

ANDERSON HOUSING AUTHORITY

STREAMLINED ANNUAL PLAN

FY 2009



Revision # 1: 4/6/2009

ANDERSON HOUSING AUTHORITY

(IN006)

FY 2009 ANNUAL PLAN

REVISION # 1

April 6, 2009

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1.0	PHA Information PHA Name: <u>ANDERSON HOUSING AUTHORITY</u> PHA Code: IN006 PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: 4/2009																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 136 Number of HCV units: 1153																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only Revision # 1 <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:8%;">PHA Code</th> <th rowspan="2" style="width:25%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:15%;">Programs Not in the Consortia</th> <th colspan="2" style="width:19%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:8%;">PH</th> <th style="width:11%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: N/A																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. N/A																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (2) financial Resources: Capital Fund Program Grant Monies funded through the American Recovery and Reinvestment Act Of 2009 (8) Safety and Crime Prevent: page 3 PHA Plan Elements on File. Included in submission policy (8) Safety and Crime Policy (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Anderson Housing Authority, 528 W. 11th Street, Anderson, Indiana 46016																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> Page 4 and 5																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. Pages 6-31																										
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Pages 32-34																										
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										

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.</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.</p> <p>Pages 35-46</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.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
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>Electronically submitted as</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>

**ANDERSON HOUSING AUTHORITY
(IN006)**

FY 2009 ANNUAL PLAN

6.0: PHA Plan Update

PHA Plan Elements: (8) Safety and Crime Prevention

The City of Anderson, Indiana received a Five (5) Year Weed and Seed Grant through the Department of Justice in 2007. The Anderson Housing Authority is represented on the Weed and Seed Steering Committee and the Weed Committee. The Anderson Housing Authority had input into the grant application as it related to the plans for safety and crime prevention of our residents.

Through the Weed and Seed Program and the Anderson Police Department, the Anderson Housing Authority established a Neighborhood Crime Watch group with our residents of Westvale Manor Apartments. Plans are underway to establish a Neighborhood Crime Watch group for residents of Lynnwood Village. The City has established Neighborhood Crime Watch groups throughout the City which includes families of our scattered site homes. The Anderson Police Department has established an Apartment Managers Crime Watch Group which AHA's Housing Manager participates in monthly. AHA sends out Neighborhood Crime Watch meeting notices to all Public Housing residents when dates and location are provided to us by the Anderson Police Department's Crime Watch Coordinator.

Through the Weed and Seed Program, the Anderson Housing Authority was awarded grant monies to purchase security cameras along with the software and hardware required to run the cameras and monitor activities at the site. Through Anderson Housing Authority's Capital Fund Grant, Phase I of installation of hardware and software for Security Cameras has been completed. Phase II will be funded through CFP.

ANDERSON HOUSING AUTHORITY

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APRIL 6, 2009

Goals and Objectives: The Anderson Housing Authority is proposing to submit an application to the Special Application Center for Demolition and/or Disposition of eight (8) large single family homes.

The units have become a financial burden to the agency in relationship to maintenance, especially cost incurred to make ready for a new resident. They present a financial burden to the resident with extremely high utility cost.

The Anderson Housing Authority would like to construct 3 BR single family energy efficient homes which would make them affordable to residents and the agency.

7.0: Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs and Project-Based Vouchers

(b) Demolition and/or Disposition:

(1) Description of any housing (including project number and unit numbers (or addresses), and the number of affected units along with their sizes and accessibility features for which the PHA will apply or is currently pending for demolition or disposition:

Units to be considered:

Project P002:	1228 Nichol Avenue	4 BR
	1200 Arrow Avenue	4 BR
	1717 Nichol Avenue	3 BR
	2002 Nichol Avenue	3 BR
	1305 Nichol Avenue	3 BR
	928 Arrow Avenue	3 BR
Project P004:	2520 Nichol Avenue	3 BR
	2007 Noble Street	4 BR

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ANNUAL PLAN FY 2009

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Page Two

7.0 (b) (2): A timetable for the demolition or disposition:

The Anderson Housing Authority timetable for this project is 3-5 years.

The Anderson Housing Authority will be submitting an application to the Department of Housing and Urban Development's Special Application Center. This activity is subject to HUD's approval.

Annual Statement/Performance and Evaluation Report

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

PHA Name: Anderson Housing Authority
 528 W 11th St
 Anderson, IN 46016-1228

Grant Type and Number
 Capital Fund Program Grant No: IN36P006501 07
 Replacement Housing Factor Grant No:

Federal FY of Grant:
 07

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 12/31/2008 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Revised	Obligated	Expended
		Total Estimated Cost		Total Actual Cost	
1	Total non-CFP Funds				
2	1406 Operations	50,000.00	0.00	50,000.00	45,973.14
3	1408 Management Improvements	28,000.00	0.00	0.00	31,994.99
4	1410 Administration	1,000.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	3,500.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	11,500.00	0.00	0.00	2,985.52
10	1460 Dwelling Structures	47,511.00	0.00	0.00	53,011.56
11	1465 Dwelling Equipment - Nonexpendable	44,854.00	0.00	0.00	28,215.14
12	1470 Non Dwelling Structures	1,759.00	0.00	0.00	241.00
13	1475 Non Dwelling Equipment	31,300.00	0.00	0.00	31,001.90
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to work Demonstration	0.00	0.00	0.00	0.00
17	1495 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 - 20)	219,424.00	0.00	50,000.00	193,423.25
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director: **Cindy Mummert**

Signature of Director, Office of Public Housing / ONAP Administrator

HUD Certification: In approving this budget and providing assistance to a specific housing development(s) I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

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

PHA Name: Anderson Housing Authority
 528 W 11th St
 Anderson, IN 46016-1228

Grant Type and Number
 Capital Fund Program Grant No: IN36P006501 08
 Replacement Housing Factor Grant No: .

