

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>McKean County Housing Authority</u> PHA Code: <u>PA080</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2009</u>					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>216</u> Number of HCV units: <u>356</u>					
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
<b>4.0</b>	<b>PHA Consortia</b> N/A <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	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:					
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update. N/A					
<b>5.1</b>	<b>Mission.</b> 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:					
<b>5.2</b>	<b>Goals and Objectives.</b> 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.					
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>Public Housing Lease, Admin Plan and Admissions and Continued Occupancy Policy</b>  (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. <b>Offices of McKean County Redevelopment and Housing Authorities, 410 E. Water Street, Smethport, PA 16749</b>					
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> N/A					
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.					
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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.					
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> 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.					
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <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><b>Housing Needs.</b> 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><b>The Housing Authority works collaboratively with local agencies to meet the needs of low-income and extremely low-income families who reside in McKean County. Referrals are made to the Housing Authority when the need arises and the housing authority seeks assistance from local service providers when needed for our residents.</b></p> <p><b>A representative of the Housing Authority attends the Local Housing Option Team meetings as part of our effort to work collaboratively with other providers. This group strives to address the housing needs in McKean County and remove barriers that prevent people from obtaining housing.</b></p>
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9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> 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.  <b>The McKean County Housing Authority is in the process of completing all of its 504 work and expects to be Fully compliant by 2010. We also continue to use our non-profit 501c3 organization to provide quality affordable housing to resident of McKean County.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”  <b>The McKean County Housing Authority defines “significant amendment” and “substantial deviation/modification” as any change to our plans that requires prior HUD approval.</b></p>

11.0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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<b>Part I: Summary</b>	
<b>PHA Name: McKean County Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-04 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2004 FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		\$ 4,789.29	\$ 4,789.29	\$ 4,789.29
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 21,000.00	52,187.54	\$ 52,187.54	\$ 52,187.54
10	1460 Dwelling Structures	337,500.00	321,018.84	321,018.84	321,018.84
11	1465.1 Dwelling Equipment—Nonexpendable		7,947.33	7,947.33	7,947.33
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2,000.00	-0-	-0-	-0-
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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**

<b>Part I: Summary</b>						
<b>PHA Name:</b> McKean County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-04 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2004</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	\$360,500.00	\$385,943.00	\$385,943.00	\$385,943.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities		10,086.00	10,086.00	10,086.00	
23	Amount of line 20 Related to Security - Soft Costs		395.00	395.00	395.00	
24	Amount of line 20 Related to Security - Hard Costs		112.43	112.43	112.43	
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: McKean County Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-04 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2004</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Operations	1406			4,789.29	4,789.29	4,789.29	COMPLETE
	Cabinets & Countertops	1460			3,391.94	3,391.94	3,391.94	COMPLETE
	Elongated Toilets - 504	1460	15		1,785.00	1,785.00	1,785.00	COMPLETE
	Concrete Replacement	1450		6,000.00	1,290.00	1,290.00	1,290.00	COMPLETE
	Handrails - 504	1450			3,410.00	3,410.00	3,410.00	COMPLETE
80-1	Asbestos Removal	1460			7,679.65	7,679.65	7,679.65	COMPLETE
	Bath tub Modification - 504	1460			580.00	580.00	580.00	COMPLETE
	Medberry Manor - Parking	1460			28,674.24	28,674.24	28,674.24	COMPLETE
	Light for M.M. - Parking Lot	1460			112.43	112.43	112.43	COMPLETE
	Roof Replacements - Elderly Bldgs.	1460	4		223,537.50	223,537.50	223,537.50	COMPLETE
	Reasonable Acc. - camera rent	1460			395.00	395.00	395.00	COMPLETE
	Shed - wheel chair storage	1450	1		1,059.96	1,059.96	1,059.96	COMPLETE
	Water coolers - 504	1460	5		2,540.54	2,540.54	2,540.54	COMPLETE
80-2	Reasonable Acc. - Grab bar - 504	1460			315.00	315.00	315.00	COMPLETE
	Range hoods	1460	36		1,154.82	1,154.82	1,154.82	COMPLETE
	Mill Street Garbage Bins	1450	2		2,728.21	2,728.21	2,728.21	COMPLETE
80-3	Cabinets & Countertops	1460		180,000.00	66,176.96	66,176.96	66,176.96	COMPLETE
	Boilers Replacements (Fosterview)	1460		36,000.00		-0-	-0-	
	Entrance Doors (glass) (Riley Road)	1460		40,000.00		-0-	-0-	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: McKEAN COUNTY HOUSING AUTHORITY				<b>Federal FFY of Grant: 2004</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	9/06	6/08	9/08	9/08	
80-1	9/06	12/06	9/08	6/07	
80-2	9/06	3/07	9/08	6/07	
80-3	9/06	6/06	9/08	6/06	
80-14	9/06	12/06	9/08	6/07	
80-19	9/06	9/06	9/08	9/06	

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



<b>Part I: Summary</b>		
<b>PHA Name: McKEAN COUNTY HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-05 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2005</b> <b>FFY of Grant Approval:</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		153,978.97	153,978.97	153,978.97
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		109,782.25	109,782.25	109,782.25
10	1460 Dwelling Structures	259,283.00	47,078.78	47,078.78	47,078.78
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	75,000.00	23,443.00	23,443.00	23,443.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> McKEAN COUNTY HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-05 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2005</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	334,283.00	334,283.00	334,283.00	334,283.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>			<b>Signature of Public Housing Director</b>		
<b>Date</b>			<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.





