

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. See Attachment k</p>
9.1	<p>Strategy for Addressing Housing 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. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. See Attachment l</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. See Attachment m</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” See Attachment n</p>

ATTACHMENT o-CARBON MONOXIDE ALARM DETECTOR ACT

ATTACHMENT p -PROTECTIONS UNDER THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2005 (VAWA)

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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Attachment a

Statement

The Lake County Housing Authority (LCHA) is working to change the face of public housing in Lake County, IL. As one of the leading housing authorities in Illinois, our agency provides housing and housing related services for over 11,000 citizens of Lake County.

We provide safe, decent and sanitary housing for the most vulnerable members of our community. Our team consists of dedicated management and housing professionals. With the continued leadership and assistance of our Board of Commissioners we remain confident and excited about being aggressive in the housing arena. LCHA continues to play a vital role in maintaining the health of our community by building strong public and private partnerships, maintaining a high standard of property maintenance, and helping low-income families move toward economic self-sufficiency.

I believe our future success depends on our willingness to offer our very best to the public as professionals who can demonstrate they care about people and the community in which they live, work and play! We must all come together - residents, staff, local and county governments, businesses, partners, developers and other stakeholders in **our mission/commitment to serve the Lake County community with housing opportunities and options.**

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) 84**
- Improve voucher management: **(SEMAP score) 100**
- Increase customer satisfaction: **With all Customers.**
- Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units: **As Needed.**
- 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: **Housing Counselor**
- Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

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

PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate 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: **Working with all job related agencies and employers.**
- Provide or attract supportive services to improve assistance recipients' employability: **We will hire make recommendations.**
- 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)

Attachment b

Section 8 Administrative Plan Changes 2009

Delete

5.3 STATUTORY AND EXCEPTION SELECTIONS FROM THE WAITING LIST.

~~1. Notwithstanding the above, families who are elderly, disabled, or displaced will be offered rental assistance before other single persons.~~

Change From

4.8 Grounds for Denial

~~F. Currently owes rent or other amounts to any housing authority in connection with the public housing or Section 8 Programs;~~

Change To

4.8 Grounds for Denial

F. Currently owes rent or other amounts to any government subsidized housing program;

Change From

7.0 Moves With Continued Assistance

Participating families are allowed to move to another unit after the initial 12 months has expired, if the landlord and the participant have mutually agreed to terminate the lease, or if the Housing Authority has terminated the HAP contract. The Lake County Housing Authority will issue the family a new voucher if the family does not owe the Lake County Housing Authority or any other ~~Housing Authority~~ money, has not violated a Family Obligation, has not moved or been issued a voucher within the last 12 months, and if the Lake County Housing Authority has sufficient funding for continued assistance. If the move is necessitated for a reason other than family choice, the Authority at its sole discretion may waive the 12-month requirement. Refusal to waive the 12-month requirement is not a matter subject to an informal hearing.

Change To

7.0 Moves With Continued Assistance

Participating families are allowed to move to another unit after the initial 12 months has expired, if the landlord and the participant have mutually agreed to terminate the lease, or if the Housing Authority has terminated the HAP contract. The Lake County Housing Authority will issue the family a new voucher if the family does not owe the Lake County Housing Authority or any other **government subsidized housing program** money, has not violated a Family Obligation, has not moved or been issued a voucher within the last 12 months, and if the Lake County Housing Authority has sufficient funding for continued assistance. If the move is necessitated for a reason other than family choice, the Authority at its sole discretion may waive the 12-month requirement. Refusal to waive the 12-month requirement is not a matter subject to an informal hearing.

Add Definition

6.0 ASSIGNMENT OF BEDROOM SIZES (SUBSIDY STANDARDS)

E. Live-in aides **may** get a separate bedroom.

Live-in aide: A person who resides with one or more elderly persons, or near- elderly persons, or persons with disabilities, and who:

- a. Is determined to be essential to the care and well- being of the persons;
- b. Is not obligated for the support of the persons; and
- c. Would not be living in the unit except to provide the necessary supportive services.

In approving a live-in aide the Lake County Housing Authority will follow the fact sheet and guidance “Live-In Aides and the Housing Choice Voucher Program Fact Sheet” as written in 2003 by The Technical Assistance Collaborative, Inc under contract by the U.S. Department of Housing and Urban Development.

Added

6.5 Approval to Lease a unit. This area lists all the requirements needed to approve an assisted unit prior to leasing. Then there is this paragraph below.

The Housing Authority will prepare the HAP contract when the unit is approved for tenancy. Generally, the landlord, simultaneously with the signing of the lease and the HUD required tenancy addendum, will execute the contract. Upon receipt of the executed lease and the signed contract by the landlord, the Housing Authority will execute the contract. The Housing Authority will not pay any housing assistance to the owner until the contract is executed.

In no case will the contract be executed later than 60 days after the beginning of the lease term.

In an effort to expedite Housing Assistance Payments, LCHA will require all new landlords to participate in their Direct Deposit program, HMS PAL.

Change From

9.1 Income, Exclusions From Income, Deductions From Income

To determine annual income, the Lake County Housing Authority counts the income of all family members, excluding the types and sources of income that are specifically excluded. Once the annual income is determined, the Lake County Housing Authority subtracts out all allowable deductions (allowances) as the next step in determining the Total Tenant Payment.

Change To

9.1 Income, Exclusions From Income, Deductions From Income

To determine annual income, the Lake County Housing Authority counts the income of all family members, excluding the types and sources of income that are specifically excluded. Once the annual income is determined, the Lake County Housing Authority subtracts out all allowable deductions (allowances) as the next step in determining the Total Tenant Payment. **All Household members must report income and changes to income.**

Change From

11.6 Distribution of housing assistance payment

The Housing Authority pays the owner the lesser of the housing assistance payment or the rent to owner. Payments are made the 1st of the month and are deemed paid when mailed. The Authority ~~may establish~~ a program of direct deposit of payments as an electronic fund transfer in which case payments are deemed paid when a disbursal order is duly given to the Authority's depository. The initial payment for a portion of a month may be combined with the next full month payment. If payments are not made when due, the owner may charge the Lake County Housing Authority a late payment, agreed to in the Contract and in accordance with generally accepted practices in the Lake County jurisdiction.

Change To

11.6 Distribution of housing assistance payment

The Housing Authority pays the owner the lesser of the housing assistance payment or the rent to owner. Payments are made the 1st of the month and are deemed paid when mailed. The Authority **has established** a program of direct deposit of payments as an electronic fund transfer in which case payments are deemed paid when a disbursal order is duly given to the Authority's depository. The initial payment for a portion of a month may be combined with the next full month payment. If payments are not made when due, the owner may charge the Lake County Housing Authority a late payment, agreed to in the Contract and in accordance with generally accepted practices in the Lake County jurisdiction.

Add Definition

9.3 Exclusions from income

Annual income does not include the following:

H. The amounts received from the following programs:

6. Temporary, nonrecurring, or sporadic income (including gifts) is **defined as happening in irregular intervals in time and isolated, as a single instance; being or occurring apart from others.**

Add

12.3 HQS in section C (Space and Security) 2 (Acceptability)

- d. The exterior doors of the dwelling unit must be lockable. **The lock must not require a key to exit from the interior of the unit.** Exterior doors are doors by which someone can enter or exit the dwelling unit.

Change From

14.1 Annual Reexamination

At least annually the Lake County Housing Authority will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family subsidy is correct based on the family unit size.

The Lake County Housing Authority will send a notification letter to the family letting them know that it is time for their annual reexamination and scheduling an appointment. The letter includes forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary. The letter tells families who may need to make alternate arrangements due to a disability that they may contact staff to request an accommodation of their needs.

During the interview, the family will provide all information regarding income, assets, expenses, and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances.

Upon receipt of verification, the Lake County Housing Authority will determine the family's anticipated annual income by using the average earned the previous year and will calculate their family share.

Change To

14.1 Annual Reexamination

At least annually the Lake County Housing Authority will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family subsidy is correct based on the family unit size.

The Lake County Housing Authority will send a notification letter to the family letting them know that it is time for their annual reexamination and scheduling an appointment. The letter includes forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary. The letter tells families who may need to make alternate arrangements due to a disability that they may contact staff to request an accommodation of their needs.

During the interview, the family will provide all information regarding income, assets, expenses, and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances. **Household members must report income and changes to income.**

Upon receipt of verification, the Lake County Housing Authority will determine the family's anticipated annual income by using the average earned the previous year and will calculate their family share.

Change From

14.2.3 Paybacks/Repayments

Any change in household income or composition, whether an increase or a decrease, should be reported in writing within ten days of the change. Failure to report an increase may result in the family's obligation to repay the benefits it received to which it was not entitled. If a family believes they *have* reported such a change, yet an adjustment reflecting the change was not done, the family is not relieved of their obligation to repay the Authority for any overpayment made on their behalf. ~~The family must provide proof of the prior notification, such as a copy of the document, clearly showing the Authority's date stamp, in order for no repayment to occur.~~ This obligation to report is spelled out in a more precise manner on the Family Obligation form required by regulations. This form is read and explained to the family, and all adult members of the family are required to sign the form to affirm their understanding. While a 30 day written notice is to be given to the household prior to the effective date of an increased payment to the landlord, the actual effective date of the increase may be retroactive to the date the monies were received. The Authority will seek repayment, and may choose to terminate the household's participation in the program based on the family's failure to report an increase in income. If the family *reports* the increase, in writing, more than ten days after the change, the Authority may choose to allow the family to remain on the program, and enter into a Repayment Agreement.

The Authority Collection Specialist prepares a packet that details the reason for the repayment as well as supporting documentation that substantiates the amount of the repayment. This is mailed to the family and an appointment is scheduled to discuss the case.

Upon notice by the Authority the full amount owed by the family is due. As a condition for the household to continue to receive housing assistance, the Authority may require repayment in full or may, at its discretion, offer the participant an opportunity to enter into a Repayment Agreement that sets forth the schedule of monthly repayment amounts. The form of the Repayment Agreement is taken from HUD's Office of Inspector General's Tenant Integrity Manual. It states the reason for the repayment and informs the family that the agreement should not be signed if it is not agreed that the specified amount is owed. One-third of the entire amount owed is due at the time of the signing of the agreement to repay. The balance will be then paid in monthly installments, as determined by this Authority, and must be paid in full within a set time frame, between twelve and twenty-four months.

Should the family not make that initial payment no agreement will be entered, and the family is considered to be in DEFAULT. A letter is sent notifying the family that the entire balance owed is due and that assistance will be terminated in 30 days if it is not paid. The letter will detail any options for appeal, such as an informal hearing. The family will have the right to request an Informal Review/Hearing pursuant to the Authority's

policy, if amounts are in dispute. The family is encouraged to provide their own documentation to prove any discrepancies in the amounts owed or the Repayment decision itself.