Federal FY of Grant:
 08

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 0)

Performance and Evaluation Report for Period Ending: 12/31/2008 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CRP Funds				
2	1406 Operations	50,000.00	0.00	0.00	10,000.00
3	1408 Management Improvements	28,000.00	0.00	0.00	7,008.30
4	1410 Administration	1,000.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	3,500.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	13,600.00	0.00	0.00	15,094.94
10	1460 Dwelling Structures	49,511.00	0.00	0.00	11,700.34
11	1465 Dwelling Equipment - Nonexpendable	52,924.00	0.00	0.00	4,954.78
12	1470 Non Dwelling Structures	4,759.00	0.00	0.00	0.00
13	1475 Non Dwelling Equipment	28,300.00	0.00	0.00	443.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to work Demonstration	0.00	0.00	0.00	0.00
17	1495 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 - 20)	231,594.00	0.00	0.00	49,201.36
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
25	Amount of line 21 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director: **Cindy Mummet**

Date (mm/dd/yyyy)

HUD Certification: In approving this budget and providing assistance to a specific housing development(s) I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Director, Office of Public Housing / ONAP Administrator

Date (mm/dd/yyyy)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CRP/CRPHF) Part I: Summary

PHA Name: Anderson Housing Authority
528 W 11th St
Anderson, IN 46016-1228

Grant Type and Number
Capital Fund Program Grant No: IN36P006501 09
Replacement Housing Factor Grant No:

Federal FY of Grant:
09

- Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 0)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CRP Funds				
2	1406 Operations	50,000.00	0.00	0.00	0.00
3	1408 Management Improvements	28,000.00	0.00	0.00	0.00
4	1410 Administration	1,000.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	3,500.00	0.00	0.00	0.00
8	1440 Site Acquisition	10,000.00	0.00	0.00	0.00
9	1450 Site Improvement	17,600.00	0.00	0.00	0.00
10	1460 Dwelling Structures	49,511.00	0.00	0.00	0.00
11	1465 Dwelling Equipment - Nonexpendable	36,924.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	19,759.00	0.00	0.00	0.00
13	1475 Non Dwelling Equipment	15,300.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to work Demonstration	0.00	0.00	0.00	0.00
17	1495 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 - 20)	231,594.00	0.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
25	Amount of line 21 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director: **Cindy Mummet**

Date (mm/dd/yyyy)

HUD Certification: In approving this budget and providing assistance to a specific housing development(s) I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Director, Office of Public Housing / ONAP Administrator

Date (mm/dd/yyyy)

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

PHA Name: Anderson Housing Authority 528 W. 14 th Street Anderson, IN 46016	Grant Type and Number Capital Fund Program Grant No: IN36S00650109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 3/18/2009
---	--	---

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Revised Annual Statement (revision no:)		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFF Funds		0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) ³		0	0	0	0
3	1408 Management Improvements		0	0	0	0
4	1410 Administration (may not exceed 10% of line 21)		25,000.00	0	0	0
5	1411 Audit		1,000.00	0	0	0
6	1415 Liquidated Damages		0	0	0	0
7	1430 Fees and Costs		10,000.00	0	0	0
8	1440 Site Acquisition		18,000.00	0	0	0
9	1450 Site Improvement		10,000.00	0	0	0
10	1460 Dwelling Structures		23,000.00	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable		7,000.00	0	0	0
12	1470 Non-dwelling Structures		0	0	0	0
13	1475 Non-dwelling Equipment		37,000.00	0	0	0
14	1485 Demolition		28,000.00	0	0	0
15	1492 Moving to Work Demonstration		0	0	0	0
16	1495.1 Relocation Costs		4,000.00	0	0	0
17	1499 Development Activities ⁴		130,152.00	0	0	0
18a	1501 Collateralization or Debt Service paid by the PHA		0	0	0	0
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)		0	0	0	0
20	Amount of Annual Grant:: (sum of lines 2 - 19)		293,152.00	0	0	0
0	Amount of line 20 Related to LBP Activities		0	0	0	0
22	Amount of line 20 Related to Section 504 Activities		0	0	0	0
23	Amount of line 20 Related to Security - Soft Costs		0	0	0	0
24	Amount of line 20 Related to Security - Hard Costs		0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures		0	0	0	0

Signature of Executive Director: *Guido B. Hernandez* Date 3/25/2009
 Signature of Public Housing Director: _____ Date 3/25/2009

13. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name	<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:				
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2010 PHA FY: 2011	Work Statement for Year 3 FFY Grant: 2011 PHA FY: 2012	Work Statement for Year 4 FFY Grant: 2012 PHA FY: 2013	Work Statement for Year 5 FFY Grant: 2013 PHA FY: 2014
	Approved Statement				
PHA Wide		115,268.00	115,268.00	115,268.00	100,000.00
INP006001		46,000.00	46,000.00	45,346.00	50,000.00
INP006002		25,000.00	25,000.00	26,758.00	30,633.00
INP006003		21,000.00	21,000.00	20,921.00	30,000.00
INP006004		15,000.00	15,000.00	16,283.00	15,000.00
INP006005		9,326.00	9,326.00	7,000.00	7,000.00
CFP Funds Listed for 5-year planning	231594	231,594.00	232,594.00	231,594.00	232,594.00
Replacement Housing Factor Funds					

13. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part II: Supporting Pages—Work Activities					
Activities for Year 1	Activities for Year 2 FFY Grant: 2010 PHA FY: 2011		Activities for Year 3 FFY Grant: 2011 PHA FY: 2012		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA Wide	Office Equipment	10,000	PHA Wide	Office Furniture	10,000
PHA Wide	Computer Upgrade	10,000	PHA Wide	System Upgrade	10,000
001-Westvale Manor	Soil Erosion	5,000	001-Westvale Manor	Emergency	10,000
	Flooring	25,000		Elec. Panels	10,000
	Unit Paint-Outs	5,000		Unit Paint Outs	5,000
	HACV	15,000		HACV	15,000
	Site Improvement	10,000		Playground	10,000
	Window Replacements	10,000		Interior Doors	20,000
	Garage Improvements	15,000		Kitchen Cabinets	10,000
003-Lynnwood	General Unit Repairs	20,000	003-Lynnwood	Storm Doors	25,000
	Soil Erosion	5,000		Soil Erosion	5,000
	Trees & Shrubs	5,000		Kitchen Repairs	20,000
	Porches/Concrete	25,000		Furnaces	20,000
002,004,005	Security Doors	25,000	002,004,005	Exterior Lighting	15,000
	Interior Doors	16,000		Soil Erosion	10,000
	Gates/Fences	10,000		Concrete	20,000
	Dryer Vents	2,000		Bathroom Repairs	25,000
	Det. Foundations	25,000			
Total CFP Estimated Cost		\$			\$

