

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.

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

PHA Goal: Expand the supply of assisted housing.

Objectives:

- a. Reduce public housing vacancies: 97% Occupancy
 - b. Leverage private or other public funds to create additional housing opportunities.
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- 1. Increase inventory of home ownership properties.
 - 2. Increase level of landlord participation in the Section 8 Voucher Program.

PHA Goal: Improve the quality of assisted housing.

Objectives:

- a. Improve public housing management: (PHAS Score – 90%)
 - b. Improve voucher management: (SEMAP Score – 92%)
 - c. Renovate or modernize public housing units.
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- 1. Work with City of Altoona and property owner to ensure expiration of Section 8 Project Based Certificates at City Hall Commons does not result in loss of affordable housing opportunities to low income residents.
 - 2. Work with City of Altoona and local landlords to increase participation in the Section 8 Voucher Program.
 - 3. Work with City of Altoona in identifying properties for possible homeownership through renovation projects.
 - 4. Altoona Housing Authority is currently upgrading (in phases) all accessible handicapped public housing apartments including common areas to address ADA compliance issues.

PHA Goal: Increase assisted housing choices.

Objectives:

- a. Conduct outreach efforts to potential voucher landlords.
 - b. Implement public housing or other home ownership programs.
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- 1. The AHA is evaluating the possibility of a Voucher home ownership program and public housing home ownership program for the upcoming year. The AHA was funded for the Public Housing FSS grant for 2008 & 2009.
 - 2. Continue outreach efforts through Section 8 Landlord workshops and community meetings.
 - 3. Achieve 97% occupancy in the Public Housing Program.
 - 4. Achieve 98% occupancy in the Section 8 Voucher Programs (as funding allows).

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

PHA Goal: Provide an improved living environment.

Objectives:

- a. Implement public housing security improvements: Continue youth prevention activities and continue security services to patrol authority developments.
 - b. Designate developments or buildings for particular resident groups (elderly, persons with disabilities).
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- 1. Improve current level of resident satisfaction with living conditions in public housing.
 - 2. Continually update maintenance procedures.
 - 3. Reduce crime by 10% for 2009 – 2010.
 - 4. Increase participation in Resident Organizations.
 - 5. Increase participation in the Healthy for Life Program/Health Education.
 - 6. Continue to provide services of Resident Services Coordinator at the Green Avenue & Eleventh Street Towers.
 - 7. Establish Neighborhood Watch Programs at sites.
 - 8. Improve customer service by means of survey.
 - 9. Expand After School Enrichment Program through full-time coordinator.

HUD Strategic Goal: Promote self-sufficiency and asset development of assisted households.

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

Objectives:

- a. Increase the number and percentage of employed persons in assisted families: 5% per year.
 - b. Provide or attract supportive services to improve assistance recipients' employability: Work with service agencies to provide necessary services.
 - c. Provide or attract supportive services to increase independence for the elderly or families with disabilities. Continue Resident Services Coordinator at elderly site.
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- 1. Continue partnership with Penn State Altoona for public housing residents residing in our family development and elderly developments. The AHA also partners with other agencies to provide educational health related workshops to our elderly residents.
 - 2. Increase the number of Section 8 recipients who participate in the Family Self Sufficiency Program.

Please See Attachment.

