investment Policy
p. Maintenance Policy
q. Natural Disaster Response Guidelines
r. Personnel Policy
s. Pet Policy
t. Petty Cash Policy
u. Procurement Policy
v. Public Housing Grievance Policy
w. Telephone and Internet Policy
x. Travel Policy

(2) Section 8 Management: (list below)

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 X 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)

X 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:

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

-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. X 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:

X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name

-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 X 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 X 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:

☐ Yes X 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:

☐ Yes X 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. X 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 X 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: Joesting Terrace 1b. Development (project) number: IL055-04
2. Activity type: Demolition X Disposition ☐
3. Application status (select one) Approved ☒

Submitted, pending approval Planned application
4. Date application planned for submission: (09/18/06)
5. Number of units affected: 70 6. Coverage of action (select one) Part of the development X Total development
7. Timeline for activity: a. Actual or projected start date of activity: 03/01/07 b. Projected end date of activity: 06/01/2008

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 X 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: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly ☐

Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application ☐
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) ☐ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) ☐ Part of the development ☐ 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 X 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.)

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? ☐ Assessment underway

☐ Assessment results submitted to HUD ☐ Assessment results approved by HUD (if marked, proceed to next question) ☐ Other (explain below)
3. ☐ Yes ☐ 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 X 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: ☐ HOPE I ☐ 5(h) ☐ Turnkey III ☐ Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) ☐ Approved; included in the PHA's Homeownership Plan/Program ☐ Submitted, pending approval ☐ 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) ☐ Part of the development ☐ 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

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:

X Yes ☐ No: Has the PHA has 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? 04/01/02

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

X Client referrals
X Information sharing regarding mutual clients (for rent determinations and otherwise)
X Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
X Jointly administer programs
☐ Partner to administer a HUD Welfare-to-Work voucher program
☐ Joint administration of other demonstration program
X Other (describe) Madison County Urban League, Alton Township

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)

X Public housing rent determination policies
X Public housing admissions policies
☐ Section 8 admissions policies
☐ Preference in admission to section 8 for certain public housing families
X 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

X 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)
City of Alton Homeownership	*3*	*Random*	*City Hall*	*Public Housing*
G.L.A.D	*4*		*100 Black Men of Alton*	*Public Housing*
Foster Grandparents	*3*		*Alton School District*	*Public Housing*
Section 8	*14*	*Waiting List*	*Madison County Housing*	*Public Housing*
TANF	*47*	*Random*	*Illinois Dept. Human Services*	*Public Housing*

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

b. ☐ Yes X 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)

X Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies

X Informing residents of new policy on admission and reexamination
X Actively notifying residents of new policy at times in addition to admission and reexamination.
X Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
X 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

1. COMMUNITY SERVICE REQUIREMENT

To be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement.

2. EXEMPTIONS

The determination of exempt and nonexempt family members will be made after the necessary verification requirements are made beginning sixty days prior to reexamination. Within sixty days of a residents reexamination an AHA community Service Exempt Form will be provided to the family. It will allow each member of a family to declare their exemption from Community Service. Each person requiring exemption will require a third-party release of information form for verification by AHA prior to the reexamination date. Failure to comply with either filling out the Community Service Exempt Form and required third-party release of information forms will result in termination of the residents lease.

The AHA staff will determine the status of each family member prior to the reexamination date. The method used will be the same as used for third-party verification when each resident is initially housed.

Adult family members who meet any of the following criteria are exempt from this requirement.

A. Is 62 years or older

B. Is blind or disabled, as defined under the Social Security Act and who certifies that because of this disability she/he is unable to comply with the service provisions (not an automatic extension);

C. Is the primary caregiver for of a family member who is blind or disabled;

D. Is engaged in work activities (minimum 8 hours per month);

E. Is exempt from work activity under Part A Title IV of the Social Security Act or under any other State Welfare program, including the welfare-to-work program;

F. Is a family member receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and is in compliance with that program

3. NOTIFICATION OF THE REQUIREMENT

Alton Housing Authority (AHA) shall identify all adult family members who are apparently not exempt from the community service requirement.

AHA shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. AHA shall verify such claims.

The notification will advise families when their community service obligation will begin. It will also advise that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

4. COMMUNITY SERVICE MONITORING

The AHA will maintain in each resident file for all adult members the exempt and nonexempt status of each adult member.

The Intake Secretary will maintain the AHA Family Community Service Log for each adult family member. The Community Service activities will be monitored by AHA staff for compliance of appropriate work and hours contributed each month. The monitoring of Community Service activity and hours contributed will be computed on the AHA Family Community Service Monthly Time Sheet and maintained by the Occupancy Specialist.

5. VOLUNTEER OPPORTUNITIES

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

AHA will coordinate with social service agencies, local schools, and any other agencies in identifying a list of volunteer community service positions and providing opportunities for community service.

