

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 2009

**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: Madison County Housing Authority **PHA Number:** 015
PHA Fiscal Year Beginning: 01/01/2009

PHA Programs Administered:

X Public Housing and Section 8

Number of public housing units: 465, including 21 units Alton Pointe, 7 units Washington Avenue, 88 units at Lee Wright (approved for disposition), 78 units Garesche, 37 units Viola Jones, 100 units Northgate, 59 units Olin, 75 units at Brane

Number of S8 units: 997 authorized, includes 25 mod rehab vouchers

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

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

x Main business office of the PHA

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 PHA's mission is:
- * Provide excellent and positive professional management, services, and communications,
 - * Develop and maintain a mutual respect and partnership with residents,
 - * Encourage and maintain community concern and involvement,
 - * Hire, develop, and retain well-trained, efficient employees,
 - * Seek additional funding, both public and private, for affordable housing and resident programs, and
 - * Require innovation and accountability in the utilization of all Madison County Housing Authority resources.

B. Goals

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

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

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

- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)
- PHA Goal: Increase assisted housing choices
Objectives:
- Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards 110% of fmrs effective as soon after
October 1 as possible
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists: Washington Avenue
Apartments, Alton Pointe Apartments, Meachum Crossing Apartments, 21st Century
Homes, and possibly other developments
 - Convert public housing to vouchers:
 - Other: (list below)

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

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

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

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

Objectives:

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

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below)

Other PHA Goals and Objectives: (list below)

MCHA intends to work with various non-profits to develop affordable housing. MCHA intends to continue with staff education and training to ensure high quality management and maintenance.

Annual PHA Plan
PHA Fiscal Year 2009
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

Table of Contents

	<u>Page #</u>
Annual Plan	
i. Executive Summary	
ii. Table of Contents	4
1. Housing Needs	8
2. Financial Resources	21
3. Policies on Eligibility, Selection and Admissions	22
4. Rent Determination Policies	31
5. Operations and Management Policies	35
6. Grievance Procedures	38
7. Capital Improvement Needs	39
8. Demolition and Disposition	43
9. Designation of Housing	48
10. Conversions of Public Housing	49
11. Homeownership	50
12. Community Service Programs	52
13. Crime and Safety	54
14. Pets (Inactive for January 1 PHAs)	56
15. Civil Rights Certifications	62
16. Audit	62
17. Asset Management	63
18. Other Information	63

Attachments

Required Attachments:

- A. Admissions Policy for De-concentration
- G. FY 2009 Cap Fund Statement (P & Es for CFP and RHF)
- Most recent board-approved operating budget N/A
- B. List of Resident Advisory Board Members
- E. List of Resident Board Member
- D. Community Service Description of Implementation
- Information on Pet Policy (included in document, please see page 56)
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

Optional Attachments:

- C. Definition of Significant Amendment to Plan IL015c01
- G. Capital Fund Program P & E Statements, CFP 5 Year Plan IL015g01
- Public Housing Drug Elimination Program (PHDEP) Plan
- H. Section 8 Administrative Issues
- K. Comments on Plan from Resident Advisory Board & Public IL015k01
- L. Progress on 5 Year Goals IL015l01
- M. Project Based Voucher Policy IL015m01
- N. Pest Policy IL015n01
- O. Replacement Housing Funds FY 2009 Budget IL015o01
- Q. Carbon Monoxide Detector Policy IL015q01
- R. Violence Against Women Policy IL015r01 also see page 73 reference in PLAN
- S. Organizational Chart IL015s01

Supporting Documents Available for Review

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
<input checked="" type="checkbox"/>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<input checked="" type="checkbox"/>	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
<input checked="" type="checkbox"/>	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
<input checked="" type="checkbox"/>	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	At Madison County Community Development	
<input checked="" type="checkbox"/>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Public Housing De-concentration and Income Mixing Documentation: 1. PHA board certifications of compliance with de-concentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required de-concentration and income mixing analysis -	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Public housing rent determination policies, including the methodology for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<input checked="" type="checkbox"/>	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	attachment (provided at PHA option)	
	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
<input checked="" type="checkbox"/>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<input checked="" type="checkbox"/>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
<input checked="" type="checkbox"/>	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 <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	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	5652	na	na	na	na	na	na
Income >30% but <=50% of AMI	3586	na	na	na	na	na	na
Income >50% but <80% of AMI	3571	na	na	na	na	na	na
Elderly	na	na	na	na	na	na	na
Families with Disabilities	na	na	na	na	na	na	na
Race/Ethnicity	na	na	na	na	na	na	na
Race/Ethnicity	na	na	na	na	na	na	na
Race/Ethnicity	na	na	na	na	na	na	na
Race/Ethnicity	na	na	na	na	na	na	na

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 Madison County
Indicate year: 2005
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

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 PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction: Garesche			
	# of families	% of total families	Annual Turnover
Waiting list total	178		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	141	79.21	
Elderly families	3	1.68	
Families with Disabilities	24	13.48	
Race/ethnicity White	16	8.98	
Race/ethnicity Black	157	88.20	
Race/ethnicity Am. Indian	2	1.12	
Race/ethnicity Asian	1	Less than 1	
Race/ethnicity Hispanic	0		
Characteristics by Bedroom Size (Public Housing Only)			
1BR	28	15.73	
2 BR	86	48.31	
3 BR	62	34.83	
4 BR	0		
5 BR	2	1.12	
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Open for 5 bedroom units			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction: Viola Jones (City of Venice)			
	# of families	% of total families	Annual Turnover
Waiting list total	142		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	107	75.35	
Elderly families	4	2.81	
Families with Disabilities	20	14.08	
Race/ethnicity White	5	3.52	
Race/ethnicity Black	134	94.36	
Race/ethnicity Am Indian	1	Less than 1	
Race/ethnicity Asian	0		
Race/ethnicity Hispanic	0		
Characteristics by Bedroom Size (Public Housing Only)			
1BR	27	19.01	
2 BR	61	42.95	
3 BR	47	33.09	
4 BR	7	4.92	
5 BR	0		
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction: Washington Avenue Public Housing (City of Madison)			
	# of families	% of total families	Annual Turnover
Waiting list total	59		

Housing Needs of Families on the PHA's Waiting Lists			
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	59	100%	
Elderly families	0		
Families with Disabilities	7	11.86	
Race/ethnicity white	4	6.77	
Race/ethnicity black	55	93.22	
Race/ethnicity amer. Indian	0		
Race/ethnicity asian	0		
Race/ethnicity Hispanic	0		
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR	41	69.49	
3 BR	18	30.50	
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction: Northgate (City of Collinsville)			
	# of families	% of total families	Annual Turnover
Waiting list total	171		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	147	85.96	
Elderly families	3	1.75	
Families with Disabilities	18	10.52	
Race/ethnicity white	29	16.95	
Race/ethnicity black	139	81.28	

Housing Needs of Families on the PHA's Waiting Lists			
Race/ethnicity amer. Indian	2	1.16	
Race/ethnicity Hawaiiin/Pac Islander	1	Less than 1	
Race/ethnicity asian	0	0	
Race/ethnicity Hispanic	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	18	10.52	
2 BR	79	46.19	
3 BR	61	35.67	
4 BR	13	7.60	
5 BR	0	0	
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Open for 4 bedrooms If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/sub-jurisdiction: Olin Building (Village of East Alton)			
	# of families	% of total families	Annual Turnover
Waiting list total	33		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	2	6.06	
Elderly families	3	9.09	
Families with Disabilities	27	81.81	
Race/ethnicity white	26	78.78	
Race/ethnicity black	6	18.18	
Race/ethnicity amer. Indian	1	3.03	
Race/ethnicity asian	0	0	
Race/ethnicity Hispanic	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	18	54.54	
1BR	12	36.26	
2 BR	3	9.09	
3 BR			

Housing Needs of Families on the PHA's Waiting Lists			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction: Braner Building (City of Collinsville)			
	# of families	% of total families	Annual Turnover
Waiting list total	34		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	3	8.82	
Elderly families	5	14.70	
Families with Disabilities	27	79.41	
Race/ethnicity white	25	73.52	
Race/ethnicity black	9	26.47	
Race/ethnicity amer. Indian	0	0	
Race/ethnicity asian	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	19	55.88	
1BR	11	32.35	
2 BR	4	11.76	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists
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Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	723		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	522	72.19	
Elderly families	27	3.73	
Families with Disabilities	95	13.13	
Race/ethnicity white	138	19.08	
Race/ethnicity black	578	79.94	
Race/ethnicity amer. Indian	3	Less than 1	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 project-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction: Alton Pointe development, City of Alton			
	# of families	% of total families	Annual Turnover
Waiting list total	265		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income			

Housing Needs of Families on the PHA's Waiting Lists			
(>50% but <80% AMI)			
Families with children	194	73.20	
Elderly families	2	Less than 1	
Families with Disabilities	30	11.32	
Race/ethnicity white	49	18.49	
Race/ethnicity black	212	80	
Race/ethnicity amer. Indian	2	Less than 1	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	53	20	
2 BR	131	49.43	
3 BR	70	26.41	
4 BR	11	4.15	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction: Alton Pointe, City of Alton			
	# of families	% of total families	Annual Turnover
Waiting list total	195		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	154	78.97	
Elderly families	3	1.53	
Families with Disabilities	36	18.46	
Race/ethnicity white	43	22.05	
Race/ethnicity black	148	75.89	
Race/ethnicity Amer. Indian	1	.51	
Race/ethnicity Asian/Pac islander	3	1.5	
Race/ethnicity Hispanic	0		
Characteristics by Bedroom Size (Public Housing Only)			
1BR	34	17.43	
2 BR	96	49.23	

Housing Needs of Families on the PHA's Waiting Lists			
3 BR	56	28.71	
4 BR	8	4.10	
5 BR	1	5.26	
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 project-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction: Meachum Crossing Apartments, Venice			
	# of families	% of total families	Annual Turnover
Waiting list total	261		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	178	68.19	
Elderly families	3	1.14	
Families with Disabilities	40	15.32	
Race/ethnicity white	13	4.98	
Race/ethnicity black	246	94.25	
Race/ethnicity amer. Indian	1	.38	
Race/ethnicity asian/Pac islander	0		
Race/ethnicity Hispanic	0		
Characteristics by Bedroom Size (Public Housing Only)			
1BR	68	26.05	
2 BR	125	47.89	
3 BR	60	22.98	
4 BR	7	2.68	
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction: Meachum Crossing Apartments, Venice			
	# of families	% of total families	Annual Turnover
Waiting list total	186		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	142	76.34	
Elderly families	4	2.15	
Families with Disabilities	34	18.27	
Race/ethnicity white	11	5.91	
Race/ethnicity black	170	91.39	
Race/ethnicity amer. Indian	2	1.07	
Race/ethnicity asian/Pac islander	1	.53	
Race/ethnicity Hispanic	0		
Characteristics by Bedroom Size (Public Housing Only)			
1BR	39	20.96	
2 BR	86	46.23	
3 BR	53	28.49	
4 BR	8	4.30	
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 project-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction: 21 st Homes, Granite City			
	# of families	% of total families	Annual Turnover
Waiting list total	329		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	250	75.98	
Elderly families	44	.91	
Families with Disabilities	44	13.37	
Race/ethnicity white	69	20.97	
Race/ethnicity black	257	78.11	
Race/ethnicity amer. Indian	1	Less than 1	
Race/ethnicity asian/Pac islander	0		
Race/ethnicity Hispanic	0		
Characteristics by Bedroom Size (Public Housing Only)			
1BR	69	20.97	
2 BR	142	43.16	
3 BR	99	30.09	
4 BR	15	4.55	
5 BR	5	1.21	
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

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

Select all that apply

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

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

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

Select all that apply

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

Other: (list below)

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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: (work with landlord organizations to expand list of landlords participating in the Section 8 program)

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year.

Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

**Financial Resources:
Planned Sources and Uses**

Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2009 grants)		
a) Public Housing Operating Fund	1,620,000	Operations
b) Public Housing Capital Fund	650,000	Capital improvements
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	4,920,000 10,000 415,000	HAP payments, administrative expenses
f) Resident Opportunity and Self-Sufficiency Grants		
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)	50,000	Family Self-Sufficiency
Community Services Block Grant	10,000	Family Self-Sufficiency
2. Prior Year Federal Grants (unobligated funds only) (list below)		
IL06P015501-05	2,231.94	
IL06P015501-06	99,509.56	
IL06P015501-07	772,974.00	
IL06R015501-07	729,242.00	
IL06R015501-09	719,221.00	
3. Public Housing Dwelling Rental Income	488,000	operations
4. Other income (list below)		
Investments	35,000	operations
4. Non-federal sources (list below)		
Loan repayments	30,000	Affordable housing
Proceeds from sale of property	80,000	Affordable housing/operations
Participation fee Alton Pointe	60,000	Affordable housing
Total resources	\$10,691,178.50	

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: (three files are verified when there is an opening)

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

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

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

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

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

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

(2)Waiting List Organization

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

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

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

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

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

1. How many site-based waiting lists will the PHA operate in the coming year? 5

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? The MCHA has implemented site based waiting lists for the public housing units at Washington Avenue Apartments, the public housing and project based voucher units at Alton Pointe Apartments, the public housing and project based

voucher units at Meachum Crossing Apartments, and the project based voucher units at Granite City 21st Century homes.

3. Yes No: May families be on more than one list simultaneously
If yes, how many lists? As many as they like.
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 unless there is a good cause –then they get another offer
 - Two
 - Three or More
- b. Yes No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

- a. Income targeting:
- Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:
- In what circumstances will transfers take precedence over new admissions? (list below)
- Emergencies
 - Overhoused
 - Underhoused
 - Medical justification
 - Administrative reasons determined by the PHA (e.g., to permit modernization work)

- Resident choice: (transfers to be closer to employment, transfers due to a threat of physical harm or criminal activity, reasonable accommodations.)
- Other: (list below)

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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.