	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ol style="list-style-type: none"> 1. Eligibility, Selection and Admissions Policies, including Deconcentration and Waiting List procedures – NO Change. 2. Financial Resources: Public Housing Income <ul style="list-style-type: none"> • Operating Subsidy \$1,490,000. • Capital Fund Income \$1,658,664. • ARRA \$ 893,897. • Dwelling Rental Income \$1,365,000. • Misc. Income \$ 91,000. • Financial Income \$ 60,800. • Non-Dwelling Rent \$ 9,600. <p>TOTAL PH INCOME: \$5,568,961.</p> <p>Section 8 Income \$3,520,000.</p> <p>TOTAL PH/S8 INCOME: \$9,088,961.</p> <ol style="list-style-type: none"> 3. Rent Determination – NO Change. 4. Operation and Management – NO Change. 5. Grievance Procedures – NO Change. 6. Designated Housing for Elderly/Disabled Families – NO Change. 7. Community Service & Self Sufficiency – NO Change 8. Safety and Crime Prevention – NO Change 9. Pets – NO Change 10. Civil Rights Certification – NO Change. 11. Fiscal Year Audit – No Audit Report Received as of 4/1/09 – Waiting on revised template to submit. 12. Asset Management – NO Change. 13. VAWA – NO Change to Current Policy <p>The AHA has all Admissions, Policies and Procedures readily available to the Public at each Office, including Administrative Office. Required policies, procedures and notices are posted at each development for resident’s review.</p> <p>(b) – Location of Plan: The Annual Plan has been posted at AMP001, AMP002, Administrative Offices, City Hall – Altoona, PA, Altoona Public Library for review and comment.</p>
7.0	<p>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. N/A</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>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. ATTACHED</p>
8.2	<p>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. ATTACHED</p>
8.3	<p>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.</p>
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> <p>The AHA administers 536 public housing apartments, 3 home-ownership units, 57 enhanced section 8 vouchers, 917 section 8 vouchers and mod rehab units. An examination of current occupancy levels and waiting list information shows a majority of families with incomes below 30% of median incomes. This illustrates a need to maintain quality, affordable, safe housing choices for families. The AHA tracks income targeting and monitors quarterly to meet guidelines. The AHA partners with surrounding agencies to educate them on the types of housing available to those meeting the income guidelines. The AHA also does extensive marketing to the public on the affordability and accessibility of our housing stock. The current waiting list for 4 – 5 BR apartments is down and has been for some time. The AHA continues to market these properties.</p>

<p>9.1</p>	<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>The AHA’s strategy for addressing housing needs is to educate the community and partner with agencies identifying the type of properties we own/manage. In addition, the AHA conducts resident customer service/management surveys to determine if the housing needs are being met with residents that have already been housed. Good feedback has made changes to our process with breaking down the lease up procedures. Management continually monitors the waiting list and addresses those needing accessible/mobility units. We are currently working on Phase 3 of our 504 Upgrade at the Towers renovating 19 apartments to meet handicapped accessibility including all common areas. The AHA does extensive marketing to the public on the affordability and accessibility of our housing stock.</p>
<p>10.0</p>	<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>The AHA meets regularly with Management and Maintenance to review and revise current policies and procedures indentifying future goals and objectives. Internal in-house procedures are continually revised in order for the AHA to effectively meet goals and objectives outlined in plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p>
<p>11.0</p>	<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 – See Attachment</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>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A 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; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

2009 PHA Plan – Attachment #1

5.2 Goals and Objectives (continued)

HUD Strategic Goal: Promote self-sufficiency and asset development of assisted households.

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

Objectives:

3. Work with residents to improve the image of public housing through receipt of Public Housing Self Sufficiency Grant.
4. Conduct workshops to low income residents on home ownership.

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

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

Objectives:

- a. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status and disability.
- b. 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.
- c. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

Other PHA Goals and Objectives:

1. To manage the Authority using recognized sound administrative and sound fiscal practices.
2. To adopt the highest standards in operating housing developments.
3. To promote self sufficiency and independence of residents.
4. To pursue partnerships which promote resident opportunity and quality of life.
5. To ensure that the maintenance function is performed efficiently and cost effectively with trained and skilled employees.
6. To provide housing that is an asset to the community.
7. To market the administrative, management and other skills of the Authority.
8. To acquire assets which will support the mission of the Authority.
9. Conduct fair housing workshops for staff and residents.
10. Provide assistance to resident organizations at all developments promoting a healthy environment for the residents.
11. To effectively manage and upgrade all ADA compliance deficiencies.
12. To effectively convert all public housing operations to Project Based Accounting/Asset Management module.

11.0 – (g) – Challenged Elements

The nation's housing challenges are escalating. With many families facing foreclosure of their homes and without employment, finding affordable and safe housing is a challenge to many throughout the United States. Housing affordability problems are particularly widespread among low-income residents. The Authority continues to market our properties throughout several means of outreach techniques. One of the biggest challenges that the Authority faces is the perception of the community in providing affordable housing to public housing and Section 8 recipients. In today's world, each and every one of us could be faced in a situation that we need a place to live. This has been a struggle and will continue to be a challenge in changing the perception of so many. Many applicants and community leaders are surprised when they actually view our properties and immediately change their first impression of housing options. This is and will continue to be the biggest challenge moving into the upcoming fiscal year and beyond.

