

<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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1.0	<b>PHA Information</b> PHA Name: <u>Waukegan Housing Authority</u> PHA Code: <u>IL 026</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2010</u>												
2.0	<b>Inventory (based on ACC units at time of FY beginning in 1.0 above)</b> Number of PH units: <u>448</u> Number of HCV units: <u>792</u>												
3.0	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	<b>PHA Consortia</b> <u>N/A</u> <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 <table border="1"> <thead> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	PH	HCV	PHA 1:		PHA 2:		PHA 3:	
PH	HCV												
PHA 1:													
PHA 2:													
PHA 3:													
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
5.1	<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:  The mission of the Waukegan Housing Authority is to promote adequate and affordable housing, economic opportunity, and a suitable living environment free from discrimination for low-income families, very low-income families, persons with disabilities, or the elderly.												

5.2	<p><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.</p> <p><b>HUD Strategic Goal: Increase the availability of decent, safe and affordable housing.</b>  PHA Goal: Expand the supply of assisted housing  Objective: Reduce Public Housing Vacancies</p> <p>PHA Goal: Improve the quality of assisted housing  Objectives: Improve public housing management (PHAS score)  Improve voucher management (SEMAP score)  Improve customer satisfaction  Renovate or modernize public housing units</p> <p>PHA Goal: Increase assisted housing choices  Objectives: Provide voucher mobility counseling  Conduct outreach efforts to potential voucher landlords  Convert public housing to vouchers (448 units)</p> <p><b>HUD Strategic Goal: Improve community quality of life and economic vitality</b>  PHA Goal: Provide an improved living environment  Objectives: Implement measures to de-concentrate poverty by bringing higher income public housing households into lower income developments  Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments  Implement public housing security improvements</p> <p><b>HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals</b>  PHA Goal: Promote self-sufficiency and asset development of assisted households  Objectives: Increase the number and percentage of employed persons in assisted families  Provide or attract supportive services to improve assistance recipients' employability  Provide or attract supportive services to increase independence for elderly or families with disabilities</p> <p><b>HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans</b>  PHA Goal: Ensure equal opportunity and affirmatively further fair housing  Objectives: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability  Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability</p>
6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  (4) Operations and Management  (11) Fiscal Year Audit</p> <p>(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.  Plan is available for public inspection at the main Administrative Office of the Waukegan Housing Authority.</p>
7.0	<p><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></p> <p>The Waukegan Housing Authority plans to submit a proposal to Demolish Amp #1, Barwell Manor Homes, Amp #2, Ravine Terrace Homes, Amp #3, Harry Poe Manor, and Amp #6 Armory Terrace Homes. A timetable will be provided as required by HUD guidance.</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><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.</p> <p>2010 annual Plan, 2009 Annual Plan, 2008 Performance and Evaluation Report;</p>
8.2	<p><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.  2010-2014 Five-Year Action Plan included in this agency annual plan is the 2010 CFP stimulus grant</p>
8.3	<p><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. N/A</p>

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. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).</p>
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**9.0 Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

**A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income <= 30% of AMI	2757	5	5	5	3	3	2
Income >30% but <=50% of AMI	5163	5	5	5	3	3	2
Income >50% but <80% of AMI	2996	4	4	3	3	3	2
Elderly	1648	5	4	3	3	3	4
Families with Disabilities	1690	5	5	4	5	3	4
Race/ethnicity Black	3332	5	5	5	3	3	2
Race/ethnicity Hispanic	4010	5	5	5	3	3	2
Race/ethnicity White	3725	5	5	5	3	3	2

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset 2000
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

**B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists**

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	386		58
Extremely low income <=30% AMI	381	99	
Very low income (>30% but <=50% AMI)	5	1	
Low income (>50% but <80% AMI)	0	0	
Families with children	271	70	

Housing Needs of Families on the Waiting List			
Elderly families	14	4	
Families with Disabilities	8	2	
Race/ethnicity Black	307	80	
Race/ethnicity Hispanic	57	15	
Race/ethnicity White	21	5	
Race/ethnicity Asian	1	0	
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	82	21	31
2 BR	163	42	6
3 BR	108	28	17
4 BR	31	8	4
5 BR	2	1	0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
<b>HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?</b>			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1394		120
Extremely low income <=30% AMI	1386	99	
Very low income (>30% but <=50% AMI)	8	1	
Low income (>50% but <80% AMI)	0	-	
Families with children	904	65	
Elderly families	37	3	
Families with Disabilities	128	9	
Race/ethnicity White	43	3	
Race/ethnicity Black	1264	91	
Race/ethnicity Asian	2	0	
Race/ethnicity Hispanic	85	6	
Characteristics by Bedroom Size (Public Housing Only)			
1 BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

**Housing Needs of Families on the Waiting List**

Is the waiting list closed (select one)?  No  Yes

If yes:

**HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? 16**

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?

No  Yes

**Strategy for Addressing Housing Needs.** Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

**C. Strategy for Addressing Needs**

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

**(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**  
Select all that apply

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

**Strategy 2: Increase the number of affordable housing units by:**  
Select all that apply

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

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

**Strategy 1: Target available assistance to families at or below 30 % of AMI**  
Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships

9.1

- Adopt rent policies to support and encourage work
- Other: (list below)