1. Involuntary Displacement 30 points
2. Disabled Veteran 23 points
3. Working Preference 20 points
4. Disability Preference 15 points

5. Educational Training Participants , Graduates of Transitional Housing Program, Nursing Homes Residents in Need of Housing, Residency of Madison County, Veterans Preference 10 Points

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

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

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

(6) Deconcentration and Income Mixing

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

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

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

- Adoption of site based waiting lists
- If selected, list targeted developments below:

- Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
 - Employing new admission preferences at targeted developments
If selected, list targeted developments below:
 - Other (list policies and developments targeted below)
- d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
- Additional affirmative marketing
 - Actions to improve the marketability of certain developments
 - Adoption or adjustment of ceiling rents for certain developments
 - Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
 - Other (list below)
- f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
- Not applicable: results of analysis did not indicate a need for such efforts
 - List (any applicable) developments below:
- g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)
- Not applicable: results of analysis did not indicate a need for such efforts
 - List (any applicable) developments below:

B. Section 8

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

(1) Eligibility

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

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (MCHA will conduct a separate background check)
- 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 (upon request PHA will provide owners with the required known name and address information, at the time of initial HQS inspection or before)

(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 (other sites as needed in Madison County to handle volume of applicants)

(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: 120 days to search for a unit. 60 day extensions are approved by MCHA, where extension is needed and due to MCHA redevelopment projects.

(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) (Disabled veteran, Graduates of Madison County Transitional Housing, Disability, Educational Training Participants, Madison County Residency, Nursing Homes Residents in need of Housing)

4. 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.

1. Involuntary Displacement 30 points
2. Disabled Veteran Preference 23 points
3. Working Preference 20 points
4. Disability Preference 15 points
5. Educational /Training Participants, Graduates of Transitional Housing Participants, Madison County Residency 10 points
6. Veterans Preference 8 points

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) ((Disabled veteran, Graduates of Madison County Transitional Housing, Disability, Educational Training Participants, Madison County Residency, Nursing Homes Residents in need of Housing))

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 (publication to social service agencies through Madison County Community Collaboration List Serve)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

- For the earned income of a previously unemployed household member
 For increases in earned income
 Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

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

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

e. Ceiling rents

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

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

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

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

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

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

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- Other (Families must report any change of family composition)

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

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

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

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

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

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	377	80
Section 8 Vouchers	972 authorized	290
Section 8 Certificates		
Section 8 Mod Rehab	25	6
Special Purpose Section 8 Certificates/Vouchers (list individually)	46 May 46 Stevens	18
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)
- (2) Section 8 Management: (list below)

MCHA POLICIES

1. Account Write Off Policy
2. Capitalization Policy
3. Check Signing Policy
4. Community Service Policy
5. Conflict of Interest Policy
6. Credit Card Use Policy
7. Depreciation Policy
8. Dress Code Policy
9. Drug Free Workplace Policy
10. Ethics Policy
11. Fair Housing Non-Discrimination Policy
12. Family Medical Leave Act Policy
13. Fire Prevention Policy
14. Harassment Policy
15. Hardship Policy
16. Hatch Act Policy
17. Internal Control Policy
18. Internet Policy
19. Investment Policy
20. Maintenance Policy
21. Minimum Rent Policy
22. Oxygen Fire Safety Policy
23. Personnel Policy
24. Pet Policy
25. Petty Cash Policy
26. Procurement Policy
27. Recording Work Hours Policy
28. Resident Participation Activities Policy
29. Smoking/Smokeless Tobacco Policy
30. Travel Policy
31. Trespass and Criminal Activities Policy
32. Tuition Reimbursement Policy
33. UIV Policy
34. ACOP Admissions and Continued Occupancy Policy—Public Housing

MCHA PLANS

1. Bloodborne Pathogens Plan
2. Emergency Action Plan

3. Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

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

-or-

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

Madison County Housing Authority-PHA Plan Table Library

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

Annual Statement

Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number IL06P01550109 FFY of Grant Approval: (2009)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	0.00
2	1406 Operations	130,000.00
3	1408 Management Improvements	50,000.00
4	1410 Administration	65,000.00
5	1411 Audit	0.00
6	1415 Liquidated Damages	0.00
7	1430 Fees and Costs	30,000.00
8	1440 Site Acquisition	0.00
9	1450 Site Improvement	0.00
10	1460 Dwelling Structures	375,000.00
11	1465.1 Dwelling Equipment-Nonexpendable	0.00
12	1470 Nondwelling Structures	0.00
13	1475 Nondwelling Equipment	0.00
14	1485 Demolition	0.00
15	1490 Replacement Reserve	0.00
16	1492 Moving to Work Demonstration	0.00
17	1495.1 Relocation Costs	0.00
18	1498 Mod Used for Development	0.00
19	1502 Contingency	0.00
20	Amount of Annual Grant (Sum of lines 2-19)	650,000.00
21	Amount of line 20 Related to LBP Activities	0.00
22	Amount of line 20 Related to Section 504 Compliance	0.00
23	Amount of line 20 Related to Security	20,000.00
24	Amount of line 20 Related to Energy Conservation Measures	0.00

Annual Statement 2009

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-015-011 (AMP 611)	Braner Building Improvements	1460	200,000
IL-015-006 (AMP 611)	Northgate Improvements Recreational and Unit Rehab	1460	175,000
Agency Wide	Camera Monitoring & Security	1408	20,000
Agency Wide	Management Improvements/ training	1408	30,000
Agency Wide	Sundry	1410	
Agency Wide	Salaries & Benefits	1410	65,000
Agency Wide	Fees & Costs/A&E Fees	1430	30,000
Agency Wide	Operations	1406	130,000

Annual Statement 2009

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)
IL-015	09/30/10	09/30/12
IL-011		
Agency wide	09/30/10	09/30/12

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (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 No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
 - Revitalization Plan under development
 - Revitalization Plan submitted, pending approval
 - Revitalization Plan approved
 - Activities pursuant to an approved Revitalization Plan underway

- Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Disposition Activity Description
1a. Development name: Venice Homes 1b. Development (project) number: IL06P015-09
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: IDOT has a major improvement project for IL Rte 3 currently underway and has notified MCHA of its intent to acquire approximately 3.4 acres of the Venice Homes site (adjacent to IL Rte. 3) required for stormwater retention purposes. The Disposition Application was submitted to HUD in August, 2008 and the transaction is expected to be executed in September, 2008.
5. Number of units affected: 6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: September, 2008 for disposition b. Projected end date of activity: 3 months after initiation

Demolition/Disposition Activity Description	
1a. Development name:	Curran Homes
1b. Development (project) number:	IL06P015-04
2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<u>11/19/2004</u>
5. Number of units affected:	144
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development- Demolition of complex complete. Site will be redeveloped after the Sullivan site redevelopment plans are underway.
7. Timeline for activity:	MCHA considering options for redevelopment of site. Anticipate timeline 2009-2011 for redevelopment.

Demolition/Disposition Activity Description	
1a. Development name:	Lee Wright Homes
1b. Development (project) number:	IL06P015-07
2. Activity type:	Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<u>2007</u>
5. Number of units affected:	88
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity:	Redevelopment of site commencing August, 2008 including the construction of 78 new rental units, containing 70 affordable units including 5 public housing, 16 project based voucher units. Construction completion is scheduled for December 31, 2009. MCHA to act as property manager for new development.

Demolition/Disposition Activity Description
1a. Development name: Viola Jones Homes 1b. Development (project) number: IL06P015-02
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>2009</u>
5. Number of units affected: 37
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development-
7. Timeline for activity: a. Actual or projected start date of activity: September 2010 b. Projected end date of activity: September 2012

Demolition/Disposition Activity Description
1a. Development name: Northgate Homes 1b. Development (project) number: IL06P015-06
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>2010-2012</u>
5. Number of units affected: 99
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development-MCHA intends to redevelop Northgate site in entirety.
7. Timeline for activity: a. Actual or projected start date of activity: September 2010 b. Projected end date of activity: September 2012

Demolition/Disposition Activity Description	
1a. Development name: Garesche Homes	
1b. Development (project) number: IL06P015-01	
2. Activity type: Demolition <input checked="" type="checkbox"/>	
Disposition <input checked="" type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>2009-2010</u>	
5. Number of units affected: 78	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development-MCHA intends to redevelop Northgate site in entirety.	
7. Timeline for activity:	
a. Actual or projected start date of activity: September 2009	
b. Projected end date of activity: September 2011	

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

[24 CFR Part 903.7 9 (i)]

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

1. Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

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

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

- | |
|--|
| <input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development |
|--|

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway

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

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

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

1. Yes No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

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

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

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

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 (1)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- Yes No: Has the PHA 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? DD/MM/YY

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Workforce Investment Board		<i>Specific criteria</i>	<i>PHA main office, satellite IETC offices</i>	<i>both</i>
Community Collaborations Group		Specific criteria	Numerous social service providers	both

(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	N/A	
Section 8	70 (HUD Approved waiver 12/30/1985)	35

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

If no, list steps the PHA will take below:

PHA is increasing number of participants in the FSS Section 8 program

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

Garesche, Viola Jones, Northgate, Braner

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

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

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

2. Which developments are most affected? (Northgate, Viola Jones, Garesche, Olin, and Braner)

C. Coordination between PHA and the police

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

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

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

Viola Jones, Garesche, Northgatge, Braner Homes

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)]

PART I: ASSISTANCE ANIMALS

Assistance Animals

For an animal to be excluded from the pet policy and be considered an assistance animal, there must be a person with disabilities in the household, and the family must request and the PHA approve a reasonable accommodation in accordance with the policies.

PHA Policy

Residents must care for assistance animals in a manner that complies with state and local laws, including anti-cruelty laws.

Residents must ensure that assistance animals do not pose a direct threat to the health or safety of others, or cause substantial physical damage to the development, dwelling unit, or property of other residents.

When a resident's care or handling of an assistance animal violates these policies, the PHA will consider whether the violation could be reduced or eliminated by a reasonable accommodation. If the PHA determines that no such accommodation can be made, the PHA may withdraw the approval of a particular assistance animal.

Pets must be registered with the PHA before they are brought onto the premises.

Registration includes documentation signed by a licensed veterinarian or state/local authority that the pet has received all inoculations required by state or local law, the pet has no communicable disease(s), is pest-free and has been spayed/neutered and declawed. This registration must be renewed annually and will be coordinated with the annual reexamination date. Proof of all current inoculations must be submitted at each annual reexamination.

Pets will not be approved to reside in a unit until completion of the registration requirements.

The PHA will refuse to register a pet if:

The pet is not *a common household pet* as defined in Section 10-II.C. below

Keeping the pet would violate any pet restrictions listed in this policy

The pet owner fails to provide complete pet registration information, or fails to update the registration annually

The applicant has previously been charged with animal cruelty under state or local law; or has been evicted, had to relinquish a pet or been prohibited from future pet ownership due to pet rule violations or a court order

The PHA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered as a factor in determining the pet owner's ability to comply with provisions of the lease.

If the PHA refuses to register a pet, a written notification will be sent to the pet owner within 10 business days of the PHA's decision. The notice will state the reason for refusing to register the pet and will inform the family of their right to appeal the decision in accordance with the PHA's grievance procedures.

Pet Agreement

Residents who have been approved to have a pet must enter into a pet agreement with the PHA, or the approval of the pet will be withdrawn.

The pet agreement is the resident's certification that he or she has received a copy of the PHA's pet policy and applicable house rules, that he or she has read the policies and/or rules, understands them, and agrees to comply with them.

The resident further certifies by signing the pet agreement that he or she understands that noncompliance with the PHA's pet policy and applicable house rules may result in the withdrawal of PHA approval of the pet or termination of tenancy.

Common household pet means a domesticated animal, such as a dog, cat, bird, or fish that is traditionally recognized as a companion animal and is kept in the home for pleasure rather than commercial purposes.

The following animals are not considered common household pets:

Reptiles

Rodents

Insects
Arachnids
Wild animals or feral animals
Pot-bellied pigs
Animals used for commercial breeding

Pet Restrictions

The following animals are not permitted:

Any animal whose adult weight will exceed 30 pounds

Dogs of the pit bull, rottweiler, chow, or boxer breeds

Ferrets or other animals whose natural protective mechanisms pose a risk to small children of serious bites or lacerations

Any animal not permitted under state or local law or code

Number of Pets

Residents may own a maximum of 1 cat or 1 dog. All birds must be kept in a cage.

Other Requirements

Dogs and cats must be spayed or neutered at the time of registration or, in the case of underage animals, within 30 days of the pet reaching 6 months of age. Exceptions may be made upon veterinary certification that subjecting this particular pet to the procedure would be temporarily or permanently medically unsafe or unnecessary.

Pets must be licensed in accordance with state or local law. Residents must provide proof of licensing at the time of registration and annually, in conjunction with the resident's annual reexamination.

Pet Area Restrictions

Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) dogs and cats must be kept on a leash or carried and under the control of the resident or other responsible individual at all times.

Pets other than dogs or cats must be kept in a cage or carrier when outside of the unit.

Pets are not permitted in common areas including lobbies, community rooms and laundry areas except for those common areas which are entrances to and exits from the building.

Pet owners are not permitted to exercise pets or permit pets to deposit waste on project premises.

Pets must be caged in the apartment when Madison County Housing Authority personnel and/or contractors are in the unit.

Designated Pet/No-Pet Areas

The PHA has designated the laundry room, common areas, elevators and community room as no pet areas. All pets are to remain in units at all times unless they are being escorted to and/or from the building.

Cleanliness

The pet owner shall be responsible for the removal of waste from the area by placing it in a sealed plastic bag and disposing of it in a container provided by the PHA.

The pet owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

Litter box requirements:

Pet owners must promptly dispose of waste from litter boxes and must maintain litter boxes in a sanitary manner.

Litter shall not be disposed of by being flushed through a toilet.

Litter boxes shall be kept inside the resident's dwelling unit.

Alterations to Unit

Pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal.

Installation of pet doors is prohibited.

Noise

Pet owners must agree to control the noise of pets so that such noise does not constitute a nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises. This includes, but is not limited to loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.