~~If a family misses any two Repayment Agreement payments, they are considered to be in DEFAULT and the termination process will begin. A letter notifying the family that assistance will be terminated in 30 days will be sent to the family. The letter will detail any options for appeal, such as an informal hearing.~~

The Repayment Agreement stipulates that should the family income be such that they are eligible for a Utility Assistance Payment (UAP), they will not actually receive the UAP, rather it will be applied to their account balance. If the UAP is less than the monthly payment amount, the family is required to pay the difference. Once the balance is paid in full, the family will again receive the UAP. The family may elect not to agree to this, however the monthly payments still must be paid.

The Repayment Agreement also informs the family that the debt is not dischargeable in any bankruptcy proceedings that may commence in the future. The family receives a copy of the signed Repayment Agreement. Once a month the family is mailed a statement of the balance due, and an envelope is provided for the return payment.

Change To

14.2.3 Paybacks/Repayments

Any change in household income or composition, whether an increase or a decrease, should be reported in writing within ten days of the change. **All household members must report income and changes to income.** Failure to report an increase may result in the family's obligation to repay the benefits it received to which it was not entitled. If a family believes they *have* reported such a change, yet an adjustment reflecting the change was not done, the family is not relieved of their obligation to repay the Authority for any overpayment made on their behalf. **The family must provide proof of the prior notification, such as a copy of the document, clearly showing the Authority's date stamp, in order for the Authority to consider reducing or eliminating the overpayment.** This obligation to report is spelled out in a more precise manner on the Family Obligation form required by regulations. This form is read and explained to the family, and all adult members of the family are required to sign the form to affirm their understanding. While a 30 day written notice is to be given to the household prior to the effective date of an increased payment to the landlord, the actual effective date of the increase may be retroactive to the date the monies were received. The Authority will seek repayment, and may choose to terminate the household's participation in the program based on the family's failure to report an increase in income. If the family *reports* the increase, in writing, more than ten days after the change, the Authority may choose to allow the family to remain on the program, and enter into a Repayment Agreement.

The Authority Collection Specialist prepares a packet that details the reason for the

repayment as well as supporting documentation that substantiates the amount of the repayment. This is mailed to the family and an appointment is scheduled to discuss the case.

Upon notice by the Authority the full amount owed by the family is due. As a condition for the household to continue to receive housing assistance, the Authority may require repayment in full or may, at its discretion, offer the participant an opportunity to enter into a Repayment Agreement that sets forth the schedule of monthly repayment amounts. The form of the Repayment Agreement is taken from HUD's Office of Inspector General's Tenant Integrity Manual. It states the reason for the repayment and informs the family that the agreement should not be signed if it is not agreed that the specified amount is owed. One-third of the entire amount owed is due at the time of the signing of the agreement to repay. The balance will be then paid in monthly installments, as determined by this Authority, and must be paid in full within a set time frame, between twelve and twenty-four months.

Should the family not make that initial payment no agreement will be entered, and the family is considered to be in DEFAULT. A letter is sent notifying the family that the entire balance owed is due and that assistance will be terminated in 30 days if it is not paid. The letter will detail any options for appeal, such as an informal hearing. The family will have the right to request an Informal Review/Hearing pursuant to the Authority's policy, if amounts are in dispute. The family is encouraged to provide their own documentation to prove any discrepancies in the amounts owed or the Repayment decision itself.

If a family misses any two Repayment Agreement payments, or fails to pay the required one-third down, then they will be notified that they are in Default, and the entire balance owed is due in full. Failure to pay that amount within thirty days will result in the termination of assistance. The letter will detail any available options for an appeal.

The Repayment Agreement stipulates that should the family income be such that they are eligible for a Utility Assistance Payment (UAP), they will not actually receive the UAP, rather it will be applied to their account balance. If the UAP is less than the monthly payment amount, the family is required to pay the difference. Once the balance is paid in full, the family will again receive the UAP. The family may elect not to agree to this, however the monthly payments still must be paid.

Change From

14.2.4 Paybacks in Default at Annual Recertification

~~Approximately 60 to 90 days prior to his/her scheduled annual recertification date, the Collection Specialist will review the Payback history of any participant who owes this Authority money. If all payments have been made, as the agreement requires, no action will be taken. If the participant is in DEFAULT on the agreement, written notice will be sent demanding payment in full prior to the first day of the recertification month. The written notice will allow no less than 60 days to pay the debt. Failure to pay the debt will result in termination, with an opportunity for an Informal Hearing.~~

This Authority does not permit a participant to enter into an agreement when he/she has a history of paybacks (even just one). If he/she is in good standing (making regular payments as per the Agreement) then we may require the new amount owed to be paid off in full within a thirty day time frame, or face termination.

This Authority may actively seek prosecution in a court of law of those who owe at least \$4,000. This may be in conjunction with, or on the behalf of, the Office of Inspector General for HUD, or the State's Attorney(s).

If a family requests an Informal Hearing regarding monies due or terminations proposed as a result of failure to comply with an agreement, and the hearing is granted, then the decision of the Hearing Officer may be final, in that no further appeal is available. Any decision will be issued in writing.

Change To

14.2.4 Payback Policy

This Authority does not permit a participant to enter into an agreement when he/she has a history of paybacks (even just one). If he/she is in good standing (making regular payments as per the Agreement) then we may require the new amount owed to be paid off in full within a thirty day time frame, or face termination.

This Authority may actively seek prosecution in a court of law of those who owe at least \$4,000. This may be in conjunction with, or on the behalf of, the Office of Inspector General for HUD, or the State's Attorney(s).

If a family requests an Informal Hearing regarding monies due or terminations proposed as a result of failure to comply with an agreement, and the hearing is granted, then the decision of the Hearing Officer may be final, in that no further appeal is available. Any decision will be issued in writing.

Add

16.1 Complaints

The Lake County Housing Authority will investigate and respond to complaints by participant families, owners, and the general public. The Lake County Housing Authority may require that complaints other than HQS violations be put in writing. Anonymous complaints are investigated whenever possible. **Any reported criminal activity by the participant, law enforcement, media, screening service, or citizen may prompt a criminal background check be conducted on the participant family.**

Change From

16.2 INFORMAL REVIEW FOR THE APPLICANT

A. Informal Review for the Applicant

The Lake County Housing Authority will give an applicant for participation in the Section 8 Existing Program prompt notice of a decision denying assistance to the applicant. The notice will contain a brief statement of the reasons for the Lake County Housing Authority decision. ~~The notice will state that the applicant may request an informal review within fourteen (14) calendar days of the denial and will describe how to obtain the informal review.~~

Change To

A. Informal Review for the Applicant

The Lake County Housing Authority will give an applicant for participation in the Section 8 Existing Program prompt notice of a decision denying assistance to the applicant. The notice will contain a brief statement of the reasons for the Lake County Housing Authority decision. **If there is a disagreement with the decision, the applicant may ask for an appeal and may meet with personnel to try to settle the matter informally. If there is still a disagreement with the decision and the applicant has the right to an informal review, they must request the informal review in writing within fourteen (14) calendar days from the date of the letter.**

Change From

16.3 INFORMAL HEARINGS FOR PARTICIPANTS

C. Notice to the Family

1. In the cases described in paragraphs 16.3(A)(1)(a), (b), and (c), of this Section, the Lake County Housing Authority will notify the family that the family may ask for an explanation of the basis of the Lake County Housing Authority's determination, and that if the family does not agree with the determination, the family may request an informal hearing on the decision.
2. In the cases described in paragraphs 16.3(A)(1)(d), (e), and (f), of this Section, the Lake County Housing Authority will give the family prompt written notice that the family may request a hearing within fourteen (14) calendar days of the notification. The notice will:
 - a. Contain a brief statement of the reasons for the decision; and
 - b. State that if the family does not agree with the decision, the family may request an informal hearing on the decision within fourteen (14) calendar days of the notification.

Change To

16.3 INFORMAL HEARINGS FOR PARTICIPANTS

C. Notice to the Family

1. Lake County Housing Authority will notify the family before housing assistance payments are terminated. The notice will contain a brief statement of the reasons for the Lake County Housing Authority decision. If there is a disagreement with the decision, the participant may ask for an appeal and may meet with personnel to try to settle the matter informally. If there is still a disagreement with the decision and the participant has the right to an informal hearing, they must request the informal hearing in writing within fourteen (14) calendar days from the date of the letter.

2. In the cases described in paragraphs 16.3(A)(1)(a), (b), and (c), of this Section, the Lake County Housing Authority will notify the family that the family may ask for an explanation of the basis of the Lake County Housing Authority's determination, and that if the family does not agree with the determination, the family may request an informal hearing on the decision.
3. In the cases described in paragraphs 16.3(A)(1)(d), (e), and (f), of this Section, the Lake County Housing Authority will give the family prompt written notice that the family may request a hearing within fourteen (14) calendar days of the notification. The notice will:
 - a. Contain a brief statement of the reasons for the decision; and

b. State that if the family does not agree with the decision, the family may request an informal hearing on the decision within fourteen (14) calendar days of the notification.

Attachment c

Low Rent ACOP 2009 Changes

Change From

10.2 ASSIGNMENT OF BEDROOM SIZES

The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	2
1	1	3
2	2	4
3	3	7
4	4	9
5	5	10

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Zero bedroom units will be assigned to one-person families although two people may occupy a zero bedroom unit.

Exceptions to normal bedroom size standards include the following:

- A. Units smaller than assigned through the above guidelines – A family may request a smaller unit size than the guidelines allow. The Lake County Housing Authority will allow the smaller size unit so long as generally no more than two (2) people per bedroom are assigned. In such situations, the family will sign a certification stating they understand they will be ineligible for a larger size unit unless the family size and/or composition changes.

Change To

10.2 ASSIGNMENT OF BEDROOM SIZES

The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	2
1	1	3
2	2	5
3	3	7
4	4	9
5	5	10

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Zero bedroom units will be assigned to one-person families although two people may occupy a zero bedroom unit.

Exceptions to normal bedroom size standards include the following:

- B.** Units smaller than assigned through the above guidelines – A family may request a smaller unit size than the guidelines allow. The Lake County Housing Authority will allow the smaller size unit so long as generally no more than two (2) people per **sleeping space** are assigned. In such situations, the family will sign a certification stating they understand they will be ineligible for a larger size unit unless the family size and/or composition changes.

Delete

10.3 STATUTORY AND EXCEPTION SELECTION FROM THE WAITING LIST

- ~~1. Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing assistance before other single persons.~~

Change From

10.7 Rejection of Unit

If the family rejects with good cause any unit offered, they will not lose their place on the waiting list. Good cause includes reasons related to health, ~~proximity to work, school, and childcare (for those working or going to school)~~. If the applicant is willing to accept an offered unit but is unable to move at the time of the offer and they can show clear evidence of their inability to move, they will not lose their place on the waiting list.