10.0 – (b) – Significant Amendment & Substantial Deviation/Modification

The Altoona Housing Authority will consider the following items to be a Substantial Deviation or Significant Amendment or modification:

- **A discretionary change that would fundamentally alter demolition or disposition, designation, homeownership programs or conversion activities.**
- **A discretionary change in the policies and procedures of the Altoona Housing Authority that would fundamentally change our goals and objectives of our agency. Any and all modifications to the plan would require formal board approval, including resident involvement.**
- **Addition of any non-emergency modernization work items that were not included in the current Annual Statement or Five Year Plan (as presented).**

Resident Advisory Board Comments

1. Has the Housing Authority ever thought about installing a camera on every floor?

AHA Response: Yes, the Authority has looked into the possibility of upgrading our current system but the cost was extremely high to put cameras on each floor. There is no major crime at the Towers but the AHA will take recommendation into consideration in the future.

2. Will we ever be able to have yard sales again at the Towers?

AHA Response: No, the Authority will not permit yard sales. Last year, the AHA had a major bed bug infestation and cost the Authority over \$30,000 to treat. The AHA will not take the risk again in having the general public and residents hold a yard sale in the community room.

3. Clocks, lamps, decorations and batteries continue to be stolen from the lobby floors in both buildings.

AHA Response: The Authority will discuss with the Resident On Call and Security Officer about the matter.

4. If a resident is not home and their visitor gets in the building, can they loaf around until the resident gets home?

AHA Response: No, there is no reason for the visitor to be lingering in the hall if the resident they are visiting isn't home. First, someone left them in the building and should not have.

5. If a resident doesn't answer their door for Meals on Wheels and the office is closed, can the ROC go in their apartment to see if they are okay?

AHA Response: No, this is an invasion of privacy. This is independent living. The resident may not want bothered on a particular day.

6. When the fire alarm system goes off and the recording is cancelled, a buzzing sound continues, why do we have to wait until someone from Maintenance arrives to stop the buzzing sound?

AHA Response: Due to liability reasons, the Resident on Call is not permitted to reset the alarm. The ROC can silence the alarm after the fire company indicates there is no danger. Mrs. Cheryl Johns spoke directly to the Insurance Company regarding the matter and no changes will be made to the policy.

Resident Advisory Meetings were held on February 26, 2009 and March 23, 2009. Mrs. Cheryl Johns reviewed the plan and asked for input on the Capital Fund improvements. No comments were received. A total of 4 residents attending the public hearing on April 8, 2009. Mrs. Johns gave an overview of the PHA's plan and housing inventory for review and discussion. Board members asked for resident input and none was received.

Violence Against Women Act (VAWA) Policy Description of Activities

The Altoona Housing Authority has VAMA brochures at each development for applicants and residents describing the AHA's Violence Against Women Act Policy.

The Altoona Housing Authority meets regularly with Management staff of the local Domestic Abuse Project to review the policy and provide information to their clients on housing opportunities for victims of domestic violence.

The Altoona Housing Authority provides Section 8 applicants a copy of the VAMA Policy at the briefing/orientation session on their rights and responsibilities under the Act.

The Altoona Housing Authority provides Public Housing "new" residents a copy of the VAMA Policy at lease up of their rights and responsibilities under the Act.

The Altoona Housing Authority conducts quarterly Inter Agency Meetings with local service providers updating agencies on various programs and policies (including the VAWA Policy).

Violence Against Women Act (VAWA) Policy

The Altoona Housing Authority, in accordance with the Violence Against Women Act, has established this policy to provide protection in housing against domestic violence, dating violence, sexual assault and stalking victims. While the title of the Act is Violence Against Women, the Act describes a victim as male or female and protects both sexes.

The purpose of this policy is to reduce domestic violence, dating violence, sexual assault, and stalking; prevent homelessness of the victims of such acts; protect victims who reside in Public Housing and Section 8; and ensure victims have access to the criminal justice system without jeopardizing their housing.

Domestic violence can be a felony or misdemeanor crime of violence committed by a current or former spouse of the victim, or a person similarly situated to a spouse of the victim, or a person with whom the victim shares a child in common.

Dating violence is committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim based on the length of the relationship, the type of relationship and/or the frequency of the interaction between the persons.

Sexual assault includes both assaults committed by strangers or offenders who are known or related by blood or marriage to the victim.