Pet Care

Each pet owner shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Each pet owner shall be responsible for appropriately training and caring for his/her pet to ensure that the pet is not a nuisance or danger to other residents and does not damage PHA property.

No animals may be tethered or chained inside or outside the dwelling unit at any time.

Responsible Parties

The pet owner will be required to designate one responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

A resident who cares for another resident's pet must notify the PHA and sign a statement that they agree to abide by all of the pet rules.

Pets Temporarily on the Premises

Pets that are not owned by a tenant are not allowed on the premises. Residents are prohibited from feeding or harboring stray animals.

This rule does not apply to visiting pet programs sponsored by a humane society or other non-profit organizations, and approved by the PHA.

Pet Rule Violations

All complaints of cruelty and all dog bites will be referred to animal control or an applicable agency for investigation and enforcement.

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the pet rules, written notice will be served.

The notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

That the pet owner has 10 calendar days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation

That the pet owner is entitled to be accompanied by another person of his or her choice at the meeting

That the pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to remove the pet, or to terminate the pet owner's tenancy

Notice for Pet Removal

If the pet owner and the PHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the PHA, the PHA may serve notice to remove the pet.

The notice will contain:

A brief statement of the factual basis for the PHA's determination of the pet rule that has been violated

The requirement that the resident /pet owner must remove the pet within 30 calendar days of the notice

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures

Pet Removal

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the responsible party designated by the pet owner.

If the responsible party is unwilling or unable to care for the pet, or if the PHA after reasonable efforts cannot contact the responsible party, the PHA may contact the appropriate state or local agency and request the removal of the pet.

Termination of Tenancy

The PHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease

Emergencies

The PHA will take all necessary steps to ensure that pets that become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are immediately removed from the premises by referring the situation to the appropriate state or local entity authorized to remove such animals.

If it is necessary for the PHA to place the pet in a shelter facility, the cost will be the responsibility of the pet owner.

If the pet is removed as a result of any aggressive act on the part of the pet, the pet will not be allowed back on the premises.

PET DEPOSITS AND FEES IN DEVELOPMENTS

Payment of Deposit

Pet owners are required to pay a pet deposit in addition to any other required deposits. The amount of the deposit is \$200 including a non-refundable fee of \$50, and must be paid in full before the pet is brought on the premises. This deposit fee is for all residents.

Refund of Deposit

The PHA will refund the pet deposit to the resident, less the costs of any damages caused by the pet to the dwelling unit, within 30 days of move-out or removal of the pet from the unit.

The resident will be billed for any amount that exceeds the pet deposit.

The PHA will provide the resident with a written list of any charges against the pet deposit within 30 business days of the move-out inspection. If the resident disagrees with the amount charged to the pet deposit, the PHA will provide a meeting to discuss the charges.

OTHER CHARGES Pet-Related Damages During Occupancy

All reasonable expenses incurred by the PHA as a result of damages directly attributable to the presence of the pet in the project will be the responsibility of the resident, including:

The cost of repairs and replacements to the resident's dwelling unit

Fumigation of the dwelling unit

The expense of flea elimination shall also be the responsibility of the resident.

If the resident is in occupancy when such costs occur, the resident shall be billed for such costs in accordance with the policies in Section 8-I.G, Maintenance and Damage Charges. Pet deposits will not be applied to the costs of pet-related damages during occupancy.

Charges for pet-related damage are not part of rent payable by the resident.

**ALTON POINTE APARTMENTS
PET POLICY**

This Pet Policy has been issued by Gundaker Commerical Group, Inc., agent for the Alton Pointe Apartments, L.P., at the Alton Pointe Apartments, a new mixed finance affordable development completed in May, 2008 and is incorporated as an addendum to the lease signed by all tenants occupying public housing units at the development.

Residents are allowed one pet meeting the following restrictions.

Resident has been granted permission by Lessor to keep the pet specified under the following terms and conditions:

Pet #1

Type of Pet: _____

Age: _____

(Must be at least one year old)

Breed (note restrictions) _____

Color: _____

Shoulder Height: _____

Weight: _____

Name: _____

License Number: _____

- A. It is agreed that no additional or different pet (including offspring) will be permitted in the apartment at any time. ***The following breeds are not allowed: Doberman, German Shepard, Pit Bulls, Mastiffs, Chows, and Rottweilers or any similar breeds/mixtures thereof. If there is any question, veterinary proof will be required.***
- B. Only **ONE** pet per apartment.
- C. No kittens or puppies (must be at least 1 year of age).
- D. Cats must be declawed. All pets spayed or neutered. Veterinary report of all will be required before permission will be allowed.
- E. No reptiles are allowed, specifically snakes, turtles, Iguanas, etc.

- F. Pet will not weigh in excess of **25** pounds at any time. If pet exceeds that weight, upon notice, from Lessor, Resident agrees to permanently remove the pet from premises within seven (7) days.
- G. Upon execution of this agreement, deposit with the Lessor a “Pet Deposit” in the amount of **\$500.00** which shall be held as security for the faithful performance of this pet Agreement. **\$100.00** of the Pet Deposit is non-refundable. This deposit is in addition to and separate from the customary security deposit collected at the time of tenancy although subject to all of the same provisions as described in Lease Agreement under the heading of Security Deposit. The remaining deposit is refundable if Lessor determines there are no damages caused by the Pet upon Resident vacating the premises.
- H. The sum of **\$0.00** per month will be added to the rent as Pet Rent. This is non-refundable and considered as additional Rent due under the Lease Agreement and for the term of the Lease Agreement.
- I. That the pet will be allowed out of the apartment only under the complete control of a responsible human companion and on a hand held leash. Pet will be walked in designated areas only.
OWNER IS RESPONSIBLE FOR PICKING UP AFTER THE PET.
- J. Pet may not cause any discomfort, annoyance, or nuisance to any other resident, resident’s guests, Lessor, Lessor’s agents or Community operations. If problems arise, upon notice, from Lessor, Resident agrees to permanently remove the pet from premises within seven (7) days.
- K. That any damage to the exterior or interior of the premises, grounds, flooring, walls, trim, finish, tiles, carpeting, or any stains, etc. caused by pet will be the full responsibility of Resident and that Resident agrees to pay all costs involved in the restoration to its original condition. If because of any such stains, etc., said damage is such that it cannot be removed, then Resident hereby agrees to pay the full expense of replacement.
- L. Resident will provide adequate and regular veterinary care of pet, ample food and water, and will not leave pet unattended for any undue length of time. Resident agrees to comply with all applicable governmental laws and regulations, proof of which may be required. Resident will diligently maintain cleanliness of litter pans, sleeping and feeding areas.
- M. It is further understood and agreed that if efforts to contact the Resident are unsuccessful, the Lessor may enter Resident’s apartment if there is reasonable cause to believe an emergency situation exists with respect to the pet. If it becomes necessary for the pet to be put out for board, any and all costs incurred will be the sole responsibility of the Resident.
- N. Resident agrees to indemnify, hold harmless, and defend Lessor and/or Lessor’s agents against all liability, judgments, expense (including attorney’s fees) or claims by third parties for any injury to any person or damage to property of any kind whatsoever caused by the Resident’s 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. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
- 2. Yes No: Was the most recent fiscal audit submitted to HUD?
- 3. Yes No: Were there any findings as the result of that audit?
- 4. Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? _____

5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- Other: (list below)
3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- Attached at Attachment (File name)
- Provided below: Mr. Lester Campbell submitted a comment that the draft Annual and 5 Year Plan was good and he was in agreement with the Plan.
3. In what manner did the PHA address those comments? (select all that apply)

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

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

- 1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
- 2. Yes No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

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: (Resident Commissioner is recommended by Madison County Board Chairman and approved by Madison County Board)

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: (Madison County IL)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (redevelopment of additional affordable housing, demolition of functionally obsolete and dilapidated public housing)

 - Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (Madison County provides funding for the Family Self-Sufficiency program, funding for redevelopment of public housing facilities, technical assistance on housing development, and access to the various housing programs offered County-wide.)

D. Other Information Required by HUD

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

Attachments

Attachment A

DECONCENTRATION POLICY

It is Madison County Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

Madison County Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement.

However, in reviewing HUD's requirements relating to Income Deconcentration, (24 CFR 903), the following information is presented. Madison County Housing Authority has one development which is applicable to 24 CFR 903—Northgate Homes, a 100 unit family complex in Collinsville.

Other MCHA developments include mixed finance developments –Washington Avenue and Alton Pointe (exempt), elderly disabled developments (exempt), and developments with fewer than 100 units (Garesche, and Viola Jones). As such, MCHA does not feel the 24 CFR 903 applies to the one development.

However, MCHA did review income levels at the family developments. (mixed finance, development approved for disposition, and elderly/disabled developments excluded). Average income as of 10/15/2007 was \$10,211. Incomes from the developments included in this average ranged from \$9,241 to a high of \$11,143. The lowest average income was at Braner Homes (\$9,241) in the City of Collinsville. The highest income development was at Viola Jones (\$11,143) in Venice. Garesche Homes in Madison was in the middle with \$10,470. MCHA feels these income levels are fairly close to each other as of 09/2008.

ATTACHMENT B

LIST OF ADVISORY BOARD MEMBERS

Lester Campbell (Lee Wright Homes)

Clifford Mathis Jr. (Lee Wright Homes)

Bill Easler (May Building)

Rose Milligan (Stevens Building)

Robert Blevins (Stevens Building)

Carla Fry (Section 8 tenant)

Mary Smith (Section 8 tenant)

Rhonda Clark (Section 8 tenant)

Ardies Richardson (Viola Jones)

Willie Silas (Viola Jones)

Katha Edmonds (Lee Wright Homes)

ATTACHMENT C

DEFINITION OF "SUBSTANTIAL DEVIATION" AND "SIGNIFICANT AMENDMENT OR MODIFICATION"

Madison County Housing Authority has defined Substantial Deviation of Annual Plans from the 5 Year Plan and Significant Amendment or Modification of the Annual Plan as follows:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not included in the current Annual Statement or 5 Year Action Plan) or change in use of replacement reserve funds under the Capital Fund;
- and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

The PHA will consult with the Resident Advisory Board on proposed significant amendments to the Plan. In addition, the PHA will ensure consistency with the Madison County Consolidated Plan regarding any proposed amendments.

ATTACHMENT D

Madison County Housing Authority Community Service Policy

Section 512 of the Quality Housing and Work Responsibility Act of 1998, which amends Section 12 of the Housing Act of 1937, establishes a new requirement for non-exempt residents of public housing to contribute eight (8) hours of community service each month or to participate in a self-sufficiency program for eight (8) hours each month. Community service is a service for which individuals are not paid. Madison County Housing Authority (herein referred to as PHA) believes that the community service requirement should not be perceived by the resident to be a punitive or demeaning activity, but rather to be a rewarding activity that will benefit both the resident and the community. Community service offers public housing residents an opportunity to contribute to the communities that support them.

1. Community Service

The PHA will provide residents, identified as required to participate in community service, a variety of voluntary activities and location where the activities can be performed. The activities may include, but are not limited to:

- Improving the physical environment of the residents developments;
- Cleaning offices.
- Volunteer services in local schools, day care centers, hospital, nursing homes, youth or senior organizations, drug/alcohol treatment enters, recreation centers, etc;
- Neighborhood projects;
- Self-improvement activities such as household budget, credit counseling, English proficiency, GED classes or other educational activities;
- Tutoring elementary or high school age residents; and
- Helping on-site computer training centers.

Voluntary political activities are prohibited.

2. Program Administration

The PHA may administer its own community service program in conjunction with the formation of cooperative relationships with other community based entities such as TANF, Social Services Agencies or other organizations which have as their goal, the improvement and advancement of disadvantaged families. The PHA may seek to contract its community service program out to a third party.

In conjunction with its own or partnership program, the PHA will provide reasonable accommodations for accessibility to persons with disabilities. The PHA will provide a directory of supervise community service activities and may develop and provide a directory of opportunities from which residents may select. When services are provided through partnering agencies, the PHA will confirm the resident's participation. Should contracting out the community service function be determined to be the most efficient method for the PHA to accomplish this requirement, the PHA will monitor the agency for contract compliance.

The PHA will assure that the service is not labor that would normally be performed by PHA employees responsible for the essential maintenance and property services.

3. Self-Sufficiency

The PHA will inform residents that participation in self-sufficiency activities for eight (8) hours each month can satisfy the community service requirement and encourage non-exempt residents to select such activities to satisfy the requirement. Such activities can include, but are not limited to:

- Apprenticeships and job readiness training;
- Substance abuse and mental health counseling and treatment;
- English proficiency, GED, adult education, junior college or other formal education;
- Household budgeting and credit counseling;
- Small business training.

The PHA may sponsor its own economic self-sufficiency program or coordinate with local social services, volunteer organizations and TANF agencies.

4. Geographic Location

The PHA recognizes that the intent of this requirement is to have residents provide service to their own communities, either in the PHA's developments or in the broader community in which the PHA operates.

5. Exemptions

In accordance with provisions in the Act, the PHA will exempt from participation in community service requirements the following groups;

- Adults who are 62 years of age or older;
- Persons engaged in work activities as defined under Social Security (full-time or part-time employment);
- Participants in a welfare to work program;
- Persons receiving assistance form and in compliance with State programs funded under part A, title IV of the Social Security Act; and
- The disabled but only to the extent that the disability makes the person "unable to comply" with the community service requirements.

The PHA will determine, at the next regularly scheduled reexamination, the status of each household member eighteen (18) years of age or older with respect to the requirement to participate in community service activities. The PHA will use the "PHA Family Community Service Monthly Time-Sheet" to document resident eligibility and the hours of community service. A record for each adult will be established and community service placement selections made. Each non-exempt household member will be provided with forms to be completed by a representative of the service or economic self-sufficiency activity verifying the hours of volunteer service conducted each month.

The PHA will also assure that procedures are in place which provide residents the opportunity to change status with respect to the community service requirement. Such changes include, but are not limited to:

- Going from unemployment to employment;
- Entering a job training program;
- Entering an educational program which exceeds eight (8) hours monthly.