<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: McKean County Housing Authority					<b>Federal FFY of Grant: 2005</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	9/07	6/08	9/09	9/08	
80-1	9/07	6/07	9/09	6/07	
80-4	9/07	3/06	9/09	6/06	

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



<b>Part I: Summary</b>		
<b>PHA Name: McKEAN COUNTY HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-06 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 3/31/09       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		265,583.09	265,583.09	265,583.09
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	30,500.00	-0-	-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	138,565.00	-0-	-0-	-0-
10	1460 Dwelling Structures	138,566.00	51,136.91	51,136.91	43,946.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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**

<b>Part I: Summary</b>						
<b>PHA Name:</b> McKean County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-06 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2006</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/09				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	307,631.00	316,720.00	316,720.00	309,529.09	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities	277,131.00	277,131.00	277,131.00	207,353,63	
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					
<b>Signature of Executive Director</b>			<b>Date</b>	<b>Signature of Public Housing Director</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.









<b>Part I: Summary</b>		
<b>PHA Name: McKean County Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-07 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2007 FFY of Grant Approval:</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/09       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	26,597.00	-0-	-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	54,500.00	50,000.00	3,440.00	-0-
10	1460 Dwelling Structures	174,760.00	197,912.10	-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	52,000.00	9,944.90	9,944.90	9,944.90
13	1475 Non-dwelling Equipment		50,000.00	19,697.75	19,697.75
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> McKEAN COUNTY HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-07 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	307,857.00	307,857.00	33,082.65	29,642.65
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities		218,412.10	3,440.00	-0-
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				
<b>Signature of Executive Director</b>			<b>Signature of Public Housing Director</b>		
<b>Date</b>			<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: McKEAN COUNTY HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Administration	1410		26,597.00				
	Dwelling Structures (504)	1460		-0-	168,412.10			
	Computers/Office Equipment	1475		-0-	50,000.00	19,697.75	19,697.75	
	Replace Toilets	1460		23,760.00	-0-			
	Drainage	1450		50,000.00	-0-			
	Site Improvement (504)	1450		-0-	50,000.00	3,440.00	-0-	
80-1	Unit Lighting	1460		15,000.00	-0-			
	Common Area Lighting	1460		7,800.00	-0-			
	Re-wiring	1460		8,400.00	-0-			
80-2	Boilers	1460		15,000.00	15,000.00	-0-	-0-	
	Mailboxes	1450		4,500.00	-0-			
	Siding	1460		35,000.00	-0-			
	Tile Replacement	1460		29,400.00	-0-			
	Re-wiring	1460		10,800.00	-0-			
	Sheds	1470		52,000.00	9,944.90	9,944.90	9,944.90	COMPLETE
80-3	Tile Replacement	1460		8,200.00				
	Re-wiring	1460		3,600.00				
80-4	Re-wiring	1460		4,200.00	-0-	-0-	-0-	
80-14	Windows	1460		10,000.00	14,500.00	-0-	-0-	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: McKean County Housing Authority				<b>Federal FFY of Grant: 2007</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	9/2009		9/2011		
80-1	9/2009		9/2011		
80-2	9/2009		9/2011		
80-3	9/2009		9/2011		
80-4	9/2009		9/2011		
80-14	9/2009		9/2011		
80-19	9/2009		9/2011		

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



<b>Part I: Summary</b>	
<b>PHA Name: McKean County Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-08 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2008 FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 04/30/2009       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	60,000.00		-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable	194,841.00		-0-	-0-
12	1470 Non-dwelling Structures	80,202.00		-0-	-0-
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> McKean County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-08 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 04/30/09				<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	335,043.00		-0-	-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				
<b>Signature of Executive Director Dusti Pantuso</b>			<b>Signature of Public Housing Director</b>		<b>Date</b>
<b>Date</b>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: McKean County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>			
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Concrete Work	1450		50,000.00		-0-	-0-	
	Air Conditioners	1465.1		5,000.00		-0-	-0-	
80-1	Exit Doors	1460		7,500.00		-0-	-0-	
	Garage Racks/Roofs	1450		10,000.00		-0-	-0-	
	Exterior Doors (family)	1460		16,800.00		-0-	-0-	
	Range Hoods	1460		5,292.00		-0-	-0-	
80-2	Exterior Doors	1460		22,200.00		-0-	-0-	
	Appliances	1465.1		33,802.00		-0-	-0-	
	Exhaust Fans (Bathroom)	1460		7,020.00		-0-	-0-	
80-3	Windows (R.R.)	1460		41,000.00		-0-	-0-	
	Exterior Doors (Fosterview)	1460		6,900.00		-0-	-0-	
	Appliances	1465.1		30,000.00		-0-	-0-	
	Exhaust Fans	1460		5,735.00		-0-	-0-	
80-4	Facia & Soffit	1460		15,722.00		-0-	-0-	
	Gutters & Downspouts	1460		5,664.00		-0-	-0-	
	Entry Doors	1460		7,200.00		-0-	-0-	
	Interior Doors	1460		6,348.00		-0-	-0-	
	Cove Base	1460		3,464.00		-0-	-0-	
80-14	Range Hoods	1460		1,625.00		-0-	-0-	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: McKean County Housing Authority				<b>Federal FFY of Grant: 2008</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
80-1	06/2010		06/2012		
80-2	06/2010		06/2012		
80-3	06/2010		06/2012		
80-4	06/2010		06/2012		
80-14	06/2010		06/2012		
80-19	06/2010		06/2012		