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

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

Select all that apply

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

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

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

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

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

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

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

**(2) Reasons for Selecting Strategies**

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

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community

	<input type="checkbox"/> Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA <input checked="" type="checkbox"/> Influence of the housing market on PHA programs <input type="checkbox"/> Community priorities regarding housing assistance <input checked="" type="checkbox"/> Results of consultation with local or state government <input checked="" type="checkbox"/> Results of consultation with residents and the Resident Advisory Board <input type="checkbox"/> Results of consultation with advocacy groups <input type="checkbox"/> Other: (list below)
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan.</p> <p>The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of Capital funds and the proper application of our public housing policies.</p> <p>We are continuing to address public housing vacancies very aggressively.</p> <p>The WHA has responded to both 2009 Financial Audit findings and has notified HUD of these efforts (see attachment Schedule of Findings and Questioned Costs Current Audit Findings).</p> <p>Capital funds have been utilized to provide modernization of our property and our FY 2010 application will continue that effort.</p> <p>PHA has implemented local preferences to improve the living environment in addition to our modernization efforts.</p> <p>The implementation of a family pet policy has provided the opportunity for residents to enjoy pets within a regulated environment. In addition, PHA re-implemented a Community Service program beginning February 21, 2003, and has been discussed with residents and each adult member of every household.</p> <p>Support the Family Unification Program by working with sponsoring agencies to increase the number of vouchers by applying through HUD's NOVA and providing a waiting list preference to families recommended by the Illinois Department of Children and Family Services.</p> <p>To leverage a percent of the current vouchers (based upon HUD requirements) as project based vouchers to provide housing alternatives to both Section 8 and public housing which expands affordable housing and replaces or supplements existing housing and to enter into HAP contracts with owner(s) and as specified in 24CFR Part 983. That the selection of a PBV owner will be in accordance with Subpart B-Selection of PBV Owner Proposals PP 983.51.</p> <p>To support the Regional Housing Initiative developed for cooperating Illinois Housing Authorities by combining a limited amount of pledged Section 8 vouchers has PBV's to support affordable housing within the designated Housing Authorities area.</p> <p>We are confident that the PHA will be able to continue to meet and accommodate all our goals and objectives for FY 2010.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>A. Substantial Deviation from the 5-year Plan:</b></p> <p>The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is as follows:</p> <ul style="list-style-type: none"> <li>• changes to rent or admissions policies or organization of the waiting list;</li> <li>• additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and</li> <li>• any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul> <p><b>B. Significant Amendment or Modification to the Annual Plan:</b></p> <p>The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or</p>

	<p>Modification is as follows:</p> <ul style="list-style-type: none"> <li>• changes to rent or admissions policies or organization of the waiting list;</li> <li>• additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and</li> <li>• any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul>
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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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**11.0 (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.

The PHA did not receive any comments on the PHA Plan from the Resident Advisory Board/s.

**11.0 (g) Challenged Elements**

There were no elements within the PHA annual plan that were challenged by residents, staff, Board of Commissioners or the general public.

## CARBON MONOXIDE DETECTORS STATEMENT

The Waukegan Housing Authority has installed carbon monoxide detectors in all of its public housing units as prescribed by State and Local codes.

**See attached Violence Against Women Act (VAWA) Policy**

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

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

Part I: Summary						
PHA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL026P026501-08 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval: 2008	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input 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	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		128,837	128,837	128,837	
3	1408 Management Improvements	39,180	23,719	23,719	23,719	
4	1410 Administration (may not exceed 10% of line 21)	63,800	63,800	63,800	63,800	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	20,200	15,655	15,655	15,655	
8	1440 Site Acquisition					
9	1450 Site Improvement	158,957	78,122	78,122	78,122	
10	1460 Dwelling Structures	362,052	334,056	334,056	334,056	
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  
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<b>Part I: Summary</b>						
PHA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL026P026501-08 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <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)	644,189	644.189	644,189	644,189	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 			Date 9/7/10		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 CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Waukegan Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL026P026501-08 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA wide	Operations	1406	100%		128,837	128,837	128,837	Completed
	Management Improvements	1408	100%	39,180	23,719	23,719	23,719	Completed
	Administration	1410	100%	63,800	63,800	63,800	63,800	Completed
	A/E Fees	1430	100%	20,200	15,655	15,655	15,655	Completed
IL02600001 Barwell	Site Improvements	1450	100%	158,957	71,922	71,922	71,922	Completed
	Patch & Paint interiors	1460	120	101,292	69,360	69,360	69,360	Completed
IL026000002 Ravine	Replace Bathroom lighting	1460	98	16,500	0	0	0	Cancelled
	Paint patch repair interiors	1460	98	0	57,222	57,222	57,222	Completed
IL026000003 Poe	Paint patch repair interiors	1460	155	120,260	89,229	89,229	89,229	Completed
IL026000006 Armory	Site Improvements	1450	100%	0	6,200	6,200	6,200	Completed
	Paint patch repair interiors	1460	50	74,000	28,900	28,900	28,900	Completed
	Scattered site MOD	1460	2	50,000	89,345	89,345	89,345	Completed
	Total			644,189	644,189	644,189	644,189	

<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.



Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Waukegan Housing Authority				Federal FFY of Grant: 2008	
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	
IL02600001 Barwell	6/30/10	2/26/10	6/30/12	2/26/10	
IL026000002 Ravine	6/30/10	2/26/10	6/30/12	2/26/10	
IL026000003 Poe	6/30/10	2/26/10	6/30/12	2/26/10	
IL026000006 Armory	6/30/10	2/26/10	6/30/12	2/26/10	

<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.



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>	
PHA Name: Waukegan Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL026P026501-09 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval: 2009	

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending:       Revised Annual Statement (revision no:2 )  
 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>		76,978		
3	1408 Management Improvements	39,180	5,802		
4	1410 Administration (may not exceed 10% of line 21)	64,400	65,339		
5	1411 Audit		8,700		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,200	20,200		
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000	313,370		
10	1460 Dwelling Structures	430,409	106,000		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	40,000	0		
13	1475 Non-dwelling Equipment		57,000		
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.

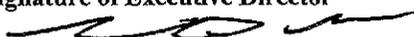
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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>						
PHA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL026P026501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <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)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	644,189	653,389			
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date		Signature of Public Housing Director		
		4/7/10				

<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.

