

**PHA Plans**  
**Streamlined Annual**  
**Version**

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

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

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

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

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**Streamlined Annual PHA Plan**  
**for Fiscal Year: 2008**

**PHA Name:**

**ERIE COUNTY HOUSING  
AUTHORITY**

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

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Erie County Housing Authority

**PHA Number:** PA087

**PHA Fiscal Year Beginning:** 01/2008

**PHA Programs Administered:**

**Public Housing and Section 8**     **Section 8 Only**     **Public Housing Only**  
Number of public housing units:                      Number of S8 units:                      Number of public housing units:  
Number of S8 units:

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

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

**PHA Plan Contact Information:**

Name: Virginia S. Grice, Executive Director

Phone: 814-665-5161

Toll free 800-246-2807

TDD: 814-665-5161

Email: eriech@erie.net

**Public Access to Information**

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

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

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

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

If yes, select all that apply:

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

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

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

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

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

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

**A. PHA PLAN COMPONENTS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **2. Capital Improvement Needs**

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Program Description:

a. Size of Program

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

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

b. PHA-established eligibility criteria

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

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

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

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

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

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

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

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

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

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

[24 CFR Part 903.15]

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

1. Consolidated Plan jurisdiction: COMMONWEALTH OF PENNSYLVANIA

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

- The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - Improve the quality of housing stock through rehabilitation
  - Preserve neighborhoods and communities
  - Improve rental housing opportunities
  - Assist families and individuals to become home buyers
  - Further Fair Housing and address community opposition
  - Build capacity of community-based organizations and local governments

Other: (list below)

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

The Commonwealth of Pennsylvania's Consolidated Plan provides for the allocation of a variety of state and federal funds which the Authority utilizes to benefit the local population with the First Time Homebuyers Program, the Rental Rehabilitation Program, CDBG Funds, Federal TANF, State Home Funds, State CDBG Funds, Rehabilitation Program for Owner Occupied Structures and the Handicap Access Program.

The Authority participates in the annual update process in order to ensure that the needs of its jurisdiction are properly accounted for year to year.

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

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

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

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

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

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Erie County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA28P08750104 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	39,313	65,000	65,000	65,000
3	1408 Management Improvements				
4	1410 Administration	3,000	3,000	3,000	3,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000	5,000	5,000	5,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	29,400	13,400	13,400	13,400
11	1465.1 Dwelling Equipment—Nonexpendable	55,775	40,000	40,000	40,000
12	1470 Nondwelling Structures	30,500	36,588	36,588	36,588
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	6,000	6,000	6,000	6,000
21	Amount of Annual Grant: (sum of lines 2 – 20)	168,988	168,988	168,988	168,988
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



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

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

PHA Name: Erie County Housing Authority	Grant Type and Number Capital Fund Program No: PA28P08750104 Replacement Housing Factor No:	Federal FY of Grant: 2004
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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	
SALSBURY/87-1	12/05	12/05		12/07	12/07		
COLLEGE VIEW/87-2	12/05	12/05		12/07	12/07		
SCHICK APT'S/87-3	12/05	12/05		12/07	12/07		
PHA WIDE		12/05			12/07		

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: ERIE COUNTY HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: PA28P087501-05 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	75,000		75,000	75,000
3	1408 Management Improvements				
4	1410 Administration	3,000		3,000	3,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000		5,000	5,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	38,700		38,700	24,412
11	1465.1 Dwelling Equipment—Nonexpendable	39,372		39,372	39,372
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	161,072		161,072	146,784
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: ERIE COUNTY HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: PA28P087501-05 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	
SALSBURY/87-1	REHAB BATHS	1460	65	18,500		18,500	12,212	
	ACCESSIBLE AUTO ENTRY DOORS	1465.1	1	5,500		5,500	5,500	
	UPDATED CALL SYSTEM	1465.1	1	10,000		10,000	10,000	
COLLEGE VIEW 87-2	ACCESSIBLE AUTO ENTRY DOORS	1465.1	1	5,500		5,500	5,500	
	CARB MON DETECTORS	1465.1	2	209		209	209	
	INSTALL AIR EXCHANGERS	1465.1	2	11,288		11,288	11,288	
	REHAB BATHS	1460	40	12,000		12,000	8,000	
	UPDATED CALL SYSTEM	1465.1	1	5,000		5,000	5,000	
SCHICK APT'S 87-3	CARB MON DETECTORS	1465.1	15	1,875		1,875	1,875	
	REHAB BATHS	1460	16	8,200		8,200	4,200	
PHA-WIDE	OPERATIONS	1406		75,000		75,000	75,000	
	ADMINISTRATION	1410		3,000		3,000	3,000	
	FEES & COSTS	1430		5,000		5,000	5,000	