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



<b>Part I: Summary</b>									
<b>PHA Name: McKean County Housing Authority</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>Grant Type and Number</b></td> <td><b>FFY of Grant: 2009</b></td> </tr> <tr> <td>Capital Fund Program Grant No: PA28P080501-09</td> <td><b>FFY of Grant Approval:</b></td> </tr> <tr> <td>Replacement Housing Factor Grant No:</td> <td></td> </tr> <tr> <td>Date of CFFP:</td> <td></td> </tr> </table>	<b>Grant Type and Number</b>	<b>FFY of Grant: 2009</b>	Capital Fund Program Grant No: PA28P080501-09	<b>FFY of Grant Approval:</b>	Replacement Housing Factor Grant No:		Date of CFFP:	
<b>Grant Type and Number</b>	<b>FFY of Grant: 2009</b>								
Capital Fund Program Grant No: PA28P080501-09	<b>FFY of Grant Approval:</b>								
Replacement Housing Factor Grant No:									
Date of CFFP:									

**Type of Grant**  
 **Original Annual Statement**       **Reserve for Disasters/Emergencies**       **Revised Annual Statement (revision no: \_\_\_\_\_)**  
 **Performance and Evaluation Report for Period Ending:**       **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	273,500.00			
11	1465.1 Dwelling Equipment—Nonexpendable	27,500.00			
12	1470 Non-dwelling Structures	9,000.00			
13	1475 Non-dwelling Equipment	50,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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**

<b>Part I: Summary</b>						
<b>PHA Name:</b> McKean County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P080501-09 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<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 <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	25,000.00				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	385,000.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date</b>			
<b>Signature of Public Housing Director</b>			<b>Date</b>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.





<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: McKEAN COUNTY HOUSING AUTHORITY				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	2011		2013		
80-1	2011		2013		
80-2	2011		2013		
80-3	2011		2013		

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



**Capital Fund Program—Five-Year Action Plan**

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

<b>Part I: Summary</b>						
PHA Name/Number McKean County Housing Authority - PA080			Locality (City/County & State) Smethport/McKean County, PA		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2 FFY <u>2010</u>	Work Statement for Year 3 FFY <u>2011</u>	Work Statement for Year 4 FFY <u>2012</u>	Work Statement for Year 5 FFY <u>2013</u>
B.	Physical Improvements Subtotal	Annual Statement	\$ 350,000	\$ 201,850	\$ 388,903	\$ 350,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment			149,600		
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$ 350,000	\$ 351,450	\$ 388,903	\$ 350,000
L.	Total Non-CFP Funds					
M.	Grand Total					

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number McKean County Housing Authority - PA080		Locality (City/county & State) Smethport/McKean County, PA			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2 FFY <u>2010</u>	Work Statement for Year 3 FFY <u>2011</u>	Work Statement for Year 4 FFY <u>2012</u>	Work Statement for Year 5 FFY <u>2013</u>
		Annual Statement				
	PHA-WIDE		150,000	303,500	123,760	300,000
	80-1		80,000	10,000	60,900	50,000
	80-2				70,300	
	80-3			32,000	38,200	
	80-4				4,200	
	80-14			4,500		
	80-19		120,000		91,543	
			350,000	350,000	388,903	350,000





## CHANGES IN PUBLIC HOUSING LEASE

Part I and Part II have been reversed. The sections that need to be signed are now in Part I and Part II consists of rules and regulations.

Other changes:

### **Part II – Section II – Lease Term and Amount of Rent**

“Rent determinations are subject to the Administrative Grievance Procedure” has been removed.

### **Part II – Section III – Other Charges**

- A. **Maintenance Costs** - “If overtime work is required, overtime rates shall be charged. (Current overtime charge is listed on the Schedule of Maintenance Charges)” has been removed.
- D. **Returned Check Policy** - Return check charge has changed from \$15.00 - \$20.00. The words “will be notified” has been added to the sentence that now reads “Further, any Tenant who has a check returned will be notified that they are prohibited from making future rental payments by check”.
- E. “Charges for Maintenance Costs are due the first of the 2<sup>nd</sup> month following the work Defined in the Maintenance Costs as explained in the notice to the tenant” now reads, “Charges for Maintenance Costs are due the first of the month following the work Defined in the Maintenance Costs as explained in the notice to the tenant”  
**“All Maintenance Costs must be paid in full by August 31<sup>st</sup> for each year regardless Of when the Charge is applied”** has been added.

### **Part II – Section V – Security Deposit**

#### **B. Authority’s Responsibilities**

1. “To reimburse the cost of repairing any intentional or negligent damages to the dwelling unit caused by the Tenant and/or Tenant’s household members, or Tenant’s guests” now reads, “To be applied towards the cost of repairing any intentional or negligent damages to the dwelling unit caused by the Tenant and/or Tenant’s household members, or Tenant’s guests.

The following sentence has also been added to this section. The Housing Authority will administer Security Deposits in accordance with Section 3.2 of the Pennsylvania Landlord-Tenant Law and Practice, as amended.

“and brought to Authority-designated rental conditions” has been removed from the following statement. No refund of the Security Deposit will be made until after the Tenant has vacated, and the dwelling unit has been inspected by the Authority.