Stalking means to pursue, place under surveillance, or repeatedly commit acts with intent to kill, injure, harass, or intimidate and/or to place a person in reasonable fear of death, serious bodily injury, or emotional harm to that person, their immediate family member(s), or spouse or intimate partner.

The Altoona Housing Authority will evaluate each alleged act of violence on a case by case basis. Any resident alleging they are a victim of any listed form of domestic violence, dating violence, sexual assault or stalking ***must*** provide documentation that substantiates that claim. This documentation must include bona fide incidents of actual or threatened abuse which includes the name of the perpetrator and must be provided within fourteen (14) days of the alleged act of violence.

The documentation provided by the victim of the act of violence may be any of the following:

- A local police or court record
- Documentation signed by a victim service provider, an attorney, or a medical professional that attests under penalty of perjury that the abuse is a bona fide incident and that the victim has approved the documentation.

Any information provided to the Altoona Housing Authority shall be retained in the strictest confidence. It will not be entered into any shared database or provided to any related entity unless the victim consents or requests such sharing, unless it is required for use in an eviction proceeding or unless otherwise required by law.

Once this documentation is provided to the Altoona Housing Authority, the perpetrator of the act of violence will be banned from being on Altoona Housing Authority property or the residential unit of a Section 8 Voucher holder. Should the resident who is the victim of such violence willingly or intentionally violate this banning order, the protection offered under this Act and policy shall become null and void and termination proceedings will begin.

If the Altoona Housing Authority is able to demonstrate there is an actual and imminent threat to other tenants, employees or others providing services to the property, the protection offered under this Act and policy are also null and void and termination proceedings will begin.

All resident will be provided equal opportunities for informal and formal hearings as already defined in all termination procedures through the Altoona Housing Authority.

**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, Joseph F. Weakland the City Manager certify that the Five Year and
Annual PHA Plan of the Altoona Housing Authority is consistent with the Consolidated Plan of
City of Altoona prepared pursuant to 24 CFR Part 91.

Joseph F. Weakland 4-9-09
Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Altoona Housing Authority

Program/Activity Receiving Federal Grant Funding

Agency Plan

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

Cheryl Johns

Title

Executive Director

Signature

Date

April 13, 2009

X

Drug-Free Workplace Attachment
List of Work Sites Receiving Grant Funding
Form HUD-50070

AMP No.	Development Name	Street Address	City, State
PA031-001	Fairview Hills	1614 First Street	Altoona, PA
PA031-002	Green Avenue Tower	911 Green Avenue	Altoona, PA
PA031-002	Eleventh Street Tower	1100 11 th Street	Altoona, PA
PA031-001	Fairview Hills	1614 First Street (200-230 East Maple Ave.)	Altoona, PA
PA031-001	Scattered Sites	1614 First Street	Altoona, PA
PA031-001	Fairview Hills	1614 First Street (200-230 East Cherry Ave.) (1600-24 Kettle Street) (100-200 East Maple Ave.)	Altoona, PA
PA31-13	Home Ownership	Scattered Sites	Altoona, PA
PA31-14	Home Ownership	Scattered Sites	Altoona, PA
PA31-15	Home Ownership	Scattered Sites	Altoona, PA
PA31-17	Home Ownership	Scattered Sites	Altoona, PA

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

Altoona Housing Authority

Program/Activity Receiving Federal Grant Funding

Agency Plan

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.

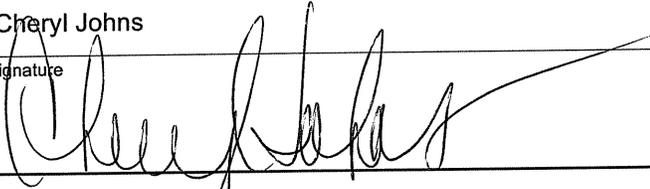
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this 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 Cheryl Johns	Title Executive Director
Signature 	Date (mm/dd/yyyy) 04/13/2009

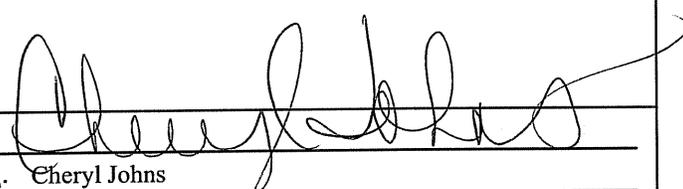
DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