6. IMPLEMENTATION OF PROGRAM

At the first annual reexamination on or after October 1, 2003, and each annual reexamination thereafter, AHA will do the following:

A. Provide a list of volunteer opportunities to the family members.

B. Provide information about obtaining suitable volunteer positions.

C. Provide a volunteer time sheet. Instructions for the time sheet require a supervisor date and sign for each period of work.

D. Thirty (30) days before the family's next lease anniversary date, AHA will verify family compliance for each applicable adult family member.

E. Receive signed certifications from the family on behalf of any third parties if qualifying activities are administered by an organization other than AHA.

F. Provide opportunity to change status with respect to the community service requirement. Such changes include, but are not limited to:

1. Going from unemployment to employment;

2. Entering a job training program;

3. Entering an educational program, which exceeds eight (8) hours monthly.

G. Retain documentation in the resident's file

7. NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT

AHA will notify any family found to be in noncompliance of the following:

A. The family member(s) which has been determined to be in noncompliance;

B. That the determination is subject to the grievance procedure; and

C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

8. OPPORTUNITY FOR CURE

AHA will offer the family member(s) the opportunity to enter into a written agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, AHA shall take action to terminate the lease.

9. COMMUNITY SERVICE REQUIREMENT

There have been no significant policy changes to the AHA previous Community Service and self sufficiency requirements.

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)

X High incidence of violent and/or drug-related crime in some or all of the PHA's developments
X High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
X Residents fearful for their safety and/or the safety of their children
X Observed lower-level crime, vandalism and/or graffiti
X 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
X Other (describe below)
A degree of loitering by non-residents in developments. Vehicles cruising through the developments, gambling dice games, criminal trespass.

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).

X Safety and security survey of residents
X 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
X Resident reports
X PHA employee reports
X Police reports
☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
X Other (describe below)
Reports of incidents in local newspaper.

3. Which developments are most affected? (list below)
Joesting Terrace, Oakwood Estates and Alton Acres

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)

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

2. Which developments are most affected? (list below)
Oakwood Estates, Joesting Terrace and Alton Acres

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)

X Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
X 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)
X Police regularly testify in and otherwise support eviction cases
X Police regularly meet with the PHA management and residents
X 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)
Joesting Terrace, Oakwood Estates and Alton Acres

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)]

PET POLICY

Exclusions

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

Pets in Senior Buildings

The Alton Housing Authority will allow for pet ownership in projects or buildings designated for use by elderly and/or disabled families and in any project or building for which elderly and/or disabled families are given preference.

Approvals

Residents must have the prior approval of the Housing Authority before moving a pet into their unit. Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Housing Authority will approve the request.

Types and Number of Pets

- The Alton Housing Authority will allow only domesticated dogs, cats, birds, and fish in aquariums in units. All dogs and cats must be neutered/spayed and evidence from a Veterinarian and/or staff of Humane Society.
- Only one (1) pet per unit allowed.
- Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs, will not be allowed (*e.g. Rottweiler, Doberman Pinscher, Pit Bull, and or any animal that displays vicious behavior).*
- No animal may exceed twenty-five (25) pounds in weight.

Pet Deposit

A pet fee and deposit is required at the time of registering a pet. The deposit is refundable when the pet or the family vacate the unit, less any amounts owed due to damage beyond normal wear and tear. The fee shall not be reimbursed.

TYPE OF PET	FEE	DEPOSIT
Dog	**100.00**	**200.00**
Cat	**100.00**	**200.00**
Caged Pet	**100.00**	**200.00**
Fish Aquarium (10 gal. Or more)	**100.00**	**200.00**

Inoculations

In order to be registered, pets must be appropriately inoculated against rabies, distemperment and other conditions prescribed by local ordinances. Inoculations and boosters, as applicable, must be evidence by providing a statement of proof from veterinarian or staff of Humane Society.

Financial Obligation of Residents

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and the Alton Housing Authority reserves the right to exterminate and charge the resident.

Nuisance or Threat to Health or Safety

- The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.
- The resident must provide leak-proof litter boxes for cat waste and kept inside their dwelling unit. Card Board boxes are not acceptable.
- Repeated substantiated complaints by neighbors or Alton Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance will result in the owner having to remove the pet or move him/herself.

Designation of Pet areas

Pets must be kept in the owner's apartment or on a leash at all times when outside (no outdoor cages may be constructed). No pets are to be left outside overnight at any time. Pets will be allowed only in designated areas on the grounds of the projects and must be under the control of a responsible household member at all times. Pet owners must clean up after their pets and are responsible for disposing of pet waste. If the staff is required to clean any waste left by a pet, the resident will be charge $25.00 (*first 2 times*) and $50.00 there after for the removal of waste.