### **Part II – Section VI – Utilities and Appliances**

## **CHANGES IN PUBLIC HOUSING LEASE**

**PAGE 2**

**4/09**

### **A. Authority's Responsibilities – Para. 2**

“Air conditioners will be provided for all elderly residents” was removed. “Air conditioners may be used only with permission from the authority and only for health reasons (Tenant must provide a statement from their doctor)” was changed to read as,

Air conditioners may be used in family units only with prior permission from the Authority. If the tenant elects to bring their own refrigerator, and it is larger than Authority-supplied refrigerator, they will be charged an excess utility for the difference in size.

### **B. Tenant Responsibilities**

“Tenant may not “take in” laundry on behalf of others” has been added. “Authority will compare similar unit and family sizes to determine excess consumption has been added.

Also, the following paragraph has been added to this section:

“When the tenant leaves the living unit for any period of time, all unnecessary appliances must be turned off (i. e. televisions, radios, stereos, fans, air conditioners, computers, etc.) If any Authority staff discovers this type of waste, the tenant will be surcharged for excess utilities.

## **Part II - Section VII Occupancy**

### **A. Use and Occupancy of Dwelling**

Paragraph 2 was revised to read as follows:

“This provision does not exclude reasonable accommodations to Tenant’s guests or Visitors. Tenant must report any guests or visitors staying for more than three (3) days in any 30-day period. Permission may be given for accommodations to Tenants’ guests or visitors for a period not exceeding (14) fourteen days. No guest may stay more than fourteen (14) days in a one-year period.

- C. The words, “or who owes money to the Housing Authority” has been added to read: Tenant will not be given permission to allow a former Tenant of the Authority who has been evicted or who owes money to the Housing Authority to occupy the unit for any period.

## **Part II – Section IX Recertifications**

- C. **Annual Recertifications** - “No more than 90 days in advance of the scheduled Annual recertification effective date, the family shall be notified that they are required to verify income sources” has been changed to read, “No more than 90 days in advance of the scheduled Annual recertification effective date, the family shall be notified that the Housing Authority is required to verify income sources. All income

## **CHANGES IN PUBLIC HOUSING LEASE**

**PAGE 3**

**4/09**

verification information can only be 90 days, or less, old.”

**H. Failure to Report Accurate Information** - The words, in “accordance with the McKean County Housing Authority’s lease” was removed from the sentence, “Failure to report accurate information is grounds for initiating eviction proceedings.

### **I. Changes in Household Composition**

3. The words “or owes money to the Housing Authority” was added to the following: **Tenants will not be permitted to allow a former tenant of the Authority who has been evicted or owes money to the Housing Authority to occupy the unit for any period.**
4. This paragraph now reads: “A tenant must provide documentation, as required by the Authority, when reporting that a family member has vacated the household. If the Housing Authority received word that the vacated family member has returned, it will require at least two documents verifying the new address or other evidence deemed acceptable by the Authority. Utility bill, a driver’s license, an automobile registration, voter registration, an employer’s verification, or a lease bearing the family member’s name, new address and a date are examples of acceptable evidence. Court papers indicating that a family member has left the household such as a Petition for Dissolution of Marriage, a Petition for an Order of Protection from Abuse, or a Petition for Legal Separation may also be acceptable.

### **J. Transfers**

The number of days for the notice of transfer from the Authority to the tenant has been changed from a 15 day Notice to a 60 day notice.

### **Part II - X. Authority’ Obligations**

**D.** The following has been added: “During winter months, on weekends or holidays, if snowfall is in excess of 3”, Maintenance staff will remove snow from at least two main entrances and parking areas. If snowfall is heavy, Maintenance will wait until the snowfall lessens. If there is freezing rain, Maintenance will be out immediately to salt and sand. In all cases, Maintenance will return the next working day to clear all patios and all other common areas not already cleared. During the regular work week, Maintenance will remove snow daily, as needed.

### **Part II – XI. Tenant Obligations**

**G.** The opening statement in this section now reads, “To assure that Tenant, any member of the Tenant’s household, any guest, or any other person under Tenant’s control,

**CHANGES IN PUBLIC HOUSING LEASE**  
**PAGE 4**  
**4/09**

shall not engage in criminal activity. Such activity will result in eviction.

- H.** The words “or who owes money to the Housing Authority has been added:  
“Not to allow any former Tenant of the Authority who has been evicted, or who owes money to the Housing Authority to occupy the unit for any period.
- I.** To abide by necessary and reasonable regulations as declared by the Authority to the Tenants from time to time for the benefit, and well being of the complex and the Tenants. These regulations are incorporated by reference to this Lease, and shall be posted in a conspicuous manner in the Housing Authority’s office. Violation of such regulations constitutes a violation of the Lease. All tenants will be provided a written confirmation of all changes. (This last sentence is an addition)
- K.** The following sentence has been added. **TENANT SHALL PROMPTLY NOTIFY THE AUTHORITY OF KNOWN NEED FOR REPAIRS TO THE PREMISES and of known unsafe or unsanitary conditions in the dwelling unit or in common areas and grounds of the Project.**
- T.** The following sentence was removed: All combustible fluids such as gasoline, kerosene, oil, lighter fluid and propane tanks must be kept in outside storage sheds.