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

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee 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: Altoona Housing Authority 2700 Pleasant Valley Boulevard Altoona, PA 16602 Congressional District, if known: 9 th	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing & Urban Development	7. Federal Program Name/Description: CF006 - \$633,493, CF007 - \$652,474, CF008 - \$706,109 CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> NONE	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> <div style="text-align: right; margin-right: 50px;">  _____ </div>	
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: Cheryl Johns Title: Executive Director Telephone No.: 814-949-2026 Date: 04/13/2009	
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: Altoona Housing Authority Page 1 of 1

N/A

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: Altoona Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P0311501-06 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2006 FFY of Grant Approval:	

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 3)
 Performance and Evaluation Report for Period Ending:
 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				
3	1408 Management Improvements	\$20,000.00	\$266.41	\$266.41	\$266.41
4	1410 Administration (may not exceed 10% of line 21)	\$63,349.30	\$63,349.30	\$63,349.30	\$63,349.30
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$19,700.00	\$30,500.	\$30,500.	\$28,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement		\$66,196.36	\$66,196.36	\$66,196.36
10	1460 Dwelling Structures	\$530,443.70	\$530,443.70	\$530,443.70	\$158,377.40
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						
PHA Name: Altoona Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2006 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)		
<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		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)	\$633,493.00	\$633,493.00	\$633,493.00	\$316,189.47	
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 4/8/2009	Signature of Public Housing Director		Date 4/8/2009	

Cheryl A. Johns, Executive Director

Shawn Shaulis, Administrative Officer
 Kathi Ardizzone, Administrative Officer

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.

Part II: Supporting Pages								
PHA Name: Altoona Housing Authority			Grant Type and Number Capital Fund Program Grant No: 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	
PA-031-002-AMP002 Green Avenue & Eleventh Street Towers	ADA Compliance							
	Residential Units	1460	19	530,443.70	530,443.70	530,443.70	158,377.40	Under Construction Est. Completion Date 09/2009 Balance of Contract in CF2007
	Parking Lot Upgrade	1450		66,196.36	66,196.36	66,196.36	66,196.36	Complete. Also, was included with CF2005.

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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary				FFY of Grant: 2007	
PHA Name: Altoona Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P03150107 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)	
<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		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				
3	1408 Management Improvements	\$83,000.	\$39,290.19	\$39,290.19	
4	1410 Administration (may not exceed 10% of line 21)	\$40,000.	\$40,000.	\$40,000.	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$40,000.	\$20,000.		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$750,000.	\$303,581.99	\$2,714.89	
10	1460 Dwelling Structures	\$64,000.	\$244,851.82	\$244,851.82	
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		\$4,750.	\$4,750.	
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

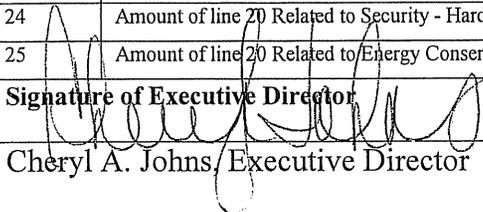
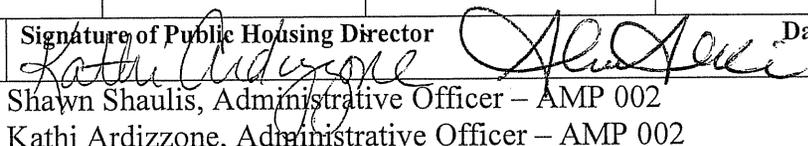
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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						
PHA Name: Altoona Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P03150107 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2007 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)		
<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		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)	\$977,000.00	\$652,474.00	\$331,606.90	0	
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 04/08/2009		Signature of Public Housing Director 		

Cheryl A. Johns, Executive Director

Shawn Shaulis, Administrative Officer – AMP 002
 Kathi Ardizzone, Administrative Officer – AMP 002

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.