All exemptions to the community service requirement will be verified and documented in the resident file. Required verifications may include, but not be limited to:

- Third-party verification of employment, enrollment in a training or education program, welfare to work program or other economic self sufficiency activities;
- Birth certificates to verify age 62 or older; or
- If appropriate, verification of disability limitations.

Families who pay flat rents, live in public housing units within market rate developments or families who are over income when they initially occupy a public housing unit will not receive an automatic exception.

6. Cooperative Relationships with Welfare Agencies

The PHA may initiate cooperative relationships with local service agencies that provide assistance to its families to facilitate information exchange, expansion of community service/self-sufficiency program options and aid in the coordination of those activities.

7. Lease Requirements and Documentation

The PHA's lease has a twelve (12) -month term and is automatically renewable except for non-compliance with the community service requirement. The lease also provides for termination and eviction of the entire household for such non-compliance. The lease provisions will be implemented for current residents at the next regularly scheduled reexamination on or after January 1, 2001, and for all new residents effective January 1, 2001. The PHA will not renew or extend the lease if the household contains a non-exempt member who has failed to comply with the community service requirement.

Documentation of compliance or non-compliance will be placed in each resident file.

8. Non-compliance

If the PHA determines that a resident who is not an "exempt individual" has not complied with the community service requirement, the PHA must notify the resident:

1. of the non-compliance;
2. that the determination is subject to the PHA's administrative grievance procedure;
3. that unless the resident enters into an agreement under paragraph 4. Of this section the lease of the family of which the non-compliant adult is a member may not be renewed. However, if the non-compliant adult moves from the unit, the lease may be renewed;
4. that before the expiration of the lease term, the PHA must offer the resident an opportunity to cure the non-compliance during the next twelve (12)- month period; such a cure includes a written agreement by the non-compliant adult to complete as many additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve (12)-month term of the lease.

ATTACHMENT E

RESIDENT COMMISSIONER

Ms. Alice Hayes

Ms. Hayes has been a Commissioner on the Madison County Housing Authority Board since 1992. The Commissioners are recommended by the County Board Chairman and voted on by the entire county board.

ATTACHMENT F

Protections Under the Violence Against Women Reauthorization Act of 2005 (VAWA)

The Madison County Housing understands that the primary objectives of the VAWA are to reduce violence against women and to protect, or increase the protection of, the safety and confidentiality of women who are victims of abuse.

To assist with this effort, the MCHA will:

Provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance. The notice will explain the protections afforded under the law, inform each applicant of MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

Include in all notices of denial a statement explaining the protection against denial provided by VAWA.

Provide all tenants with notification of their protections and rights under VAWA at the time of admission and annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

Include in all lease termination notices a statement explaining the protection against termination or eviction provided by VAWA.

Below is from the ACOP:

NOTIFICATION TO ALL APPLICANTS

The MCHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each applicant of the MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The MCHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA.

NOTIFICATION TO TENANTS

VAWA requires MCHAs to notify tenants assisted under public housing of their rights under this law, including their right to confidentiality and limits thereof.

The MCHA will provide all tenants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The MCHA will also include in all lease terminations notices a statement explaining the protection against termination or eviction provided by VAWA.

Below is from Admin Plan:

NOTIFICATION TO PARTICIPANTS

VAWA requires MCHA to notify public housing program participants of their rights under this law, including their right to confidentiality and limits thereof.

The MCHA will provide all participants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the participant of MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The MCHA will also include in all assistance termination notices a statement explaining termination protection provided by VAWA.

NOTIFICATION TO APPLICANTS

The MCHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each application of MCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The MCHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA.

NOTIFICATION TO OWNERS AND MANAGERS

VAWA requires MCHA to notify owners and managers of their rights and responsibilities under this law.

Information property owners and managers of their screening and termination responsibilities related to VAWA. The MCHA may utilize any or all of the following means to notify owners of their VAWA responsibilities:

As appropriate in day-to-day interactions with owners and managers, inserts in correspondence, owner workshops and or meetings, orientations and other mailings, signs in lobby and or mass mailings which include model VAWA certification forms.

ATTACHMENT G

**PERFORMANCE & EVALUATION REPORTS
REPORTING PERIOD ENDING 6/30/08**

CFP IL06P015501-04	ATTACHED
CFP IL06P015501-05	ATTACHED
CFP IL06P015501-06	ATTACHED
CFP IL06P015501-07	ATTACHED
CFP IL06P015501-08	ATTACHED

RHF IL06R015-501-05	ATTACHED
RHF IL06R015-501-06	ATTACHED
RHF IL06R015-501-07	ATTACHED
RHF IL06R015-501-08	ATTACHED

5 Year CFP PLAN

CAPITAL FUND PROGRAM

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

PHA Name: Madison County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P015501-04 Replacement Housing Factor Grant No:	Federal FY of Grant:
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/2008
 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	0.00		0.00	
2	1406 Operations	318,722.00	318,722.00	318,722.00	318,722.00
3	1408 Management Improvements Soft Costs	30,000.00	30,000.00	30,000.00	30,000.00
	Management Improvements Hard Costs				
4	1410 Administration	138,185.00	138,185.00	138,185.00	138,185.00
5	1411 Audit	0.00		0.00	
6	1415 Liquidated Damages	0.00		0.00	
7	1430 Fees and Costs	120,371.79	132,871.79	132,871.79	132,871.79
8	1440 Site Acquisition	0.00		0.00	
9	1450 Site Improvement	175,000.00	175,000.00	175,000	175,000
10	1460 Dwelling Structures	62,293.00	55,821.36	62,293	55,821.36
11	1465.1 Dwelling Equipment—Nonexpendable	75,022	75,112.00	75,022	75,022
12	1470 Nondwelling Structures	135,409.00	250,000	250,000.00	250,000.000
13	1475 Nondwelling Equipment	1,000.00	5,600.12	5,546.72	5,546.72
14	1485 Demolition	414,825.09	405,825.09	405,825.09	405,825.09
15	1490 Replacement Reserve	0.00		0.00	

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Madison County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P015501-04 Replacement Housing Factor Grant No:	Federal FY of Grant:
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/2008
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
16	1492 Moving to Work Demonstration	0.00		0.00	
17	1495.1 Relocation Costs	0.00		0.00	
18	1499 Development Activities	0.00		0.00	
19	1502 Contingency	0.00		0.00	
	Amount of Annual Grant: (sum of lines.....)	1,593,609.00	1,593,609.00	1,593,609	1,587,083.96
	Amount of line XX Related to LBP Activities	0.00	0.00	0.00	0.00
	Amount of line XX Related to Section 504 compliance	0.00	0.00	0.00	0.00
	Amount of line XX Related to Security –Soft Costs	0.00	0.00	0.00	0.00
	Amount of Line XX related to Security-- Hard Costs	0.00	0.00	0.00	0.00
	Amount of line XX Related to Energy Conservation Measures	0.00	0.00	0.00	0.00
	Collateralization Expenses or Debt Service	0.00	0.00	0.00	0.00

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

PHA Name: Madison County Housing Authority		Grant Type and Number Capital Fund Program Grant No:IL06P015501-04 Replacement Housing Factor Grant No:				Federal FY of Grant:		
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
IL-015-002	APPLIANCES	1465		16,341	16,341		16,341	COMPLETE
IL-015-004	ASBESTOS ABATEMENT	1485		75,118.84	75,118.84		75,118.84	COMPLETE
IL-015-004	ASBESTOS ABATEMENT	1485		98,471.19	98,471.19		98,471.19	COMPLETE
IL-015-004	DEMOLITION/ASBESTOS ABATEMENT	1485	76	64,077.13	64,077.13		64,077.13	COMPLETE
IL-015-006	NORTHGATE HOMES	1470		125,000	125,000		125,000	COMPLETE
IL-015-008	DEMOLITION/ASBESTOS ABATEMENT	1485	19	145,141	145,141.00		145,141.00	COMPLETE
IL-015-007	SIDEWALK/STOOP/PARKING LOT REPAIRS	1450	LS	45,144	45,144		45,144	COMPLETE
IL-015-007	DEMOLITION/ASBESTOS ABATEMENT	1485	1	23,016.93	23,016.93		23,016.93	COMPLETE
IL-015-007	A/E SERVICES—LANDSCAPING	1430		12,500	12,500		11,875	COMPLETE
IL-015-007	LANDSCAPING	1450		62,436	62,436		62,436	COMPLETE
IL-015-007	WAREHOUSE	1470		125,000	125,000		125,000	COMPLETE
IL-015-007	APPLIANCES	1465		14,007	14,007		14,007	COMPLETE
IL-015-010	RE LAMP CORRIDORS & STAIRWELLS	1460	LS	25,486.95	25,486.95		25,486.95	COMPLETE
IL-015-010	PARKING UPGRADES	1450		19,300	19,300		19,300	COMPLETE
IL-015-010	INTERIOR PAINTING	1460		5,660.05	5,660.05		2,457.68	UNDERWAY
IL-015-010	EIFS IMPROVEMENTS	1430		13,500	13,500		13,500	COMPLETE
IL-015-010	A/E SERVICES—SEWER IMPROVEMENTS	1430		41,574.85	41,574.85		41,574.85	COMPLETE
IL-015-011	RE-LAMP CORRIDORS & STAIRWELLS	1460	LS	25,419.05	25,419.05		25,419.05	COMPLETE
IL-015-011	PARKING UPGRADES	1450		48,120	48,120		48,120	COMPLETE
IL-015-011	APPLIANCES	1465.1		44,764	44,764		44,764	COMPLETE
IL-015-011	INTERIOR PAINTING	1460		5,726.95	5,726.95		2,457.68	UNDERWAY
AGENCY WIDE	STAFF TRAINING	1408		30,000.00	30,000.00		30,000.00	UNDERWAY
AGENCY WIDE	SALARIES & BENEFITS % OF HA STAFF	1410		136,185.00	136,185.00		136,185.00	COMPLETE
	SUNDRY	1410		2,000	2,000		2000.00	COMPLETE
AGENCY WIDE	OPERATIONS	1406		318,722.00	318,722.00		318,722.00	COMPLETE
AGENCY WIDE	COMPUTER EQUIPMENT	1475	LS	5,600.12	5,600.12		5,546.72	UNDERWAY
AGENCY WIDE	FEES & COSTS/A&E FEES	1430	LS	65,921.94	65,921.94		65,921.94	COMPLETE

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: IL06P015501-04 Replacement Housing Factor No:				Federal FY of Grant:	
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-015-004	09/13/06			09/13/08			
IL-015-008	09/13/06			09/13/08			
IL-015-007	09/13/06			09/13/08			
IL-015-010	09/13/06			09/13/08			
IL-015-011	09/13/06			09/13/08			
HA WIDE	09/13/06			09/13/08			

CAPITAL FUND PROGRAM

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P015501-05 Replacement Housing Factor Grant No:			Federal FY of Grant:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (Revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/08 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P015501-05 Replacement Housing Factor Grant No:	Federal FY of Grant:
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no: 2)
 Performance and Evaluation Report for Period Ending: 06/30/08
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
1	Total non-CFP Funds	0.00		0.00	0.00
2	1406 Operations	251,841.00	251,841.00	251,841.00	115,824.33
3	1408 Management Improvements Soft Costs	42,000.00	42,000.00	42,000.00	39,662.16
	Management Improvements Hard Costs				
4	1410 Administration	121,185.00	121,185.00	121,185.00	102,588.93
5	1411 Audit	0.00		0.00	0.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	88,305.05	51,874.18	49,642.24	35,150.24
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	11,054	11,054	11,054	11,054.00
10	1460 Dwelling Structures	721,761	758,191.87	758,191.87	758,191.57
11	1465.1 Dwelling Equipment—Nonexpendable	0.00		0.00	0.00
12	1470 Nondwelling Structures	0.00		0.00	0.00
13	1475 Nondwelling Equipment	0.00		0.00	0.00
14	1485 Demolition	23,059.95	23,059.95	23,059.95	23,059.95
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1492 Moving to Work Demonstration	0.00		0.00	0.00
17	1495.1 Relocation Costs	0.00		0.00	0.00
18	1499 Development Activities	0.00		0.00	0.00
19	1502 Contingency	0.00		0.00	0.00
	Amount of Annual Grant: (sum of lines.....)	1,259,206.00	1,259,206.00	1,256,974.06	1,085,531.48
	Amount of line XX Related to LBP Activities	0.00	0.00	0.00	0.00
	Amount of line XX Related to Section 504 compliance	0.00	0.00	0.00	0.00
	Amount of line XX Related to Security –Soft Costs	0.00	12,000	0.00	12,000

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P015501-05 Replacement Housing Factor Grant No:	Federal FY of Grant:
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no: 2)
 Performance and Evaluation Report for Period Ending: 06/30/08
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Line XX related to Security-- Hard Costs	0.00	0.00	0.00	0.00
	Amount of line XX Related to Energy Conservation Measures	0.00	0.00	0.00	0.00
	Collateralization Expenses or Debt Service	0.00	0.00	0.00	0.00

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P015501-05 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
IL-015-001	STRUCTURAL REPAIRS	1460		0	0			
	AIR CONDITION UNITS & GUARDS	1460		0	0			
IL-015-004	DEMOLITION	1485		23,059.95	23,059.95		23,059.95	COMPLETE
IL-015-006	AIR CONDITION UNITS & GUARDS	1460		0	0			
IL-015-007	LANDSCAPING AND CLEARANCE	1450		11,054	11,054		11,054	COMPLETE
	DEMOLITION OF 6 UNITS	1485	6	0	0			
IL-015-010	ASBESTOS ABATEMENT	1460		99,442.76	99,442.76		99,442.76	COMPLETE
	PLUMBING REPLACEMENT	1460		592,862.00	592,862.00		592,862.00	COMPLETE
	A & E FEES	1430		32,382.18	32,382.18		32,382.18	COMPLETE
	EIFS EMERGENCY REPAIR	1460		64,924.14	64,924.14		64,924.14	COMPLETE
	KITCHEN IMPROVEMENTS	1460		962.97	962.97		962.97	COMPLETE
	CONSULTANT FEES	1430		19,492.00	19,492.00		17,260.06	COMPLETE
PHA WIDE (MI)	PHA WIDE TRAINING	1408		30,000.000	30,000.00		5,724.36	UNDERWAY
PHA WIDE (ADMIN)	SECURITY CAMERA MONITORING & UPKEEP	1408		12,000.00	12,000.00		12,000.00	COMPLETE
	OPERATION	1406		251,841.00	251,841.00		251,841.00	UNDERWAY
	SALARIES & BENEFITS	1410		117,185.00	117,185.00		117,185.00	UNDERWAY
	SUNDRY	1410		4,000.00	4,000.00		4,000.00	UNDERWAY