ANDERSON HOUSING AUTHORITY

(IN006)

FY 2009 ANNUAL PLAN

Plan Element: 9.0: Housing Needs

The Anderson Housing Authority currently has 402 families on the Housing Choice Voucher Program Waiting List, of which, the waiting list is closed and 538 on the Public Housing Program, of which, the waiting list is opened. Although our Public Housing Program consist of 136 units, we have experienced great difficulty in finding “qualified suitable” residents for the program, primarily for our Development of Westvale Manor Apartments. Major obstacles for housing families have been their inability to obtain utilities, inability to afford paying their 30% of rent once determined, and failure to meet our screening criteria as a desirable resident. We have experienced families called in from the Public Housing Waiting List has the misconception that they are receiving a “voucher” even though this is explained to them thoroughly during the in-take process and all correspondence reflects “public housing”.

The City of Anderson is extremely economically deprived with “high paying jobs”. The Anderson Housing Authority is serving the “working poor” which makes the need for our programs very much in demand. Due reduce funding for the Housing Choice Voucher Program, we are unable to lease-up our allocated 1153 units. However, we are currently utilizing our HAP Excess monies to continue to provide assistance to as many families that our Budget Authority and utilization of the HAP Excess monies will allow us to assist. Monies indicate that by spring we will most likely have to reduce the number of leased families due to funding restraints. Due to housing the very low income families and/or “working poor” our Public Housing Program rents have decreased considerably which has affected our budget tremendously.

The City of Anderson’s Community Development Department Consolidated Plan as it relates to “housing needs” is address towards providing homeownership opportunities for households earning between 51 and 80 percent of median family income; address the burden placed on homeowners who are spending 30% or more of monthly income on housing cost and address the burden placed on renters who are spending 30% or more of the monthly income on housing. This last objective will be address by providing grants to owners/investor(s) up to 50% of the cost for the rehabilitation of units that will be made available to income eligible families on a rental basis and enter into a partnership with developers in order to provide rental units which would require no more than 30% of the family’s monthly income on housing cost.

ANDERSON HOUSING AUTHORITY

(IN006)

FY 2009 ANNUAL PLAN

9.1: Strategy for Addressing Housing Needs:

As a result of insufficient funding for the Housing Choice Voucher Program, we will continue to try and maximize our monies to assist as many families as possible. Both programs are suffering due assisting extremely low to very low income families.

The Anderson Housing Authority will make our Waiting Lists available to the City of Anderson's Community Development Department in their housing objective of rent burden for families.

NOTE:

Included in the section of Housing Needs is a Summary Report for the Section 8 Housing Choice Voucher Program and Public Housing Program's Waiting Lists. This report provides characteristic data on the families of the waiting lists.

Waiting List Review

Anderson Housing Authority (IN006)

Section 8. Waiting List

Page 1

Waiting List Code: s8wl

Date/Time Last Generated: December 17, 2008 9:44 am

Property: HCV All Sec8 & Port

List Open: No

Property Code: ..hcvall

Date Open: July 11, 2007

Waiting List Type: 1

Date Closed: July 18, 2007

Max Refusals: 1

List Ordering

Sort Order 1: Date/Time

Sort Order 2:

Sort Order 3:

Sort Order 4:

Sort Order 5: Date/Time

Use Single Preference Rule: No

Waiting List Statistics

Total Selected: 149

Total Rejected: 19

Total Housed: 103

Total In Process: 27

% Lease up: 84.4%

Income Targeting

Code	Income Limit Description	Req. %	Pts/ Wt	# Selected	# Rejected	# Housed	# In Process	% Lease Up	% Met
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Income Limits Detail

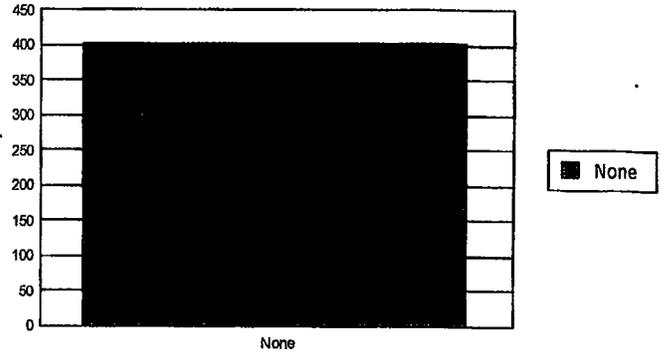
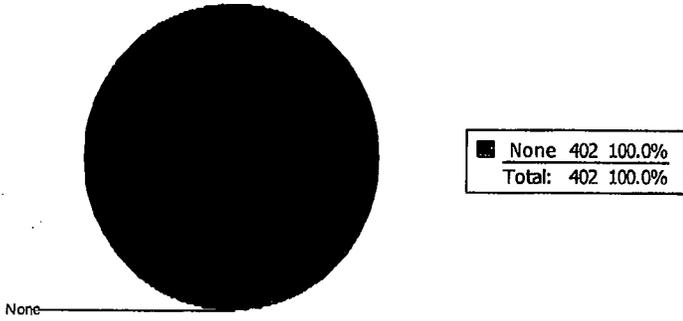
Code	Description	Median Income	% Med Inc	Income Limits - Number of HH Members							
				1	2	3	4	5	6	7	8

Current Waiting List Households by Selection Status and Income Limit

	None	Total Number Avg Position Min Position Max Position
Not Selected	396	396
	204	204
	1	1
	402	402
Selected	6	6
	61	61
	56	56
	66	66
Total	402	402
	202	202
	1	1
	402	402