Visiting Pets

Pets that meet the size and type criteria outlined above may visit the projects/buildings where pets are allowed for up to **seven days** with written Alton Housing Authority approval and paying a visiting pet deposit of $25.00. The deposit is refundable when the pet Tenants who have visiting pets must abide by the conditions of this policy regarding health, sanitation, nuisances, and peaceful enjoyment of others. If visiting pets violate this policy or cause the tenant to violate the lease, the tenant will be required to remove the visiting pet.

Removal of Pets

The Alton Housing Authority or an appropriate community authority, shall require the removal of any pet from a project, if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located. There will be a $75.00 charge to the resident if the Housing Authority or appropriate community authority is required to remove the pet.

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. X 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. X Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. X Yes ☐ No: Were there any findings as the result of that audit?
4. X Yes ☐ No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain?___1_
5. X 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. X 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
X Development-based accounting
☐ Comprehensive stock assessment
X Other: (list below)
Continuation of asset management by Alton Housing Authority staff. An ongoing review of all assets and policies that apply to them. The reviews are reported to the Board of Commissioners.

3. ☐ Yes X 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. X 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 (File name)

X Provided below:

Residents comment included a discussion for better lighting in all developments, Alton Acres needs closet doors and bathroom vents, need tree limbs cut at 800 block of Oakwood and some tree limbs are broken in trees and hanging down.

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

X 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 X 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 X 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.)

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)

X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
X Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
Demolition of one development and modernization of the remaining three.

☐ 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

Deconcentration and Income Mixing

a. ☐ Yes X No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	**Number of Units**	**Explanation (if any) [see step 4 at §903.2(c)(1)((iv)]**	**Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]**