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: IL06P015501-05 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-015-001	08/17/2007			08/17/2009			
IL-015-006	08/17/2007			08/17/2009			
IL-015-007	08/17/2007			08/17/2009			
IL-015-010	08/17/2007			08/17/2009			
HA WIDE	08/17/2007			08/17/2009			

CAPITAL FUND PROGRAM

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

PHA Name:
MADISON COUNTY HOUSING AUTHORITY

Grant Type and Number
 Capital Fund Program Grant No: **IL06P015501-06**
 Replacement Housing Factor Grant No:

Federal FY of Grant:
2006

Original Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (Revision no:)**
 Performance and Evaluation Report for Period Ending: 06/30/08 **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	0.00		0.00	0.00
2	1406 Operations	198,820.00	204,694.80	204,694.80	3,338.50
3	1408 Management Improvements Soft Costs	30,000.00	30,000.00	30,000.00	2,528.24
	Management Improvements Hard Costs				
4	1410 Administration	71,919.00	102,347.40	102,347.40	2,019.95
5	1411 Audit	0.00		0.00	0.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	55,000.00	55,000.00	29,034.23	29,034.23
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	0.00		0.00	0.00
10	1460 Dwelling Structures	542,012.74	464,122.80	390,608.57	390,608.17
11	1465.1 Dwelling Equipment—Nonexpendable	2,352.26	75,000.00	0.00	0.00
12	1470 Nondwelling Structures	94,000.00	92,309.00	92,309.00	92,309.00
13	1475 Nondwelling Equipment	0.00		0.00	0.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1492 Moving to Work Demonstration	0.00		0.00	0.00
17	1495.1 Relocation Costs	0.00		0.00	0.00
18	1499 Development Activities	0.00		0.00	0.00
19	1502 Contingency	0.00		0.00	0.00
	Amount of Annual Grant: (sum of lines.....)	994,104.00	1,023,474.00	848,994.00	519,838.09
	Amount of line XX Related to LBP Activities	0.00	0.00	0.00	0.00
	Amount of line XX Related to Section 504 compliance	0.00	0.00	0.00	0.00
	Amount of line XX Related to Security –Soft Costs	0.00	0.00	0.00	0.00
	Amount of Line XX related to Security-- Hard Costs	0.00	0.00	0.00	0.00
	Amount of line XX Related to Energy Conservation	0.00	0.00	0.00	0.00

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P015501-06 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/08
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Measures				
	Collateralization Expenses or Debt Service	0.00	0.00	0.00	0.00

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P015501-06 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
IL015-001	STRUCTURAL REPAIRS	1460		0	0			
	AC UNITS AND GUARDS	1460		36,986.42	36,986.42			
IL-015-002	INTERIOR PAINTING	1460		0	0			
II-015-007	NEW APPLIANCES	1465		0	0			
	WAREHOUSE	1470		46,154.50	46,154.50		46,154.50	COMPLETE
II-015-006	WAREHOUSE	1470		46,154.50	46,154.50		46,154.50	COMPLETE
	AC UNITS AND GUARDS	1460		36,527.81	36,527.81			
IL-015-010	UPGRADE PLUMBING	1460		179,618.40	179,618.00		179,618.00	COMPLETE
	UNIT CONVERSION/RENOVATION	1460		0	0			
	EIFS EMERGENCY REPAIR	1460		109,553.14	109,553.14		109,553.14	COMPLETE
	KITCHEN IMPROVEMENTS	1460		101,437.03	101,437.03		101,437.03	COMPLETE
IL-015-011	UNIT CONVERSION/RENOVATION	1460		0	0			
	NEW APPLIANCES	1465		75,000.00	75,000.00			
PHA WIDE (MI)	PHA WIDE TRAINING	1408		30,000.000	30,000.00		2,528.24	UNDERWAY
PHA WIDE (ADMIN)	SUNDRY	1410		1,919.00	1,919.00			UNDERWAY
	SALARIES & BENEFITS	1410		100,428.40	100,428.40		2,019.95	UNDERWAY
	A & E FEES & COSTS	1430		55,000.00	55,000.00		29,034.23	UNDERWAY
	OPERATIONS	1406		204,694.80	204,694.80		3,338.50	UNDERWAY

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: IL06P015501-06 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-015-002	07/17/2008			07/17/2010			
IL-015-007	07/17/2008			07/17/2010			
IL-015-010	07/17/2008			07/17/2010			
IL-015-011	07/17/2008			07/17/2010			
HA WIDE	07/17/2008			07/17/2010			

CAPITAL FUND PROGRAM

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06 P015 501-07		Federal FY of Grant: 2007
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/07
 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	0.00		0.00	0.00
2	1406 Operations	154,594		0.00	0.00
3	1408 Management Improvements Soft Costs	30,000		0.00	0.00
	Management Improvements Hard Costs				
4	1410 Administration	77,297		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000		0.00	0.00
10	1460 Dwelling Structures	316,083		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	95,000		0.00	0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	40,000		0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
		772,974			
	Amount of Annual Grant: (sum of lines.....)	772,974			0.00
	Amount of line XX Related to LBP Activities				0.00
	Amount of line XX Related to Section 504 compliance	0.00			0.00
	Amount of line XX Related to Security –Soft Costs	0.00			0.00
	Amount of Line XX related to Security-- Hard Costs	0.00			0.00
	Amount of line XX Related to Energy Conservation Measures	0.00			0.00
	Collateralization Expenses or Debt Service	0.00			0.00

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06 P015 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
IL 015-001	Appliance Purchase	1465		20,000			
IL 015-001	Landscaping / Site Improvements	1450		5,000			
IL 015-001	Guttering, Downspouts, Exterior Improvements	1460		20,00			
IL 015-002	AC Units & Guards	1460		5,000			
IL 015-002	Site Improvements	1450		5,000			
IL 015-006	Sewer Improvements	1460		261,799			
IL 015-006	Appliances	1465		75,000			
IL 015-010	Emergency Generator	1475		40,000			
IL015-011	Plumbing Improvements	1460		29,284			
AGENCY WIDE	Management Improvements	1408		30,000			
	Salaries & Benefits	1410		77,297			
	Professional Services / A & E Fees	1430		50,000			
	Operations	1406		154,594			
	TOTALS			772,974			

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: IL06 P015 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	
IL 015-001	09/13/2009			09/13/2011			
IL 015-002	09/13/2009			09/13/2011			
IL 015-006	09/13/2009			09/13/2011			
IL 015-010	09/13/2009			09/13/2011			
IL 015-011	09/13/2009			09/13/2011			

CAPITAL FUND PROGRAM

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

PHA Name: Madison County Housing Authority

Grant Type and Number
 Capital Fund Program Grant No: IL06P015501-08
 Replacement Housing Factor Grant No:

Federal FY of Grant:

2008

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	154,000.00			
3	1408 Management Improvements Soft Costs	40,000.00			
	Management Improvements Hard Costs				
4	1410 Administration	77,300.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	130,000.00			
10	1460 Dwelling Structures	361,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	76,894.00			
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	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	739,194.00			
	Amount of line XX Related to LBP Activities	0.00	0.00	0.00	0.00
	Amount of line XX Related to Section 504 compliance	0.00	0.00	0.00	0.00
	Amount of line XX Related to Security –Soft Costs	0.00	0.00	0.00	0.00
	Amount of Line XX related to Security-- Hard Costs	0.00	0.00	0.00	0.00
	Amount of line XX Related to Energy Conservation	0.00	0.00	0.00	0.00

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

PHA Name: Madison County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P015501-08 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Measures				
	Collateralization Expenses or Debt Service	0.00	0.00	0.00	0.00

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

PHA Name: Madison County Housing Authority		Grant Type and Number Capital Fund Program Grant No:IL06P015501-08 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
IL-015-0011	PLUMBING IMPROVEMENTS	1460		276,000.00	276,000.00			
AGENCY WIDE	UNIT REHABILITATION	1460		85,000.00	85,000.00			
	NON-DWELLING IMPROVEMENTS	1470		76,894.00	76,894.00			
	OPERATIONS	1406		154,000.00	154,000.00			
	MANAGEMENT IMPROVEMENTS/TRAINING	1408		20,000.00	20,000.00			
	CAMERA MONITORING & SECURITY	1408		20,000.00	20,000.00			
	SALARIES & BENEFITS	1410		77,300.00	77,300.00			
	FEES & COSTS	1430		85,000.00	85,000.00			

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: IL06P015501-08 Replacement Housing Factor No:					Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
IL-015-011								
HA WIDE								

CAPITAL FUND PROGRAM

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

PHA Name:
MADISON COUNTY HOUSING AUTHORITY

Grant Type and Number
 Capital Fund Program Grant No:
 Replacement Housing Factor Grant No: **IL 06R015 501-05**

Federal FY of Grant:
2005

Original Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (Revision no:)**
 Performance and Evaluation Report for Period Ending: 06/30/07 **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				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	250,135		250,135	250,135
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	250,135			250,135
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance	0.00			
	Amount of line XX Related to Security –Soft Costs	0.00			
	Amount of Line XX related to Security-- Hard Costs	0.00			
	Amount of line XX Related to Energy Conservation	0.00			

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL 06R015 501-05	Federal FY of Grant: 2005
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/07
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Measures				
	Collateralization Expenses or Debt Service	0.00			

CAPITAL FUND PROGRAM

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06 R015 501-06	Federal FY of Grant: <p style="text-align: center;">2006</p>
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending: **06/30/07**
 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				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	419,525		419,525	419,525
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	419,525			419,525

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06 R015 501-06	Federal FY of Grant: 2006
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/07
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to LBP Activities				0.00
	Amount of line XX Related to Section 504 compliance	0.00			0.00
	Amount of line XX Related to Security –Soft Costs	0.00			0.00
	Amount of Line XX related to Security-- Hard Costs	0.00			0.00
	Amount of line XX Related to Energy Conservation Measures	0.00			0.00
	Collateralization Expenses or Debt Service	0.00			0.00

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: II06 R015 501-07	Federal FY of Grant: 2007
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/07
 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				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	729,242		729,242	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	729,242			0.00

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: II06 R015 501-07	Federal FY of Grant: 2007
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/07
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to LBP Activities				0.00
	Amount of line XX Related to Section 504 compliance	0.00			0.00
	Amount of line XX Related to Security –Soft Costs	0.00			0.00
	Amount of Line XX related to Security-- Hard Costs	0.00			0.00
	Amount of line XX Related to Energy Conservation Measures	0.00			0.00
	Collateralization Expenses or Debt Service	0.00			0.00

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL 06R015 501-08	Federal FY of Grant: <p style="text-align: center;">2008</p>
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending: **06/30/07**
 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				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	719,221.00			
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	719,221.00			
	Amount of line XX Related to LBP Activities				

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

PHA Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL 06R015 501-08	Federal FY of Grant: 2008
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (Revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/07
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to Section 504 compliance	0.00			
	Amount of line XX Related to Security –Soft Costs	0.00			
	Amount of Line XX related to Security-- Hard Costs	0.00			
	Amount of line XX Related to Energy Conservation Measures	0.00			
	Collateralization Expenses or Debt Service	0.00			

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Madison County Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA- Wide	Year 1 2009	Work Statement for Year 2 FFY Grant: 2010 PHA FY: 2010	Work Statement for Year 3 FFY Grant: 2011 PHA FY: 2011	Work Statement for Year 4 FFY Grant: 2012 PHA FY: 2012	Work Statement for Year 5 FFY Grant: 2013 PHA FY: 2013
	Annual Statement				
IL 15-1 GARESCHE		44,000	45,000	40,000	75,000
IL 15-2 VIOLA JONES		40,000	125,000	45,000	20,000
IL 15-6 NORTHGATE		30,000	150,000	120,000	85,000
IL 15-10 OLIN		50,000	40,000	25,000	35,000
IL 15-11 BRANER		190,000	91,700	50,000	196,700
AGENCY WIDE		362,300	321,300	493,000	361,300
CFP Funds Listed for 5-year planning		716,300	773,000	773,000	773,000
Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year :2 FFY Grant: 2010 PHA FY: 2010			Activities for Year: 3 FFY Grant: 2011 PHA FY: 2011		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	IL 15-1	HOT WATER TANK REPLACEMENT	4,000	IL 15-1	DEHUMIDIFIER IMPROVEMENTS	5,000
Annual		DEMOLITION	30,000		PAINTING	10,000
Statement		RELOCATION	10,000		FLOORING	30,000
	IL 15-2			IL 15-2	DOOR IMPROVEMENTS	20,000
		RELOCATION	10,000		SEC STORM DOOR REPLACEMENT	15,000
		ROOFING REPLACEMENT	30,000		DEMOLITION	60,000
					RELOCATION	30,000
	IL 15-6	SECURITY	10,000	IL 15-6	SITE IMPROVEMENTS INCLUDING LANDSCAPING, RECREATIONAL, PARKING,	20,000
	IL 15-6	FLOOR TILE	20,000	IL 15-6	BATH RENNOVATIONS	40,000
		LANDSCAPING	21,700		WATER & SEWER LINE IMPROVEMENTS	80,000
	IL 15-10	BATH RENNOVATIONS	50,000	IL 15-10	FLOORING	40,000
	IL 15-11	PLUMBING/SEWAGE SYSTEM	100,000		OFFICE RENNOVATION	0
		FLOORING IMPROVEMENTS	40,000	IL 15-11	DOORS REPLACEMENT	30,000