Part II: Supporting Pages								
PHA Name: Altoona Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA28P03150107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
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	
PA-031-001-AMP001 Fairview Hills	ADA Compliance:							
	Common Areas	1460	1	8,000.	5,438.80	5438.80		Complete
	Administrative Office	1460	1	8,000.	9486.70	9486.70		Complete
	Community Center	1460	1	10,000.	9923.32	9923.32		Complete
	Landscaping	1450		5,000.	0.			
	Replace Clothes Posts	1450	16	0	2714.89	2714.89		Complete Needed to move from CF 5yr. plan due to condition of posts.
PA-031-002-AMP002 Green Avenue & Eleventh St. Towers	ADA Compliance:							
	Residential Units	1460	19	38,000.	220,003.	220,003	0	Est. Completion Date 09/30/2009
	Relocation for ADA Compliance	1495.1	19	0	4,750.	4,750.	0	
	Eleventh St. Tower Balcony Restoration	1450	160	750,000.	300,867.10			Est. Completion Date 10/31/2009

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: Altoona Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P03150108 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2008 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 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				
3	1408 Management Improvements	\$25,000.	\$25,000.		
4	1410 Administration (may not exceed 10% of line 21)	\$40,000.	\$35,000.		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$60,000.	\$20,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$581,190.	\$626,190.		
10	1460 Dwelling Structures				
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						
PHA Name: Altoona Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P03150108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)		
<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		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)	\$706,190.	\$706,190.			
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 04/08/2009		Signature of Public Housing Director		

C Cheryl A. Johns
 Cheryl A. Johns, Executive Director

Kathi Ardizzone
 Shawn Shaulis, Administrative Officer – AMP 002

Kathi Ardizzone
 Kathi Ardizzone, Administrative Officer – AMP 001

Date 04/08/2009

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: Altoona Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFP2009 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	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					
3	1408 Management Improvements	\$35,000.				
4	1410 Administration (may not exceed 10% of line 21)	\$35,000.				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$20,000.				
8	1440 Site Acquisition					
9	1450 Site Improvement	\$511,000.				
10	1460 Dwelling Structures	\$ 40,000.				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures	\$ 60,000.				
13	1475 Non-dwelling Equipment	\$ 5,000.				
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.

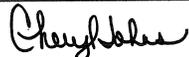
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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: Altoona Housing Authority	Grant Type and Number Capital Fund Program Grant No: CFP2009 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:			
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	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)	706,000.			
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 04/08/2009		Signature of Public Housing Director	
				Date 04/08/2009	

Cheryl A. Johns, Executive Director

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.

Part II: Supporting Pages								
PHA Name: Altoona Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFP2009 CFFP (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	
PA031-001-AMP001 Fairview Hills								
	ADA Compliance – UFAS Sidewalks	1450		30,000.				
	Entrance Lighting	1460	150	20,000.				
	Appliance Replacement	1465	40	10,000.				
PA031-002-AMP002 Green Avenue & Eleventh St. Towers								
	Eleventh Street Tower Balcony Restoration	1450	160	354,632.				
	Site Lighting Upgrade	1460	2	20,000.				
	Trash Compactor Replacement	1470	2	60,000.				
	Appliance Replacement	1465	60	30,000.				
	Upgrade – Maintenance Facility	1450	1	28,000.				
	Replacement of Air Handlers	1450	2	58,368.				

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.

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 Altoona Housing Authority PA031		Locality (City/County & State) City of Altoona, County of Blair, Penna.			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 2	
A.	Development Number and Name PA031-001-AMP001 Fairview Hills	Work Statement for Year 1 FFY __2009__	Work Statement for Year 2 FFY ____2010_____	Work Statement for Year 3 FFY ____2011_____	Work Statement for Year 4 FFY ____2012_____	Work Statement for Year 5 FFY ____2013_____
B.	Physical Improvements Subtotal	Annual Statement	\$630,000.	\$863,000.	\$405,000.	\$60,000.
C.	Management Improvements		\$53,000.	\$53,000.	\$53,000.	\$53,000.
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		\$20,000.	\$20,000.	\$20,000.	\$20,000.
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$703,000.	\$936,000.	\$478,000.	\$133,000.
L.	Total Non-CFP Funds					
M.	Grand Total		\$703,000.	\$936,000.	\$478,000.	\$133,000.

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 Altoona Housing Authority PA031		Locality (City/County & State) City of Altoona, County of Blair, Penna.			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 2	
A.	Development Number and Name PA031-002-AMP002 Green Avenue & Eleventh Street Towers	Work Statement for Year 1 FFY __2009__	Work Statement for Year 2 FFY ____2010_____	Work Statement for Year 3 FFY ____2011_____	Work Statement for Year 4 FFY ____2012_____	Work Statement for Year 5 FFY ____2013_____
B.	Physical Improvements Subtotal	Annual Statement	\$243,000.	\$120,000.	\$427,000.	\$755,000.
C.	Management Improvements		\$25,000.	\$25,000.	\$25,000.	\$25,000.
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		\$20,000.	\$20,000.	\$20,000.	\$20,000.
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$496,000.	\$165,000.	\$472,000.	\$800,000.
L.	Total Non-CFP Funds					
M.	Grand Total		\$496,000.	\$165,000.	\$472,000.	\$800,000.

