

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Housing Authority of the County of Lake PHA Code: IL056 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>10/01/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 620 Number of HCV units: 2703																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Mission: Our commitment is to serve the Lake County community with housing opportunities and options.																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. See Attachment A																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: See Attachment 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. Main Office Lake County Housing Authority 33928 N. RTE US 45 Grayslake, IL 60030																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable. Seek redevelopment of Marion Jones through Hope VI, Choice Neighborhoods, Mixed Finance, or any other means. Consider conversion of Public Housing Scat. Sites to HCVP. Implement Homeownership Program and further Project Based Section 8 to maximum.</i>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. CFP 2010 and P&E 2007-2009 + 2009ARRA See Attachments E,F,G,H & I																										
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. CFP Five-Year Action Plan 2005-2009 See Attachment J																										
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A																										

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

SEE ATTACHMENT T FOR INDEX OF ATTACHMENTS

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

Section 5.2 Goals and Objectives

Statement

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

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

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

Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

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

- PHA Goal: Expand the supply of assisted housing
- Objectives:
 - Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)

- PHA Goal: Improve the quality of assisted housing
Objectives:
 - Improve public housing management: **(PHAS score) N/A**
 - Improve voucher management: **(SEMAP score) 100**
 - Increase customer satisfaction: **With all Customers.**
 - Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units: **As Needed.**
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)

- PHA Goal: Increase assisted housing choices
Objectives:
 - Provide voucher mobility counseling: **Housing Counselor**
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

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

- PHA Goal: Provide an improved living environment
Objectives:
 - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - Implement public housing security improvements:
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

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

Objectives:

- Increase the number and percentage of employed persons in assisted families: **Working with all job related agencies and employers.**
- Provide or attract supportive services to improve assistance recipients' employability: **We will hire make recommendations.**
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
 - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below)

Attachment B

Section 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
IL056	Housing Authority of the County of Lake, Illinois	10/01/2010

	Plan Element	Column #3
1.	Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.	See Attachment C – Changes to the Low Rent Public Housing Admissions and Continued Occupancy Policy and See Attachment D – Changes to the Section 8 Administrative Plan
2.	Financial Resources.	Utilizing additional ARRA funds to be received in Fiscal Year 2010 but obligated in FY 2009. No other funding changes.
3.	Rent Determination.	No Change
4.	Operation and Management.	No Change
5.	Grievance Procedures.	No Change
6.	Designated Housing for Elderly and Disabled Families.	No Change
7.	Community Service and Self-Sufficiency.	No change in community service. Further self-sufficiency program enhancement with the expansion of resident initiatives, the hiring of a second Section 8 Voucher program FSS coordinator, and the enhancement of the Section 3 program.
8.	Safety and Crime Prevention.	No Change
9.	Pets.	Clarification of exemptions of pet rules for assistance animals as described in Attachment C.

Attachment B

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

10.	Civil Rights Certification.	Currently negotiating Voluntary Compliance Agreement with the Fair Housing Division in response to Section 504 review.
11.	Fiscal Year Audit.	Two audit finding, addressed, and closed. See Attachment R
12.	Asset Management.	No Change
13.	Violence Against Women Act (VAWA).	See Attachment P

ATTACHMENT C

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

LOW RENT PUBLIC HOUSING PROGRAM
ADMISSIONS AND CONTINUED OCCUPANCY PLAN
CHANGES

EFFECTIVE 10/1/10

LOW RENT ACOP PLAN TABLE OF CONTENTS

APPEND TO ADD:

APPENDIX 7 – SMOKING POLICY97

APPENDIX 8 – PAYBACK & REPAYMENT POLICY98

Low Rent Admissions and Continued Occupancy Plan Current

8.2 Eligibility Criteria

D. Social Security Number Documentation

To be eligible, all family members 6 years of age and older must provide a Social Security number or certify that they do not have one.