Change To

10.7 Rejection of Unit

If the family rejects with good cause any unit offered, they will not lose their place on the waiting list. Good cause includes reasons related to **health or reasonable accommodation**. If the applicant is willing to accept an offered unit but is unable to move at the time of the offer and they can show clear evidence of their inability to move, they will not lose their place on the waiting list.

Change From

10.8 PAYMENT OF SECURITY DEPOSIT

~~The security deposit must be paid in full with the first month's rent prior to taking possession of the unit.~~ The security deposit will be held by the LCHA. Any charges to the resident for any rent owed, damages to the apartment, services for extra maintenance, or any other obligation to the Lake County Housing Authority will be deducted from the security deposit upon the resident's move out. The resident will be given a detailed statement of these charges. The remaining balance of the security deposit will be returned to the Resident at the end of the lease or within a reasonable time thereafter.

Change To

10.9 PAYMENT OF SECURITY DEPOSIT

The security deposit may be paid in three installments of 1/3 (one-third) of the amount due with the first installment due prior to taking possession of the unit and the remaining 2 installments due on the first of the two following months. The security deposit will be held by the LCHA. Any charges to the resident for any rent owed, damages to the apartment, services for extra maintenance, or any other obligation to the Lake County Housing Authority will be deducted from the security deposit upon the resident's move out. The resident will be given a detailed statement of these charges. The remaining balance of the security deposit will be returned to the Resident at the end of the lease or within a reasonable time thereafter.

Add

11.0 Income, Exclusions From Income, and Deductions From Income

To determine annual income, the Lake County Housing Authority counts the income of all family members, excluding the types and sources of income that are specifically excluded. **All Household members must report income and changes to income.** Once the annual income is determined, the Lake County Housing Authority subtracts all allowable deductions (allowances) to determine the Total Tenant Payment.

Change From

11.2 Annual income

Annual income does not include the following:

H. The amounts received from the following programs:

~~6. Temporary, nonrecurring or sporadic income (including gifts);~~

Change To

11.2 Annual income

Annual income does not include the following:

H. The amounts received from the following programs:

6. Temporary, nonrecurring or sporadic income (including gifts) which is defined as happening in irregular intervals in time and isolated, as a single instance; being or occurring apart from others.

Add

15.6 INTERIM REEXAMINATIONS

During an interim reexamination only the information affected by the changes being reported will be reviewed and verified.

Families are required to report any increase or decrease in income or in allowable expenses between annual reexaminations. **All Household members must report income and changes to income.** These changes will trigger an interim reexamination.

Add

15.6 Interim Reexaminations

In order to add a household member other than through court's determination, birth or adoption (including a live-in aide) the family must request that the new member be added to the lease. Before adding the new member to the lease, the individual must complete an application form stating their income, assets, and all other information required of an applicant. The individual must provide their Social Security Number if they have one, and must verify their citizenship/eligible immigrant status (Their housing will not be delayed due to delays in verifying eligible immigrant status other than delays caused by the family). The new family member will go through the screening process similar to the process for applicants. The Lake County Housing Authority will determine the eligibility of the individual before allowing them to be added to the lease. If the individual is found to be ineligible or does not pass the screening criteria, they will be advised in writing and given the opportunity for an informal review. If they are found to be eligible and do pass the screening criteria, the Lake County Housing Authority will grant approval to add their name to the lease. At the same time, the family's annual income will be recalculated taking into account the income and circumstances of the new family member. The effective date of the new rent will be in accordance with paragraph below 14.2.2.

In approving a live-in aide the Lake County Housing Authority will follow the fact sheet and guidance "Live-In Aides and the Housing Choice Voucher Program Fact Sheet" as written in 2003 by The Technical Assistance Collaborative, Inc under contract by the U.S. Department of Housing and Urban Development.

Families are required to report all changes in income, including an increase or a decrease in income, an increase in allowable expenses, or other changes in family circumstances. **All Household members must report income and changes to income.** Upon such request, the Lake County Housing Authority will take timely action to process the interim reexamination and recalculate the family share.

Add

15.6.1 Paybacks/Repayments

Any change in household income, whether an increase or a decrease, should be reported in writing within ten (10) days of the change. **All Household members must report income and changes to income.** Failure to report an increase may result in the family's obligation to repay the benefits it received to which it was not entitled. If a family believes they *have* reported such a change, yet an adjustment reflecting the change was not done, the family is not relieved of their obligation to repay the Authority for any overpayment made on their behalf. The family must provide proof of the prior notification, such as a copy of the document, clearly showing the Authority's date stamp, in order for no repayment to occur. This obligation to report is spelled out in a more precise manner on the Family Obligation form required by regulations. This form is read and explained to the family, and all adult members of the family are required to sign the form to affirm their understanding. While a 30 day written notice is to be given to the household prior to the effective date of an increased payment to the landlord, the actual effective date of the increase may be retroactive to the date the monies were received. The Authority will seek repayment, and may choose to terminate the household's participation in the program based on the family's failure to report an increase in income. If the family *reports* the increase, in writing, more than ten days after the change, the Authority may choose to allow the family to remain on the program, and enter into a Repayment Agreement.

Change From

19.0 Repayment Agreements PAYMENTS PAID WITH NSF CHECKS

If a tenant makes a payment on their payback and the check is returned for insufficient funds, we notify the participant that

1. we have received the bad check and
2. ~~will add the form the bank to the account and~~
3. the amount of the check plus a \$10.00 processing fee to cover the cost ~~from the bank~~ is due immediately and
4. ~~no further personal checks will be accepted.~~ Payments must be in form of cash, money order, or cashiers check

Change To

19.0 Repayment Agreements PAYMENTS PAID WITH NSF CHECKS

If a tenant makes a payment on their payback and the check is returned for insufficient funds, we notify the participant that

1. we have received the bad check and
2. the amount of the check plus a \$10.00 processing fee to cover the cost from the bank is due immediately and
3. **after two NSF checks no further personal checks will be accepted.** Payments must be in form of cash, money order, or cashiers check.

Change From

20.2 Termination By the Housing Authority

J. Any criminal activity on the property or drug-related criminal activity on or off the premises. This includes but is not limited to the manufacture of methamphetamine on the premises of the Lake County Housing Authority. In the event that criminal activity is found to be domestic violence, the Authority may seek to terminate the tenancy of an individual family member and may require the remaining family member(s) to secure and maintain in force an order of protection as a condition of continued occupancy;

Change To

20.2 Termination By the Housing Authority

J. Any criminal activity on the property or drug-related criminal activity on or off the premises. This includes but is not limited to the manufacture of methamphetamine on the premises of the Lake County Housing Authority. In the event that criminal activity is found to be domestic violence, the Authority may seek to terminate the tenancy of an individual family member and may require the remaining family member(s) to secure and maintain in force an order of protection as a condition of continued occupancy; **any reported criminal activity by the resident, law enforcement, media, screening service, or citizen may prompt a criminal background check be conducted on a participant.**

Change From

A1.2 PETS PERMITTED

Only common domesticated household pets may be maintained on Authority property. These are dogs, cats, ferrets, gerbils, guinea pigs, hamsters, rabbits, fish, turtles and caged birds. Reptiles are prohibited. Cats may not weigh more than 15 pounds. Dogs may not weight more than 35 pounds and/or stand 24 inches from the ground to the top of the head. The capacity of aquariums shall not exceed 20 gallons.

Change To

A1.2 PETS PERMITTED

Only common domesticated household pets may be maintained on Authority property. These are dogs, cats, ferrets, gerbils, guinea pigs, hamsters, rabbits, fish, turtles and caged birds. Reptiles are prohibited. Cats may not weigh more than 15 pounds. Dogs may not weight more than 35 pounds and/or stand 24 inches from the ground to the top of the head. The capacity of aquariums shall not exceed 20 gallons. **There is a limit of only one dog or one cat per household in senior complexes and scattered site housing. Dogs and cats are prohibited at Marion Jones Townhomes.**

Change From

A1.4 DEPOSIT AND CHARGES

A total pet deposit of \$300 will be required with the submission of the Application for family developments. Of the \$300 pet deposit, ~~\$100 will be a non-refundable nominal fee to cover the reasonable operating costs to the property relating to presence of pets.~~ Buildings that houses elderly residents where the pet deposit will be equal to the household's security deposit but not to exceed \$300 will not have a non-refundable nominal fee. The deposit will be returned when the household vacates the unit unless its use is necessary to cure problems created directly or indirectly by pet ownership. The Authority may recover costs it incurs that are associated with its obtaining appropriate care for the pet in the event the owner is incapacitated and the alternate caregiver is unavailable or refuses assistance. The Authority shall charge an amount equal to its cost for an hour's labor for removing pet waste beginning with the onset of each hour of labor.

Change To

A1.4 DEPOSIT AND CHARGES

A total pet deposit of \$300 will be required with the submission of the Application for family developments. Buildings that houses elderly residents where the pet deposit will be equal to the household's security deposit but not to exceed \$300 will not have a non-refundable nominal fee. The deposit will be returned when the household vacates the unit unless its use is necessary to cure problems created directly or indirectly by pet ownership. The Authority may recover costs it incurs that are associated with its obtaining appropriate care for the pet in the event the owner is incapacitated and the alternate caregiver is unavailable or refuses assistance. The Authority shall charge an amount equal to its cost for an hour's labor for removing pet waste beginning with the onset of each hour of labor.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PHA Name: Housing Authority of The County of Lake, Illinois		Capital Fund Program Grant No: IL056501-09		FFY of Grant Approval: 2009	
Date of CFFP:		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost¹	
		Original	Revised²	Expended	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	218,164.80			
3	1408 Management Improvements	208,164.80			
4	1410 Administration (may not exceed 10% of line 21)	109,082.40			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	82,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	463,412.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of The County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL056501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2009	
Type of Grant		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			
Summary by Development Account		Total Actual Cost¹	
Line	Original	Revised²	Obligated
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	10,000.00	
21	Amount of line 20 Related to LBP Activities	1,090,824.00	
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date 07/08/2009	Signature of Public Housing Director
			Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages									
PHA Name: Housing Authority of The County of Lake, Illinois			Grant Type and Number Capital Fund Program Grant No: CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
HA-wide	Fees and Cost	1430							
	Inspections staff Salary	1430		50,000.00					
	Inspection Staff Benefits	1430		8,000.00					
	Annual Inspections	1430		12,000.00					
	A & E	1430		10,000.00					
	Sundry	1430		2,000.00					
HA-Wide	Vacant Unit Turnaround	1460		48,412.00					
IL056-008									
22 Hawley Manor	Replace Roof system	1460		83,000.00					
IL056-011									
42 Hawley Manor	Replace Roof System	1460		83,000.00					
IL056-008									
John Kuster Manor	Replace Roof System	1460		91,000.00					
IL056-008									
Millview Manor	Replace Roof System	1460		80,000.00					
IL056-011									
Orchard Manor	Replace Roof System	1460		78,000.00					