**THE FOLLOWING SECTIONS WERE ADDED TO THIS PART OF THE LEASE:**

- DD.** Tenants may not keep, or ride, any all-terrain vehicles, dirt bikes or snow mobiles on Housing Authority property.
- EE.** Tenants may not accumulate gasoline/kerosene/oil powered equipment on Housing Authority property unless it is for the specific use of maintaining property assigned to the tenants by the Housing Authority.
- F.F. FOR TENANTS WHO SMOKE:** Smoking causes a variety of expensive damages to property. Nicotine gets embedded into carpeting, walls, appliances, woodwork, flooring, countertops, lighting, even smoke alarms. In some instances, this nicotine cannot be removed and items need to be replaced. Additionally, actual burns can be caused by cigarettes (or cigars) carelessly laid on top of countertops. In order to avoid expense, tenants must wash down everything on a regular basis to get rid of nicotine; they must use ash trays and properly dispose of ashes and properly dispose of butts.
- G.G. FOR TENANTS WHO REQUEST TO HAVE A PET:** HUD new allows residents of public housing to have pets if the pet meets the defined PET POLICY

**CHANGES IN PUBLIC HOUSING LEASE**  
**PAGE 5**  
**4/09**

requirements of the Housing Authority. If a resident wishes to have a pet, they must first request approval from the Housing Authority. No pet may be moved into a unit without prior approval by the Housing Authority. Terms of pet ownership are spelled out in the Authority's Pet Policy (which is attached to this document for reference).

- Tenants must pay a Security Deposit for an approved pet.
- Tenants must keep all pets on a leash at all times when the pet is outside.
- Tenants are responsible for cleaning up all messes created by the pet in and outside of the living unit.
- Tenants are responsible for all damages created by the pet.
- Tenants who have cats must empty cat litter on a daily basis with disposal of litter going into garbage.
- Tenants must keep noise from pets at a minimum so not disturb any neighbors.

**Part II – XII.** The title of this section was changed to read:

**DEFECTS WHICH OCCUR CAUSING HAZARDS TO LIFE, HEALTH OR SAFETY**

4. This part now reads: "In the event the Authority cannot make repairs as described above, and the unit is determined uninhabitable, and alternative accommodations are unavailable, the Housing Authority will assist the tenant with finding new housing to accommodate their family. This lease and rent charges will cease as of the date that the unit became uninhabitable."
5. This part was removed: "If the Authority determines that the premises are untenable such that there is imminent danger to the life, health and safety of the Tenant, and alternative accommodations are unavailable or refused by the Tenant, this Lease shall terminate and any rent paid during this period will be refunded to the Tenant."

**Part II – XIII. Inspections**

**A. Pre-Occupancy Inspection**

The following sentence has been added: "If the tenant does not participate in pre-occupancy inspection, they are required to provide written deficiencies within first 10

**CHANGES IN PUBLIC HOUSING LEASE**  
**PAGE 6**  
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days of occupancy.

Added to this section is:

**D. Tenant Notification:** All tenants will be given a written notice of any inspection unless it is an emergency situation or information is received that illegal activities may be taking place on Housing Authority property.

**XIV. ENTRY OF PREMISES DURING TENANCY**

**B. Authority Responsibilities** – the following has been added:

4. In the event the Authority is made aware of any illegal activity taking place within the dwelling unit, an inspection will take place.

**XV. NOTICE PROCEDURES**

The following has been added:

**G.** Eviction notices will be hand delivered by authority representatives and either given to an adult member of the household or taped to the main entrance door. The Authority will follow the accepted form of eviction notice delivery as outlined in the Pennsylvania Tenant-Landlord Act, as amended.

**XVI. TERMINATION OF THE LEASE**

2. This section now reads: “If rent is not paid by the 15<sup>th</sup> of any month, a Late Payment Notice will be issued on the 16<sup>th</sup>; if rent is not paid by the end of the month, a Lease Termination Notice will be issued. Four such Lease Termination Notices in a 12 month period shall not be permitted. After four Lease Termination Notices, the tenant will be evicted.”

12. The following sentence was removed: “Any charge of DUI will be considered Alcohol abuse.”

**B. Notice of Lease Termination** – The opening statement now reads: “The Authority shall give written Lease Termination Notices for any breach of the Lease. The number of days given for the tenant to vacate the unit adhere to the Pennsylvania Tenant Landlord Act and are as follows:”

4. “Thirty (30) days in all other cases” was removed.

## **CHANGES IN PUBLIC HOUSING LEASE**

**PAGE 7**

**4/09**

2. This section now reads: “If rent is not paid by the 15<sup>th</sup> of any month, a Late Payment Notice will be issued on the 16<sup>th</sup>; if rent is not paid by the end of the month, a Lease Termination Notice will be issued. Four such Lease Termination Notices in a 12 month period shall not be permitted. After four Lease Termination Notices, the tenant will be evicted.

### **C. The Notice of Termination**

6. This now reads: “The Authority may evict the Tenant from the unit by following the laws and regulations contained in the Pennsylvania Tenant-Landlord Act, as amended.”
- D.** The third sentence was changed to read: “The Authority may require a family member who has engaged in the illegal use of drugs to present credible evidence of successful completion of a treatment program as a condition to being allowed to reside in the unit. The words “or visit” were removed.

### **The Flat Rent Option is now Addendum No. 1**

**The Dwelling Lease Addendum is now Addendum No. 2 and** paragraph no. 1 reads:

Residents residing in designated single family units will be responsible for mowing their own lawns, raking leaves, and maintaining lawns and shrubbery in a clean, uncluttered and neat condition. Residents will also be responsible for the removal of snow from all walks and steps, both front and rear, in the winter.

### **The 504 Notice – Reasonable accommodations for tenants with Disabilities is now Addendum No. 3**

Example #4 now reads, “Permitting a family to have a Seeing Eye dog, or other companion dog, during the application process;

Example #5 has been eliminated. “Making large type documents or a reader available to an applicant with vision impairment during the application process.