Low Rent Admissions and Continued Occupancy Plan Proposed

8.2 Eligibility Criteria

D. Social Security Number Documentation

Per Notice PIH 2010-3 to be eligible, all family members (remove 6 years of age and older) must provide a Social Security Number or certify that they do not have one. Verification and documentation requirements follow directives of PIH 2010-3.

Public Housing Admissions and Continued Occupancy Policy Current

8.3 Suitability

C. The Lake County Housing Authority will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease. The Lake County Housing Authority will verify the information provided. Such verification may include but may not be limited to the following:

1. A credit check of the head, spouse and co-head;

Public Housing Admissions and Continued Occupancy Policy Proposed

8.3 Suitability

C. The Lake County Housing Authority will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease. The Lake County Housing Authority will verify the information provided. Such verification may include but may not be limited to the following:

1. A credit check of head, spouse, co-head, **and all adult household members;**

Public Housing Admissions and Continued Occupancy Policy Current

9.2 Taking Applications

Upon receipt of the family's pre-application, the Lake County Housing Authority will make a preliminary determination of eligibility. The Lake County Housing Authority will notify the family in writing of the date and time of placement on the waiting list(s) and the approximate amount of time before housing assistance may be offered. If the Lake County Housing Authority determines the family to be ineligible, the notice will state the reasons therefore and offer the family the opportunity of an informal review of this determination.

Public Housing Admissions and Continued Occupancy Policy Proposed

9.2 Taking Applications

Upon receipt of the family's pre-application, the Lake County Housing Authority will make a preliminary determination of eligibility. The Lake County Housing Authority will notify the family in writing of the date and time of placement on the waiting list(s). ~~(remove and the approximate amount of time before housing assistance may be offered)~~ If the Lake County Housing Authority determines the family to be ineligible, the notice will state the reasons therefore and offer the family the opportunity of an informal review of this determination.

Public Housing Admissions and Continued Occupancy Policy Current

9.3 ORGANIZATION OF THE WAITING LIST

All applications will be maintained in order of aggregate preference points and then in order of date and time of application;

Public Housing Admissions and Continued Occupancy Policy Proposed

9.3 ORGANIZATION OF THE WAITING LIST

Beginning 10/1/10 the LCHA will begin maintaining separate waiting lists for each of its public housing developments and separate waiting lists for scattered site units in AMP 4 and AMP 5 with applicant pulls from the site based lists beginning in 2011. Applicants may choose to apply for any or all of the developments for which they meet the minimum threshold requirements (See Section 8.2, 8.3, and 10.1). Applicants may add or remove developments choices at any time prior to entering the final eligibility screening process except for special admissions for reasonable accommodation and/or extenuating circumstances which will be reviewed on a case by case basis. Once the applicant is contacted by the LCHA to schedule the personal interview appointment no changes in development choice(s) shall be accepted. Failure to schedule the personal interview appointment or complete the screening process for one of the developments of choice shall result in the withdrawal from all LCHA public housing waiting lists.

9.3.1 SITE BASED WAITING LIST MONITORING

As part of the Annual Plan submission to HUD, the LCHA will monitor the racial, ethnic, and disability-related composition of Households residing at each LCHA development and on each development waiting list. The purpose of this monitoring will be to assess changes in racial, ethnic, or disability related household composition at each LCHA development that may have occurred during the implementation of the site-based waiting list. In addition, at least every three years the LCHA shall contract with an independent agency specializing in fair housing, to employ independent testers or other means satisfactory to HUD, to assure that its site-based waiting lists are not being implemented in a discriminatory manner, and that no patterns or practices of discrimination exist. The LCHA shall provide the results of this review to HUD and shall take steps to remedy any problems found during the review including steps necessary to affirmatively further fair housing.