Part II: Supporting Pages								
PHA Name: Waukegan Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL026P026501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide								
	Operations	1406	100%		76,978			
	Management Improvement	1408	100%	39,180	5,802			
	Administration	1410	100%	64,400	65,339			
	Fees & costs	1430	100%	20,200	20,200			
	Renovate admin office	1470	100%	40,000	0			
	Replacement vehicle	1475	1		32,000			
	Audit	1411			8,700			
IL026-000001	Site Improvements	1450	40%	32,000	115,000			
Barwell Manor	Replace Screen doors & entry locks	1460	120	45,000	0			moved to future CFP
	Patch & Paint interiors & Vacant unit repair	1460	20	50,000	50,000			
	Replace DHW heaters	1460	18	7,200	0			completed
IL026-000006	Site Improvemts	1450	20%	26,750	41,500			
Armory	Vacant unit repair	1460	2	21,359	10,000			
	ARRA carryover doors	1460	100%		16,000			
	Replace DWH heaters	1460	7	3,000	0			completed
	Non-dwelling equipment	1475	4		25,000			
Scattered sites	Unit repair	1460	2	30,000	10,000			
IL026-000002	Site Improvements	1450	15%	60,000	81,870			

<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: Waukegan Housing Authority				Federal FFY of Grant: 2009	
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	
HA Wide	6/30/11		6/30/13		
IL026-000001 Barwell Manor	6/30/11		6/30/13		
IL026-000002 Ravine Terrace	6/30/11		6/30/13		
IL026-000003 Poe Manor	6/30/11		6/30/13		
IL026-000006 Armory Terrace and Scattered Sites	6/30/11		6/30/13		

<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:</b> Waukegan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06S02650109      Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> 3/18/2009 <b>FFY of Grant Approval:</b> 3/18/2009
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <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	\$20,000	\$0		
9	1450 Site Improvement	\$215,003	\$396,258	\$396,258	
10	1460 Dwelling Structures	\$580,413	\$419,158	\$419,158	
11	1465 I 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>				
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)	\$815,416	\$815,416	\$815,416	
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				

<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>				
PHA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: ILo6S02650109 Date of CFFP: _____		Replacement Housing Factor Grant No: FFY of Grant: 3/18/2009 FFY of Grant Approval: 3/18/2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated      Expended
Signature of Executive Director 		Date 9/7/10	Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number		CFPP (Yes/ No):		Federal FFY of Grant:		
		Capital Fund Program Grant No:						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	A/E Services	1430	100%	\$20,000	\$0			Canelled
	Bathroom Refinishing	1460	160	\$0	\$80,000	\$80,000		On going
IL26-1 Barwell	Replace Mansard Siding	1450	100%	\$50,000	\$97,498	\$97,498	\$97,498	Completed
	Renovate Units	1460	31	\$222,016	\$187,261	\$187,261	\$73,563	On going
IL26-2A Arroyo	Replace Exterior Doors	1450	100%	\$90,000	\$115,733	\$115,733		On going
	Exterior Paint	1450	100%	\$35,000	\$0			Cancelled
	Install New Mailboxes	1450	100%	\$20,000	\$0			Cancelled
	Renovate Units	1460	1	\$0	\$6,500	\$6,500		On going

<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.

Part II: Supporting Pages								
PHA Name: Waukegan Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06S02650109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 3/18/2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
IL26-2B Ravine	Modernize Elevator Cabs	1450	2	\$50,000	\$91,513	\$91,513		On Going
	Renovate Bathrooms	1460	25	\$75,000	\$0			Combined
IL26-3 Poe	Modernize Elevator Cabs	1450	2	\$50,000	\$91,514	\$91,514		On Going
	Renovate Bathrooms	1460	25	\$75,000	\$0			Combined
IL26-6 Scattered Sites	Site Improvements	1450	25	\$10,000	\$0			Combined
	Unit Repairs & site Improvements	1460	19	\$69,400	\$120,097	\$120,097	\$120,097	Completed
	Bathroom Renovations	1460	10	\$25,000	\$0			Combined
	Renovate Unit	1460	4	\$0	\$25,300	\$25,300	\$10,600	
	Total			\$815,416	\$815,416	\$815,416	\$301758	

<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.





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> Waukegan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL026P026501-10 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</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>	117,970			
3	1408 Management Improvements	95,000			
4	1410 Administration (may not exceed 10% of line 21)	64,419			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	152,000			
10	1460 Dwelling Structures	174,800			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	20,000			
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> Waukegan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL026P026501-10 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</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)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	644,189				
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> 4/17/10		<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: Waukegan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL026P026501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</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>	
HA Wide								
	Operations	1406	100%	117,970				
	Management Improvement	1408	100%	95,000				
	Administration	1410	100%	64,419				
	Fees & Costs	1430	100%	20,000				
	Renovate Admin Office	1470	100%	20,000				
IL026000001								
Barwell Manor Homes	Renovate Laundry Room	1450	100%	20,000				
	Remove Laundry Lines	1450	100%	15,000				
	Repair Gutters and Downspouts	1450	100%	5,000				
	Patch and Paint Exteriors	1460	20	25,000				
	Repair Vacant Units	1460	10	25,000				
IL026000002								
Ravine Terrace Homes	Insulate Air Conditioner Sleeves	1460	98	19,800				
	Replace Entry Doors and Locks	1460	98	50,000				
	Repair Vacant Units	1460	5	15,000				
IL026000003								
Harry Poe Manor	Site Improvements	1450	100%	10,000				
	Replace Park Benches	1450	100%	5,000				

<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.