## ADMISSIONS AND OCCUPANCY POLICY CHANGES

### II. ELIGIBILITY FOR ADMISSION AND PROCESSING OF APPLICATIONS

#### A. Nondiscrimination

In the following sentence the words sexual discrimination was added:  
“No person shall, on the grounds of race, color, **sex**, religion, national or ethnic origin, **sexual orientation**, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Authority’s programs.”

#### C. Eligibility for Admission

##### 1. Eligibility Criteria

Criminal background was added to the following as a factor

“HUD has established the following factors for eligibility

- Criminal background
- ##### 2. Factors for Determining Eligibility

An eligible family is defined as:

The following factor has been added:

- d. A family is not a group of persons electing to live together to take advantage of the public housing program.

#### D. Waiting List Management

##### 2. Removal of applicants from the Waiting List

###### f. *This was moved here from the Applications section:*

The applicant fails to pay an outstanding balance owed to the Authority or any other subsidized program within the time specified.

#### E. Processing Applications for Admission

##### 1. Applications

The following sentence was removed from this area (is covered under waiting list management)

###### b. The applicant will be required to provide the following information:

- **Medical expenses; (if applicable)** was removed
- Social Security Numbers, **and copies of Social Security cards**, for all Members or appropriate certification if no Social Security Number (bolded section is an addition)

###### **The following two requirements were removed from this area:**

- Verification of citizenship and/or eligible non-citizen status;
- Verification of handicapped status;

##### 3. Verification Process

- Tenant Screening Criteria, **which includes but is not limited to, criminal check, Happy Check, Landlord references, verification of citizenship and/or eligible non-citizen status and verification of disability status.** (bolded section is an addition)

- c. All statements and information relative to the categories listed above will be verified as follows:
  - (1) Third-Party Verification: Verification forms will be sent by mail, or **FAX**, to the appropriate third party with a request that the form be returned via mail, or **FAX**. The verification request shall be in written form and accompanied by a statement signed by the family authorizing the third party to release the requested information to the Authority. **(The word FAX is an addition to this statement)**
  - (5) Zero Income Status: Families who disclose zero income will be required to sign a notarized declaration of such. Families with zero income will be required to report to the MCHA every **thirty (30)** days. This was changed from sixty (60) days to thirty (30) days.

## **F. Screening and Tenant Selection Criteria/Suitability for Admission**

### 2. Applicant Suitability

- e. The following was removed: **The time frame for readmitting applicants with alcohol offenses will be one year after successful rehabilitation. Drug offenses warrant a five-year waiting period.**

This was removed under conditions for waiving the policy:

- (3) Is participating in a supervised drug or alcohol rehabilitation program.

### 3. Additional Screening Considerations

- a. Where the MCHA is advised that the displacement was caused by intent or negligence by a household member, the Authority will deny admission to the program. **This denial of housing could be based on a former landlord reference.** (bolded section is an addition)

## **G. Tenant Selection**

- a. Occupancy of One Bedroom Unit: Categories are defined as follows:

**The following was removed:**

- (3) Other single Persons: Those who live alone or intend to live alone, and who are not 62 years old or older, handicapped, disabled, or near-elderly.

- b. Occupancy of Units with Two or More Bedrooms: Category is defined as follows:

Family: *(This definition was changed to read as follows)* Persons who live with one or more persons who may or may not be related. A family can constitute any number of persons living together in a stable relationship, sharing resources and expenses.

## **H. Bedroom Occupancy Standards**

The following statement was changed to read:

- 2. An unborn child will not be counted to determine unit size. A new baby can occupy the same bedroom as the parent(s) up to the age of three (3).
- 3. Dwelling Units will be assigned such that:
  - d. A single head of household parent shall not be required to share a

bedroom with his/her children. **However, an infant child up to the age of 3 can share a bedroom with parent(s).**

- k. This is an addition. A single, pregnant, applicant will qualify for a two bedroom family unit.

#### **I. Leasing of Dwelling Units**

4. b. (2) With prior management approval, guest may be permitted to stay up to fourteen (14) days. **No Guest can stay more than 14 days in a single year.** (bolded section is an addition)

- d. Tenants will **NOT BE GIVEN PERMISSION TO ALLOW A FORMER TENANT OF THE Authority who has been evicted, or who owes money to the McKean County Housing Authority or A Partnership In Housing, Inc., to occupy the unit for any period of time.**

### **III. TENANT SELECTION AND ASSIGNMENT PLAN.**

#### **A. Organization of the Waiting List**

Each applicant shall be assigned his appropriate place on a waiting list in sequence based upon date and time the application was received, suitable type or size of unit.

**Applicants will also be organized by applicant's preference for housing location. Applicants can be on more than one municipal waiting list. Names will be added to all waiting lists based on date and time of application being received.** (bolded section is an addition)

#### **C. Method of Applicant Selection**

When the Authority discovers that a unit will become available, the first family on the waiting list for this **location** and type of unit or development will be contacted. (**and location** was added to this sentence.)

1. **If the applicant has more than one preference for location,** (bolded section is an addition)

2. b. This section was changed to read as follows:

If an application is received that does not have a location (municipality) request, the applicant's name will be placed on all lists based on unit size need. When that applicant's name rises to the top of the waiting list(s), they will be called and offered the unit in that municipality. If the applicant refuses the offered unit because of location, they will be removed from that municipal list.