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

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: ERIE COUNTY HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program No: PA28P087501-05 Replacement Housing Factor No:			<b>Federal FY of Grant: 2005</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA087-1	6-30-06			12-31-06	12-31-07		Not Complete
PA087-2	6-30-06			12-31-06	12-31-07		Not Complete
PA087-3	6-30-06			12-31-06	12-31-07		Not Complete
HA WIDE NEEDS	6-30-06			12-31-06			

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

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: ERIE COUNTY			Grant Type and Number Capital Fund Program Grant No: PA28P08750106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	72,000	72,000	56,000	56,000
3	1408 Management Improvements				
4	1410 Administration	3,000	3,000	3,000	3,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000	5,000	5,000	5,000
8	1440 Site Acquisition				
9	1450 Site Improvement	6,500	6,500	0	0
10	1460 Dwelling Structures	41,409	41,409	12,000	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	500		0	0
13	1475 Nondwelling Equipment	15,000	19,237	19,237	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	143,409	147,646	95,237	64,000
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: ERIE COUNTY			Grant Type and Number Capital Fund Program Grant No: PA28P08750106 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	
PA087-001	PAINT HALLS, STAIRS & APT'S	1460	1	22,500	22,500	0	0	
	REPLACE GARAGE H2O HEATER	1470	1	500	500	0	0	
	LAWN TRACTOR	1475	1	7,500	9,600	9,600	0	
PA087-001	PAINT HALLS & APT.'S	1460	1	18,909	18,909	0	0	
	LAWN TRACTOR	1475	1	7,500	9,637	9,637	0	
	HDCP ACCESS SIDEWALK	1450	1	6,500	6,500	0	0	
PHA-WIDE	OPERATIONS	1406		72,000	72,000	56,000	56,000	
	ADMINISTRATION	1410		3,000	3,000	3,000	3,000	
	FEES & COSTS	1430		5,000	5,000	5,000	3,000	

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

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: <b>ERIE COUNTY HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program No: PA28P08750106 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	
PA087-001	6-30-07			12-31-07			
PA087-002	6-30-07			12-31-07			
HA WIDE NEEDS	6-30-07			12-31-07			

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

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: ERIE COUNTY HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: PA28P08750107 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	65,000	72,000		
3	1408 Management Improvements				
4	1410 Administration	3,000	3,000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000	5,000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	89,988	65,846		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	6,000	0		
21	Amount of Annual Grant: (sum of lines 2 – 20)	168,988	145,846		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 comp				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: ERIE COUNTY HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: PA28P08750107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<i>Salsbury Bldg PA087P001</i>	Replace Closet Doors	1460		9,500	0			
<i>College View PA087P002</i>	Replace Closet Doors	1460		14,488	0			
<i>MJS PA087P003</i>	Replace Roof, Gutters & Downspouts (3 Sites)	1460		66,000	65,846			
<i>PHA WIDE NEEDS</i>	Operations			65,000	72,000			
	Administration			3,000	3,000			
	Fees and Costs			5,000	5,000			
	Contingency			6,000	0			