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____ _2009_	Work Statement for Year _____2010_____			Work Statement for Year: _____2011_____		
	FFY _____2010_____			FFY _____2011_____		
	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	PA031-002-AMP002 Green Avenue & Eleventh St. Towers			PA031-002-AMP002 Green Avenue & Eleventh St. Towers		
Annual Statement	ADA Compliance		10,000.	ADA Compliance		10,000.
	Reas. Accommodation		5,000.	Reas. Accommodation		5,000.
	Hallway Asbestos	3	35,000.	Hallway Asbestos		0
	Apt. Asbestos	2	10,000.	Apt. Asbestos	2	10,000.
	Countertop Replacement		0	Countertop Replacement		0
	Generator Replacement		0	Generator Replacement	2	60,000.
	Boiler Replacement	2	75,000.	Boiler Replacement		0
	Landscaping		4,000.	Landscaping		0
	GAT – Balcony Sealing		0	GAT – Balcony Sealing		0
	Refrigerator Replacement	40	20,000.	Refrigerator Replacement		0
	Stove Replacement		0	Stove Replacement	40	20,000.
	Fire Pumps		0	Fire Pumps		0
	Lobby Floor Windows		0	Lobby Floor Windows		0
	Medicine Cabinet. Repl.		0	Medicine Cabinet Repl.		0
	Air Curtains		0	Trash Comp. Replacement		0
	Concrete Repairs		20,000.	Concrete Repairs		15,000.
	Maint. Facility Upgrade		4,000.	Maint. Facility Upgrade		0
	Fire Alarm System			Fire Alarm System		
	Air Handlers		\$60,000.	Air Handlers		
	Subtotal of Estimated Cost		\$243,000.	Subtotal of Estimated Cost		\$120,000.

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____ 2009 _____	Work Statement for Year _____ 2012 _____ FFY _____ 2012 _____			Work Statement for Year: _____ 2013 _____ FFY _____ 2013 _____		
	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	PA031-002-AMP002 Green Avenue & Eleventh St. Towers			PA031-002-AMP002 Green Avenue & Eleventh St. Towers		
Annual	ADA Compliance		5,000.	ADA Compliance		5,000.
Statement	Reas. Accommodation		5,000.	Reas. Accommodation		5,000.
	Hallway Asbestos	2	20,000.	Hallway Asbestos	2	20,000.
	Apt. Asbestos	2	10,000.	Apt. Asbestos		0
	Countertop Replacement	160	150,000.	Countertop Replacement	188	425,000.
	Generator Replacement		0	Generator Replacement		0
	Boiler Replacement		0	Boiler Replacement		0
	Landscaping		2,000.	Landscaping		0
	GAT – Balcony Sealing		165,000.	GAT – Balcony Sealing		0
	Refrigerator Replacement		0	Refrigerator Replacement		0
	Stove Replacement		0	Stove Replacement		0
	Site Lighting		20,000.	Site Lighting		0
	Lobby Floor Window Replacement		0	Lobby Floor Window Replacement		300,000.
	Medicine Cabinet Replacement		0	Medicine Cabinet Replacement		0
	Trash Comp. Replacement		0	Trash Comp. Replacement		0
	Concrete Repairs		0	Concrete Repairs		0
	Maint. Facility Upgrade		0	Maint. Facility Upgrade		0
	Fire Alarm System		50,000.	Fire Alarm System		0
	Subtotal of Estimated Cost		\$427,000.	Subtotal of Estimated Cost		\$755,000.

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 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 July 1, 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.

Altoona Housing Authority

P031

PHA Name

PHA Number/HA Code

X _____ 5-Year PHA Plan for Fiscal Years 20¹⁰ - 20¹⁴

X _____ Annual PHA Plan for Fiscal Years 20⁰⁹ - 20_____

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

Scott P. Brown

Title

Vice Chairperson

Signature

Date

April 8, 2009