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FFY of Grant: 2009		
PHA Name: Housing Authority of The County of Lake, Illinois		Capital Fund Program Grant No: IL06PS056-501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2009		
Type of Grant	Original Annual Statement	Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:)	Total Actual Cost ¹		
Line	Summary by Development Account	Performance and Evaluation Report for Period Ending:	Final Performance and Evaluation Report	Revised ²	Obligated	Expended
Summary by Development Account			Total Estimated Cost			
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)		\$50,767			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		\$100,000			
8	1440 Site Acquisition					
9	1450 Site Improvement		\$377,000			
10	1460 Dwelling Structures		\$853,000			
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Housing Authority of The County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 Replacement Housing Factor Grant No: Date of CFFP: 4/09/2009		
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$1,380,767	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date 07/08/2009	Signature of Public Housing Director

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Expires 4/30/2011

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of The County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1								
IL06P056-001								
Marion Jones	Door Replacement	1460	50	\$30,000				
	Driveway Repairs/Replacement	1450	N/A	\$40,000				
AMP 2								
IL06P056-008								
Hawley Manor #22	Vacant Unit Turnaround	1460	2	\$2,000				
	Concrete Sidewalks	1450	N/A	\$2,000				
	Cyclical Painting	1460	4	\$2,000				
	Driveway Repairs/Replacement	1450	1	\$5,000				
	Landscaping	1450	1	\$3,000				
IL06-P056-011								
Hawley Manor #42	Vacant Unit Turnaround	1460	3	\$3,000				
	Concrete Sidewalks	1450	N/A	\$2,000				

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² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of The County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Cyclical Painting	1460	4	\$2,000				
	Driveway Repairs/Replacement	1450	1	\$5,000				
	Landscaping	1450	1	\$3,000				
IL06P056-013								
Warren Manor	Vacant Unit Turnaround	1460	2	\$2,000				
	Concrete Sidewalks	1450	N/A	\$2,000				
	Cyclical Painting	1460	2	\$1,000				
	Driveway Repairs/Replacement	1450	1	\$5,000				
	Landscaping	1450	1	\$3,000				
IL06P056-002								
Shiloh Towers	Vacant Unit Turnaround	1460	5	\$5,000				
	Concrete Sidewalks	1450	N/A	\$2,000				
	Cyclical Painting	1460	5	\$5,000				
	Driveway Repairs/Replacement	1450	1	\$8,000				
	Landscaping	1450	1	\$3,000				

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Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 3								
IL06-P056-008								
Millview Manor	Vacant Unit Turnaround	1460	5	\$5,000				
	Concrete Sidewalks	1450	N/A	\$1,000				
	Cyclical Painting	1460	5	\$3,000				
	Driveway Repairs/Replacement	1450	1	\$4,000				
	Landscaping	1450	1	\$3,000				
IL06P056-008								
John Kuester Manor								
	Vacant Unit Turnaround	1460	5	\$5,000				
	Concrete Sidewalks	1450	N/A	\$2,000				
	Cyclical Painting	1460	5	\$3,000				
	Driveway Repairs/Replacement	1450	1	\$3,000				
	Landscaping	1450	1	\$2,000				
IL06P056-011								
Orchard Manor	Vacant Unit Turnaround	1460	5	\$5,000				
	Concrete Sidewalks	1450	N/A	\$1,000				

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 4								
Scattered Sites								
IL06P056-007								
IL06P056-008								
IL06P056-012								
IL06P056-014								
IL06P056-015								
IL06P056-016								
IL06P056-017								
IL06P056-018								
IL06P056-019								
IL06P056-021								
IL06P056-022								
	Furnace Replacement	1460	94	\$150,000				
	Roof Replacement	1460	23	\$105,000				
	Driveway Repairs/Replacement	1450	94	\$150,000				
	Fence Replacement	1450	10	\$15,000				
	Vacant Unit Turnaround	1460	14	\$100,000				
	Cyclical Painting	1460	30	\$30,000				

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 5								
Scattered Sites								
IL06P056-007								
IL06P056-008								
IL06P056-012								
IL06P056-014								
IL06P056-015								
IL06P056-016								
IL06P056-017								
IL06P056-018								
IL06P056-019								
IL06P056-021								
IL06P056-022								
	Furnace Replacement	1460	67	\$150,000				
	Roof Replacement	1460	23	\$105,000				
	Driveway Repairs/Replacement	1450	67	\$80,000				
	Fence Replacement	1450	10	\$15,000				
	Vacant Unit Turnaround	1460	14	\$99,000				
	Cyclical Painting	1460	30	\$30,000				

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program						Federal FFY of Grant: 2009
PHA Name: Housing Authority of the County of Lake, Illinois						
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
IL056-1 Marion Jones	03/2010		03/2012			
IL056-2 Shioh Towers	03/2010		03/2012			
IL056-4 Beach Haven	03/2010		03/2012			
IL056-7 Scattered Sites	03/2010		03/2012			
IL056-8 Hawley, Millview, Kuester, & Scat. Sites	03/2010		03/2012			
IL056-11 Hawley, Orchard	03/2010		03/2012			
IL056-12 Scattered Sites	03/2010		03/2012			
IL056-13 Warren Manor	03/2010		03/2012			
IL056-14 Scattered Sites	03/2010		03/2012			
IL056-15 Scattered Sites	03/2010		03/2012			
IL056-16 Scattered Sites	03/2010		03/2012			
IL056-18 Scattered Sites	03/2010		03/2012			
IL056-20 Scattered Sites	03/2010		03/2012			
IL056-21 Scattered Sites	03/2010		03/2012			
IL056-22 Disabled	03/2010		03/2012			
HA Wide	03/2010		03/2012			

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FFY of Grant: 2008	
PHA Name: Housing Authority of the County of Lake, Illinois		Capital Fund Program Grant No: IL06P056-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2008	
Type of Grant	<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 3/31/2009	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)		
	<input type="checkbox"/> Performance and Evaluation Report for Development Account	<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	
		Original	Revised ²	Expended	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	218,164.80	218,164.80	200,000.00	150,000.00
3	1408 Management Improvements	109,082.40	109,082.40	9,430.79	8,500.00
4	1410 Administration (may not exceed 10% of line 21)	109,082.40	109,082.40		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	60,000.00	60,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000.00	85,983.68	32,335.38	32,335.38
10	1460 Dwelling Structures	384,494.00	362,516.10	171,099.14	130,774.14
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	150,000.00	145,695.00	4,572.47	4,572.47
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Housing Authority of the County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL06P0516-501-08 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	10,000.40	299.62
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,090,824.00	1,090,824.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	Date
			7/10/09

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2011

Part II: Supporting Pages		Federal FFY of Grant: 2008					
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity				
		Total Estimated Cost	Total Actual Cost				
		Original	Revised¹				
		Funds Obligated²	Funds Expended²				
		Status of Work					
HA Wide	Management Improvement						
	Resident Safety & Security	1408		80,000.00	8,500.00	8,500.00	
	Computer Upgrade	1408		9,082.40			
	Resident Initiatives	1408		20,000.00	930.79		
HA Wide	Administration						
	Salary	1410		80,000.00			
	EBC	1410		29,082.40	29,082.40		
HA Wide	Fees and Costs						
	Inspections	1430		60,000.00			
IL-056-1 Marion Jones	Landscaping						
	Unit Exterior Lighting	1450		50,000.00	50,000.00		
	Replace Unit Light Fixtures	1450		35,983.68	32,335.38	32,335.38	
	Replace Tile Floor	1460		50,000.00	50,000.00		
	Rehab/Vacant Unit Turnaround	1460		70,000.00	70,000.00		
	Replace Vehicle/Lawn Equipment	1460		40,000.00	166.32		
		1475		4,572.47	4,572.47	4,572.47	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages										
PHA Name: Housing Authority of the County of Lake, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P056-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008			
Development Number Name/PHA -Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²			
IL056-2 Shiloh	Cyclical Painting of Units	1460			2,050.00	2,050.00	2,050.00			
IL056-7 Scat. Site	Rehab/Vacant Unit Turnaround Amp 4 Cyclical Painting of Units Amp 4 Rehab/Vacant Unit Turnaround Amp 5	1460 1460 1460		56,123.00 990.00 56,124.00	22,465.00 990.00	22,465.00 990.00	1,050.00 990.00			
IL056-8 Scat. Site	Cyclical Painting of Units Amp 2 Emergency Kuester Flood Repairs Cyclical Painting of Units Amp 4 Cyclical Painting of Units Amp 5	1460 1460 1460 1460			866.00 13,911.14 1,675.00 25,569.64	866.00 13,911.14 1,675.00	866.00 13,911.14 1,675.00			
IL056-11	Cyclical Painting of Units Amp 2	1460			2,134.00	2,134.00	2,134.00			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Federal FFY of Grant: 2008						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL056-12 Scat Site								
	Cyclical Painting of Units Amp 4	1460		48,684.00	45,681.00			
	Cyclical Painting of Units Amp 5	1460			1,975.00	1,975.00	1,975.00	
	Rehab/Unit Turnaround	1460			44,493.00	44,493.00	40,643.00	
IL056-21 Scat Site								
	Cyclical Painting of Units Amp 4	1460		1,250.00	1,250.00	1,250.00	1,250.00	
IL056-14 Scat Site								
	Rehab/Vacant Unit Turnaround	1460			43,665.00	43,665.00	43,665.0	
IL056-15 Scat. Site								
	Cyclical Painting of Units Amp 4	1460		3,850.00	3,850.00	3,850.00	3,850.00	
	Emergency Mold Assessment Amp 4	1460			4,575.00	4,575.00	4,575.00	
	Rehab/Vacant Unit Turnaround Amp 4	1460			15,060.00	15,060.00		
	Cyclical Painting of Units Amp 5	1460			6,600.00	6,600.00	6,600.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part III: Implementation Schedule for Capital Fund Financing Program							Federal FFY of Grant: 2008	
PHA Name: Housing Authority of the County of Lake, Illinois								
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Original Expenditure End Date	Actual Expenditure End Date		
IL056-1 Marion Jones	6/12/2010		6/12/2012					
IL056-2 Shiloh Towers	6/12/2010		6/12/2012					
IL056-4 Beach Haven								
IL056-7 Scattered Sites	6/12/2010		6/12/2012					
IL056-8 Hawley, Millview, Kuester, & Scat. Sites	6/12/2010		6/12/2012					
IL056-11 Hawley, Orchard	6/12/2010		6/12/2012					
IL056-12 Scattered Sites	6/12/2010		6/12/2012					
IL056-13 Warren Manor								
IL056-14 Scattered Sites	6/12/2010		6/12/2012					
IL056-15 Scattered Sites	6/12/2010		6/12/2012					
IL056-16 Scattered Sites	6/12/2010		6/12/2012					
IL056-17 Scattered Sites	6/12/2010		6/12/2012					
IL056-18 Scattered Sites								
IL056-19 Scattered Sites								
IL056-20 Scattered Sites								
IL056-21 Scattered Sites	6/12/2010		6/12/2012					
IL0056-22 Disabled								