Part II: Supporting Pages								
PHA Name: Waukegan Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL026P026501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
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>	
IL026000003	Insulate Air Conditioner Sleeves	1460	155	31,000				
Harry Poe Manor	Upgrade Boiler Controls	1460	1	5,000				
continued	Replace Exit Signs	1450	100%	31,000				
	Repair Vacant Units	1460	15	20,000				
IL026000006								
Armory Terrace	Renovate Laundry Room	1450	100%	20,000				
	Remove Laundry Lines	1450	100%	10,000				
	Renovate Units	1460	2	15,000				
IL026000006								
Scattered Sites	Renovate units	1460	2	5,000				
	Total			644,189				

<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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Waukegan Housing Authority				Federal FFY of Grant: 2010	
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	
HA Wide	06/30/2012		06/30/2014		
IL026000001 Barwell Manor Homes	06/30/2012		06/30/2014		
IL026000002 Ravine Terrace Homes	06/30/2012		06/30/2014		
IL026000003 Harry Poe Manor Homes	06/30/2012		06/30/2014		
IL026000006 Armory Terrace Homes	06/30/2012		06/30/2014		
IL026000006 Scattered Sites	06/30/2012		06/30/2014		

<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>						
PHA Name/Number Waukegan Housing Authority IL026		Locality (City/County & State) Waukegan/Lake County/Illinois			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	340,932	420,932	370,932	420,932
C.	Management Improvements		10,000	10,000	10,000	10,000
D.	PHA-Wide Non-dwelling Structures and Equipment		80,000		50,000	
E.	Administration		64,419	64,419	64,419	64,419
F.	Other		30,000	30,000	30,000	30,000
G.	Operations		118,838	118,838	118,838	118,838
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		644,189	644,189	644,189	644,189
L.	Total Non-CFP Funds					
M.	Grand Total		644,189	644,189	644,189	644,189

**Part I: Summary (Continuation)**

PHA Name/Number Waukegan Housing Authority IL026		Locality (City/county & State) Waukegan/Lake County/Illinois		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
	IL026000001, Barwell Manor Homes	Annual Statement	50,000	125,000	205,000	80,000
	IL026000002, Ravine Terrace Homes	Annual Statement	92,000	15,000	45,932	110,000
	IL026000003, Harry Poe Manor Homes	Annual Statement	143,932	20,000	35,000	180,932
	IL026000006, Armory Terrace Homes	Annual Statement	50,000	255,932	80,000	45,000
	IL026000006, Scattered Sites	Annual Statement	5,000	5,000	5,000	5,000
		Annual Statement				
		Annual Statement				
		Annual Statement				
		Annual Statement				
		Annual Statement				
		Annual Statement				
		Annual Statement				
		Annual Statement				
		Annual Statement				

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year I FFY 2010	Work Statement for Year 2 FFY 2011			Work Statement for Year: 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>IL026000001, Barwell Manor Homes</b>			<b>IL026000001, Barwell Manor Homes</b>		
Annual	A. Patch & Paint Interior	20	25,000	A. Replace Doors, Locks and Screens	50	75,000
Statement	B. Repair Vacant Units	10	25,000	B. Patch & paint Interior	20	25,000
	<b>Subtotal</b>		<b>50,000</b>	C. Repair Vacant Units	10	25,000
				<b>Subtotal</b>		<b>125,000</b>
	<b>IL026000002, Ravine Terrace Homes</b>					
	A. Replace Cork Boards	8	2,000	<b>IL026000002, Ravine Terrace Homes</b>		
	B. Repair Vacant Units	5	15,000	A. Repair Vacant Units	5	15,000
	C. Upgrade Units	50	75,000	<b>Subtotal</b>		<b>15,000</b>
	<b>Subtotal</b>		<b>92,000</b>			
	<b>IL026000003, Harry Poe Manor Homes</b>			<b>IL026000003, Harry Poe Manor Homes</b>		
	A. Replace Exit Doors	100%	15,000	A. Repair Vacant Units	15	20,000
	B. Replace Cork Boards	10	1,600	<b>Subtotal</b>		<b>20,000</b>
	C. Replace Mailboxes	100%	27,332			
	D. Replace Entry Doors and Locks	155	80,000	<b>IL026000006, Armory Terrace Homes</b>		
	E. Repair Vacant Units	15	20,000	A. Change Property Entrance	100%	235,932
	<b>Subtotal</b>		<b>143,932</b>	B. Renovate Units	2	15,000
				C. Patch & paint Interior	5	5,000
	<b>IL026000006, Armory Terrace Homes</b>			<b>Subtotal</b>		<b>255,932</b>
	A. Repair Gutters & downspouts	100%	5,000			
	B. Renovate Units	2	15,000			

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	C. Patch & Paint Interior	5	5,000	IL026000006, Scattered Sites		
	<b>Subtotal</b>		<b>25,000</b>	A. Renovate Units	2	5,000
				<b>Subtotal</b>		<b>5,000</b>
	<b>IL026000006, Scattered Sites</b>					
	A. Replace Windows	50	25,000			
	B. Renovate Units	2	5,000			
	<b>Subtotal</b>		<b>30,000</b>			
	<b>Subtotal of Estimated Cost</b>		<b>\$ 340,932</b>	<b>Subtotal of Estimated Cost</b>		<b>\$ 420,932</b>

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013			Work Statement for Year 5 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>IL026000001, Barwell Manor Homes</b>			<b>IL026000001, Barwell Manor Homes</b>		
Annual	A. Site Improvements	100%	20,000	A. Replace Doors, Locks and Screens	20	30,000
Statement	B. Patch/Repair Driveways	100%	40,000	B. Patch & Paint Interior	20	25,000
	C. Repair Sidewalks	100%	20,000	C. Repair Vacant Units	10	25,000
	D. Replace Doors, Locks and Screens	50	75,000	<b>Subtotal</b>		<b>80,000</b>
	E. Patch & Paint Interior	20	25,000	<b>IL026000002, Ravine Terrace Homes</b>		
	F. Repair Vacant Units	10	25,000	A. Upgrade Generator	1	25,000
	<b>Subtotal</b>		<b>205,000</b>	B. Upgrade Lobby and Manager's Office	100%	50,000
				C. Repair Vacant Units	5	15,000
	<b>IL026000002, Ravine Terrace Homes</b>			D. Upgrade Units	24	20,000
	A. Site Improvements	100%	10,932	<b>Subtotal</b>		<b>\$110,000</b>
	B. Repair Vacant Units	5	15,000			
	C. Upgrade Units	20	20,000	<b>IL026000003, Harry Poe Manor Homes</b>		
	<b>Subtotal</b>		<b>45,932</b>	A. Upgrade Generator	1	25,000
				B. Upgrade Lobby	100%	50,000
	<b>IL026000003, Harry Poe Manor Homes</b>			C. Repair Vacant Units	15	20,000
	A. Site Improvements	100%	15,000	D. Upgrade Units	70	85,932
	B. Repair Vacant Units	15	20,000	<b>Subtotal</b>		<b>180,932</b>
	<b>Subtotal</b>		<b>35,000</b>			