9.3.2 REMEDIAL ACTION

Based upon the above-mentioned monitoring, the LCHA will review the need to take steps to remedy any problems that surfaced during the review. These steps may include some or all of the following:

- ◆ Initiate affirmative marketing strategies
- ◆ Provide additional applicant consultation and information
- ◆ Provide additional supportive services and amenities
- ◆ Target investment and capital improvements towards a development
- ◆ Modify marketing efforts in response to assessment of occupancy patterns and the composition of the waiting lists.

Low Rent Admissions and Continued Occupancy Policy Current

12.2 Types of Verifications

<p>Income Type</p>	<p><u>EIV (1)</u></p>
<p>Wages/Salaries</p>	<p>When there is no substantial difference between EIV and tenant provided documents, \$199 or less per month, there is no need to send 3rd party. When EIV is less than tenant provided documents, use tenant provided documents to calculate anticipated annual income. When EIV is more than current tenant provided documents use EIV income data to calculate anticipated annual income. If the tenant provides documentation of a change in circumstances (i.e., reduced hours) then use tenant provide documents to calculate.</p> <p>When there is a substantial difference, over \$200 per month, 3rd party must be sent. Upon receipt, analyze all data – EIV, 3rd party, and tenant documents – to resolve the discrepancy.</p>

Low Rent Admissions and Continued Occupancy Policy Proposed

12.2 Types of Verifications

<p>Income Type</p>	<p><u>EIV (1)</u></p>
<p>Wages/Salaries</p>	<p>When EIV is consistent to participant reporting as to where and when employed hand carried check stubs or electronic printout may be used and satisfies</p>

Low Rent Admissions and Continued Occupancy Policy Current

13.8 PAYING RENT

Rent and other charges are due and payable on the first day of the month. All rents should be paid at either the Lake County Housing Authority Main Office, 33928 No. Route 45, Grayslake, IL 60030, mailed to same address placed in the night deposit box at the same address. Rent payment may be accepted outside of regular business hours, or at other locations, whether on or off Lake County Housing Authority property. Reasonable accommodations for this requirement will be made for persons with disabilities. No LCHA staff member shall accept a resident's rent payment unless the staff member is authorized to collect rent. As a safety measure, no cash shall be accepted as a rent payment other than the main office. Rent should be paid by personal check, cashier's check or money order.

If the rent is not paid by the fifth (5th) of the month, a late fee of \$15 and a fourteen-day (14) Notice will be issued to the tenant. If the tenant does not pay the total of rent plus late fee by the end of the fourteen-day (14) Notice we may send to an attorney for eviction and the tenant will be charged for the attorney fees.

The balance of the amount owed will be in reasonable monthly installments, as determined by the family and the Authority Collection Specialist. The Repayment Agreement states that the family should not sign the agreement if it does not agree that it owes the Authority the amount specified. The family will have the right to request an Informal Review/Hearing pursuant to the Authority's policy, if amounts are in dispute. The family is encouraged to provide their own documentation to prove any discrepancies in the amounts owed or the Repayment decision itself.

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

1. we have received the bad check and
2. the amount of the check has been added back to their account
3. a \$10 processing fee is added to their account and
4. no further personal checks will be accepted after two (2) returned checks; thereafter payments must be in form of cash, money order, or cashiers check.

Low Rent Admissions and Continued Occupancy Policy Proposed

13.8 PAYING RENT

Rent and other charges are due and payable on the first day of the month. All rents should be paid at either the Lake County Housing Authority Main Office, 33928 No. Route 45, Grayslake, IL 60030, mailed to same address, **or** placed in the night deposit box at the same address. Rent payment may be accepted outside of regular business hours, or at other locations, whether on or off Lake County Housing Authority property. Reasonable accommodations for this requirement will be made for persons with disabilities. No LCHA staff member shall accept a resident's rent payment unless the staff member is authorized to collect rent. As a safety measure, no cash shall be accepted as a rent payment **at any location**. Rent should be paid by personal check, cashier's check, or money order.