Households by Income Limit - Percentage

Households by Income Limit - Count



Waiting List Preferences

Preference Calculation Method: Aggregate

Code	Preference Description	Points / Weight	Rank
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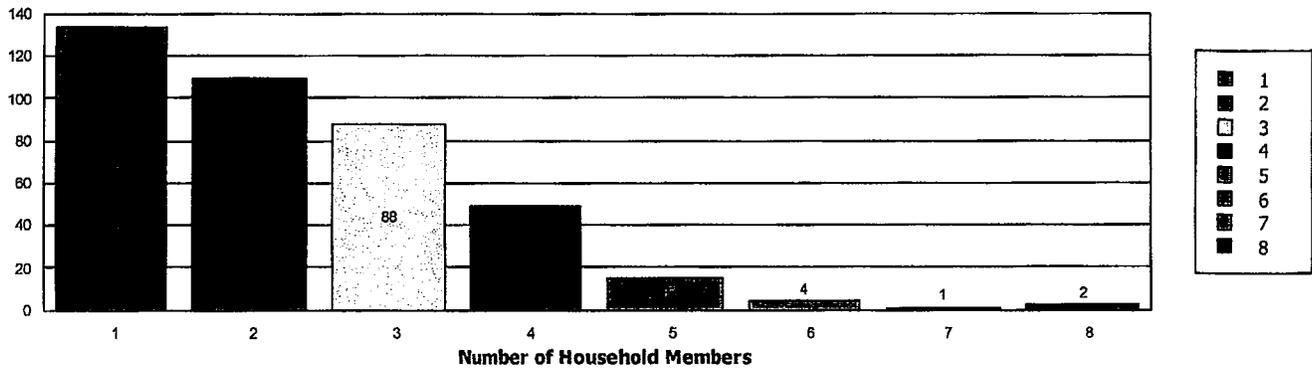
Number of Households With Preferences

Waiting List Summary Information

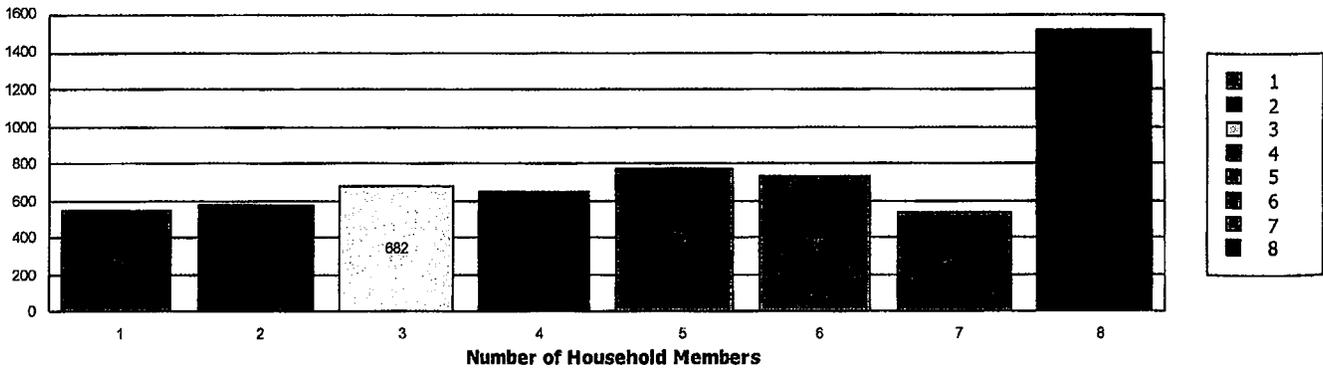
Waiting List Time Based on Number of HH Members

	1	2	3	4	5	6	7	8	# Families Avg Days Min Days Max Days
Not Selected	131	107	87	49	15	4	1	2	396
	550	586	684	648	775	735	540	1,527	616
	95	537	62	537	537	537	540	1,524	62
	1,538	1,460	3,023	3,170	2,288	1,321	540	1,530	3,170
Selected	3	2	1	0	0	0	0	0	6
	524	262	525	0	0	0	0	0	437
	524	0	525	0	0	0	0	0	0
	525	524	525	0	0	0	0	0	525
Total	134	109	88	49	15	4	1	2	402
	549	580	682	648	775	735	540	1,527	614
	95	0	62	537	537	537	540	1,524	0
	1,538	1,460	3,023	3,170	2,288	1,321	540	1,530	3,170

Number of Households on Waiting List by Number of Members



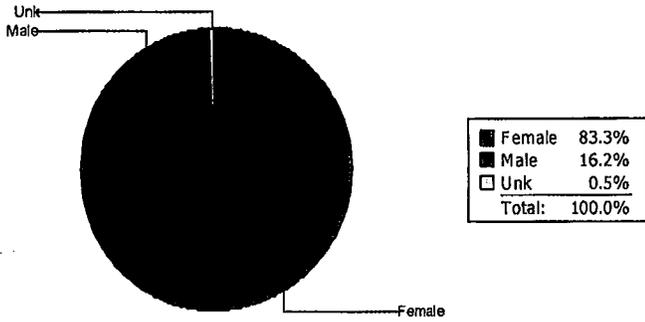
Avg Days on Waiting List by Number of Household Members



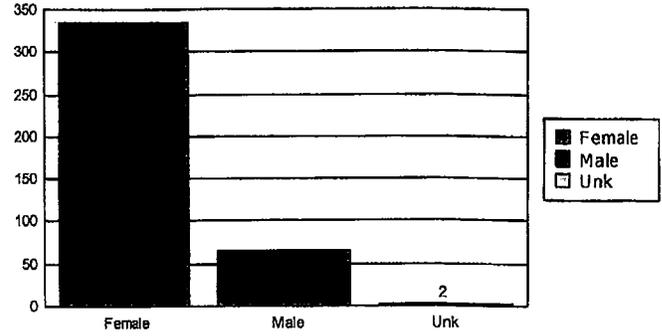
Gender of Head of Household

	Female	Male	Unk	Total
Not Selected	329	65	2	396
Selected	6	0	0	6
Total	335	65	2	402