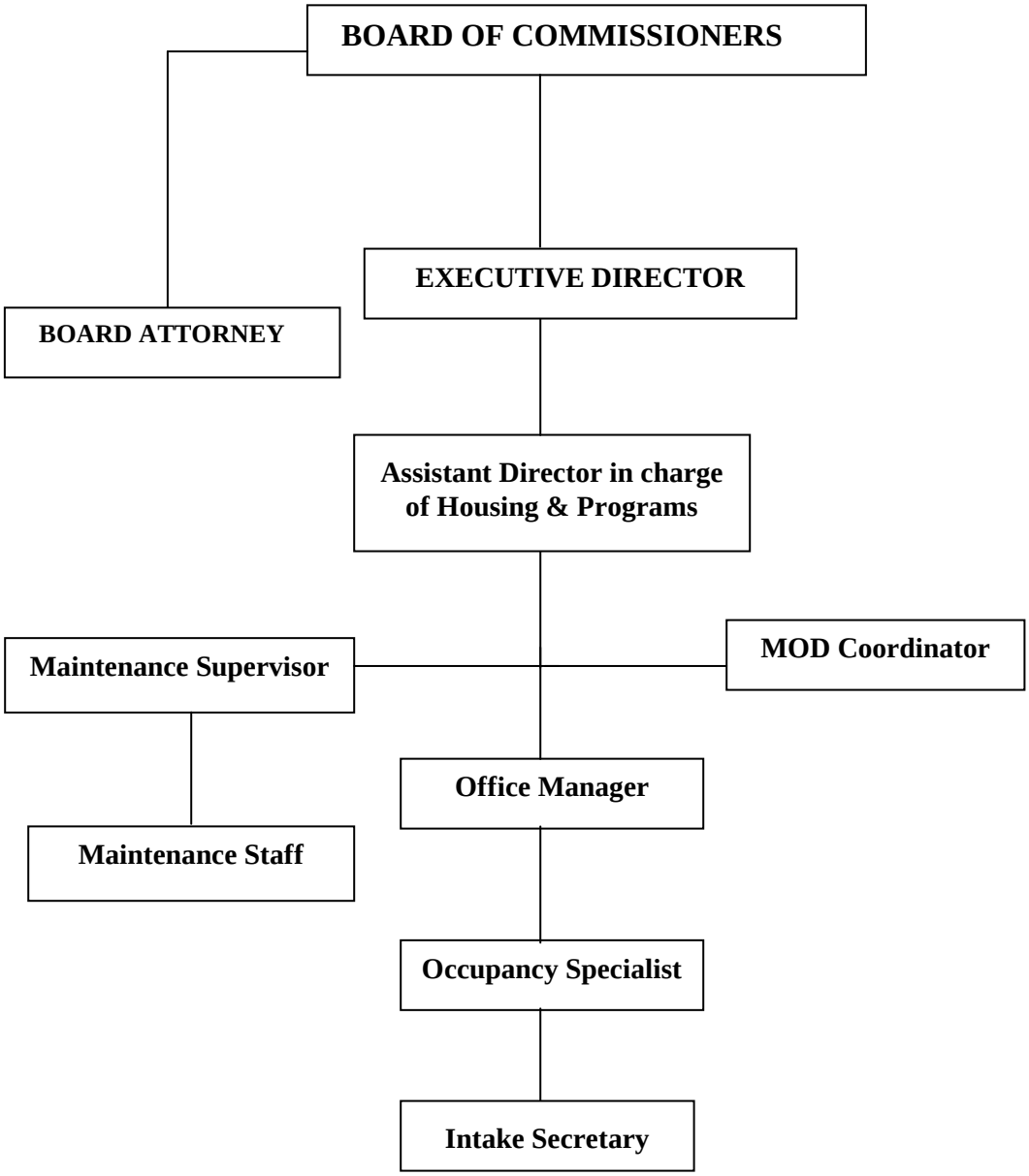
Resident Advisory Board

Resident Commissioner **Bernice Caldwell**	Alton Manor	253 B Elm Alton, IL 62002
Quanita Miller	Oakwood	819 Oakwood, Alton, IL 62002
Laura Caffey	Alton Acres	3147 Lawn, Alton, IL 62002
Jessie Ruff	Alton Manor	243 Janet, Alton, IL 62002
Jason Edwards	Alton Acres	3184 Paul, Alton, IL 62002
Lashonda Snipes	Alton Acres	3108 Paul, Alton, IL 62002
Joseph McClain	Oakwood	841 Oakwood, Alton, IL 62002
Charles Ross	Oakwood	733 Oakwood, Alton, IL 62002
Charles Clemons	Alton Acres	3155 Lawn, Alton, IL 62002
Darla Walker	Oakwood	825 Oakwood, Alton, IL 62002
Brittany Denton	Oakwood	727 Oakwood, Alton, IL 62002

Community – Based Waiting List

The AHA maintains a community wide - waiting list.

ALTON HOUSING AUTHORITY
ORGANIZATION CHART



form **HUD 50075** (03/2003)

PROGRESS IN MEETING 5-YEAR PLAN GOALS

Increase the Availability of Decent, Safe and Affordable Housing

The Alton Housing Authority AHA has continued to reduce public housing vacancies in order to provide as many units as possible for the residents of Alton. We anticipate a vacancy rate of less than 3%. We have placed a high priority for maintaining it in the future.

We feel that reaching our goal to become a High Performer will be attained within the next four years. As the AHA prepares for Asset Management, we will utilize the Capital Fund Program with short long range planning to assist in renovation and modernization of properties. We will continue to concentrate on roof replacements at two properties and completing air conditioning at one. We plan to focus on interior work to include doors and painting.

The Demolition Application for one of our properties has been approved and we will continue to transfer residents from that property as vacancies exist at other properties.

Improve Community Quality of Life and Economic Vitality

AHA continues to have a contract with the Alton Police Department to provide above base line services during the targeted months to reduce crime at our properties by utilizing patrolling and Walk and Talk methods. We meet weekly with the Captain in charge of the program to review all contacts made during the patrols. Security cameras are operating at our multifamily property sites. The project was funded by the Capital Fund Program. AHA continues to promote deconcentration of our properties by mixing higher and lower income households. We have one property designated for the elderly as well as attempt to set aside one-bedroom units in our other properties for the elderly. We have on going programs with Alton School District # 11, 100 Black Men of Alton, Alton Boy Scouts of America, NAACP, Madison County Urban League, Senior Services Plus and Alton Park and Recreation.

Promote Self-Sufficiency and Asset Development of Families and Individuals

AHA continues to work with the City of Alton Homeownership, Madison County Urban League, Madison County Community Development, and Local Employers to promote homeownership and assisting persons to become employable. We also attract the supportive services of Senior Services Plus and Impact to increase independence of the elderly and the disabled. We continue to utilize a working preference when evaluating potential residence.

Ensure Equal Opportunity in Housing for All Americans

Our Lease and ACOP were developed by AHA will help to insure that all aspects of HUD regulations, policies as well as state and federal laws are adhered too in order to further fair housing. As of yet, no complaints of unfair housing procedures have been lodged against AHA. We have revised the Lease and ACOP to update them to fit the changing needs of AHA and HUD requirements. A mandated change to addresses prohibition against denial of assistance to victims of domestic violence, dating violence and stalking.

Other PHA Goals and Objectives

We continue to work with various community service providers to foster the anti-drug and crime prevention message to the youth of AHA, some of these agencies are listed above.