	<b>IL026000006, Armory Terrace Homes</b>			<b>IL026000006, Armory Terrace Homes</b>		
	A. Site Improvements	100%	20,000	A. Repair Build up Roof	5	25,000
	B. Repair Build up Roof	5	25,000	B. Renovate Units	2	15,000
	C. Repair Sidewalks	100%	15,000	C. Patch & Paint Interior	5	5,000
	D. Renovate Units	2	15,000	<b>Subtotal</b>		<b>45,000</b>
	E. Patch & Paint Interior	5	5,000			
	<b>Subtotal</b>		<b>80,000</b>	<b>IL026000006, Scattered Sites</b>		
				A. Renovate Units	2	5,000
	<b>IL026000006, Scattered Sites</b>			<b>Subtotal</b>		<b>5,000</b>
	A. Renovate Units	2	5,000			
	<b>Subtotal</b>		<b>5,000</b>			
	<b>Subtotal of Estimated Cost</b>		<b>\$ 370,932</b>	<b>Subtotal of Estimated Cost</b>		<b>\$ 420,932</b>

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011		Work Statement for Year: 3 FFY 2012	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	<b>HA Wide Operations</b>		<b>HA Wide Operations</b>	
	Operating Costs	118,838	Operating Costs	118,838
	<b>Subtotal</b>	<b>118,838</b>	<b>Subtotal</b>	<b>118,838</b>
	<b>HA Wide Management Improvements</b>		<b>HA Wide Management Improvements</b>	
	<b>Subtotal</b>	<b>10,000</b>	<b>Subtotal</b>	<b>10,000</b>
	<b>HA Wide Administrative Costs</b>		<b>HA Wide Administrative Costs</b>	
	Partial salary of staff involved in CFP	64,419	Partial salary of staff involved in CFP	64,419
	Audit Costs	10,000	Audit Costs	10,000
	<b>Subtotal</b>	<b>74,419</b>	<b>Subtotal</b>	<b>74,419</b>
	<b>HA Wide Fees and Costs</b>		<b>HA Wide Fees and Costs</b>	
	A/E Services	20,000	A/E Services	20,000
	<b>Subtotal</b>	<b>20,000</b>	<b>Subtotal</b>	<b>20,000</b>
	<b>HA Wide Equipment Purchase Costs</b>			
	Replace 2 company vehicles	80,000		
	<b>Subtotal</b>	<b>80,000</b>		
	<b>Subtotal of Estimated Cost</b>	<b>\$ 303,257</b>	<b>Subtotal of Estimated Cost</b>	<b>\$ 223,257</b>

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013		Work Statement for Year: 5 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	<b>HA Wide Operations</b>		<b>HA Wide Operations</b>	
	Operating Costs	118,838	Operating Costs	118,838
	<b>Subtotal</b>	<b>118,838</b>	<b>Subtotal</b>	<b>118,838</b>
	<b>HA Wide Management Improvements</b>		<b>HA Wide Management Improvements</b>	
	<b>Subtotal</b>	<b>10,000</b>	<b>Subtotal</b>	<b>10,000</b>
	<b>HA Wide Administrative Costs</b>		<b>HA Wide Administrative Costs</b>	
	Partial salary of staff involved in CFP	64,419	Partial salary of staff involved in CFP	64,419
	Audit Costs	10,000	Audit Costs	10,000
	<b>Subtotal</b>	<b>74,419</b>	<b>Subtotal</b>	<b>74,419</b>
	<b>HA Wide Fees and Costs</b>		<b>HA Wide Fees and Costs</b>	
	A/E Services	20,000	A/E Services	20,000
	<b>Subtotal</b>	<b>20,000</b>	<b>Subtotal</b>	<b>20,000</b>
	<b>HA Wide Equipment Purchase Costs</b>			
	Replace 2 company vehicles	50,000		
	<b>Subtotal</b>	<b>50,000</b>		
	<b>Subtotal of Estimated Cost</b>	<b>\$ 273,257</b>	<b>Subtotal of Estimated Cost</b>	<b>\$ 223,257</b>

**Attachment: A**

**Violence Against Women Act (VAWA) Policy**

Title VI of the VAWA adds a new housing provision that establishes several categories of protected individuals. Under the law victims of domestic violence, dating violence, sexual assault, and stalking are granted protections and cannot be denied or terminated from housing or housing assistance because of activity that is directly related to domestic violence. 2005 VAWA Pub. L. 109-162; Stat. 2960 signed into law on January 5, 2006 and codified at 42 U.S.C. §1437d(l) and 1435f(d), (0) & 1 and (u)

**1.0 Purpose**

The purpose of this Policy is to reduce domestic violence, dating violence, and stalking and to prevent homelessness by:

- (a) protecting the safety of victims;
- (b) creating long-term housing solutions for victims;
- (c) building collaborations among victim service providers; and
- (d) assisting WHA to respond appropriately to the violence while maintaining a safe environment for WHA, employees, tenants, applicants, Section 8 participants, program participants and others.

The policy will assist the Waukegan Housing Authority (WHA) in providing rights under the Violence Against Women Act to its applicants, public housing residents, Section 8 participants and other program participants.

This Policy is incorporated into WHA's "Admission and Continued Occupancy Policy" and "Section 8 Administration Plan" and applies to all WHA housing programs.