Gender of Head of HH - Percentage



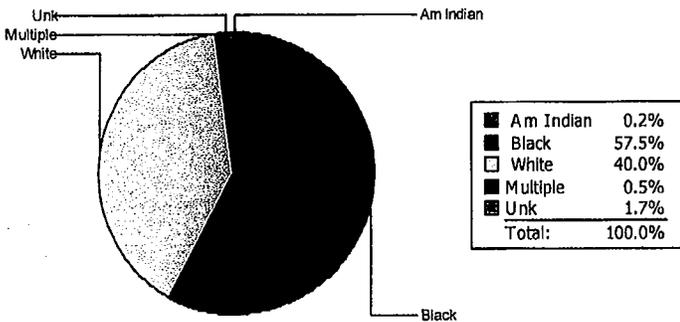
Gender of Head of HH - Count



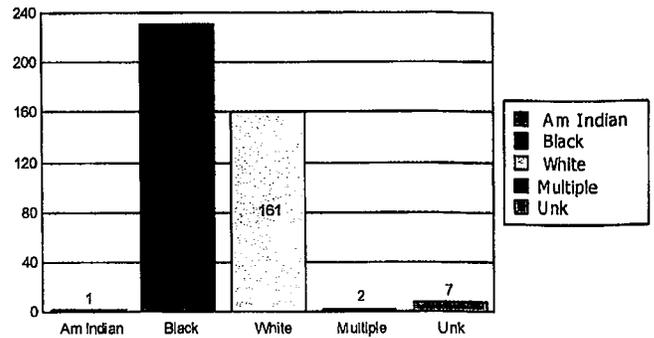
Household Race

	Am Indian	Black	White	Multiple	Unk	Total
Not Selected	1	227	159	2	7	396
Selected	0	4	2	0	0	6
Total	1	231	161	2	7	402

Household Race - Percentage



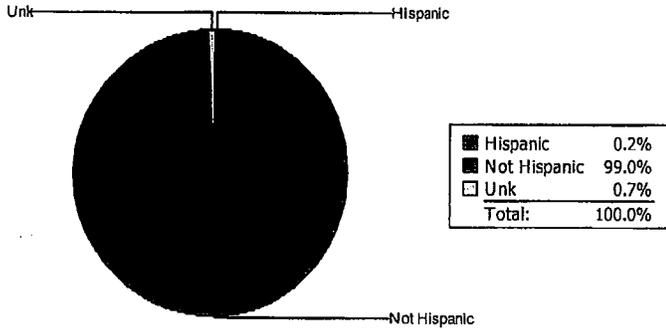
Household Race - Count



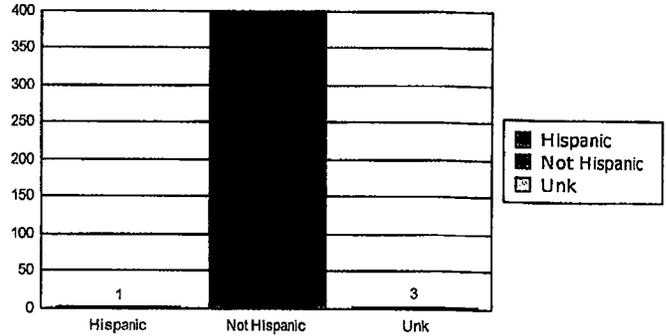
Household Ethnicity

	Hispanic	Not Hispanic	Unk	Total
Not Selected	0	393	3	396
Selected	1	5	0	6
Total	1	398	3	402

Household Ethnicity - Percentage



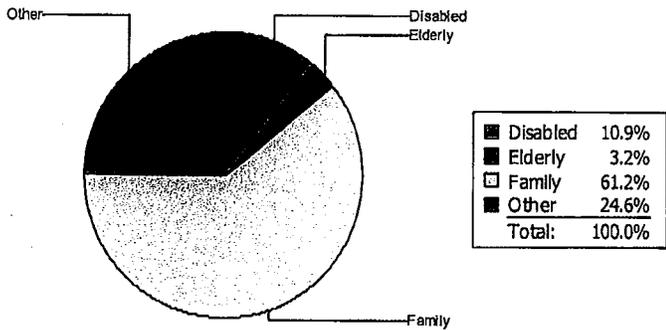
Household Ethnicity - Count



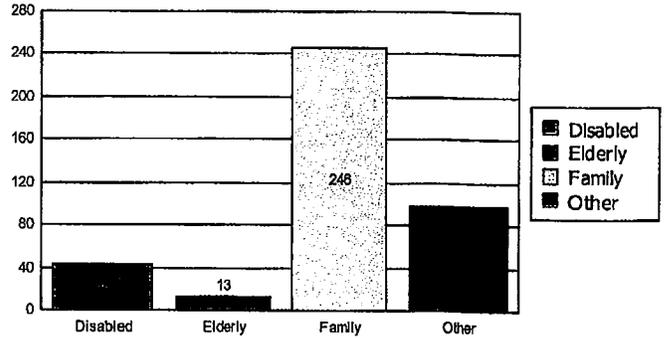
Household Type

	Disabled	Elderly	Family	Other	Total
Not Selected	44	13	243	96	396
Selected	0	0	3	3	6
Total	44	13	246	99	402

Household Type - Percentage



Household Type - Count



Waiting List Code: phwl
Property: Waiting Property
Property Code: waiting
Waiting List Type: 0
Max Refusals: 1

Date/Time Last Generated: January 5, 2009 1:59 pm
List Open: Yes
Date Open: November 06, 2008
Date Closed:

List Ordering
Sort Order 1: Date/Time
Sort Order 2:
Sort Order 3:
Sort Order 4:
Sort Order 5:
Use Single Preference Rule: No

Waiting List Statistics
Total Selected: 52
Total Rejected: 9
Total Housed: 25
Total In Process: 18
% Lease up: 73.5%

Income Targeting

Code	Income Limit Description	Req. %	Pts/Wt	# Selected	# Rejected	# Housed	# In Process	% Lease Up	% Met
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Income Limits Detail