Criteria for Substantial Deviations Significant Amendments

The AHA has established these basic criteria as a Substantial Deviation and Significant Amendment or Modification:

1. Changes to admissions policies or organization of the waiting list

2. Additions of non-emergency work items (items not included in use of replacement reserve funds under the Capital Fund)

3. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

Carbon Monoxide Alarm Detector Act

Carbon monoxide alarm detectors were installed within fifteen feet of every room used for sleeping purposes at AHA by December 22, 2006. Their routine testing and maintenance have become apart of the AHA existing plan for testing and maintenance that is in place for all smoke detectors in units. Current residents and future ones will be provided with written instructions on the testing and maintenance of the detectors.

Protection Against Denial Provided by VAWA

The ACOP and Lease were revised to make appropriate changes in order to comply with the requirements of the Violence Against Women and Department of Justice Reauthorization Act of 2005. As part of the process AHA will confer with Nan Mckay & Associates, legal counsel and with local victim advocacy groups and providers.

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

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 CFP IL06P055-501-08 FFY of Grant Approval: (04/2008)

X Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	60,000
3	1408 Management Improvements	117,000
4	1410 Administration	50,000
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	60,000
8	1440 Site Acquisition	
9	1450 Site Improvement	20,000
10	1460 Dwelling Structures	361,043
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	0
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	0
18	1498 Mod Used for Development	
19	1502 Contingency	
20	**Amount of Annual Grant (Sum of lines 2-19)**	668,043
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	

form **HUD 50075** (03/2003)

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
IL 55-01 Alton Acres	Attic Ventilation System	1460	55,000
	Outdoor Field	1450	20,000
	Interior doors 3,4 and 5 bedrooms	1460	55,000
	Outside storage units	1460	95,229
	Subtotal		225,229
IL 55-02 Alton Manor	Convert 8 efficiency units to one bedroom units	1460	100,000
	Subtotal		100,000
IL 55-03 Oakwood	Replace the plumbing	1460	55,814
	Subtotal		55,814
IL 55-04 Joesting	Subtotal		0
PHA	Operations	1406	60,000
	(Management improvement training)	1408	
	Maintenance Man	1408	60,000
	Police	1408	30,000
	Training	1408	27,000
	Administration	1410	50,000
	Fees and cost	1430	60,000
	Subtotal		287,000
	Grand Total		668,043

form **HUD 50075** (03/2003)

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)
IL55-01 Alton Acres	09/30/2010	09/30/2012
IL55-02 Alton Manor	09/30/2010	09/30/2012
IL55-03 Oakwood Estates	09/30/2010	09/30/2012
IL55-04 Joesting Terrace	09/30/2010	09/30/2012
PHA Wide	09/30/2010	09/30/2012

form **HUD 50075** (03/2003)

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**
IL 55-01	**Alton Acres**	**2**	**2**

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Outdoor Field	**10,000**	**2009**
Replace window panel systems	**68,000**	**2009**
Paint interiors of apartments	**53,000**	**2009**
Remove the old shut off valves in the utility rooms	**10,000**	**2010**
Replace Refrigerators	**40,000**	**2010**
Upgrade electrical wiring	**15,000**	**2011**
Replace the porch light fixtures	**30,000**	**2011**
Replace Windows	**166,114**	**2011**
Replace the playground and site improvements	**60,000**	**2012**
Bathroom upgrades	**250,000**	**2012**
Total estimated cost over next 5 years	**702,114**	

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**
IL 55-02	**Alton Manor**	**4**	**8%**

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Bathroom upgrades	**88,043**	**2009**
Stoves	**40,000**	**2009**
Refrigerators	**40,000**	**2009**
Replace entry door locks	**25,000**	**2010**
Replace the kitchen and faucets	**20,000**	**2010**
Replace the range hoods	**22,000**	**2010**
Replace the outside hose faucets	**12,000**	**2011**
Site improvements	**5,000**	**2012**
Total estimated cost over next 5 years	**252,043**	

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**
IL 55-03	**Oakwood Estates**	**2**	**2%**

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Site improvements	**22,000**	**2009**
Replace the porch light fixtures	**30,000**	**2011**
Upgrade electrical wiring	**23,000**	**2011**
Replace the mail boxes	**10,000**	**2011**
Replace the windows	**99,929**	**2011**
Replace floor drains	**68,043**	**2012**
Total estimated cost over next 5 years	**252,972**	

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**
IL 55-04	**Joesting Terrace**	**51**	**73%**

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Total estimated cost over next 5 years	**0**	

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**
PHA Wide	**PHA Wide**	**59 units**	**19%**

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Operations **Management improvement training** **Administration** **Fees and Cost** **Replace all lighting at the Main office** **Replace the garage doors and openers at the Main Office** **Operations** **Management improvement training** **Administration** **Fees and Cost** **Main Office Addition** **Operations** **Management improvement training** **Administration** **Fees and Costs** **Operations** **Management improvement training** **Administration** **Fees and costs**		
Total estimated cost over next 5 years	**1,465,043**	