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part I: Summary		FFY of Grant: 2007 FFY of Grant Approval: 2007	
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-07 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	50,000.00	50,000.00
3	1408 Management Improvements	55,000.00	60,041.41
4	1410 Administration (may not exceed 10% of line 21)	108,142.00	108,142.00
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	70,000.00	30,123.76
8	1440 Site Acquisition		2300.00
9	1450 Site Improvement	236,999.62	437,555.38
10	1460 Dwelling Structures	590,272.00	428,311.45
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part I: Summary		FFY of Grant: 2007 FFY of Grant Approval: 2007		
PHA Name: Housing Authority of the County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL06P056-501-07 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant				
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009		<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹	
		Original	Revised ² Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)	3,760.38		
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,114,174.00	1,114,174.00	1,036,197.24
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			
Signature of Executive Director		Signature of Public Housing Director		Date
<i>[Signature]</i>		<i>[Signature]</i>		7/10/09

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
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U.S. Department of Housing and Urban Development
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Part II: Supporting Pages		Federal FFY of Grant: 2007						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-07 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Management Improvements Resident Safety & Security Maintenance & Manager Uniform	1408 1408		55,000.00	54,760.00	54,760.00	54,760.00	
HA Wide	Administration Salary EBC	1410 1410		80,000.00	80,000.00	80,000.00	80,000.00	
HA Wide	Fees and Costs A and E Inspections	1430 14630		10,000.00	2,300.00	2,300.00	2,300.00	
IL056-1 Marion Jones	Security Camera Upgrade Emergency Repair Gas Lines	1450 1450		30,692.00	262,955.80	262,955.80	262,955.80	
IL056-2 Shiloh Tower	Roof Inspections	1460		1,427.00	1,427.00	1,427.00	1,427.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Federal FFY of Grant: 2007						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-07 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL056-4 Beach Haven	Sealcoat & Reseal Parking Area	1450			3,575.00	3,575.00	3,575.00	
	Tree Trimming	1450			1,675.00	1,675.00	1,675.00	
	Emergency Boiler Replacement	1460		106,917.00	106,917.00	106,917.00	106,917.00	
	Roof Inspection	1460		1,427.00	1,427.00	1,427.00	1,427.00	
IL056-7 Scat. Site	Driveway Replacement	1450		2,800.00	2,800.00	2,800.00	2,800.00	
IL056-8 Scat. Site & PHA Office	Parking Lot Replacement	1450		156,324.58	156,324.58	156,324.58	156,324.58	
	Tree Trimming	1450		650.00	650.00	650.00	650.00	
	Interior Rehab 22 Hawley	1460		50,000.00				
	Interior Rehab Millview	1460		50,000.00				
	Interior Rehab Kuester	1460		50,000.00				
	Emergency Water Heater Replacement	1460		13,033.20	13,033.20	13,033.20	13,033.20	
	Roof Inspection Hawley	1460		425.00	425.00	425.00	425.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Federal FFY of Grant: 2007						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-07 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL056-11	Interior Rehab 42 Hawley Roof Inspection 42 Hawley	1460 1460		9,165.00 425.00	191,721.25 425.00	191,721.25 425.00	191,721.25 425.00	
IL056-12 Scat. Site	Tree Trimming	1450			4,675.00	4,675.00	4,675.00	
IL056-13 Warren	Interior Rehab	1460		63,505	73,661.00	73,661.00	73,508.00	
IL056-15 Scat. Site	Tree Trimming	1450			1,100.00	1,100.00	1,100.00	
IL056-16 Scat. Site	Tree Trimming	1450			2,200.00	2,200.00	2,200.00	
IL056-19 Scat. Site	Tree Trimming	1450			1,200.00	1,200.00	1,200.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part III: Implementation Schedule for Capital Fund Financing Program						Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		Actual Obligation End Date	All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date		Original Expenditure End Date	Actual Expenditure End Date	
IL056-1 Marion Jones	9/11/2009		9/11/2011			
IL056-2 Shiloh Towers	9/11/2009	9/11/2011	9/11/2011			
IL056-4 Beach Haven	9/11/2009	9/11/2011	9/11/2011			
IL056-7 Scattered Sites	9/11/2009	9/11/2011	9/11/2011			
IL056-8 Hawley, Millview, Kuester, & Scat. Sites	9/11/2009	9/11/2011	9/11/2011			
IL056-11 Hawley, Orchard	9/11/2009	9/11/2011	9/11/2011			
IL056-12 Scattered Sites						
IL056-13 Warren Manor	9/11/2009		9/11/2011			
IL056-14 Scattered Sites						
IL056-15 Scattered Sites						
IL056-16 Scattered Sites						
IL056-18 Scattered Sites						
IL056-19 Scattered Sites						
IL056-20 Scattered Sites						
IL056-21 Scattered Sites	9/11/2009			9/11/2011		
IL0056-22 Disabled						
HA Wide	9/11/2009			9/11/2011		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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 Office of Public and Indian Housing
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Part I: Summary		FFY of Grant: 2006 FFY of Grant Approval: 2006	
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056-P056-501-06 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated
1	Total non-CFFP Funds		Expended
2	1406 Operations (may not exceed 20% of line 21) ³	50,000.00	50,000.00
3	1408 Management Improvements	7,331.15	12,440.00
4	1410 Administration (may not exceed 10% of line 21)	98,142.00	98,142.00
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	69,981.12	70,431.12
8	1440 Site Acquisition		
9	1450 Site Improvement	170,907.23	167,957.23
10	1460 Dwelling Structures	692,120.50	547,336.50
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴	142,175.15	142,175.15

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part I: Summary		FFY of Grant: 2006 FFY of Grant Approval: 2006	
PHA Name: of the County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL06P056-501-06 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated
		Revised²	Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,088,482.00	1,088,482.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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Part II: Supporting Pages		Federal FFY of Grant: 2006						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Management Improvements							
	Resident Safety & Security	1408		2,320.00	10,240.00	10,240.00	10,240.00	
	Computer Upgrade	1408		5,000.00	2,200.00	2,200.00	2,200.00	
	Resident Initiatives	1408		11.15				
HA Wide	Administration							
	Salary	1410		64,424.87	62,572.84	62,572.84	62,572.84	
	EBC	1410		28,142.00	24,663.04	24,663.04	24,663.04	
	Travel	1410		2,138.69	2,877.53	2,877.53	2,877.53	
	Sundry	1410		3,436.44	8,028.59	8,028.59	8,028.59	
HA Wide	Fees and Costs							
	A and E	1430		9,981.12	6,329.49	6,329.49	6,329.49	
	Inspections	1430		40,000.00	40,000.00	40,000.00	40,000.00	
	Inspection Cost Benefits	1430		20,000.00	24,101.63	24,101.63	23,661.63	
IL056-1 Marion Jones								
	Security Camera Upgrades	1450		10,000.00	7,500.00	7,500.00	7,500.00	
	Dumpster Surround	1450		5,000.00	5,000.00	5,000.00	5,000.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages											
PHA Name: Housing Authority of the County of Lake, Illinois				Grant Type and Number Capital Fund Program Grant No: IL06P056-501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2006			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work			
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²				
IL056-1 Marion Jones Cont'd	Fire Alarm Carbon Monoxide	1460		22,792.00	22,792.00	22,792.00	22,792.00				
	Resistance Glass Lobby Enclosure	1460		4,685.50	4,685.50	4,685.50	4,685.50				
	ADA Electric Door	1460			10,500.00	10,500.00	10,500.00				
	Vacant Unit Turnaround	1460			2,281.63	2,281.63	2,281.63				
IL056-2 Shiloh Tower	Security Cameras	1460		15,912.00	15,912.00	15,912.00	15,912.00				
	Fire Alarm Carbon Monoxide	1460		296.00	296.00	296.00	296.00				
IL056-4 Beach Haven	Emergency Repair Water Main Gazebo	1450		16,278.38	16,278.38	16,278.38	16,278.38				
	Security Cameras	1460		9,837.00	9,837.00	9,837.00	9,837.00				
	Fire Alarm Carbon Monoxide	1460		14,948.00	14,948.00	14,948.00	14,948.00				
	Office Modifications	1460		15,189.00	15,189.00	15,189.00	15,189.00				
	Interior Rehab	1460		9,760.00	9,760.00	9,760.00	9,760.00				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Federal FFY of Grant: 206						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number						
Development Number Name/PHA-Wide Activities		Capital Fund Program Grant No: IL06P056-501-06						
General Description of Major Work Categories		CFPP (Yes/ No):						
Development Account No.		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised¹	Funds Obligated²	Funds Expended²	
IL056-7 Scat. Site	Fire Alarm Carbon Monoxide Rehab/Vacant Unit Turnaround	1460		5,624.00	5,624.00	5,624.00	5,624.00	
		1460		111,623.00	112,223.00	112,223.00	112,223.00	
IL056-8 Scat. Site & PHA Office								
	Gazebo 22 Hawley	1450		20,000.00				
	Interior Rehab 22 Hawley	1460		50,000.00				
	Security Cameras 22 Hawley	1460		7,542.50	7,542.50	7,542.50	7,542.50	
	Gazebo Millview	1460		10,000.00				
	Interior Rehab Millview	1460		50,000.00				
	Security Cameras Millview	1460		9,467.00	9,467.00	9,467.00	9,467.00	
	Gazebo Kuester	1460		10,000.00				
	Interior Rehab Kuester	1460		50,000.00				
	Security Cameras Kuester	1460		7,620.00	7,620.00	7,620.00	7,620.00	
	Fire Alarm and Carbon Monoxide	1460		1,776.00	1,776.00	1,776.00	1,776.00	
	Security Cameras Central Office	1460		16,733.00	16,733.00	16,733.00	16,733.00	
	Office Modifications	1460		4,920.00	4,920.00	4,920.00	4,920.00	
	Resistance Glass Lobby Enclosure	1460		14,910.00	14,910.00	14,910.00	14,910.00	
	Interior Rehab 22 Hawley	1470			142,175.15	142,175.15	142,175.15	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Federal FFY of Grant: 2006						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-06 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL056-11	Interior Rehab 42 Hawley Security Cameras Gazebo Orchard Interior Rehab Orchard Security Cameras Orchard Fire Alarm & Carbon Monoxide	1460 1460 1460 1460 1460 1460		50,000.00 7,542.50 10,000.00 8,525.00 9,467.00 592.00		7,542.50	7,542.50	
IL056-12 Scat. Site	Fire Alarm & Carbon Monoxide	1460		1,184.00	1,184.00	1,184.00	1,184.00	
IL056-13 Warren	Gazebo Interior Rehab Security Cameras Fire Alarm & Carbon Monoxide	1460 1460 1460 1460		10,000.00 20,000.00 10,793.00 296.00		10,793.00 10,793.00 296.00	10,793.00 10,793.00 296.00	
IL056-14 Scat. Site	Fire Alarm & Carbon Monoxide	1460		2,220.00	2,220.00	2,220.00	2,220.00	