		ROOF	40,000		OFFICE RENNOVATIONS	15,000
		RELOCATION	10,000		REC CENTER IMPROVEMENTS	20,000
	AGENCY WIDE	FLOORING IMPROVEMENTS	40,000		PLUMBING/SEWAGE SUPPLY LINES	26,700
	AGENCY WIDE	HVAC IMPROVEMENTS	6,000	AGENCY WIDE	PAINTING IMPROVEMENTS	70,000
	AGENCY WIDE	ADA IMPROVEMENTS	5,000	AGENCY WIDE	DEHUMIDIFIER IMPROVEMENTS	30,000
	AGENCY WIDE	TRAINING	30,000.00	AGENCY WIDE	TRAINING	30,000.00
	AGENCY WIDE	PROGRAM ADMIN	77,300.00	AGENCY WIDE	PROGRAM ADMIN	77,300.00
	AGENCY WIDE	FEES & COSTS	30,000.00	AGENCY WIDE	FEES & COSTS	30,000.00
	AGENCY WIDE	OPERATIONS	154,000.00	AGENCY WIDE	OPERATIONS	154,000.00
	AGENCY WIDE	SECURITY	20,000.00	AGENCY WIDE	SECURITY	20,000.00
Total CFP Estimated Cost	716,300			773,100		

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year :4 FFY Grant: 2012 PHA FY: 2012			Activities for Year: 5 FFY Grant: 2013 PHA FY: 2013		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
IL 15-1	WINDOW REPLACEMENT	20,000	IL 15-1	STRUCTURAL IMPROVEMENTS	20,000
	BATH RENNOVATION	10,000		ROOFING/GUTTERING	25,000
	APPLIANCES	10,000		KITCHEN RENNOVATION	15,000
				LIGHTING REPLACEMENT	15,000
IL 15-2	EXTERIOR BUILDING IMPROVEMENTS (INCL DOWNSPOUTS, GUTTERING),	20,000	IL 15-2	WATER HEATER REPLACEMENT	5,000
	KITCHEN AND BATH RENNOVATION	15,000		PAINTING	10,000
	LIGHTING REPLACEMENT	10,000		DOOR & LOCK REPLACEMENT	5,000
IL 15-6	KITCHEN RENNOVATION	100,000	IL 15-6	DOOR & LOCK REPLACEMENT	20,000
	REC CENTER RENNOVATIONS	20,000		APPLIANCES	15,000
IL 15-10	KITCHEN RENNOVATION	0	IL 15-10	DOOR IMPROVEMNTS	25,000
	SITE IMPROVEMENTS INCLUDING PARKING	25,000		DEHUMIDIFIER IMPROVEMENTS	10,000
IL 15-11	DOMESTIC WATER HEATER REPLACEMENT	10,000	IL 15-11	SEWAGE LINE IMPROVEMENTS	161,700
	HVAC IMPROVEMENTS	20,000		SITE IMPROVEMENTS INCLUDING PARKING, CANOPY, FENCE	25,000

	ASBESTOS REMOVAL	0		LIGHTING IMPROVEMENTS	10,000
	BATH RENOVATIONS	10,000	AGENCY WIDE	SITE IMPROVEMENTS	10,000
AGENCY WIDE	NON- EQUIPMENT PURCHASE	80,000	AGENCY WIDE	DOOR/LOCK IMPROVEMENTS	15,000
AGENCY WIDE	SEWAGE IMPROVEMENTS (LIFT STATION)	91,700	AGENCY WIDE	LIGHTING REPLACEMENT	20,000
AGENCY WIDE	PARKING IMPROVEMENTS	20,000	AGENCY WIDE	LANDSCAPING	5,000
AGENCY WIDE	PROGRAM ADMIN	77,300.000	AGENCY WIDE	PROGRAM ADMIN	77,300.000
AGENCY WIDE	SECURITY	20,000.00	AGENCY WIDE	SECURITY	20,000.00
AGENCY WIDE	TRAINING	30,000.00	AGENCY WIDE	TRAINING	30,000.00
AGENCY WIDE	FEES & COSTS	30,000.00	AGENCY WIDE	FEES & COSTS	30,000.00
AGENCY WIDE	OPERATIONS	154,000.00	AGENCY WIDE	OPERATIONS	154,000
Total CFP Estimated Cost	\$773,000			773,000	

ATTACHMENT H

Section 8 Administrative Plan Issues

As permitted by HUD, the PHA has adopted the following specific requirements that elaborate on HUD standards:

Walls

In areas where plaster or drywall is sagging, severely cracked, or otherwise damaged, it must be repaired or replaced. No holes in walls.

Windows

Window sashes must be in good condition, solid and intact, and properly fitted to the window frame. Damaged or deteriorated sashes must be replaced.

Windows must be weather-stripped as needed to ensure a weather-tight seal.

Window screens must be in good condition (applies only if screens are present)

Windows that open must be able to stay up on their own.

Windows must lock.

Electric

Ground fault interrupters must be located within 6 feet of water.

No surface mounting of any nonmetallic sheathed wiring allowed, including Romex.

Three prong electrical outlets are not to be installed on an electrical box that is not grounded.

An outlet that is wired with hot/neutral reversed, reversed polarity is a hazard that is not allowed.

Doors

All exterior doors must be weather-tight to avoid any air or water infiltration, be lockable, have no holes, have all trim intact, and have a threshold.

Locks on doors cannot have a double cylinder door lock.

Sliding glass doors must have a permanent installed security bar.

All interior doors must have no holes, have all trim intact, and be able to open without the use of a key.

Floors

All wood floors must be sanded to a smooth surface and sealed. Any loose or warped boards must be re-secured and made level. If they cannot be made level, they must be replaced.

All floors must be in a finished state. Raw wood or unsealed concrete is not permitted.

All floors should have some type of baseshoe, trim, or sealing for a "finished look."

Vinyl baseshoe is permitted.

No dirt floor basements unless tenant does not have access to basement. Will require PHA approval.

Bedrooms

7 X 10 sq ft minimum size for a bedroom. Ceilings must be at least 7 ½ ft from floor. Bedrooms that are in basements must meet all local codes.

Kitchens/bathrooms

All sinks and commode water lines must have shut off valves, unless faucets are wall mounted.

All worn or cracked toilet seats and tank lids must be replaced and toilet tank lid must fit properly.

All sinks must have functioning stoppers.

Security

If window security bars or security screens are present on an emergency exit windows, they must be equipped with a quick release system. The owner is responsible for ensuring that the family is instructed on the use of the quick release system.

Section 8

Grounds for Denial or Termination of Assistance

Time frames for denial

Denied admission for five (5) year for violation for Certificate / Voucher

Illegal use or possession for personal use of a controlled substance or alcohol

Have engaged in or threatened abusive or violent behavior towards any Madison County Housing Authority staff or resident(s).

Madison County Housing Authority Verification Procedures for Income and Rent Determination

Madison County Housing Authority will obtain upfront income verifications through the following methods:

1. Computer monitoring agreements with Federal, State or Local Government agency or private agency
2. Use of HUD's Tenant Assessment Subsystem (TASS); or
3. Submit direct request for income verifications to a federal, state or local government agencies or a private agency

Types of Income that will be verified using
upfront income verifications (UIV)

1. Gross wages and salaries (including overtime pay, commission, fees, tips, bonuses and other compensation for personal service).
2. Unemployment compensation
3. Welfare Benefits
4. Social Security Benefits (including Federal and State benefits, black lung benefits, dual benefits)
 - A. Social Security
 - B. Supplemental Security Income (SSI)

Other income types (ie., child support, pensions, etc.) will be verified using upfront income verifications if the resources are available

Subsidy and Family Share Calculations

1. Applying Minimum Rent
 - A. HUD requires PHA's to implement a minimum rent of zero to fifty dollars (\$50). The Madison County Housing Authority Voucher Program requires a minimum rent of \$50.00

Earned Income Disallowance For Persons With Disabilities

- .. *This disallowance applies to participants in the Section 8 program-it does not apply for purposes of admission to the program.*
- .. *Initially, HUD defined "qualified family" as a disabled family receiving Section 8 assistance whose annual income increased due to one of the reasons listed below, which meant that only families whose head, spouse or co-head was disabled could qualify for the disallowance.*
- .. *Effective March 15, 2002, families are no longer required to meet the definition of disabled family in order to qualify for the disallowance. A "qualified family" is a family receiving Section 8 assistance whose annual income increases due to one of the following reasons.*

1. *Employment of a family member who is a person with disabilities, AND was previously unemployed for one or more years prior to employment.*
 - . *NOTE: HUD's definition of "previously unemployed" includes a person who has earned, in the 12 months prior to employment, not more than would have been earned at the established minimum wage working 10 hours per week for 50 weeks.*
2. *Increased earnings by a family member who is a person with disabilities, AND is a participant in any economic self-sufficiency or job-training program.*
3. *New employment or increased earnings by a family member who is a person with disabilities, AND within the past 6 months, has received assistance, benefits or services under any state program for temporary assistance (TANF, Welfare-to-Work)*
 - . *Not limited to cash assistance*
 - . *Includes one-time payments, wage subsidies, transportation assistance*
 - . *Total amount over a six-month period must be at least \$500.00*

Initial 12-Month Full Exclusion

- . *Begins on the date the family members (with disabilities) :*
 - *is employed; or*
 - *first experiences and increase in income due to employment.*
- . *The full amount of increase is excluded, and the exclusion extends for a total of twelve cumulative months.*

Second 12-Month Exclusion and Phase-in

- . *Begins when the family member has received 12 cumulative months of full exclusion. Fifty percent of any increase is excluded. The exclusion extends for a total of twelve cumulative months.*

Lifetime Maximum Four Year Disallowance

- . *The initial full exclusion is applied for a maximum of twelve cumulative months. The phase-in (50%) exclusion is applied for a maximum of twelve cumulative months.*

- . *The family member may start and stop employment and the exclusion may start and stop during a 48-month period beginning on the date of the initial exclusion.*
- . *No exclusion may be given after the 48-month period, regardless of whether the family member has received the full exclusion for a total of 12 months **or** the phase-in exclusion for a total of 12 months.*

ATTACHMENT I

MCHA PUBLIC HOUSING VERIFICATION PROCEDURE FOR INCOME AND RENT DETERMINATION ADDENDUM TO THE ADMISSIONS AND CONTINUED OCCUPANCY POLICY

Madison County Housing Authority will verify income through the following methods:

- 1. EARNED INCOME VERIFICATION**
- 2. WRITTEN THIRD PARTY VERIFICATION**
- 3. ORAL THIRD PARTY VERIFICATIONS**
- 4. TENANT DECLARATION**

Madison County Housing Authority will obtain EIV Verification through the following methods:

1. Computer monitoring agreements with Federal, State or Local Government agency or private agency.
2. Use of HUD's EIV; or
3. Submit direct request for income verifications to a federal, state or local government agencies, or a private agency.

Types of Income that will be verified using EIV

1. Gross wages and salaries (including overtime pay, commission, fees, tips, bonuses and other compensation for personal services.
2. Unemployment Compensation.
3. Welfare Benefits
4. Social Security Benefits (including Federal and State benefits, black lung benefits dual benefits)
 - A. Social Security
 - B. Supplemental Security Income (SSI)

Other income types (ie., child support, pensions, etc.) will be verified using upfront income verifications if the resources are available.

Use of Written Third Party Verification to Supplement Upfront Verification

ATTACHMENT I

Madison County Housing Authority will use written third party verification to complement the upfront income verification. If the upfront income verification is not available or if the EIV data differs substantially from tenant-reported information this method will be used. A verification form will be mailed directly to the independent source to obtain wage information and the information will be returned directly to the Madison County Housing Authority from the independent source. If this information is not received when three attempts are made, then the Madison County Housing Authority may use the oral third party verification.

Use of Oral Third Party Verification

In the event the independent source, does not respond to the Madison County Housing Authority written request for information, the housing authority may contact the independent source by telephone to obtain the requested information.

When neither form of third party verification can be obtained, the Madison County Housing Authority may accept original documents such as consecutive pay stubs, if employed by the same employer for three months or more, W-2 forms, etc. The Madison County Housing Authority staff must document the file, stating the reason third party verification was not available.

Tenant Declaration

In the event of self -employment, when third party verification is not available, the Madison County Housing Authority will request a notarized tenant declaration.

Attachment J

MADISON COUNTY HOUSING AUTHORITY PUBLIC HOUSING EARNED INCOME DISALLOWANCE ADDENDUM TO ADMISSIONS AND CONTINUED OCCUPANCY POLICY SECTION 10.2 (ANNUAL INCOME)

Earned Income Disallowance For Persons In Public Housing

.. This disallowance applies to participants in the Public Housing Program. Applicant families are not eligible for the Earned Income Disallowance.

.. The Earned Income Disallowance calls for the exclusion of increases in income attributable to employment by the qualified family member over income received by that family member prior to qualifying for the disallowance. The exclusion applies only to the income of the qualified family member, not the entire household.

The following definition apply for the purpose of this section:

Disallowance. Exclusion from annual income. Previously unemployed includes a person who has earned, in the twelve months previous to employment, no more than would be received for 10 hours of work per week for 50 weeks at the established minimum wage.

Qualified family:

1. A family residing in public housing: whose annual income increases as a result of employment of a family member who was unemployed for one or more years previous to employment.
2. whose annual income increases as a result of increased earnings by a family member during participation in any economic self-sufficiency or other job training program; or
3. whose annual income increases, as a result of new employment or increased earnings of a family member, during or within six months after receiving assistance, benefits, or services under any state program for temporary assistance for needy families funded under part A of Title IV of the Social Security Act, as determined by the PHA in consultation with the local agencies administering temporary assistance for needy families (TANF) and Welfare -to-work (WTW) programs.