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 1: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Alton	Capital Fund Program Grant No: IL06P055-501-04 Replacement Housing Factor Grant No:	2004

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement**
☒ **Performance and Evaluation Report for Period Ending: 09/30/07** ☐ **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	70,000	70,000	70,000	70,000
3	1408 Management Improvements Soft Costs	70,000	71,870	71,870	71,166
	Management Improvements Hard Costs				
4	1410 Administration	35,066	33,900	33,900	17,997
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	52,437	51,733	51,733	51,733
8	1440 Site Acquisition				
9	1450 Site Improvement	9,060	9,060	9,060	9,060
10	1460 Dwelling Structures	354,024	354,024	354,024	354,024
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	5,330	5,330	5,330	5,330
13	1475 Nondwelling Equipment	131,500	131,500	131,500	128,911
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Alton	Capital Fund Program Grant No: IL06P055-501-04 Replacement Housing Factor Grant No:	2004

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement**
☒ **Performance and Evaluation Report for Period Ending: 09/30/07** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	727,417	727,417	727,417	708,221
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Housing Authority of the City of Alton			**Grant Type and Number** Capital Fund Program Grant No: IL06P055-501-04 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	
IL 55-01 Alton Acres	Playground Updates		1450	1	9,060	9,060	9,060	9,060	
	Weather Strip Exterior Doors		1460	200	7,600	7,600	7,600	7,600	
	Security Storm Doors		1460	200	70,000	70,000	70,000	70,000	
	Replace window panel system		1460	5 buildings	6,400	6,400	6,400	6,400	
	Security Cameras		1475	4	39,798	39,798	39,798	39,798	
	Subtotal				132,858	132,858	132,858	132,858	
IL 55-02 Alton Manor	Remove asbestos floor tile, install new		1460	10	34,100	34,100	34,100	34,100	
	Upgrade electrical system		1460	50	6,175	6,175	6,175	6,175	
	Subtotal				40,275	40,275	40,275	40,275	

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

PHA Name: Housing Authority of the City of Alton	**Grant Type and Number** Capital Fund Program Grant No: IL06P055-501-04 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	
IL 55-03 Oakwood	Weather strip exterior doors		1460	200	7,600	7,600	7,600	7,600	
	Drywall repair/paint		1460	100 units	13,200	13,200	13,200	13,200	
	Replace shingle roofs, gutters, fascia, Lawn spouts & soffits		1460	15 buildings	208,949	208,949	208,949	208,949	
	Security cameras		1475	4	33,165	33,165	33,165	33,165	
	Subtotal				262,914	262,914	262,914	262,914	
IL 55-04 Joesting	Foundation repairs		1460	10 buildings					
	Roof replacement community Building		1470	1	5,330	5,330	5,330	5,330	
	Security Cameras		1475	4	26,537	26,537	26,537	26,537	
	Subtotal				31,867	31,867	31,867	31,867	
PHA									
	Operations		1406		70,000	70,000	70,000	70,000	
	Management improvements		1408		70,000	71,870	71,870	71,166	
	Administration		1410		35,066	33,900	33,900	17,997	
	Fees and cost		1430		52,437	51,733	51,733	51,733	
	Office improvements/automation		1475		31,000	31,000	31,000	28,411	
	Leaf blowers (3)		1475	3	1,000	1,000	1,000	1,000	
	Subtotal				259,503	259,503	259,503	240,307	
	Grand Total				727,417		727,417	708,221	

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

PHA Name: Housing Authority of the City of Alton	**Grant Type and Number** Capital Fund Program No: IL06P055-501-04 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	
IL 55-01 Alton Acres	6/30/06			9/13/08			
IL 55-02 Alton Manor	6/30/06			9/13/08			
IL 55-03 Oakwood	6/30/06			9/13/08			
IL 55-04 Joesting	6/30/06			9/13/08			
PHA Wide	6/30/06			9/13/08			

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 1: Summary

PHA Name: Housing Authority City of Alton	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R055-501-04	Federal FY of Grant: 2004

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 9/30/07 ☐ 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 Soft Costs				
	Management Improvements Hard Costs				
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	11,772			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: **Housing Authority City of Alton**	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R055-501-04	Federal FY of Grant: **2004**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
X Performance and Evaluation Report for Period Ending: 9/30/07 ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	11,772			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: **Housing Authority City of Alton**	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R055-501-04	**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
PHA Wide	Single Family Homes		1490	25	11,772				

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

PHA Name: **Housing Authority City of Alton**	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No: IL06R055-501-04	**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	
PHA Wide	10/29/09			10/30/11			

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 1: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Alton	Capital Fund Program Grant No: IL06P055-501-05 Replacement Housing Factor Grant No:	2005