### **IV. Determination of Total Tenant Payment and Tenant Rent**

#### **A. Family Choice**

1. Families who opt for the flat rent will be required to go through the annual recertification process **which includes signing Flat Rent form, Release of Information Form, Update Form, Applicant/Tenant Certification and new contracts.** (bolded section is an addition)

### **C. Minimum Rent**

The family will pay a minimum rent at \$50.00. **If the family cannot afford the established minimum rent, they must request a hardship request to reduce or eliminate the \$50 monthly rent.**

**When any family meets the income standards for paying less than the established minimum rent, they must request a hardship request to reduce or eliminate the \$50 monthly rent.**

If the family requests a hardship exemption, the Authority will immediately suspend the minimum rent for the family until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature. All requests for a hardship exemption must be submitted in writing. **Upon receipt of the written request, the Housing Authority will promptly make the determination of eligibility.** (bolded section is an addition)

### **D. Flat Rent Schedule** – This section was changed to read as follows:

The authority has established a flat rent schedule for public housing. In doing so, it considered the size and type of the unit. The Authority's flat rent is based upon the fair market rent for the area.

The amount of the flat rent will be reevaluated annually and adjustments applied if necessary.

## **V. RECERTIFICATIONS**

### **D. Effective Date of Rent Changes for Annual Reexaminations**

Para. 2 now reads:

If the rent determination is delayed due to a reason beyond the control of the family, the change will be effective as scheduled on the anniversary date.

### **J. Changes in Household Composition**

3. Tenants will not be permitted to allow a former tenant of the Authority who has been evicted, **or owes money to the Housing Authority or A Partnership In Housing, Inc.** to occupy the unit for any period of time. (bolded section is an addition)

## **VII. INSPECTIONS:** (This section is an addition to the policy)

Regular inspections are a HUD requirement for public housing units. Residents of the McKean County Housing Authority are informed about all inspections when they are approved for occupancy.

Regular inspections that will take place:

- Semi-monthly housekeeping inspections: These are inspections that take place in the family units. The purpose of these inspections is to make sure that residents and their family and guests are keeping the leased unit in a clean, safe and sanitary condition. These inspections are also used to verify the occupants of the leased unit. A failed semi-monthly inspection may result in the resident being placed on a more-frequent inspection schedule until the problem is corrected.
- Annual inspections: These inspections occur once a year and are undertaken by Housing Authority administrative and maintenance staff. The purpose of this inspection is to review the condition of the unit, check housekeeping standards, check condition of Authority-provided items such as appliances, kitchen and bathroom cabinets, lavatories, etc.
- Semi-Annual Systems Checks: Twice a year, typically in March and September, Housing Authority Maintenance staff will inspect unit systems such as: plumbing, electrical, heating, venting, fire extinguishers, building exteriors, doors, window, etc.
- HUD/REAC inspections: On a regular basis, HUD will contract with a private contractor to inspect Housing Authority units for purposes of meeting HUD-defined Housing Quality Standards (HQS). For the inspections, the contractor will select the units to be inspected. All tenants will be notified that their unit could be selected but the Housing Authority will not know in advance of the inspection day which units will be inspected. All tenants will be notified to be prepared for the inspection.

TENANTS WILL BE GIVEN A WRITTEN NOTICE IN ADVANCE OF ANY INSPECTION THAT WILL TAKE PLACE

**All sections following will be numbered sequentially**

## **TENANT ADVISORY COMMITTEE MEETING**

**JUNE 30, 2009**

**1:00 p.m.**

The Tenant Advisory Committee meeting was called to order at 1:00 p.m. by Acting Director, Dusti Pantuso. Present were, Vernon Shaffer, Brooklynside Apartments. Port Allegany; Dixie McGavisk, Karen Stitt and Pauline Canfield, Dickinson Manor; Smethport; Elizabeth Splain, Riley Road Apartments, Bradford, Carl Jones, Cathy Mitchell and Dusti Pantuso, McKean County Housing Authority. Deanna Earle, Vanderhule Apartments, Port Allegany and Mrs. Goodman, Jenny L. Manor, Eldred were absent.

Ms. Pantuso reviewed the projects that we are currently working on and others that were in last year's plan that we will be doing. She then went over a list of projects that the staff initiated as the projects for 2013 Capital Funds. Ms. Pantuso asked if the members present had any objections or suggestions for the 2013 project list.

Mr. Shaffer asked that thought be given to lighting in the parking area at Brooklynside Apartments, particularly by #10A, 10B, 11A AND 11B. Ms. Stitt wanted to express concern over the lighting on the steps next to the office building at night.

Ms. Pantuso reminded everyone that the Public Hearing will be held Friday, July 10<sup>th</sup> at 10:30 a.m. and if any of them would like to attend to be sure to do so. She also told them that if they came up with any additional thoughts for projects, please call and let us know.