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² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages		Federal FFY of Grant: 2006						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-06 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL056-15 Scat. Site	Asbestos Floor Tile Removal Fire Alarm & Carbon Monoxide Rehab/Vacant Unit Turnaround	1460 1460 1460		3,390.00 7,252.00 41,475.00	1,108.37 7,252.00 53,486.00	1,108.37 7,252.00 53,486.00	1,108.37 7,252.00 53,486.00	
IL056-16 Scat. Site	Fire Alarm & Carbon Monoxide Rehab/Vacant Unit Turnaround	1460 1460		2,368.00 24,530.00	2,368.00 24,530.00	2,368.00 24,530.00	2,368.00 24,530.00	
IL056-17 Scat. Site	Fire Alarm & Carbon Monoxide	1460		1,184.00	1,184.00	1,184.00	1,184.00	
IL056-18 Scat. Site	Fire Alarm & Carbon Monoxide Rehab/Vacant Unit Turnaround	1460 1460		888.00	888.00	888.00	888.00	
IL056-19 Scat. Site	Fire Alarm & Carbon Monoxide Water Filter System	1460 1460		1,184.00 1,599.00	1,184.00 1,599.00	1,184.00 1,599.00	1,184.00 1,599.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part III: Implementation Schedule for Capital Fund Financing Program							Federal FFY of Grant: 2006
PHA Name: Housing Authority of the County of Lake, Illinois							
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date			
IL056-1 Marion Jones	7/18/08		7/18/2010				
IL056-2 Shiloh Towers	7/18/08		7/18/2010				
IL056-4 Beach Haven	7/18/08		7/18/2010				
IL056-7 Scattered Sites	7/18/08		7/18/2010				
IL056-8 Hawley, Millview, Kuester, & Scat. Sites	7/18/08		7/18/2010				
IL056-11 Hawley, Orchard	7/18/08		7/18/2010				
IL056-12 Scattered Sites	7/18/08		7/18/2010				
IL056-13 Warren Manor	7/18/08		7/18/2010				
IL056-14 Scattered Sites	7/18/08		7/18/2010				
IL056-15 Scattered Sites	7/18/08		7/18/2010				
IL056-16 Scattered Sites	7/18/08		7/18/2010				
IL056-18 Scattered Sites	7/18/08		7/18/2010				
IL056-19 Scattered Sites	7/18/08		7/18/2010				
IL056-20 Scattered Sites	7/18/08		7/18/2010				
IL056-21 Scattered Sites	7/18/08		7/18/2010				
IL056-22 Disabled	7/18/08		7/18/2010				
HA Wide	7/18/08		7/18/2010				

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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Part I: Summary		Grant Type and Number		FFY of Grant: 2005	
PHA Name: Housing Authority of The County of Lake, Illinois		Capital Fund Program Grant No: IL06P056-501-05		FFY of Grant Approval: 2005	
Date of CFFP:		Replacement Housing Factor Grant No:			
Type of Grant	Original	Revised ¹	Obligated	Total Actual Cost ¹	
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 3/31/2009					
<input type="checkbox"/> Performance and Evaluation Report for Disasters/Emergencies					
<input type="checkbox"/> Reserve for Disasters/Emergencies					
<input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Estimated Cost	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	100,000.00	100,000.00	100,000.00	100,000.00
3	1408 Management Improvements	101,697.00	101,697.00	101,697.00	101,697.00
4	1410 Administration (may not exceed 10% of line 21)	112,755.00	112,755.00	112,755.00	112,755.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	67,755.47	68,239.60	68,239.60	67,362.87
8	1440 Site Acquisition				
9	1450 Site Improvement	358,365.61	330,961.93	330,961.93	330,961.93
10	1460 Dwelling Structures	384,408.92	411,328.47	411,328.47	401,628.47
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2,570.00	2,570.00	2,570.00	2,570.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2005 FFY of Grant Approval: 2005	
PHA Name: Housing Authority of The County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL06P056-501-05 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
		Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,127,552.00	1,127,552.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
<i>[Signature]</i>		<i>[Signature]</i>	
Date 07/08/2009		Date	
<i>[Date]</i>		<i>[Date]</i>	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages		Federal FFY of Grant: 2005						
PHA Name: Housing Authority of The County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-05 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Management Improvement Information Technology Upgrade	1408		56,328.00	56,328.00	56,328.00	56,328.00	
	Software Upgrade	1408		35,000.00	35,000.00	35,000.00	35,000.00	
	Salary Study	1408		5,100.00	5,100.00	5,100.00	5,100.00	
	Resident Initiatives	1408		5,269.00	5,269.00	5,269.00	5,269.00	
HA-Wide	Administration							
	Salary	1410		61,225.35	61,225.35	61,225.35	61,225.35	
	EBC	1410		50,547.82	50,547.82	50,547.82	50,547.82	
	Travel	1410		461.91	461.91	461.91	461.91	
	Sundry	1410		519.92	519.92	519.92	519.92	
HA-Wide	Fees and Costs	1430						
	A and E	1430		6,263.50	6,156.77	6,156.77	6,156.77	
	Inspections	1430		60,581.95	61,172.91	61,172.81	60,296.08	
	Inspection Staff Benefits	1430		865.02	865.02	865.02	865.02	
	Sundry	1430		45.00	45.00	45.00	45.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Federal FFY of Grant: 2005						
PHA Name: Housing Authority of The County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-05 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL056-1 Marion Jones	Repair of Asphalt	1450			1,540.00	1,540.00	1,540.00	
	Exterior Lights	1450		334,964.23	295,130.55	295,130.55	295,130.55	
	Security Camera Systems & Lighting	1450		180.00	180.00	180.00	180.00	
	Gutters, Fascia, & Downspouts	1450		38,000.00	38,000.00	38,000.00	38,000.00	
	Automated External Defibrillator	1460		2,463.95	2,463.95	2,463.95	2,463.95	
	Removal of Asbestos	1460		2,150.00	2,150.00	2,150.00	2,150.00	
	Complete Rehab Vacant Unit	1460		11,180.00	23,734.55	23,734.55	23,734.55	
	Bath Repairs	1460		5,282.42	5,282.42	5,282.42	5,282.42	
IL056-2 Shiloh								
	Automated External Defibrillator	1460		16,899.00	16,899.00	16,899.00	16,899.00	
IL056-4 Beach Haven								
	Interior Rehab	1460		13,535.00	13,535.00	13,535.00	13,535.00	
	Automated External Defibrillator	1460		12,071.00	12,071.00	12,071.00	12,071.00	
	Replace Furniture	1475		2,570.00	2,570.00	2,570.00	2,570.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2005				
PHA Name: Housing Authority of the County of Lake, Illinois		Capital Fund Program Grant No: IL06P056-501-05 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL056-7 Scat. Site	Emergency Sewer Repair	1450		11,736.38	11,736.38	11,736.38	11,736.38	
	Water Softener	1460		4,197.00	4,197.00	4,197.00	4,197.00	
	Rehab/Vacant Unit Turnaround	1460		40,690.00	40,690.00	40,690.00	40,690.00	
IL056-8 Scat. Site	Build Bridge Over Creek	1450		5,100.00	5,100.00	5,100.00	5,100.00	
	Sewer Line Replacement	1450		10,890.00	10,890.00	10,890.00	10,890.00	
	Replace Retaining Wall	1450		6,385.00	6,385.00	6,385.00	6,385.00	
	ADA Doors	1460		16,416.50	16,416.50	16,416.50	16,416.50	
	Water Softener	1460		3,897.00	3,897.00	3,897.00	3,897.00	
	Rehab/Vacant Unit Turnaround	1460		41,522.00	41,522.00	41,522.00	41,522.00	
PHA Office	Automated External Defibrillator	1460		26,861.05	26,861.05	26,861.05	26,861.05	
IL056-11 Orchard/Kuester	ADA Doors	1460		4,305.00	4,305.00	4,305.00	4,305.00	
	Water Heater Replacement	1460		13,743.00	13,743.00	13,743.00	13,743.00	
	Automated External Defibrillator	1460		16,551.00	16,551.00	16,551.00	16,551.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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Part II: Supporting Pages		Federal FFY of Grant: 2005						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-05 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL-056-12 Scat. Site	Water Softener	1460		11,592.00	11,592.00	11,592.00	11,592.00	
IL-056-13 Warren	ADA Doors Automatic External Defibrillator Sprinkler System	1460 1460 1460		9,029.00 10,325.00 31,765.00	9,029.00 10,325.00 31,765.00	9,029.00 10,325.00 31,765.00	9,029.00 10,325.00 31,765.00	
IL-056-14 Scat. Site	Water Softener	1460		2,598.00	2,598.00	2,598.00	2,598.00	
IL-056-15 Scat Site	Rehab/Vacant Unit Turnaround Water Softener	1460 1460		9,700.00 9,593.00	9,700.00 9,593.00	9,700.00 9,593.00	9,700.00 9,593.00	
IL-056-16 Scat Site	Water Softener	1460		8,094.00	8,094.00	8,094.00	8,094.00	

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² To be completed for the Performance and Evaluation Report.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part III: Implementation Schedule for Capital Fund Financing Program							Federal FFY of Grant: 2005
PHA Name: Housing Authority of the County of Lake, Illinois							
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date			
IL056-1 Marion Jones	8/18/2007		8/18/2009				
IL056-2 Shiloh Towers	8/18/2007		8/18/2009				
IL056-4 Beach Haven	8/18/2007		8/18/2009				
IL056-7 Scattered Sites	8/18/2007		8/18/2009				
IL056-8 Hawley, Millview, Kuester, & Scat. Sites	8/18/2007		8/18/2009				
IL056-11 Hawley, Orchard	8/18/2007		8/18/2009				
IL056-12 Scattered Sites	8/18/2007		8/18/2009				
IL056-13 Warren Manor	8/18/2007		8/18/2009				
IL056-14 Scattered Sites	8/18/2007		8/18/2009				
IL056-15 Scattered Sites	8/18/2007		8/18/2009				
IL056-16 Scattered Sites	8/18/2007		8/18/2009				
IL056-18 Scattered Sites	8/18/2007		8/18/2009				
IL056-20 Scattered Sites	8/18/2007		8/18/2009				
IL056-21 Scattered Sites	8/18/2007		8/18/2009				
IL056-22 Disabled	8/18/2007		8/18/2009				
HA Wide	8/18/2007		8/18/2009				