**2.0 Definitions**

The definitions in this Section apply only to this Policy.

- 2.1 **Confidentiality:** Means that WHA will not enter information provided to WHA by a victim alleging domestic violence into a shared database or provide this information to any related entity except as stated in 3.4
- 2.2 **Dating Violence:** Violence committed by a person (a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; (iii) the frequency of interaction between the persons involved in the relationship. 42 U.S.C. §1437d (u)(3)(A), § 13925.

- 2.3 Domestic Violence:** Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, committed by a person with whom the victim shares a child in common, committed by a person who is cohabitating with or has cohabitated with the victim as a spouse, committed by a person similarly situated to a spouse of the victim under the domestic or family violence laws of Illinois, or committed by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of Illinois. 42 U.S.C. §1437d(u)(3)(B), § 13925.
- 2.4 Immediate Family Member:** A spouse, parent, brother or sister, or child of a victim or an individual to whom the victim stands *in loco parentis*; or any other person living in the household of the victim and related to the victim by blood or marriage. 42 U.S.C. § 1437d(u)(3)(D), § 13925.
- 2.5 Perpetrator:** A person who commits an act of domestic violence, dating domestic violence or stalking against a victim.
- 2.6 Stalking:** (a) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate the victim; (b) to place under surveillance with the intent to kill, injure, harass or intimidate the victim; (c) in the course of, or as a result of such following, pursuit, surveillance, or repeatedly committed acts, to place the victim in reasonable fear of the death of, or serious bodily injury to the victim; or (d) to cause substantial emotional harm to the victim, a member of the immediate family of the victim or the spouse or intimate partner of the victim. 42 U.S.C. §1437d(u)(3)(C), § 13925.
- 2.7 Bona Fide Claim:** A *bonafide* claim of domestic violence, dating violence or stalking must include incidents that meet the terms and conditions in the above definitions.
- 2.8 Victim:** Is a person who is the victim of domestic violence, dating violence, or stalking under this Policy and who has timely and completely completed the certification under 3.2 and 3.3 or as requested by WHA.

### **3.0 Certification and Confidentiality**

#### **3.1 Failure to Provide Certification Under 3.2 and 3.3**

The person claiming protection under VAWA shall provide complete and accurate certifications to WHA, owner or manager within 14 business days after the party requests in writing that the person completes the certifications. If the person does not provide a complete and accurate certification within the 14 business days, WHA, owner or manager may take action to deny or terminate participation or tenancy. 42 U.S.C. §14371 (5) & (6); 42 U.S.C. § 1437F(c)(9); 42 U.S.C. §1437f(d)(l)(B)(ii)&(iii); 42 U.S.C. §1437f(o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20) or for other good cause.

### **3.2 HUD Approved Certification**

For each incident that a person is claiming as abuse, the person shall certify to WHA, owner or manager their victim status by completing a HUD approved certification form. The person shall certify the date, time and description of the incidents, that the incidents are *bonafide* incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator including but not limited to the name and, if known, all alias names, date of birth, address, contact information such as postal, e-mail or internet address, telephone or facsimile number or other identification.

### **3.3 Confirmation of Certification**

A person who is claiming victim status shall provide to WHA, an owner or manager: (a) documentation signed by the victim and an employee, agent or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. §1746) the professional's belief that the incident(s) in question are *bonafide* incidents of abuse; or (b) a federal, state, tribal, territorial, local police or court record.

### **3.4 Confidentiality**

WHA, the owner and managers shall keep all information provided to WHA under this Section confidential. WHA, owner and manager shall not enter the information into a shared database or provide to any related entity except to the extent that:

- (a) the victim request or consents to the disclosure in writing;
- (b) the disclosure is required for:
  - (i) eviction from public housing under 42 U.S.C. §1437 l(5)&(6)(See Section 4 in this Policy)
  - (ii) termination of Section 8 assistance under 42 U.S.C. §1437f(c)(9); 42 U.S.C. §1437f(d)(l)(B)(ii)&(iii); 42 U.S.C. §1437f (o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20)(See Section 4 in this Policy); or (c) the disclosure is required by applicable law.

### **4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy**

- 4.1 WHA shall not deny participation or admission to a program on the basis of a person's abuse status, if the person otherwise qualifies for admission of assistance.
- 4.2 An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be a serious or repeated violation of the lease by the victim and shall not be good cause for denying to a victim admission to a program, terminating Section 8 assistance or occupancy rights, or evicting a tenant.

- 4.3 Criminal activity directly related to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim of that domestic violence, dating violence or stalking.
- 4.4 Notwithstanding Sections 4.1, 4.2, and 4.2, WHA, an owner or manager may bifurcate a lease to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing, terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. 42 U.S.C. §1437d(l)(6)(B)
- 4.5 Nothing in Sections 4.1, 4.2, and 4.3 shall limit the authority of WHA, an owner or manager, when notified, to honor court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- 4.6 Nothing in Sections 4.1, 4.2, and 4.3 limits WHA, an owner or manager's authority to evict or terminate assistance to any tenant for any violation of lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However WHA, owner or manager may not hold a victim to a more demanding standard.
- 4.7 Nothing in Sections 4.1, 4.2, and 4.3 limits WHA, an owner or manager's authority to evict or terminate assistance, or deny admission to a program if the WHA, owner or manager can show an actual and imminent threat to other tenants, neighbors, guests, their employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.
- 4.8 Nothing in Sections 4.1, 4.2, or 4.3 limits WHA, an owner or manager's authority to deny admission, terminate assistance or evict a person who engages in criminal acts including but not limited to acts of physical violence or stalking against family members or others.
- 4.9 A Section 8 recipient who moves out of an assisted dwelling unit to protect their health or safety and who: (a) is a victim under this Policy; (b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and (c) has complied with all other obligations of the Section 8 program may receive a voucher and move to another Section 8 jurisdiction.