1. The TANF program is:

- . Not limited to monthly income maintenance
- . Includes one-time payments, wage subsidies, transportation assistance
- . Total amount over a six-month period must be at least \$600.00

Attachment J

Initial 12-Month Full Exclusion

- . Begins on the date the family members who qualifies is employed; or first experiences and increase in income due to employment.
- . The full amount of increase is excluded, and the exclusion extends for a total of 12 cumulative months.

Second 12-Month Exclusion and Phase-in

- . Begins when the qualified family member has received 12 cumulative months of full exclusion. Fifty percent of any increase is excluded. The exclusion extends for a total of 12 cumulative months.

Lifetime Maximum Four Year Disallowance

- . The initial full exclusion is applied for a maximum of 12 cumulative months. The phase-in (50%) exclusion is applied for a maximum of 12 cumulative months.
- . The family member may repeatedly start and stop employment and the exclusion may start and stop and pick up again during the 48-month period beginning on the date of the initial exclusion.
- . No exclusion may be given after the 48-month period, regardless of whether the family member has received the full exclusion for a total of 12 months **or** the phase-in exclusion for a total of 12 months.

Attachment K

Comments on Plan

Resident Advisory Board Meeting on Draft Annual and 5 Year Plan

A meeting was held at the Stevens Building in Wood River on July 22, 2008. There was attendance from several members of the Resident Advisory Board. The draft Plan was distributed and various reports were explained. The residents present used the meeting to get an update on the mixed finance projects and ask questions from the MCHA Property Manager. The MCHA staff presented copies of the draft plan and the 2009 Annual Plan and 5 Year Plan timeline. RAB members were requested to provide any comments, in writing or by telephone, to the MCHA by the September 11, 2008 deadline.

Comments on Draft Annual and 5 Year Plan

MCHA published a Legal Notice in various newspapers soliciting public comment on the Annual and 5 Year Plan at a meeting to be held on September 11, 2001 at the MCHA Central Office. In addition, notices of the Public Meeting to solicit comment on the draft PLAN were posted in various developments and other public sites in Madison County.

MCHA staff received a phone call on August 28, 2008 from one RAB member who said he thought the Plan was good and he was in support of the Housing Authority activities.

Meeting was held on Thursday, September 11, 2008 at 4:00 p.m. at the Madison County Housing Authority Central Office in Collinsville. No one attended the meeting. No comments were received regarding the Annual and 5 Year Plan.

Attachment L
Progress Report
Meeting 5 year Goals and Objectives 2005-2009

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

PHA Goal: Expand the supply of assisted housing

Objectives:

Apply for additional rental vouchers: If they become available

2008 update *MCHA has applied for and received 33 relocation vouchers (from the Grenzer and Sullivan relocation/demolition projects). In addition, MCHA applied for 82 relocation vouchers in 2007 (resulting from the relocation/demolition of Curran Homes)*

2009 update *MCHA at HUD's recommendation withdrew our request for 82 relocation vouchers (resulting from the relocation/demolition of Curran Homes in Alton).*

Reduce public housing vacancies: by 30% over 5 years

2008 Update *Vacancies at MCHA are at a 5 year low. As of 10/15/2007, MCHA reported 6 vacancies.*

2009 Update *Vacancies at MCHA are currently 3.7% as of August 27, 2008*

<i>Vacant</i>	<i>Total</i>	<i>Development</i>
1	21	Alton Pointe Apartments, Alton
1	7	Washington Avenue Apartments, Madison
2	78	Garesche Homes, Madison
2	37	Viola Jones Homes Venice
5	100	Northgate Homes, Collinsville
1	59	Olin Building, East Alton
2	75	Braner Building
14	377	Total

(Lee Wright Homes complex is being vacated due to the development of the new Meachum Crossing Apartments and is excluded in these totals as a result.)

Leverage private or other public funds to create additional housing opportunities:

2008 Update *MCHA has leveraged both public and private financing of nearly \$13,000,000 on the Alton Pointe Apartments, which will contain 21 public housing units expected to be available in 06/08. In addition, MCHA is the managing general partner of the Meachum Crossing Apartment, a proposed mixed finance mixed income development, which will contain 5 public housing units and 16 project based voucher units (leverage of over \$13,000,000 in public and private financing) expected to be available in 12/09.*

2009 Update *The development budget for the Meachum Crossing Apartments project is in excess of \$15,000,000. MCHA has made a loan in the amount of \$669,660 in Replacement Housing Factor funds to the Meachum Crossing, L.P. As a result, approximately \$14.5 million have been leveraged on this deal in public and private funds.*

Acquire or build units or developments

See above section. 2008, 2009

Other (list below)

Work with other agencies and developers to expand housing using allotment of project based certificates

2008 update MCHA will assist the Alton Pointe Apartments and Meachum Crossing Apartments with the use of project based vouchers.

2009 MCHA has committed 16 project based vouchers to the Meachum Crossing Apartments, and 4 project based vouchers to the Granite City 21st Century Homes single family development.

PHA Goal: Improve the quality of assisted housing

Objectives:

Improve public housing management: (PHAS score) achieve high performer status December, 2006

2008 update MCHA added a full time Quality Control caseworker to assist in internal auditing of Section 8 and Public housing files. MCHA managers have attended various trainings including Nan McKay training to improve management capacity.

2009 Update MCHA has achieved high performer status as of August, 2008.

Improve voucher management: (SEMAP score)

MCHA added a full time Quality Control caseworker to assist in internal auditing of Section 8 and Public housing files. MCHA section 8 caseworks and management have attended various trainings including Nan McKay training to improve management capacity.

Increase customer satisfaction: work with resident groups to improve living conditions, reduce turnovers by December

Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)

2009 Update MCHA has privatized both HQS and UPCS inspections in hopes of improving effectiveness and efficiency. MCHA managers and Section 8 caseworkers have received continued training by Nan McKay, NAHRO, and MCHA Management. MCHA has hired PHA finance to assist with Asset Management transition and has updated software to accommodate HUD mandated changes. MCHA has increased efforts at collection of back rent debts from Section 8 and public housing programs.

Renovate or modernize public housing units:

2008 update MCHA has made extensive improvements to the Olin Building including complete replacement of building surfacing materials, replacement of all sewage supply waste lines, and replacement of all kitchens.

2009 Update MCHA is developing plans and specs for major rehabilitation and seeking financing for improvements to the Braner Building.

Demolish or dispose of obsolete public housing by December 2010: 2009 Update The Lee Wright Homes complex is scheduled for demolition in November, 2008.

Provide replacement public housing: 2009 Update 7 public housing units date of full availability at the Washington Avenue Apartments March 31, 2005.

21 public housing units certificate of occupancy of May 31, 2008 at the Alton Pointe Apartments.

5 public housing units at Meachum Crossing Apartments expected occupancy in 2009.

- Provide replacement vouchers: 2009 *HUD has informed us that replacement vouchers are not available at this time.*

- PHA Goal: Increase assisted housing choices
 - Objectives:
 - Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
Our Executive Director and Section 8 Director have met with various landlord groups to promote the HCV Voucher Program.
 - Increase voucher payment standards 2009 Update MCHA Board of Commissioners approved utilizing 110% of the fair market rents as payment standards for the Section 8 program effective January, 2009/
 - Implement voucher homeownership program: In planning stages. *2009 MCHA has revised its goals and does not intend to participate in a voucher homeownership program.*
 - Implement public housing or other homeownership programs: MCHA staff will refer potential homebuyers to Madison County Community Development, who administer various homeownership programs.
 - Implement public housing site-based waiting lists: *Washington Avenue Apartments, Alton Pointe Apartments, Meachum Crossing, and 21st Century Homes and any future mixed finance or project based voucher developments will have site based waiting lists.*
 - Convert public housing to vouchers:
 - Other: (list below)

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

- PHA Goal: Provide an improved living environment
 - Objectives:
 - Implement measures to de-concentrate poverty by bringing higher income public housing households into lower income developments: *2009 Update Both Alton Pointe and Meachum Crossing Apartments contain a mixture of affordable and market rate rental units. The Washington Avenue, Alton Pointe, and Meachum Crossing contain units affordable to tenants at 30%, 50%, and 60% of the median income.*
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: 2009 Update The most recent mixed finance developments, containing public housing units, (Washington Avenue, Alton Pointe, and Meachum Crossing) will contain a mixture of income levels, and market rate units.
 - Implement public housing security improvements: Install security cameras, lighting, remove physical barriers, install security screens, set up neighborhood watch programs through resident councils. 2009 Update The following developments have security cameras: Braner Building,

Viola Jones, Lee Wright Homes, Garesche Homes, Washington Avenue Apartments, and Northgate Homes.

2009 Update Meachum Crossing Apartments will contain security cameras, and security alarms in all units.

- Designate developments or buildings for particular resident groups (elderly, persons with disabilities) *Olin and Braner are elderly disabled developments.*

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

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

Objectives:

- Increase the number and percentage of employed persons in assisted families: 2009 Update MCHA operates the FSS Program and will begin to encourage better outreach of social services to residents in public housing developments.

Update 2009 Current Community Service Data as of August 27, 2008

<i>Development</i>	<i># of C.S.</i>	<i># U</i>	<i>Aver Income</i>
Alton Pointe	0	20	Not Avail
Braner, Coll	2	73	\$9,241
Garesche, Madison	27	76	\$10,219
Viola Jones, Venice	7	37	\$11,143
Northgate, Coll	22	95	\$10,017
Wash Ave, Madison	0	6	\$14,702
Olin	2	58	\$9,974
Total	60	365	

Approximately 16.4% of tenants are eligible for community service hours.

- Provide or attract supportive services to improve assistance recipients' employability: Update 2009 Information on Madison County Employment and Training and two community colleges in the area is distributed to residents.
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: The Authority shall mix its public housing development populations as much as possible with respect to race, color, religion national origin, sex, familial status, and disability. *MCHA complies with all EEO requirements and affirmatively furthers fair housing.*

- ☒ 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: *MCHA complies with all EEO requirements and affirmatively furthers fair housing.*
- ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: *The Authority will work with local agencies representing persons with all types of disabilities to assist them in obtaining affordable housing.*
- ☒ Other: All MCHA staff has been trained in areas of fair housing and equal opportunity and cultural diversity.

Other PHA Goals and Objectives: (list below)

1. Provide a safe and secure environment in the Madison County Housing Authority's public housing developments. See above for commentary.
2. Improve resident and community perception in the Madison County Housing Authority's public housing developments, residents, and voucher holders. Madison County Housing Authority will continue to provide local media with press coverage on positive stories regarding MCHA, including redevelopment plans, grant awards, and program success stories.
3. Expand the supply of affordable housing in Madison County, cited as a need in the Madison County Consolidated Plan, including Mixed Finance, HOPE VI and other suitable funding.
- 4.
5. MCHA intends to work with our existing taxable non-profit and set-up a non-for-profit organization (501c3) to develop additional affordable housing projects, including homeownership programs.
6. Enhance the appeal of the Madison County Housing Authority's public housing units.
7. Maintain the Madison County Housing Authority's real estate in a decent condition.
8. Continue to deliver timely and high quality maintenance and management service to the residents of the Madison County Housing Authority. MCHA is continuing its training program for maintenance and management staff through Southwestern Illinois College, Candi Atkins, Nan-McKay, NAHRO, IHDA, and other entities.
9. Operate the Madison County Housing Authority in full compliance with all Equal Opportunity laws and regulations.

10. Reduce dependency on federal funding. MCHA will make efforts to secure private and state financing for affordable housing development. Efforts will be made to secure grant funds where appropriate.
11. Improve economic opportunity (self-sufficiency) for the families and individuals who reside in our housing. Currently MCHA has a HUD approved reduced mandatory slots of 70 participants (as of 12/2005) in our Family Self Sufficiency Program.

Attachment M

Project Based Voucher Program

The MCHA is proposing to utilize project based vouchers (PBVs) this fiscal year on recently completed affordable housing projects. We expect to utilize approximately 20 to 25 project based vouchers to ensure that units will remain affordable to tenants for a period of several years at newly acquired or recently constructed or rehabilitated apartments.

In accordance with 24 CFR Part 983, MCHA may publish a competition for Project Based Vouchers for eligible owners of rental housing in several local newspapers. In addition, MCHA may choose to allocate Project Based Vouchers based on selection of proposals assisted under federal, state, or local governmental assistance, community development or supportive services program that require competitive proposals. These proposals will have been selected in accordance with such program's competitive selection requirements within 3 years of the PBV proposal selection date, and the earlier competitive selection proposal did not involve any consideration that the project would receive PBV assistance. In addition, MCHA may elect to utilize PBV at its own developments, in compliance with these requirements.

All project based vouchers applications will comply with HUD program requirements, and will be considered eligible housing.

PBV applications will be selected and owners will be notified in accordance with HUD regulations. MCHA will make documentation available for public inspection regarding the basis for the selection of the PBV.

Selection Criteria

Sites selected will either be newly constructed, recently rehabilitated or new construction. In addition, projects must meet MCHA goals of deconcentrating poverty and expanding housing and economic opportunities.

MCHA will consider the following information in making a determination on whether the application meets site selection guidelines:

- Site is in an area (census tract) undergoing significant revitalization,

- Site is in an area of on-going public and or private investment,

- Site is in an area where market rate units are being developed and the market units positively affect the area.

In addition, sites that are located in areas with poverty rates in excess of 20%, a review of the past five year history of the poverty rate will be evaluated to determine that poverty rate is not increasing.

For sites with existing housing, the applications must have sites that are adequate in size, exposure, and contour to accommodate the number proposed and adequate utilities must be provided. Water and sewage system conditions will be evaluated. Sites must promote greater choice of housing opportunities and avoid undue concentration of assisted persons in areas containing a high proportion of low income areas. Sites also must be accessible to social, recreational, education and commercial and health facilities that are consistent to neighborhoods consisting of unassisted housing. Travel time and cost of public transportation for employment opportunities must not be excessive.

For sites with new construction, site selection criteria will include evaluation of the following factors:

- Site must be adequate for number of units proposed and have adequate utilities,

- Site must meet minority concentration requirements as defined by the regulations.