# Certification of Payments to Influence Federal Transactions

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

Applicant Name

McKean County Housing Authority

Program/Activity Receiving Federal Grant Funding  
2009 Annual 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)

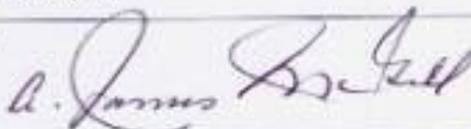
Name of Authorized Official

A. James McGill

Title

Chairman

Signature



Date (mm/dd/yyyy)

5-28-09

**Civil Rights Certification**

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

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

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

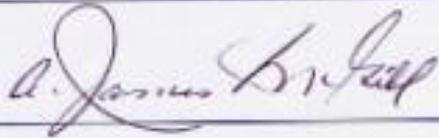
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

McKean County Housing Authority

PA080

PHA Name

PHA Number/HA Code

<small>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)</small>			
Name of Authorized Official	A. James McGill	Title	Chairman
Signature		Date	5-28-09



**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

**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 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.

McKEAN COUNTY  
HOUSING AUTHORITY

PA080

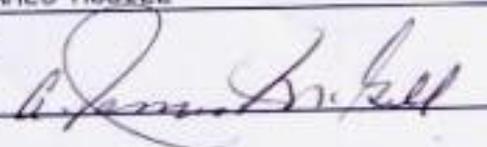
PHA Name

PHA Number/HA Code

       5-Year PHA Plan for Fiscal Years 20   - 20  

  X   Annual PHA Plan for Fiscal Years 20  09   - 20  10  

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
A. JAMES MCGILL	CHAIRMAN
Signature	Date
	5-28-09



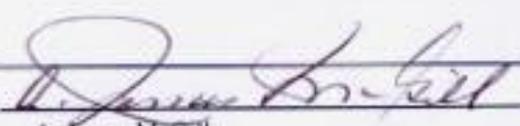
## DISCLOSURE OF LOBBYING ACTIVITIES

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.)

<b>1. Type of Federal Action:</b> <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	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: McKEAN COUNTY HOUSING AUTHORITY 410 E. WATER STREET P. O. BOX 3366 SMETHPORT, PA 16749 Congressional District, if known: 5th	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  N/A  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> 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 fee 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: James McGill Title: Chairman Telephone No.: (814)887-5563      Date: 5-28-09	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	



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: 2004 FFY of Grant Approval:		
PHA Name: McKean County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P080501-04 Replacement Housing Factor Grant No: Date of CFPF:		
Type of Grant	Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )	
	Performance and Evaluation Report for Period Ending:	<input checked="" type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>1</sup>	
		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)	\$360,500.00	\$385,943.00	\$385,943.00
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities	10,086.00	10,086.00	10,086.00
23	Amount of line 20 Related to Security - Soft Costs	395.00	395.00	395.00
24	Amount of line 20 Related to Security - Hard Costs	112.43	112.43	112.43
25	Amount of line 20 Related to Energy Conservation Measures			
Signature of Executive Director		Signature of Public Housing Director		Date
<i>[Signature]</i>		<i>[Signature]</i>		7/15/09

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



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

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

Part I: Summary		FFY of Grant: 2005 FFY of Grant Approval:	
PHA Name: McKEAN COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: PA287080501-05 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant		<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup> 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)	334,283.00	334,283.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date 7/15/09		Date	

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



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

Part E: Summary		FFY of Grant: 2006			
PHA Name: Hickman County Housing Authority		FFY of Grant Approval:			
Grant Type and Number Capital Fund Program Grant No: PA28P080501-06 Replacement Housing Factor Grant No: Date of CFFP:					
Type of Grant	Original Annual Statement	<input type="checkbox"/> Revised Annual Statement (revision no: )			
	Performance and Evaluation Report for Period Ending: 4/30/09	<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>		
		Obligated	Expended		
8a	1501 Collateralization or Debt Service paid by the PHA				
8ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
9	1502 Contingency (may not exceed 8% of line 20)				
0	Amount of Annual Grant: (sum of lines 2 - 19)	307,631.00	316,720.00	316,720.00	309,529.09
1	Amount of line 20 Related to LBP Activities				
2	Amount of line 20 Related to Section 504 Activities	277,131.00	277,131.00	277,131.00	207,353.63
3	Amount of line 20 Related to Security - Soft Costs				
4	Amount of line 20 Related to Security - Hard Costs				
5	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Signature of Public Housing Director		Date	
<i>Glusti Santoso</i>		<i>[Signature]</i>		7/15/09	

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



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U.S. Department of Housing and Urban Development  
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Part I: Summary		FFY of Grant: 2007		FFY of Grant Approval:	
PHA Name: McKEAN COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No. PA28P080501-07 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant		<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Revised <sup>1</sup>	Obligated	Expended
		Total Estimated Cost		Total Actual Cost <sup>2</sup>	
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)	307,857.00	307,857.00	33,082.65	29,642.65
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			3,440.00	-0-
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		Signature of Public Housing Director	
		7/15/09			

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



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 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2008	
PHA Name: McKean County Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Programs Grant No: PA28P000501-08 Replacement Housing Factor Grant No: Date of CFFP:			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 04/30/09		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Total Estimated Cost	Total Actual Cost <sup>1</sup>
Line		Original	Revised <sup>1</sup> 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)	335,043.00	-0-
21	Amount of line 20 Related to LHP 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 <sup>2</sup>		
25	Amount of line 20 Related to Energy Conservation Measures		

Signature of Executive Director **Dusti Pantuso** Date **7/15/09**  
 Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

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



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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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 Expires 4/30/2011

<b>Part I: Summary</b>		<b>FFY of Grant: 2009</b>	
<b>PPHA Name:</b> McKean County Housing Authority		<b>FFY of Grant Approval:</b>	
<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28F080501-09 Replacement Housing Factor Grant No: Date of CFFP:			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b>
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)	25,000.00	
20	Amount of Annual Grant: (sum of lines 2 - 19)	385,000.00	
21	Amount of line 20 Related to LIHP 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 <sup>2</sup>		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>[Signature]</i>		<i>[Signature]</i>	
<b>Date</b>		<b>Date</b>	
7/15/09		7/15/09	
		<b>Date</b>	

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