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

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Erie County Housing Authority			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:		Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	65,000			
3	1408 Management Improvements				
4	1410 Administration	3,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	13,000			
10	1460 Dwelling Structures	48,250			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	8,500			
13	1475 Nondwelling Equipment	20,238			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	6,000			
21	Amount of Annual Grant: (sum of lines 2 – 20)	168,988			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	2,500			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Erie County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<i>SALSBURY 87-1</i>	Replace Entry Drs and Frames	1460	65	8,100				
	Update Ext Ltg	1460		7,500				
	Refinish Pk Lot Poles	1450		2,500				
	Replace Panic Hardware	1460		7,200				
	Replace Garage Door	1470	1	4,000				
	Non-Dwelling Equip (Snow)	1475	1	9,000				
	Caulk HVAC Units	1460	66	5,450				
<i>COLLEGE VIEW 87-2</i>	Install Railings @ Entries	1460		2,500				
	Repair Curbs & Paving	1450		3,200				
	Update Ext. Lighting	1460		6,000				
	Non-Dwelling Equipment	1475	1	9,000				
<i>MARVIN J. SCHICK 87-3</i>	Install New Mail Box Unit	1460	1	4,500				
	Update apt. lighting	1460		7,000				
	Update Exterior Lighting	1450		5,300				
	Update Parking Lot Lighting	1450		2,000				
	Non-Dwelling Equipment	1475	1	2,238				
	New Storage Shed	1470		4,500				
<b>PHA WIDE</b>	Operations			65,000				
	Administration			3,000				
	Fees and Costs			5,000				
	Contingency			6,000				

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

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Erie County Housing Authority				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2  FFY Grant: PHA FY: 2009	Work Statement for Year 3  FFY Grant: PHA FY: 2010	Work Statement for Year 4  FFY Grant: PHA FY: 2011	Work Statement for Year 5  FFY Grant: PHA FY: 2012
	Annual Statement				
<i>SALSBURY 87-1</i>		77,650	39,717	77,072	30,000
<i>COLLEGE VIEW 87-2</i>		12,338	17,325	1,000	46,000
<i>MARVIN J. SCHICK 87-3</i>			21,030		2,072
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

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

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year : <u>2009</u> FFY Grant: PHA FY:			Activities for Year: <u>2010</u> FFY Grant: PHA FY:		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>	<i>SALSBURY 87-1</i>	Replace Carpets in Apts.	49,150	<i>SALSBURY 87-1</i>	Replace Refrigerators	21,547
<b>Annual</b>		Replace Hot H2O Tanks	25,000		Sidewalk & hdcp access work	4,450
<b>Statement</b>		Rebuild Fire Pump	3,500		Rehab HVAC units	7,000
	<i>COLLEGE VIEW 87-2</i>	Replace Bat Wall Heaters	1,000		Install 8 hdcp toilets	6,720
		Replace Damaged Sidewalk	6,000	<i>COLLEGE VIEW 87-2</i>	Install Railings @ front entry	3,500
		Repair/Replace Shed	5,338		Install railings @ north entry	2,500
					Reconstruct entrance for accessibility	4,500
					Sidewalk & raining work @ s.e. side of bldg	4,500
					Install 2 hdcp toilets in public RR	2,325
				<i>MARVIN J. SCHICK 87-3</i>	Replace all locksets & latchsets	4,500
					Replace Stair treads & risers	9,200
					Replace playground equip	5,330
					Replace Sidewalk	2,000
<b>Total CFP Estimated Cost</b>			<b>\$89,988</b>			<b>\$78,072</b>



***AMMENDMENTS TO THE RESIDENTIAL DWELLING LEASE AND  
ADMISSIONS AND OCCUPANCY POLICY  
FOR THE ERIE COUNTY HOUSING AUTHORITY***

COMMENT PERIOD: OCTOBER 1, 2007 THROUGH OCTOBER 31, 2007

PUBLIC HEARING: OCTOBER 12, 2007, 2:00 P.M., CORY CITY COUNSEL  
CHAMBERS

30 DAY NOTICE TO TENANTS: NOVEMBER 1, 2007 – NOVEMBER 30, 2007

EFFECTIVE DATE: JANUARY 1, 2008

**RESIDENTIAL DWELLING LEASE**

**SECTION VI. UTILITIES AND APPLIANCES**

A. The Authority will provide a cooking range and refrigerator. Major electrical appliances (air conditioners, freezers, extra refrigerators, washers, dryers, etc.) are not permitted unless provided by or accommodated for by the Housing Authority. Air conditioners or other large appliances are permitted only for accommodation of a disability and only in accordance with the Housing Authority's Reasonable Accommodation Policy. Air conditioners must be installed by the maintenance staff or by a professional familiar with installation procedures and will be checked by the maintenance staff. Any damage to Housing Authority property caused by the a.c. unit or other appliance will be charged to the tenant.