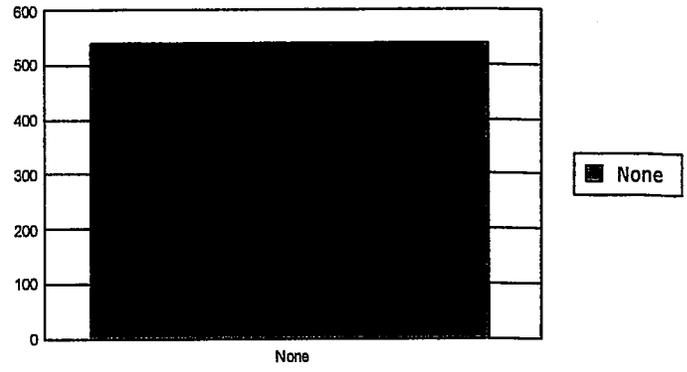
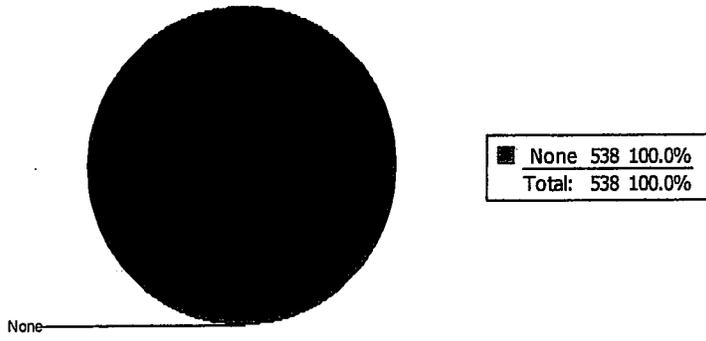
Code	Description	Median Income	% Med Inc	Income Limits - Number of HH Members							
				1	2	3	4	5	6	7	8

Current Waiting List Households by Selection Status and Income Limit

	None	Total Number Avg Position Min Position Max Position
Not Selected	538	538
	100	100
	1	1
	270	270
Total	538	538
	100	100
	1	1
	270	270

Households by Income Limit - Percentage

Households by Income Limit - Count



Waiting List Preferences

Preference Calculation Method: Aggregate

Code	Preference Description	Points / Weight	Rank
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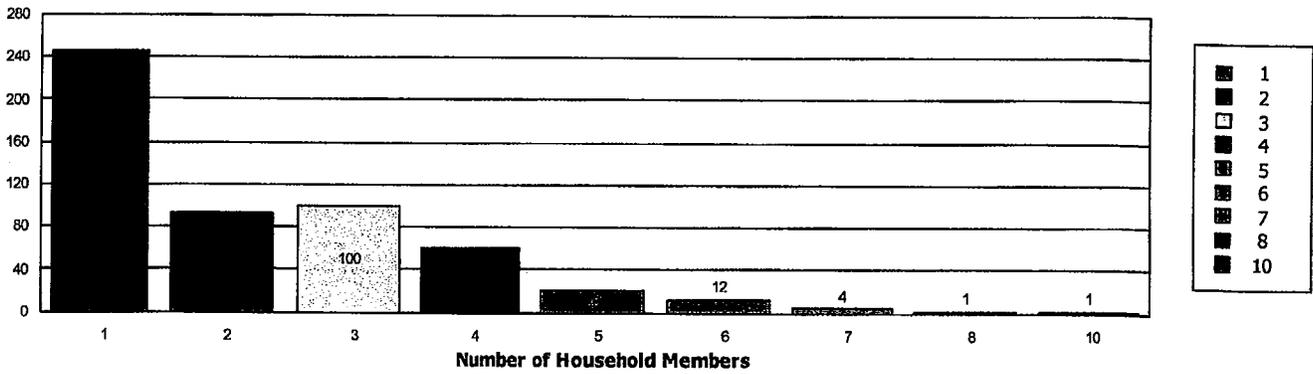
Number of Households With Preferences

Waiting List Summary Information

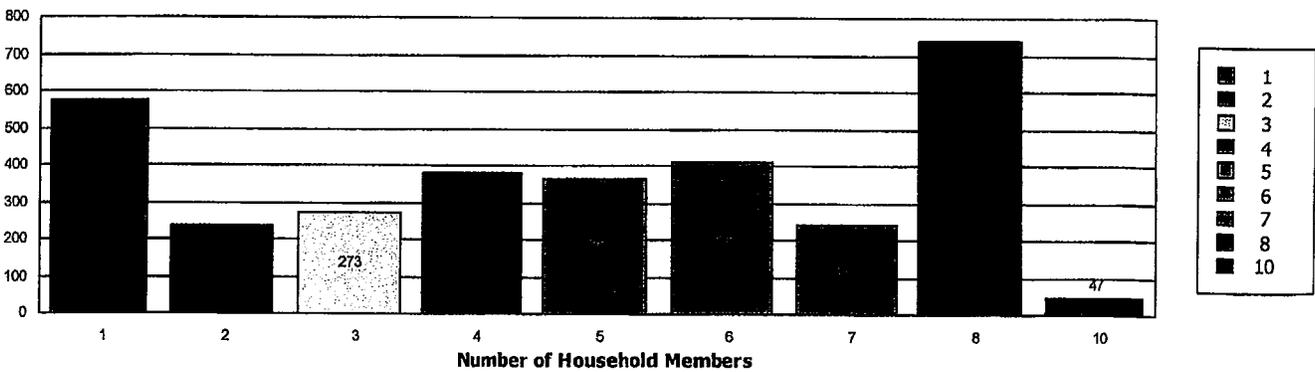
Waiting List Time Based on Number of HH Members

	1	2	3	4	5	6	7	8	10	# Families Avg Days Min Days Max Days
Not Selected	246	93	100	61	20	12	4	1	1	538
	575	235	273	383	365	412	241	739	47	424
	19	19	19	27	21	46	31	739	47	19
	1,613	1,588	1,039	1,012	859	841	825	739	47	1,613
Total	246	93	100	61	20	12	4	1	1	538
	575	235	273	383	365	412	241	739	47	424
	19	19	19	27	21	46	31	739	47	19
	1,613	1,588	1,039	1,012	859	841	825	739	47	1,613