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 9/30/07** ☐ **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	100,000	100,000	100,000	100,000
3	1408 Management Improvements Soft Costs	50,000	94,209	94,209	54,219
	Management Improvements Hard Costs				
4	1410 Administration	55,000	60,000	60,000	60,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	55,000	47,606	47,606	46,406
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000	151	151	151
10	1460 Dwelling Structures	388,319	342,414	342,414	307,238
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	20,000	42,608	42,608	2,828
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	17,417	3,748	3,748	1,189
18	1498 Mod used for Development				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Alton	Capital Fund Program Grant No: IL06P055-501-05 Replacement Housing Factor Grant No:	2005

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 9/30/07** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines…..)	690,736	690,736	690,736	572,031
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Housing Authority of the City of Alton			**Grant Type and Number** Capital Fund Program Grant No: IL06P055-501-05 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Funds Obligated	Funds Expended	
IL 55-01 Alton Acres	Replace built-up roof		1460	15	90,000	98,901	98,901	83,501	
	Subtotal				90,000	98,901	98,901	83,501	
IL 55-02 Alton Manor	Unit conversion 4 , 0 bdr to 2 , 1bdr		1460	4	115,000	117,419	117,419	102,019	
	Subtotal				115,000	117,419	117,419	102,019	
IL 55-03 Oakwood	Replace shingle roofs, gutters, fasica		1460	14	43,319	34,490	34,490	34,490	
	soffits & lawn spouts								
	Central air condition		1460	26	145,000	91,604	91,604	87,228	
	Locks for AC units		1450	52		151	151	151	
	Subtotal				188,319	126,245	126,245	121,869	
IL 55-04 Joesting	Demolition		1485	6	20,000	42,608	42,608	2,828	
	Relocation Costs		1495.1		17,417	3,748	3,748	1,189	
	Subtotal				37,417	46,356	46,356	4,017	

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

PHA Name: Housing Authority of the City of Alton			**Grant Type and Number** Capital Fund Program Grant No: IL06P055-501-05 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
PHA Wide	Operations		1406		100,000	100,000	100,000	100,000	
	Management improvements		1408		50,000	94,209	94,209	54,219	
	Administration		1410		55,000	60,000	60,000	60,000	
	Fees and cost		1430		55,000	47,606	47,606	46,406	
	Subtotal				260,000	301,815	301,815	260,625	
	Grand Total				690,736	690,736	690,736	572,031	

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

PHA Name: Housing Authority of the City of Alton	**Grant Type and Number** Capital Fund Program No: IL06P055-501-05 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	
IL 55-01 Alton Acres	08/18/2007			08/18/2009			
IL 55-02 Alton Manor	08/18/2007			08/18/2009			
IL 55-03 Oakwood	08/18/2007			08/18/2009			
IL 55-4 Joesting	08/18/2007			08/18/2009			
PHA Wide	08/18/2007			08/18/2009			

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 1: Summary

PHA Name: Housing Authority City of Alton	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R055-501-05	Federal FY of Grant: 2005

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending:9/30/07 ☐ 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 Soft Costs				
	Management Improvements Hard Costs				
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	10,523			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Housing Authority City of Alton	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R055-501-05	Federal FY of Grant: 2005

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending:9/30/07 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	10,523			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: Il06R055501-05	**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
PHA Wide	Single Family Homes		1490	25	10,523				

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

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No: Il06R055501-05	**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	9/30/10			9/30/12			

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 1: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Alton	Capital Fund Program Grant No: IL06P055-501-06 Replacement Housing Factor Grant No:	2006

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 9/30/07** ☐ **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	60,000	60,000	60,000	60,000
3	1408 Management Improvements Soft Costs	30,000	30,000	25,305	
	Management Improvements Hard Costs				
4	1410 Administration	35,000	40,000	35,000	30,741
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	62,000	42,854	42,854	5,104
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	333,814	333,814	4,900	4,900
11	1465.1 Dwelling Equipment—Nonexpendable	80,000	80,000	33,820	33,820
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	20,000	49,646		
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	17,000	1,500		
18	1498 Mod used for Development				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Alton	Capital Fund Program Grant No: IL06P055-501-06 Replacement Housing Factor Grant No:	2006

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 9/30/07** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines…..)	637,814	637,814	201,879	134,565
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Housing Authority of the City of Alton			**Grant Type and Number** Capital Fund Program Grant No: IL06P055-501-06 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	
IL 55-01 Alton Acres	Interior doors		1460	1 & 2 Bd	55,000	55,000			
	Attic Ventilation		1460	10	52,736	52,736			
	Outdoor Field		1460	1	40,000	40,000	4,900	4,900	
	Subtotal				147,736	147,736	4,900	4,900	
IL 55-02 Alton Manor	Replace Interior doors		1460	50 Units	30,000	30,000			
	Subtotal				30,000	30,000			
IL 55-03 Oakwood	Security Storm doors		1460	200	56,078	56,078			
	Exterior Doors		1460	200	100,000	100,000			
	Furnaces		1465.1	18	40,000	40,000			
	Refrigerators		1465.1	100	40,000	40,000	33,820	33,820	
	Subtotal				236,078	236,078	33,820	33,820	
IL 55-04 Joesting	Demolition		1485		20,000	49,646			
	Relocation Costs		1495.1		17,000	1,500			
	Subtotal				37,000	51,146			