**RESIDENTIAL DWELLING LEASE**

**SECTION IX. RECERTIFICATIONS, PART E. INTERIM REEXAMINATIONS,**

**AND**

**ADMISSIONS AND CONTINUED OCCUPANCY POLICY SECTION V.**

**RECERTIFICATIONS, PART E. INTERIM REEXAMINATIONS**

The Housing Authority will complete an interim recertification for all of the following situations:

- The family begins receiving income after having reported zero income;
- The families increase in income qualifies them for the Earned Income Disallowance;
- The family has an increase of income of \$200 or more per month;
- An increase in income results from a change of employer or other source of income;
- An increase in income results from addition(s) to the household;
- An increase in income that occurred after the HA has granted an interim decrease in rent;
- The family has an increase in unearned income resulting from something other than an annual Cost of Living Increase;
- The family has a decrease in medical expenses of \$1000 or more annually.

***FLAT RENT POLICY***  
***ERIE COUNTY HOUSING AUTHORITY***

**DETERMINATION OF POLICY**

In an effort to allow prompt leasing of rental units, encourage self-sufficiency and to avoid creating disincentives for continued residency by families who are attempting to become self-sufficient, the Erie County Housing Authority has established Flat Rents for each of its rental units. The Housing Authority explored several alternatives for calculating the Flat Rents including the Fair Market Rents for Erie County, Metropolitan area and Flat Rents of Housing Authorities in nearby communities. The Housing Authority concluded that the Erie County FMR's were too high for our community, but found the Non-metropolitan FMR's for nearby Warren County are comparable to non-subsidized rents for the surrounding areas of our Public Housing projects.

**FLAT RENT POLICY**

The Flat Rents are calculated using the 2007 FMR's for the Warren County, non-metropolitan area and reflect consideration of amenities, maintenance provided and utility allowance for each project and unit size.

The current Flat Rents will become effective January 1, 2008, following a 30-day comment period to begin November 1, 2007 and a 30-day notice to all residents beginning December 1, 2007.

Each new admission and Recertification will be offered the option of paying the flat rent in lieu of any other rent paying options available at the time.

Once the flat rent option is selected, a tenant will have the option of switching back to the "percentage of income" system if their economic circumstances change significantly **through no fault of their own**. The option to switch from "percentage of income" to flat rent is also available. Tenant may change rent options (flat rent or percentage of income) only once during each 12-month Lease period unless tenant claims and can verify a hardship.

For those families selecting the flat rent option, recertifications (Lease renewal) will be conducted annually.

FLAT RENTS – ERIE COUNTY PUBLIC HOUSING

Gerald S. Salsbury Building

1 Bedroom - \$431  
2 Bedroom - \$516

College View Manor

1 Bedroom - \$406  
2 Bedroom - \$486

Marvin J. Schick Apartments

2 Bedroom – \$465  
3 Bedroom – \$607  
4 Bedroom – \$637

Addition to Public Housing Admissions and Occupancy Policy and Residential Dwelling Lease:

***PROTECTION OF VICTIMS OF DOMESTIC VIOLENCE***

Criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse. *If the perpetrator of the domestic violence is a member of the household, the Housing Authority may require their removal from the household as a condition of continued occupancy by the family.*

Tenants or family members of tenants who are victims of domestic violence, dating violence, or stalking will not be evicted or terminated from housing assistance based on acts of domestic violence against them unless the Housing Authority can demonstrate that their tenancy is an actual and imminent threat to other residents or employees. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence and will not be "good cause" for termination of the assistance, tenancy or occupancy rights of a victim of such violence.

The Housing Authority retains the authority to evict a tenant for violations of the lease not pertaining to an act or acts of violence against the tenant or a member of the tenant's household, provided the victim is not subject to a more demanding standard than other tenants.

In cases where a family breaks up, the Housing Authority may deny the right of a perpetrator of domestic violence access to the family's unit for distribution of property unless otherwise notified by court order.

*The Housing Authority may require tenants seeking protection under the above provisions to verify or certify their status as a victim of domestic violence, dating violence or stalking.*