Number of Households on Waiting List by Number of Members



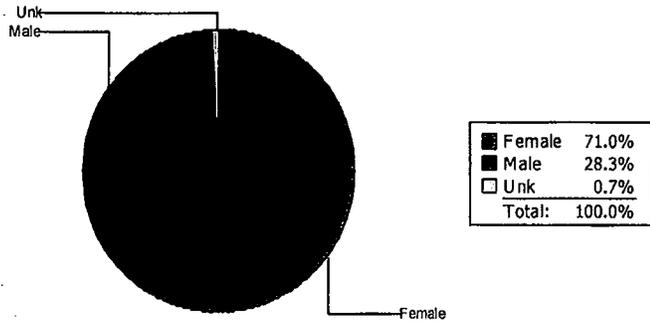
Avg Days on Waiting List by Number of Household Members



Gender of Head of Household

	Female	Male	Unk	Total
Not Selected	382	152	4	538
Total	382	152	4	538

Gender of Head of HH - Percentage



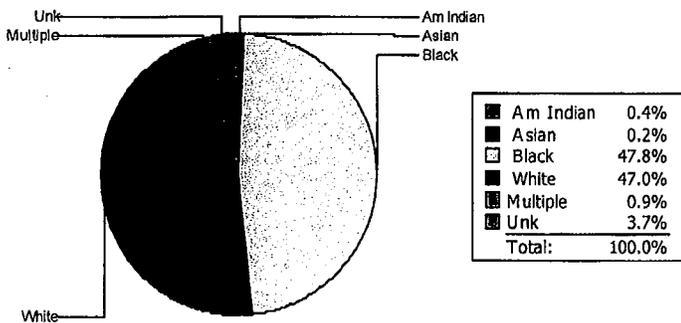
Gender of Head of HH - Count



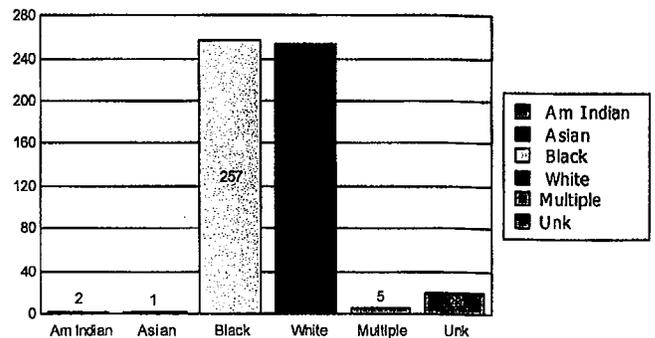
Household Race

	Am Indian	Asian	Black	White	Multiple	Unk	Total
Not Selected	2	1	257	253	5	20	538
Total	2	1	257	253	5	20	538

Household Race - Percentage



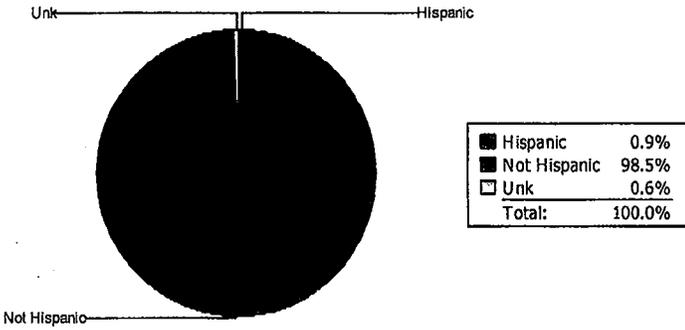
Household Race - Count



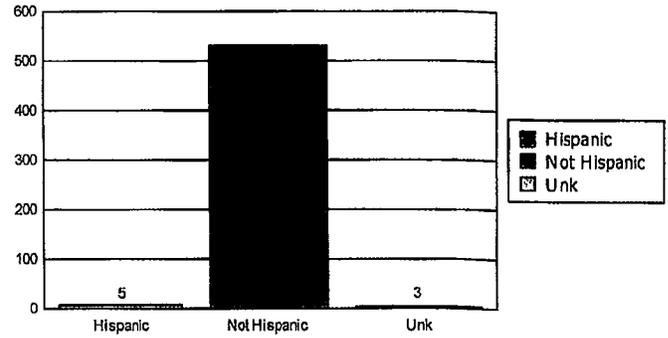
Household Ethnicity

	Hispanic	Not Hispanic	Unk	Total
Not Selected	5	530	3	538
Total	5	530	3	538

Household Ethnicity - Percentage



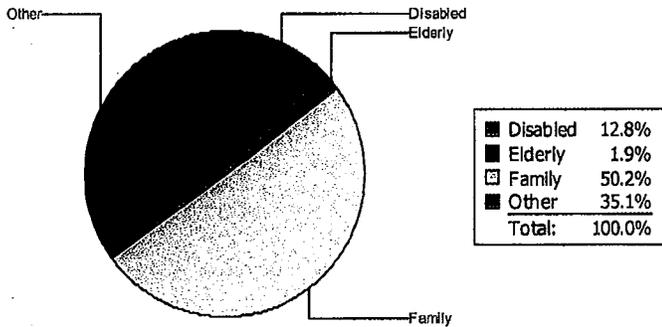
Household Ethnicity - Count



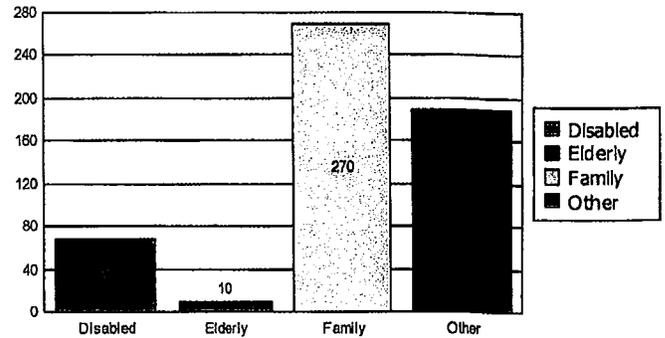
Household Type

	Disabled	Elderly	Family	Other	Total
Not Selected	69	10	270	189	538
Total	69	10	270	189	538

Household Type - Percentage



Household Type - Count



PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011
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**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 ___ 5-Year and/or ___ Annual PHA Plan for the PHA fiscal year beginning 4/2009 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.