ATTACHMENT N

MADISON COUNTY HOUSING AUTHORITY PEST CONTROL POLICY

The Madison County Housing Authority recognizes the importance of pest and vermin control in providing a living environment of adequate health and safety for its residents. To achieve this control the authority has adopted a pest control policy that will be implemented by the Executive Director.

PEST CONTROL AND EXTERMINATION

The Madison County Housing Authority will make all efforts to provide a healthy and pest-free environment for its residents. The Authority will determine which, if any, pests infest its properties and will then provide the best possible treatment for the eradication of those pests.

The Executive Director will determine the most cost-effective way of delivering the treatments -- whether by contractor or licensed Authority personnel.

The extermination plan will begin with an analysis of the current condition at each property. The Executive Director shall make sure that an adequate schedule for treatment is developed to address any existing infestation. Special attention shall be paid to cockroaches. The schedule will include frequency and locations of treatment. Different schedules may be required for each property.

Resident cooperation with the extermination plan is essential. All apartments in a building must be treated for the plan to be effective. Residents will be given information about the extermination program at the time of move-in. All residents will be informed at least twenty-four hours before treatment. The notification will be in writing and will include instructions that describe how to prepare the unit for treatment. If necessary, the instructions shall be bi-lingual to properly notify the resident population.

ATTACHMENT O

**Madison County Housing Authority-PHA Plan
Table Library**

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

Annual Statement

Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number IL06R01550109

FFY of Grant Approval: (2009)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	0.00
2	1406 Operations	0.00
3	1408 Management Improvements	15,000.00
4	1410 Administration	30,000.00
5	1411 Audit	0.00
6	1415 Liquidated Damages	0.00
7	1430 Fees and Costs	85,000.00
8	1440 Site Acquisition	50,000.00
9	1450 Site Improvement	0.00
10	1460 Dwelling Structures	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	0.00
12	1470 Nondwelling Structures	0.00
13	1475 Nondwelling Equipment	0.00
14	1485 Demolition	0.00
15	1490 Replacement Reserve	0.00
16	1492 Moving to Work Demonstration	0.00
17	1495.1 Relocation Costs	80,000.00
18	1498 Mod Used for Development	147,486.00
19	1502 Contingency	0.00
20	Amount of Annual Grant (Sum of lines 2-19)	407,486.00
21	Amount of line 20 Related to LBP Activities	0.00
22	Amount of line 20 Related to Section 504 Compliance	0.00
23	Amount of line 20 Related to Security	0.00
24	Amount of line 20 Related to Energy Conservation Measures	0.00

ATTACHMENT O

**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
	Management Improvements	1408	15,000.00
	Administration	1410	30,000.00
	Fees and Costs	1430	85,000.00
	Acquisition	1440	50,000.00
	Mod Used For Development	1498	147,486.00
	Demolition	1485	0.00
	Relocation	1495.1	80,000.00
TOTAL			407,486.00

ATTACHMENT O

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)
	09/30/11	09/30/13

Attachment P

YOUR RIGHT TO REQUEST A REASONABLE ACCOMMODATION

Do I have the right to request a reasonable accommodation or modification of my unit while in public or assisted housing?

If you have a disability that requires you to need ...

An accommodation or adjustment in the program's rules, policies, practices or services, or

A modification of your Public Housing unit or its associated premises, then ...

You have the right to request a reasonable accommodation or modification.

Will my request automatically be approved?

We will try to approve your request if you can show that ...

You have a disability that requires a reasonable accommodation or modification, and your request is reasonable.

How do I file a request?

You can request a reasonable accommodation by filling out a Reasonable Accommodation Request Form available at the manager's office within your complex during regular business hours. If you need help filling out this form, or if you want to give us your request in some other way, we will help you.

What happens after I file the request?

Your request will be reviewed and you will receive a response within 30 calendar days after we have received your request. If we turn down your request, we will explain the reasons. You will have a right to a hearing if your request is denied.

My signature confirms that I have read and understand my rights as indicated above.

Signature (Head of Household)

Date

The Madison County Housing Authority will make every effort to make this information available to persons with disabilities in alternative formats upon request. Please allow a minimum of seven days for preparation of the material.

MADISON COUNTY HOUSING AUTHORITY
REQUEST FOR A REASONABLE ACCOMMODATION

Head of Household _____

Address _____

Day phone: _____ Home phone (if different) _____

1. The following member of my household has a disability

Name _____ Relationship _____

2. Please provide the following accommodation(s) so that the person listed above can comply with the requirements of the program and have an equal opportunity within the program to use and enjoy his/her unit and its associated premises.

Check the applicable request:

- An accommodation or adjustment in the following program, rule, policy, practice or service that I currently must follow to meet the terms of the program. I understand that I may ask for change in how I meet the terms of the program's rules and regulations. (please be specific and explain what is needed. Attach a separate sheet if necessary for additional information.)
- A modification in my unit or to another part of the associated housing complex. (Please tell what specifically is needed. Attach a separate sheet if necessary for additional information.) (NOTE: Applicable only to programs where the Madison County Housing Authority owns the property.)

3. I need this reasonable accommodation because:

4. My request can be verified by:

Physician/Diagnostician

Name _____

Title: _____

Organization _____

Address _____

Phone (____) _____

If there are other persons who can also verify your request, please fully identify them on a separate sheet and attach.

I, _____, give the Madison County Housing Authority permission to contact the individual(s) identified in No. 4 of this form for purposes of verifying that I or a family member needs the reasonable accommodation requested above. (NOTE: This must be signed by the person designated in No. 1 of this form or by an individual with authority to sign on that person's behalf).

Signed (Head of Household)

(Date)

[insert date]

Dear:

Enclosed is a "Request for Reasonable Accommodations" form signed by _____ asking you to verify [his/her], or [his/her] household member's need for a reasonable accommodation or modification in [his/her] housing.

In accordance with laws concerning persons with disabilities, a housing provider, upon request, may have to make reasonable accommodations to its program's rules, policies, practices or services or reasonable modifications to a housing unit or its associated premises. These reasonable accommodations or modifications may be required if they are necessary to enable a person with a disability to comply with the program's requirements and have an equal opportunity within the program to use and enjoy the unit and its associated premises. Please note that such accommodations *must be necessary*, not just desirable.

[name] has requested the accommodation described on the enclosed "Request for a Reasonable Accommodation" form. Please indicate by completing the verification portion of this form whether you believe the requested accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be helpful in making the right accommodation for this person.

This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.

Please return the form within ten calendar days of its receipt in the enclosed self-addressed, stamped envelope. If you have any questions, or cannot complete the form within ten days, please call [insert staff name] at [insert phone number].

Thank you for your cooperation.

Sincerely,

Housing Manager

Enclosure: Request for a Reasonable Accommodation Verification Form

REQUEST FOR A REASONABLE ACCOMMODATION VERIFICATION FORM

In accordance with the signed consent provided on the attached form, please verify the information concerning a request for a reasonable accommodation for _____ by completing the following:

(Check all applicable boxes)

- A. The subject individual has a disability or handicap (The U.S. Department of Housing and Urban Development's definition of handicap requires that the individual has an impairment that is expected to be of long-continued and indefinite duration, is a substantial impediment to his or her ability to live independently and is of a nature that the ability to live independently could be improved by a stable residential situation. This term includes: developmentally disabled persons as defined in Section 102 of the Department Disabilities Services and Facilities Construction Amendment of 1970 (42) USC 269, [1])

An individual who is developmentally disabled, i.e., an individual who has a severe chronic disability, is one for whom all of the below apply:

1. is attributable to a mental and/or physical impairment;
2. was manifested before the age of 22;
3. is likely to continue indefinitely;
4. results in substantial functional limitations in three or more of the following areas: capacity for independent living, self care, receptive and expressive language, learning, mobility, self-direction, and economic self-sufficiency, AND
5. requires special, interdisciplinary or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated.

- The subject individual does NOT have a disability or handicap.

- B. The disability or handicap necessitates the requested accommodation or modification identified on the enclosed Reasonable Accommodation Request Form in order for the subject individual to comply with the requirements of the program and have equal access to and enjoyment of his/her unit and its associated premises.

- C. Do you believe the requested accommodation will achieve its stated purpose?

- yes no (If "no" please briefly explain)

D. Please indicate the critical time frame required to complete the requested accommodation so that the subject can have an equal opportunity to use and enjoy his/her unit and its associated premises and honor the terms of his/her lease.

- Immediate
- Within 5 months
- From 6 months to 1 year

E. How long have you been familiar with the subject individual's disability?

F. Date of last contact with the subject individual concerning his/her disability:

G. Please provide any comments to assist in the evaluation of the requested reasonable accommodation:

I certify that the above information is true and complete.

Physician/diagnostician name/title

License #

Signature

Date

Name of Organization

Street address

City, State, Zip

Phone

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Attachment Q
Carbon Monoxide Alarm Detector Act Policy

Madison County Housing Authority will ensure that all public housing units contain at least one approved carbon monoxide detector alarm in operating condition within 15 feet of every room used for sleeping purposes.

In addition, carbon monoxide detectors were installed in all MCHA units during FY 2007 in compliance with the Carbon Monoxide Alarm Detector Act Policy.

In compliance with Illinois Public Act 094-0741, effective January 1, 2007, Madison County Housing Authority will ensure landlords participating in the Section 8 program install carbon monoxide detectors in all buildings containing bedrooms and sleeping facilities.

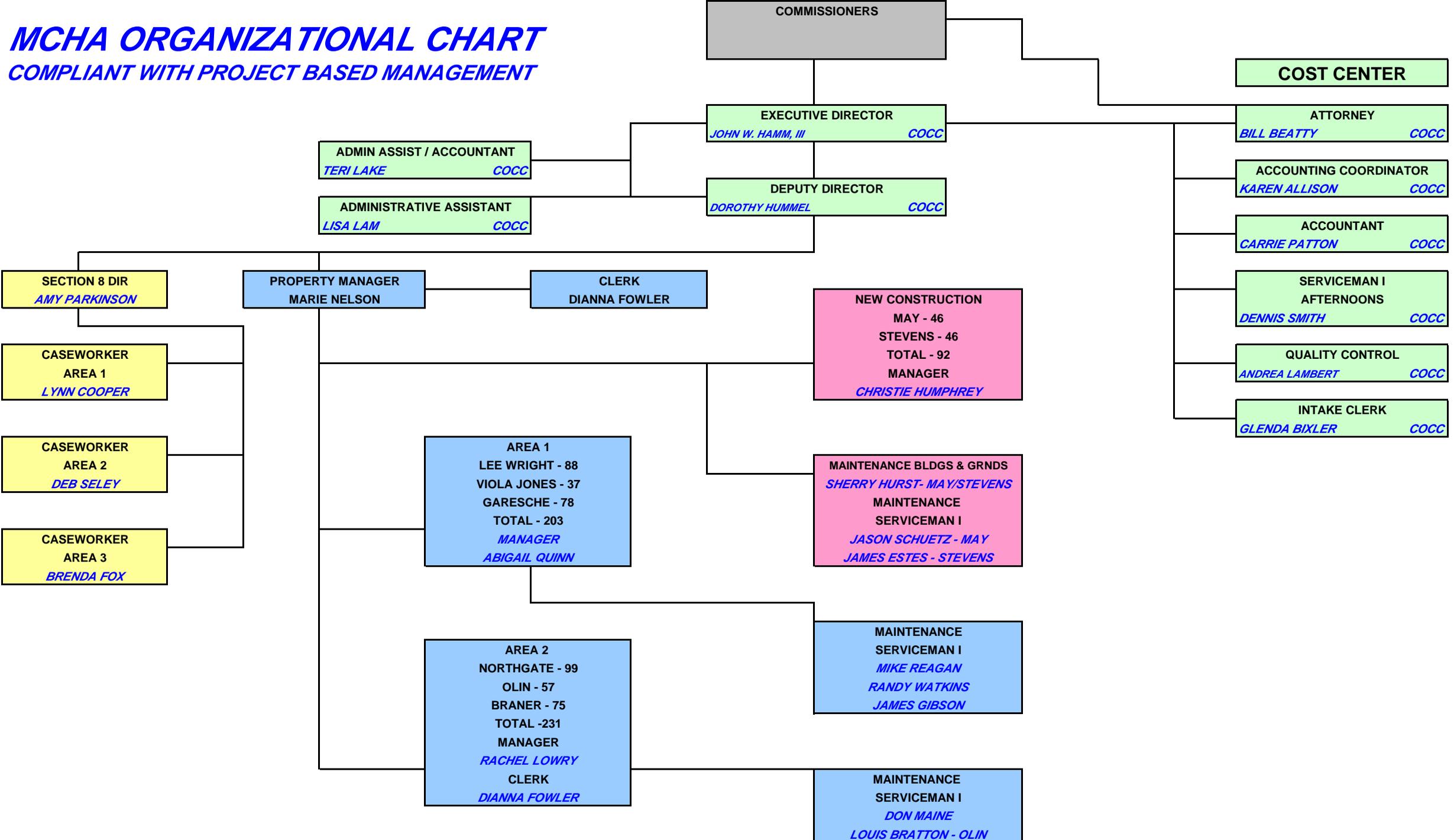
Attachment R
Violence Against Women Act

In compliance with HUD Notices PIH 2006-23 and PIH 2007-5 pertaining to the passage of the Violence Against Women Act and Department of Justice Reauthorization Act of 2005, Madison County will prohibit the eviction of, and removal of assistance from, certain persons living in public or Section 8 assisted housing if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as the terms are defined in Section 3 of the United States Housing Act of 1937 as amended by VAWA (42 USC 13925).

All related policy changes are specifically defined in the Administrative and Continued Occupancy Policy (ACOP) and the Section 8 Administrative Plan.

MCHA ORGANIZATIONAL CHART

COMPLIANT WITH PROJECT BASED MANAGEMENT



PUBLIC HOUSING
 SECTION 8
 COCC = CENTRAL OFFICE COST CENTER
 SECTION 8 NEW CONSTRUCTION