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary						
PHA Name/Number Housing Authority of the County of Lake, Illinois/IL056		Lake County, Illinois			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2 FFY <u>2010</u>	Work Statement for Year 3 FFY <u>2011</u>	Work Statement for Year 4 FFY <u>2012</u>	Work Statement for Year 5 FFY <u>2013</u>
B.	Physical Improvements Subtotal	Annual Statement	403,412.00	403,412.00	403,412.00	403,412.00
C.	Management Improvements		208,164.80	208,164.80	208,164.80	208,164.80
D.	PHA-Wide Non-dwelling Structures and Equipment		60,000.00	60,000.00	60,000.00	60,000.00
E.	Administration		109,082.40	109,082.40	109,082.40	109,082.40
F.	Other		82,000.00	82,000.00	82,000.00	82,000.00
G.	Operations		218,164.80	218,164.80	218,164.80	218,164.80
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,090,824.00	1,090,824.00	1,090,824.00	1,090,824.00
L.	Total Non-CFP Funds					
M.	Grand Total					

Capital Fund Program—Five-Year Action Plan

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Part I: Summary (Continuation)						
PHA Name/Number Housing Authority of the County of Lake, Illinois/IL056		Lake County, Illinois			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2 FFY <u>2010</u>	Work Statement for Year 3 FFY <u>2011</u>	Work Statement for Year 4 FFY <u>2012</u>	Work Statement for Year 5 FFY <u>2013</u>
		Annual Statement				
	IL056-1 Marion Jones		30000.00	1000.00	10000.00	1000.00
	IL056-2 Shiloh Towers		75000.00	1000.00	20000.00	1000.00
	IL056-4 Beach Haven		80000.00	30000.00	200000.00	2000.00
	IL056-8 22 Hawley		10000.00	110000.00	1000.00	101000.00
	Millview		0.00	1000.00	0.00	51000.00
	Kuester		30000.00	16250.00	87500.00	2000.00
	IL056-11 42 Hawley		14400.00	76000.00	1000.00	101000.00
	Orchard		1000.00	6500.00	0.00	64500.00
	IL056-13 Warren Manor		78000.00	1000.00	0.00	1000.00
	IL056-7,8,12,14,15,16,17					
	18,19,20,21,22 AMP 4 &		50000.00	101000.00	50000.00	40000.00
	AMP 5		35012.00	59662.00	33912.00	38912.00

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2010</u> FFY <u>2010</u>			Work Statement for Year: <u>2011</u> FFY <u>2011</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	See	IL056-1 Marion Jones			IL056-1 Marion Jones Concrete	
Annual	VUT/Vacancy Reduction	5	10000.00			
Statement	Door Replacements	20	20000.00	IL056-2 Shiloh Concrete		1000.00
	IL056-2 Shiloh Towers Roof	1	75000.00	IL056-4 Beach Haven		
				Nurses Station		30000.00
	IL056-4 Beach Haven Generator	1	80000.00			
				IL056-8 22 Hawley Elevator		110,000.00
	IL056-8 22 Hawley Asphalt Repairs		10000.00	Kuester Manor Intercom		16,250.00
	Kuester Manor Repl. Unit Flooring	18	30000.00	Millview Concrete		1000.00
	IL056-11 42 Hawley Bus Turnaround		14400.00	IL056-11 42 Hawley ADA Units	2	76000.00
	Orchard Manor Concrete Repairs		1000.00	Orchard Asphalt		6500.00
	IL056-13 Warren Roof	2	78000.00	IL056-13 Warren Concrete		1000.00
	IL056-7,8,12,14,15,16,17			IL056-7,8,12,14,15,16,17		
	18,19,20,21,22 AMP4			17,18,19,20,21,22 AMP4		
	VUT/Vacancy Reduction		50000.00	VUT/Vacancy Reduction		100000.00
				Concrete		1000.00
	IL056-7,8,12,14,15,16,17					
	18,19,20,21,22 AMP5			IL056-7,8,12,14,15,16,17		
	VUT/Vacancy Reduction		35012.00	17,18,19,20,21,22 AMP5		
				VUT/Vacancy Reduction		58662.00
				Concrete		1000.00
	Subtotal of Estimated Cost		\$403,412.00	Subtotal of Estimated Cost		\$403,412.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2012</u> FFY <u>2012</u>			Work Statement for Year: <u>2013</u> FFY <u>2013</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	IL056-1 Marion Jones			IL056-1 Marion Jones Landscaping		1000.00
Annual	VUT/Vacancy Reduction		10000.00			
Statement				IL056-2 Shiloh Towers Landscaping		1000.00
	IL056-2 Shiloh Towers Asphalt		20000.00			
				IL056-4 Beachhaven Landscaping		1000.00
	IL056-4 Beach Haven Roof		200000.00	Concrete		1000.00
	IL056-8 22 Hawley Concrete		1000.00	IL056-8 22 Hawley Siding		100000.00
	Kuester Manor Kitchen Cabinets		87500.00	Landscaping		1000.00
				Millview Manor Siding		50000.00
	IL056-11 42 Hawley Concrete		1000.00	Landscaping		1000.00
				Kuester Manor Concrete		1000.00
	IL056-7,8,12,14,15,16,17			Landscaping		1000.00
	18,19,20,21,22 AMP4					
	VUT/Vacancy Reduction		50000.00	IL056-11 42 Hawley Siding		100000.00
				Landscaping		1000.00
	IL056-7,8,12,14,15,16,17			Orchard Siding		63500.00
	18,19,20,21,22 AMP5			Landscaping		1000.00
	VUT/Vacancy Reduction		33912.00			
				IL056-13 Warren Landscaping		1000.00
				IL056-7,8,12,14,15,16,17		
				17,18,19,20,21,22 AMP4		
				VUT/Vacancy Reduction		39000.00
				Landscaping		1000.00
				IL056-7,8,12,14,15,16,17		
				17,18,19,20,21,22 AMP4		
				VUT/Vacancy Reduction		37912.00
				Landscaping		1000.00
	Subtotal of Estimated Cost		\$403,412.00	Subtotal of Estimated Cost		\$403412.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2010</u> FFY <u>2010</u>		Work Statement for Year: <u>2011</u> FFY <u>2011</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	HA Wide		HA Wide	
Annual Statement	Operations	218164.80	Operations	218164.80
	Resident Safety & Security	100000.00	Resident Safety & Security	100000.00
	Resident Initiative Staff	50000.00	Resident Initiative Staff	50000.00
	Staff Training	10000.00	Staff Training	10000.00
	Resident Initiative Program	20000.00	Resident Initiative Program	20000.00
	Software	5000.00	Software	5000.00
	Information Technology	10000.00	Information Technology	10000.00
	NAHRO Intern	13164.80	Capital Fund Administrator	13164.80
	Administration Salary	61225.35	Administration Salary	61225.35
	Administration Benefits	47857.05	Administration Benefits	47857.05
	Inspection Salary	50000.00	Inspection Salary	50000.00
	Inspection Benefits	8000.00	Inspection Benefits	8000.00
	Annual Inspections	12000.00	Annual Inspections	12000.00
	A & E	10000.00	A & E	10000.00
	Sundry	2000.00	Sundry	2000.00
	Vehicles	60000.00	Vehicles	60000.00
	Contingency	10000.00	Contingency	10000.00
	Subtotal of Estimated Cost	\$1090824.00	Subtotal of Estimated Cost	\$1090824.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2012</u> FFY <u>2012</u>		Work Statement for Year: <u>2013</u> FFY <u>2013</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Operations	218164.80	Operations	218164.80
Annual	Resident Safety & Security	100000.00	Resident Safety & Security	100000.00
Statement	Resident Initiative Staff	50000.00	Resident Initiative Staff	50000.00
	Staff Training	10000.00	Staff Training	10000.00
	Resident Initiative Program	20000.00	Resident Initiative Program	20000.00
	Software	5000.00	Software	5000.00
	Information Technology	10000.00	Information Technology	10000.00
	Capital Fund Administrator	13164.80	Capital Fund Administrator	13164.80
	Administration Salary	61225.35	Administration Salary	61225.35
	Administration Benefits	47857.05	Administration Benefits	47857.05
	Inspection Salary	50000.00	Inspection Salary	50000.00
	Inspection Benefits	8000.00	Inspection Benefits	8000.00
	Annual Inspections	12000.00	Annual Inspections	12000.00
	A & E	10000.00	A & E	10000.00
	Sundry	2000.00	Sundry	2000.00
	Vehicles	60000.00	Vehicles	60000.00
	Contingency	10000.00	Contingency	10000.00
	Subtotal of Estimated Cost	\$1090824.00	Subtotal of Estimated Cost	\$1090824.00

Attachment k

Statement of Housing Needs

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	4,177	5	5	3	3	3	2
Income >30% but <=50% of AMI	1,990	4	5	3	3	3	2
Income >50% but <80% of AMI	894	4	5	2	3	2	2
Elderly	8,990	5	4	3	3	1	1
Families with Disabilities	NA	NA	5	NA	4	NA	NA
White Non-Hispanic	50,923	NA	5	NA	NA	NA	NA
Black Non-Hispanic	3,385	NA	5	NA	NA	NA	NA
Hispanic	2,900	NA	5	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 Jurisdiction/s
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset CHAS Table 1C- Lake County, IL 2000
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

Attachment I

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: (list below)

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

(2) Reasons for Selecting Strategies

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

- 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)

Attachment m

STATEMENT OF PROGRESS

Lake County Housing Authority continues to provide its low rent program residents with safe and well maintained housing and services as evidenced by its high marks on Resident Satisfaction surveys. Its modernization program has proceeded in an orderly fashion with funds obligated and expended within program requirements. The quality of documentation and physical work remains a top priority of the agency. The Authority uses its subsidy to fund ROSS activities for Service Coordinators. We continue to contract with a local social service agency to provide those services to elderly residents to increase their independence and well-being. The Authority has branched into the community to partner with many other agencies to provide any needed activities. Some partnerships include but are not limited to Youthbuild Lake County, State Funded Summer Food Program, PADS Crisis Center (Hurricane Katrina FEMA Funds), Shields Township's Shelter Care Plus Program and many others.