## **5.0 Actions Against a Perpetrator**

The WHA may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take action to control or prevent the domestic violence, dating violence, or stalking. The action may include but is not limited to: (a) obtaining and enforcing a restraining or no contact order or order for protection against the perpetrator; (b) obtaining and enforcing a trespass against the perpetrator; (c) enforcing WHA or law enforcement's trespass of the perpetrator; (d) preventing the delivery of the perpetrator's mail to the victim's unit; (e) providing identifying information listed in 3.2; and (f) other reasonable measures.

## **6.0 WHA Right to Terminate Housing and Housing Assistance Under this Policy**

6.1 Nothing in this Policy will restrict the WHA, owner or manager's right to terminate tenancy for lease violations by a resident who claims VAWA as a defense if it is determined by the WHA, owner or manager that such a claim is false.

6.2 Nothing in this Policy will restrict the WHA right to terminate tenancy if the victim tenant (a) allows a perpetrator to violate a court order relating to the act or acts of violence; or (b) if the victim tenant allows a perpetrator who has been barred from WHA property to come onto WHA property including but not limited to the victim's unit or any other area under their control; or (c) if the victim tenant fails to cooperate with an established safety strategy as designed by a local victim support service provider (see 7.2).

6.3 Nothing in this Policy will restrict the WHA right to terminate housing and housing assistance if the victim tenant who claims as a defense to an eviction or termination action relating to domestic violence has engaged in fraud and abuse against a federal housing program; especially where such fraud and abuse can be shown to have existed before the claim of domestic violence was made. Such fraud and abuse includes but is not limited to unreported income and ongoing boarders and lodgers violations, or damage to property.

## **7.0 Statements of Responsibility of Tenant Victim, the WHA to the Victim, and to the Larger Community.**

7.1 A tenant victim has no less duty and responsibility under the lease to meet and comply with the terms of the lease than any other tenant not making such a claim. Ultimately all tenants must be able to take personal responsibility for themselves and exercise control over their households in order to continue their housing and housing assistance. The WHA will continue to issue lease violation notices to all residents who violate the lease including those who claim a defense of domestic violence.

7.2 WHA recognizes the pathologic dynamic and cycle of domestic violence and a victim of domestic violence will be referred to local victim support service providers to help victims break the cycle of domestic violence through counseling, referral and development of a safety strategy.

7.3 A tenant victim must take personal responsibility for exercising control over their household by accepting assistance and complying with the safety strategy or plan to best of victim's ability and reason under the circumstances. Failure to do this may be seen as other good cause.

7.4 All damages including lock changes will be the responsibility of the tenant victim. This is in keeping with other agency policies governing tenant caused damages.

**8.0 Notice to Applicants, Participants, Tenants and Section 8 Managers and Owners.**

WHA shall provide notice to applicants, participants, tenants, managers and owners of their rights and obligations under Section 3.4 Confidentiality and Section 4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy.

8.1 If the WHA, owner or manager knows that an applicant to or participant in a WHA housing program is the victim of dating violence, domestic violence or stalking, the WHA, owner or manager shall inform that person of this Policy and the person's rights under it.

**9.0 Reporting Requirements**

WHA shall include in its 5-year plan a statement of goals, objectives, policies or programs that will serve the needs of victims. WHA shall also include a description of activities, services or programs provided or offered either directly or in partnership with other service providers to victims, to help victims obtain or maintain housing or to prevent the abuse or to enhance the safety of victims.

**10.0 Conflict and Scope**

This Policy does not enlarge WHA's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law, regulation or ordinance shall control. If this Policy conflicts with another WHA policy such as its Statement of Policies or Section 8 Administration Plan, this Policy will control.

**11.0 Amendment**

The Executive Director may amend this policy when it is reasonably necessary to effectuate the Policy's intent, purpose or interpretation. The proposed amendment along with the rationale for the amendment shall be submitted to the Executive Director for consideration. Where reasonably necessary, the Executive Director may approve the amendment. The amendment shall be effective and incorporated on the date that the Executive Director signs the amendment.

## Attachment B

### Section 6.0 -- PHA Plan Elements. (24 CFR 903.7)

*Instructions:*

*For each Element below that **HAS** changed since the last PHA Plan, using the HUD 50075 instructions, enter the "changed" text in column 3.*

*For each Element below that **HAS NOT** changed since the last PHA Plan, enter "No Change" in column 3.*

Housing Authority #	Housing Authority Name	Fiscal Year Begin Date

	Plan Element	Column #3
1.	Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.	No Change
2.	Financial Resources.	No Change
3.	Rent Determination.	No Change
4.	Operation and Management.	See Attachment C
5.	Grievance Procedures.	No Change
6.	Designated Housing for Elderly and Disabled Families.	No Change
7.	Community Service and Self-Sufficiency.	No Change
8.	Safety and Crime Prevention.	No Change
9.	Pets.	No Change
10.	Civil Rights Certification.	No Change
11.	Fiscal Year Audit.	See Attachment D
12.	Asset Management.	No Change

**Attachment B**

**Section 6.0 -- PHA Plan Elements. (24 CFR 903.7)**

13.	Violence Against Women Act (VAWA).	No Change
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# WAUKEGAN HOUSING AUTHORITY

215 S. MARTIN LUTHER KING, JR. AVENUE • WAUKEGAN, ILLINOIS 60085  
CENTRAL OFFICE (847) 244-8500 • FAX (847) 244-8591 • SEC. 8 OFFICE (847) 244-1595

Executive Director: Steven Silverman

Chairman: Wayne Motley

Vice-Chairman: Mark Pleasant

Commissioners: Stanley Caban, Eleanor Murkey, Michelle Obleton

November 24, 2009

\*\*\*\*\*Attachment C, Page 1 of 4\*\*\*\*\*

Mr. Steven E. Meiss  
Director Illinois State Office of Public Housing Region V  
Metcalf Federal Building  
77 West Jackson Boulevard  
Room 2401  
Chicago, Illinois 60604-3507

OFFICE OF PUBLIC HOUSING

NOV 25 '09 AM 11:12

Subject: Request to Change fiscal year end from June 30th to December 31<sup>st</sup>.