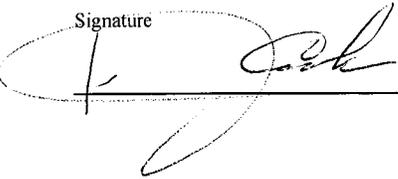
ANDERSON HOUSING AUTHORITY
 PHA Name

IN006
 PHA Number/HA Code

_____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

Annual PHA Plan for Fiscal Years 20⁰⁹ - 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	Title
Joseph Cook	Chairman
Signature	Date
	April 6, 2009

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Anderson Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidy Program and Capital Fund Grant 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

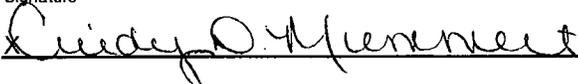
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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 Cindy D. Mummert	Title Executive Director
Signature 	Date 4/6/2009

form HUD-50070 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

Certification of Payments to Influence Federal Transactions

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

Applicant Name

ANDERSON HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidy and Capital Fund Grant 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)

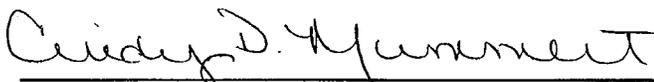
Name of Authorized Official

CINDY D. MUMMERT

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

4/6/2009

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

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 type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Anderson Housing Authority 528 W. 11th Street Anderson, IN 46016 Congressional District, if known: 4c 6th	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: Dept. of Housing & Urban Development	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ 231,594 & 293,132	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
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: <u>Cindy D. Mummert</u> Print Name: <u>Cindy D. Mummert</u> Title: <u>Executive Director</u> Telephone No.: <u>765-641-2620</u> Date: <u>4/6/2009</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

Approved by OMB
0348-0046

Reporting Entity: ANDERSON HOUSING AUTHORITY Page 2 of 2

NONE

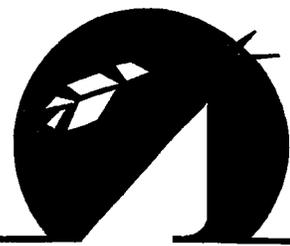
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Housing Authority

Cindy D. Mummert, Executive Director

528 W. 11th Street • Anderson, IN 46016
Telephone/TDD 765/641-2620 • Fax 765/641-2629
Email: aha@ahain.org



THE CITY OF
ANDERSON
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LOW-RENT PUBLIC HOUSING RESIDENT MEETING

Attachment: in006e09

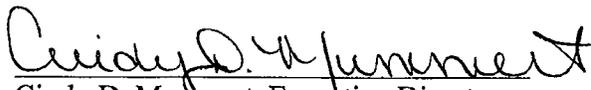
DATE: Monday, December 1, 2008

TIME: 2:00 p.m.

WHERE: Anderson Housing Authority's Administrative Office
528 W. 11th Street

PURPOSE: The Anderson Housing Authority is in the process of submitting our Agency Plan to the Department of Housing and Urban Development. A component of the Plan is to obtain resident input into the Plan. This meeting is to provide residents a forum for sharing information and making recommendations in the development of the Plan primarily as it relates to the administration of the Capital Fund Program. This grant program provides the Agency with monies annually for development, financing and modernization of public housing developments and for modernization improvements.

If you are unable to attend the meeting, you may submit your suggestions or concerns in writing to: Anderson Housing Authority, 528 W. 11th Street, Anderson, IN 46016.


Cindy D. Mummert, Executive Director



ANDERSON HOUSING AUTHORITY
RESIDENT MEETING
DECEMBER 1, 2008

NAME AND ADDRESS:

- ① Harry D. Harris 2219 Fulton St. Apt. D
- ② ~~Shirley Thomas Jr~~ 2215 Fulton St # 1
- ③ Chis D. Jones 2223 Fulton St. Apt. C
- ④ Ken Yeta R. Benton "
- ⑤ Valeria Harbour 1126 Victory Ct
- ⑥ Melissa Southerland 2619 W. 18th St.

Connie Humpres-Manager

ANDERSON HOUSING AUTHORITY
RESIDENT MEETING
DECEMBER 1, 2008
2:00 P.M.

Attachment: in006e09

Attendance: Cindy D. Mummert, Executive Director
Connie Klungness, Public Housing Manager

The Anderson Housing Authority had a resident meeting on December 1, 2008 to discuss and inform them of the 2009 Annual Plan. A brief report was given to inform the residents of the purpose of the Plan and their input in the Plan.

The meeting was attended by six (6) residents which consisted of our Westvale Manor Apartments and Large Family Single Family homes.

The following was their request for consideration of usage of CFP monies:

- The removal of the benches in the front of each building at Westvale Manor Apts. They feel that having the benches there attracts "outsiders" to hang-out out the apartments and sometimes gain access into the buildings.
- Replacement of carpets for the large family single family homes who were in attendance.
- Replacement of water heaters at Westvale Manor Apts.
- Replace or repair water heater for the Laundry Room at Westvale Manor Apts. They stated that the water is not very hot.

Residents of Westvale Manor Apartments stated that things have really improved out there and they are very happy. They commented how much they appreciate that we are evicting families that are "undesirable/trouble" so that they have a nice place to live.

Mrs. Mummert informed the residents that the maintenance concerns discussed at the meeting will be directly reported to the Director of Maintenance. She also informed them that in Capital Fund Program carpet replacement and replacement of water heaters have been targeted for funding. These items may be done on a "as needed" basis.

In regards to the removal of the benches in front of Westvale Manor Apartments, this item will be discussed and given consideration. Further discussion with the residents will be held at the next Crime Watch Meeting.

Minutes prepared by Cindy D. Mummert, Executive Director