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

PHA Name: Housing Authority of the City of Alton			Grant Type and Number Capital Fund Program Grant No: IL06P055-501-06 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
PHA Wide	Operations		1406		60,000	60,000	60,000	60,000	
	Management improvements		1408		30,000	30,000	25,305		
	Administration		1410		35,000	40,000	35,000	30,741	
	Fees and cost		1430		62,000	42,854	42,854	5,104	
	Subtotal				187,000	172,854	163,159	95,845	
	Grand Total				637,814	637,814	201,879	134,565	

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

PHA Name: Housing Authority of the City of Alton	**Grant Type and Number** Capital Fund Program No: IL06P055-501-06 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	
IL 55-01 Alton Acres	08/18/2008			08/18/2010			
IL 55-02 Alton Manor	08/18/2008			08/18/2010			
IL 55-03 Oakwood	08/18/2008			08/18/2010			
IL 55-4 Joesting	08/18/2008			08/18/2010			
PHA Wide	08/18/2008			08/18/2010			

CAPITAL FUND PROGRAM TABLES START HERE

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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Housing Authority City of Alton	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R055-501-06	Federal FY of Grant: 2006

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 9/30/07** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	9,727			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: Il06R055501-06	**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
PHA Wide	Single Family Homes		1490	25	9,727				

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

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No: IL06R055501-06	**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	
PHA Wide	10/29/09			10/30/11			

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 1: Summary

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program Grant No: IL06P055-501-07 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2007

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 9/30/07** ☐ **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	60,000	60,000		
3	1408 Management Improvements Soft Costs	50,000	70,229		
	Management Improvements Hard Costs				
4	1410 Administration	35,000	45,000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	62,000	62,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	35,000	35,000		
10	1460 Dwelling Structures	358,814	358,814		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	20,000	20,000		
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	17,000	17,000		
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program Grant No: IL06P055-501-07 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2007

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 9/30/07** ☐ **Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	637,814	668,043		
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program Grant No: IL06P055-501-07 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
IL55-01 Alton Acres	Attic Ventilation System/Roofs		1460	11 Buildings	130,945	130,945			
	Outdoor field		1450	1 Buildings	20,000	20,000			
	R &R Master water valves		1450	2 Buildings	10,000	10,000			
	Subtotal				160,945	160,945			
IL55-02 Alton Manor	Paint interiors		1460	50 Units	35,000	35,000			
	Paint outdoor iron work		1450	50 Units	5,000	5,000			
	R&R roofs		1460	11 Buildings	50,000	50,000			
	Subtotal				90,000	90,000			
IL55-03 Oakwood	Replace/repair exterior siding		1460	26 Buildings	50,000	50,000			
	and brick veneer								
	R&R interior doors		1460	100 Units	92,869	92,869			
	Subtotal				142,869	142,869			
IL55-04 Joesting	Demolition		1485		20,000	20,000			
	Relocation Costs		1495.1		17,000	17,000			
	Subtotal				37,000	37,000			

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

PHA Name: Housing Authority City of Alton		**Grant Type and Number** Capital Fund Program Grant No: IL06P055-501-07 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
PHA Wide	Operations		1406		60,000	60,000			
	Management Improvements		1408		50,000	70,229			
	Administration		1410		35,000	45,000			
	Fees and Costs		1430		62,000	62,000			
	Subtotal				207,000	237,229			
	Grand Total				637,814	668,043			

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

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program No: IL06P055-501-07 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	
IL55-01 Alton Acres	9/12/09			9/12/11			
IL55-02 Alton Manor	9/12/09			9/12/11			
IL55-03 Oakwood	9/12/09			9/12/11			
IL55-04 Joesting	9/12/09			9/12/11			
PHA-Wide	9/12/09			9/12/11			

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 1: Summary

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R055-501-07	**Federal FY of Grant:** 2007

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 9/30/07** ☐ **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 Soft Costs				
	Management Improvements Hard Costs				
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	10,153			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R055-501-07	**Federal FY of Grant:** 2007

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 9/30/07** ☐ **Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	10,153			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R055-501-07	**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
PHA Wide	Single Family Homes		1490	25	10,153				

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

PHA Name: Housing Authority City of Alton	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No: IL06R055-501-07	**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	10/29/09			10/30/11			