Dear Mr. Meiss,

Please consider the Waukegan Housing Authority's request to change our Fiscal Year End reporting period from June 30<sup>th</sup> to December 31<sup>st</sup> each year which would then start our fiscal year to coincide with the calendar year of January 1<sup>st</sup> to December 31<sup>st</sup> each year.

The change in fiscal year would allow our not for profit Waukegan Housing Development Corporation ✓ which is on a calendar year and the Waukegan Housing audit and reporting to be performed at the same time with no overlap in reporting periods.

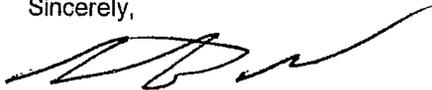
Please see attached Board of Commissioners Resolution 20-WHA-09.

(new)

Effectuated:

Waukegan Housing Authority: IL 026  
Current Fiscal Year: July 1-June 30<sup>th</sup>  
Requested Change: January 1- December 31  
Acc : C-1043  
Loccs: 05510-92010  
Housing Choice Voucher Program: IL026VO  
CFP 2009 : IL06P026501-09  
ARRA CFP: IL06S026501-09

Sincerely,



Steven Silverman  
Executive Director

CC:  
File,  
Board Resolution

\*\*\*\*\*Attachment C, Page 2 of 4\*\*\*\*\*  
RESOLUTION NO. -20- WHA-09  
CHANGING FISCAL YEAR

WHEREAS, the Authority currently has as its fiscal Year July 1<sup>st</sup> through June 30;  
and

WHEREAS, the Authority desires to change its fiscal year end from June 30<sup>th</sup> to a  
calendar year end of December 31<sup>st</sup>.

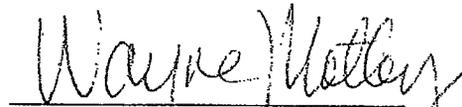
NOW, THEREFORE BE IT RESOLVED by the Commissioners of the Waukegan  
Housing Authority that the Executive Director is hereby authorized to consolidate all  
of its programs to a calendar year-end of December 31, subject to the requisite  
government approvals and that the Chairman and the Executive Director are hereby  
authorized to execute said Resolution NO.20-WHA-09.

Executive Director  
Steven Silverman



November 18, 2009

Chairman  
Wayne Motley



November 18, 2009



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Illinois State Office  
Metcalfe Federal Building  
77 W. Jackson Boulevard - Room 2401  
Chicago, Illinois 60604-3507

OFFICE OF PUBLIC HOUSING

Phone: (312) 353-6236 Fax: (312) 886-4060

JAN 11 2010

FILE COPY

TO: Deputy Assistant Secretary, Public and Assisted Housing Delivery  
Attention: Funding and Financial Management Division

FROM: Steven E. Meiss, Director, Illinois State Office of Public Housing, Region V  
*[Handwritten signature: S.E. Meiss]*

SUBJECT: Waukegan Housing Authority IL026  
Request to Change Fiscal Year from June 30<sup>th</sup> to December 31<sup>st</sup>

Attached is a cover letter from Waukegan Housing Authority. The Housing Authority (HA) is requesting a change in fiscal year end from June 30<sup>th</sup> to December 31<sup>st</sup>. The letter contains all the required information per Notice PIH 2001-25 (HA).

The primary reason for the change is for the HA's fiscal year to coincide with the fiscal year of its tax exempt entity. The fiscal year end of the tax exempt entity is December 31<sup>st</sup>. The fiscal year end of the HA is June 30<sup>th</sup>. We recommend that the HA be allowed to change its fiscal year.

The HA and the tax exempt organization's financial statements would be audited at the same time allowing for some cost savings. There would no longer be an overlap of fiscal reporting periods.

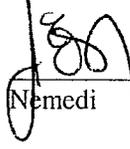
Waukegan Housing Authority, IL026 is not troubled.

The field office person to contact is Ms. Eleny Ladias at 312-913-8313 or Mr. Joseph E. Nemedi at 312-913-8335.

Concurrence

\*\*\*\*\*Attachment C, Page 4 of 4\*\*\*\*\*

  
\_\_\_\_\_  
Ladias  
1/11/00

  
\_\_\_\_\_  
Nemedi

WAUKEGAN HOUSING AUTHORITY  
Waukegan, Illinois

JUNE 30, 2009

\*\*\*\*\*Attachment D\*\*\*\*\*

SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
(Continued)

CURRENT AUDIT FINDINGS

2009-01

SECTION 8 CLIENT FILES

CURRENT  
CONDITION: In a sample of 40 Client Files the following exceptions were noted:  
1-Rent calculation not correct  
1-9886 not signed or dated  
2-Inspections not current  
3-Leases not current  
8-Rent reasonableness not verified  
2-Lead Based Paint notices missing

CRITERIA: HUD rules and regulations require specific documentation to be present in the client files. The documentation must be A) Current B) Complete and C) Signed.

CAUSE/EFFECT: There have been personnel changes. The checklists have not been properly utilized.

RECOMMENDATION: The Case Managers should thoroughly review each file and its history at each recertification. The checklist should be used as a tool to check the file. Internal audits should be continued.

REPLY: The Deputy Executive Director has been delegated the responsibility by the Executive Director to correct the conditions noted in the audit as follows:  
  
\*All files with noted exceptions will be corrected by February 12, 2010.  
\*All case managers will undergo training on file protocol starting February 1, 2010.  
\*Strengthen our internal review of the files to confirm that HUD rules and regulations are followed.  
  
The WHA takes the quality, efficiency of our organization very seriously.

DISCUSSED  
WITH: Steve Silverman 01/28/2010