Attachment n

DEFINITIONS

Significant Amendment or Modification: Any material change to the lease or policies therein incorporated by reference, admissions and occupancy policy, waiting list management or the methodology by which flat rents are calculated. They do not apply to any change that is mandated by regulation.

Substantial Deviation: The addition of new activities not contained in the most recent PHDEP plan or non-emergency work items in the Capital Fund Annual Statement unless those items have been identified in the Capital Fund Five Year Plan or most recent Comprehensive Grant Program Needs Assessment statement. It does not apply to allowable PHDEP budget deviations or differences between cost estimates and actual costs for work undertaken through the Capital Fund Program or work items where the Authority has exercised allowable fungibility.

ATTACHMENT o -CARBON MONOXIDE ALARM DETECTOR ACT

1. Requires that every dwelling unit be equipped with at least one approved carbon monoxide alarm in an operating condition within 15feet of every room used for sleeping purposes.
2. Provides that the carbon monoxide alarm may be combined with smoke detecting devices provided that the combined unit complies standards, and departmental rules relating to both smoke detecting unit emits an alarm in a manner that clearly differentiates the hazard.
3. Provides that it is the responsibility of the owner of a structure to supply and install all required alarms.
4. Provides that it is the responsibility of a tenant to test and to provide general maintenance for the alarms within the tenant's dwelling unit or rooming unit, and to notify the owner or the authorized agent of the owner in writing of any deficiencies that the tenant cannot correct.
5. Provides that the willful failure to install or maintain in operating condition any carbon monoxide alarm required by the Act is a class B misdemeanor.
6. Provides that tampering with, removing, destroying, disconnecting or removing the batteries from any installed carbon monoxide alarm, except in the course of inspection, maintenance or replacement of the alarm, is a Class A misdemeanor in the case of a first conviction, and a Class 4 felony in the case of a second or subsequent conviction.
7. Provides for exemptions.

**ATTACHMENT p - PROTECTIONS UNDER THE VIOLENCE AGAINST WOMEN
REAUTHORIZATION ACT OF 2005 (VAWA)**

The Lake County Housing Authority (LCHA) understands that the primary objectives of 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 LCHA 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 LCHA 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 at annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of LCHA 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 ACOP:

NOTIFICATION TO APPLICANTS

The LCHA 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 LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

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

NOTIFICATION TO TENANTS

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

The LCHA 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 LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

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

Below is from Admin Plan:

NOTIFICATION TO PARTICIPANTS

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

The LCHA 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 LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

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

NOTIFICATION TO APPLICANTS

The LCHA 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 LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The LCHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA (see section 3-III.G).

NOTIFICATION TO OWNERS AND MANAGERS

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

Inform property owners and managers of their screening and termination responsibilities related to VAWA. The LCHA 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 HAP payments, 1099s, owner workshops, classes, orientations, and/or newsletters. Signs in the LCHA lobby and/or mass mailings, which include model VAWA certification forms.

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

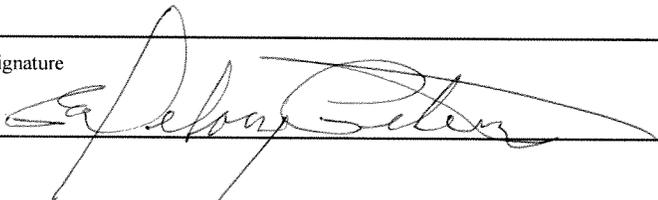
1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of the County of Lake, IL IL056
 PHA Name PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2009 - 2013
 Annual PHA Plan for Fiscal Years 2010 - 2010

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official R. Delacy Peters	Title Chairman
Signature 	Date 7/28/09

Civil Rights Certification

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Housing Authority of the County of Lake, Illinois

IL056

PHA Name

PHA Number/HA Code

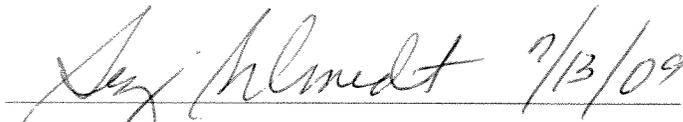
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official	R. Delacy Peters
Title	Chairman
Signature	
Date	07/28/2009

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Suzi Schmidt the Lake County Board Chairman certify that the Five Year and
Annual PHA Plan of the Housing Authority of the County of Lake is consistent with the Consolidated Plan of
Lake County, IL prepared pursuant to 24 CFR Part 91.

 7/13/09

Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the County of Lake, Illinois

Program/Activity Receiving Federal Grant Funding

Public Housing & Housing Choice Voucher Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

R. Delacy Peters

Title

Chairman

Signature

X 

Date

07/28/2009

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the County of Lake, Illinois

Program/Activity Receiving Federal Grant Funding

Public Housing & Housing Choice Voucher Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

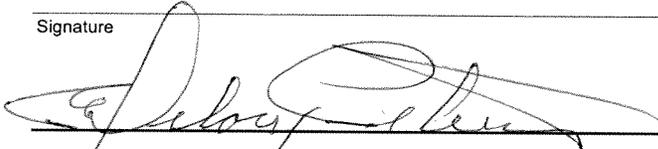
Name of Authorized Official

R. Delacy Peters

Title

Chairman

Signature



Date (mm/dd/yyyy)

07/28/2009

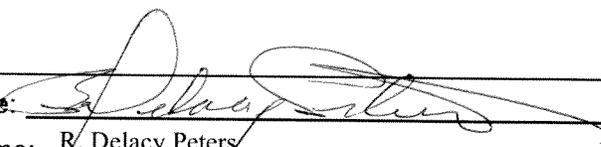
DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year <u>n/a</u> quarter <u>n/a</u> date of last report <u>na</u>
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: <u>n/a</u>	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: not applicable Congressional District, if known: <u>8,10</u>	
6. Federal Department/Agency: HUD	7. Federal Program Name/Description: PHA 5-Year Plan-Public Housing and Housing Choice Voucher CFDA Number, if applicable: <u>not applicable</u>	
8. Federal Action Number, if known: not applicable	9. Award Amount, if known: \$ none	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): not applicable	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): not applicable	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>B. Delacy Peters</u> Title: <u>Chairman</u> Telephone No.: <u>847-223-1170</u> Date: <u>7/28/09</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



The Resident Advisory Board Meeting of the Housing Authority of the County of Lake, Illinois, was held, April 15, 2009, at the Authority offices at 33928 North Route 45, Grayslake, Illinois, 60030.

Present: David A. Northern, Sr., LCHA
Sally Stang, LCHA
Jeneen Smith-Underwood, LCHA
Valerie Rogers, LCHA
Corinne Jordan, LCHA
Amanda Goski, Village of Mundelein
Elizabeth Sheehan, Orchard Manor, Antioch
Shirley Hudson, Zion
Curtis Robinson, Grayslake
Felicia Lewis, Grayslake
Maere Floyd Pitts, Marion Jones, North Chicago

David A. Northern, Sr., Executive Director called the meeting to order at 1:08 p.m.

Mr. Northern welcomed all and thanked them for their participation. He explained the role of the Resident Advisory Board and emphasized its importance. He opened the floor for questions and or discussion. No response came from the floor.

Mr. Northern said three main areas would be covered, 1) the Capital Fund Program, 2) stimulus dollars to be utilized for public housing only and 3) Low Rent and Section 8 policy changes.

The following handouts were distributed:

- Annual Statement/Performance and Evaluation Report, Capital Fund Program, Original Annual Statement FY 2009..... (Exhibit 1)
- Attachment IL056 r08, Capital Fund Program Parts I, II, III, and Five Year Plan, Original Annual Statement..... (Exhibit 2)
- Live-In Aides and the Housing Choice Voucher Program, Fact Sheet, HUD's guideline..... (Exhibit 3)
- Low Rent ACOP, proposed changes highlighted..... (Exhibit 4)

- (Untitled) Section 8 Administrative Plan, proposed changes struck or in bold (Exhibit 5)

Mr. Northern reviewed forthcoming stimulus dollars and their restrictions. He explained how it ties in with our current Five Year Plan referencing Exhibit 1. He offered an opportunity for question and/or comment, directly answering those presented.

Mr. Northern stated a public hearing would be held on April 16, 2009 for the revised Capital Fund Program and also in June 2009 before submitting the final plan. He invited all to attend. He further extended an open invitation to contact him anytime with questions or concerns.

Mr. Northern continued, referencing Exhibit 2, various pages of the 2008 Capital Fund program budget and Five Year plan. He invited suggestions for projects. He stated work has begun on the new Five Year plan. Discussion pursued regarding landscaping, plumbing, windows, door insulation and parking areas for both residents and visitors. Mr. Northern said many of the matters mentioned would be examined by the physical needs assessment being done.

Sally Stang reviewed the proposed changes to the Public Housing Admissions and Continued Occupancy plan (Exhibit 4) and the Section 8 Administrative Plan (Exhibit 5). She explained some of the changes were the same in both Plans. She also noted the guidance on live-in aides (Exhibit 3) which both plans reference. Ms. Stang and Corinne Jordan reviewed preferences as they related to the waiting list. Ms. Stang offered an opportunity for questions and/or discussion. None was submitted from the floor.

Mr. Northern again offered the opportunity for comment. There being no further discussion, Mr. Northern thanked the audience for their participation.

The meeting adjourned at 2:39 p.m.

PHA Plan 2009 Attachments

il056av01	Goals and Objectives Statement
il056bv01	Section 8 Administrative Plan Changes
il056cv01	Low Rent Admissions and Continued Occupancy Policy Changes
il056dv01	Annual Statement/Performance & Evaluation Report 2009
il056ev01	Annual Statement/Performance & Evaluation Report 2009-ARRA
il056fv01	Annual Statement/Performance & Evaluation Report 2008
il056gv01	Annual Statement/Performance & Evaluation Report 2007
il056hv01	Annual Statement/Performance & Evaluation Report 2006
il056iv01	Annual Statement/Performance & Evaluation Report 2005
il056jv01	Capital Fund Program – Five Year Action Plan
il056kv01	Statement of Housing Needs
il056lv01	Strategy for Addressing Needs
il056mv01	Statement of Progress
il056nv01	Significant Amendment and Substantial Definition Definitions
il056ov01	Carbon Monoxide Alarm Detector Act
il056pv01	Protections under the Violence Against Women Act (VAWA)
il056qv01	HUD-50077 PHA Certifications of Compliance
il056rv01	HUD-50077-CR Civil Rights Certification
il056sv01	HUD50077-SL Certification of Consistency with Consolidated Plan
il056tv01	HUD-50070 Certification for a Drug-Free Workplace
il056uv01	HUD-50071 Certification of Payment to Influence Federal Transactions
il056vv01	SF-LLL Disclosure of Lobbying Activities
il056wv01	Resident Advisory Board comments
il056xv01	Attachment Index