If the rent is not paid by the fifth (5th) of the month, a late fee of \$15 and a fourteen-day (14) Notice will be issued to the tenant. If the tenant does not pay the total of rent plus late fee by the end of the fourteen-day (14) Notice we may send to an attorney for eviction and the tenant will be charged for the attorney fees.

Remove entire 3rd paragraph.

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

5. we have received the bad check and
6. the amount of the check has been added back to their account
7. a \$10 processing fee is added to their account and
8. no further personal checks will be accepted after two (2) returned checks; thereafter payments must be in form of **(remove cash)** money order or cashiers check.

Low Rent Admissions and Continued Occupancy Policy Current

15.6 Interim Reexaminations

D.

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

Low Rent Admissions and Continued Occupancy Policy Proposed

15.6 Interim Reexaminations

D.

In approving a live-in-aide the Lake County Housing Authority will follow the fact sheet and guidance “Live-In Aides and the Housing Choice Voucher Program Fact Sheet” as written in 2003 by the Technical Assistance Collaborative, Inc. under contract by the U.S. Department of Housing and Urban Development. **Note that pre-existing members of households are not barred from eligibility as live-in aides solely because of their status as a pre-existing household member of the household.**

Low Rent Admissions and Continued Occupancy Policy Proposed

15.6.1 Paybacks/Repayments

Remove section entirely and replace with Lake County Housing Authority Payback/Repayment Policy as Appendix 8.

Low Rent Admissions and Continued Occupancy Policy Current

15.7 Special Reexaminations

As the families income is based on what they are anticipated to earn annually, no adjustment will be made for lack of child support payments unless at least three months have elapsed since receiving the last payment.

Low Rent Admissions and Continued Occupancy Policy Proposed

15.7 Special Reexaminations

As the family's income is based on what they are anticipated to earn annually, no adjustment will be made for lack of child support payments unless at least three months have elapsed since receiving the last payment. The Authority will count all court ordered child support as evidenced by divorce decree or amended court order. **If participating family indicates they are not receiving the court ordered child support they must pursue enforcement through the court system before the child support income will be removed for rent calculation purposes.**

Low Rent Admissions and Continued Occupancy Policy Current

16.4 Incentive transfers

Transfer requests will be encouraged and approved for families who live in a development where their income category (below or above 30% of area median) predominates and wish to move to a development where their income category does not predominate.

Families living in multifamily developments have the opportunity to transfer to scattered-site housing. Families approved for such transfers will meet the following eligibility criteria:

- A. Have been a tenant for three years;
- B. For a minimum of one year, at least one adult family member is enrolled in an economic self-sufficiency program or is working at least thirty-five (35) hours per week, the adult family members are 62 years of age or older or are disabled or are the primary care givers to others with disabilities;
- C. Adult members who are required to perform community service have been current in these responsibilities since the inception of the requirement or for one year which ever is less;
- D. The family is current in the payment of all charges owed the Lake County Housing Authority and has not paid late rent for at least one year;
- E. The family passes a current housekeeping inspection and does not have any record of housekeeping problems during the last year;
- F. The family has not materially violated the lease over the past two years by disturbing the peaceful enjoyment of their neighbors, by engaging in criminal or drug-related activity, or by threatening the health or safety of tenants or Housing Authority staff.
- G. Participates in a series of classes conducted by the Lake County Housing Authority on basic home and yard care.

Low Rent Admissions and Continued Occupancy Policy Proposed

Remove entirely

Low Rent Admissions and Continued Occupancy Policy Current

20.2 Termination By the Housing Authority

The Lake County Housing Authority will terminate the lease for serious or repeated violations of material lease terms. Such violations include but are not limited to the following:

- A. Nonpayment of rent or other charges;
- B. A history of late rental payments (four (4) times in a 12 month period);
- C. Failure to provide timely and accurate information regarding family composition, income circumstances, or other information related to eligibility or rent;
- D. Failure to allow inspection of the unit;
- E. Failure to maintain the unit in a safe and sanitary manner;
- F. Assignment or subletting of the premises;
- G. Use of the premises for purposes other than as a dwelling unit (other than for housing authority approved resident businesses);
- H. Destruction of property;
- I. Acts of destruction, defacement, or removal of any part of the premises or failure to cause guests to refrain from such acts;
- J. Any criminal activity on the property or drug-related criminal activity on or off the premises. This includes but is not limited to the manufacture of methamphetamine on the premises of the Lake County Housing Authority. In the event that criminal activity is found to be domestic violence, the Authority may seek to terminate the tenancy of an individual family member and may require the remaining family member(s) to secure and maintain in force an order of protection as a condition of continued occupancy; any reported criminal activity by the resident, law enforcement, media, screening service, or citizen may prompt a criminal background check be conducted on a participant.
- K. Non-compliance with Non-Citizen Rule requirements;
- L. Permitting persons not on the lease to reside in the unit more than fourteen (14) calendar days each year without the prior written approval of the Housing Authority; and
- M. Other good cause.

The Lake County Housing Authority will take immediate action to evict any household that includes an individual who is subject to a lifetime registration requirement under a State sex offender registration program.

NOTE: Any lease termination initiated by the Lake County Housing Authority on the basis of criminal activity by a member of the household will NOT offer the opportunity to access the LCHA Grievance Procedures. Due process rights will be afforded to the tenant entirely through the state court system.

Low Rent Admissions and Continued Occupancy Policy Proposed

20.2 Termination By the Housing Authority

Append to add letter N. as follows:

- N. Alcohol abuse that interferes with the health, safety and right to peaceful enjoyment of the premises of all Public Housing units for all residents and for surrounding neighbors.

No resident or family member residing in a Public Housing unit or guest of the family of a Public Housing unit shall abuse alcohol to the extent that it interferes with the health, safety and right to peaceful enjoyment of the premises of all Public Housing units for all residents and for surrounding neighbors. If any resident, family member or guest is reported to abuse alcohol to the extent it has affected residents or employees, the Authority will consider the following:

Any police involvement

Actual threats or acts of violence, whether physical upon others or to the safety of the premises

Repeated complaints of loud noise

The frequency of complaints

The time of day of the complaints

The extent alcohol may have played in such complaints

All evidence will be gathered, but not limited to, police reports, arrests, written complaints from residents and neighbors. The Authority will issue written notice to the offender that such complaints have been made, and offer the opportunity to respond in writing. Extreme or repeated complaints may result in the eviction of the family from the Public Housing program.

Low Rent Admissions and Continued Occupancy Policy - Pet Policy Addendum Current

A1.6 EXEMPTIONS

The Authority shall, as a reasonable accommodation, waive elements of the Pet Policy for persons with disabilities. Nothing herein shall hinder full access to units and common areas by persons with disabilities who utilize certified guide dogs, signal dogs or other service dogs. Proof of appropriate training of guide dogs, signal dogs, or any other service animal must be provided in order for the reasonable accommodation to be granted.

Low Rent Admissions and Continued Occupancy Policy - Pet Policy Addendum Proposed

A1.6 EXEMPTIONS

Assistance animals for persons with disabilities are exempt of all pet policy provisions. In addition, the Authority shall, as a reasonable accommodation, waive elements of the Pet Policy for persons with disabilities. Nothing herein shall hinder full access to units and common areas by persons with disabilities who utilize **assistance animals. Certification of need by a knowledgeable practitioner must be provided in order for the reasonable accommodation to be granted.**

Low Rent Admissions and Continued Occupancy Policy Current

HUD: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT GLOSSARY

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

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

Low Rent Admissions and Continued Occupancy Policy Proposed

The glossary term will reflect the addition of the following sentence:

HUD: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT GLOSSARY

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

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

Note that pre-existing members of households are not barred from eligibility as live-in aides solely because of their status as a pre-existing household member of the household.

APPENDIX 7 SMOKE FREE POLICY

Effective January 1, 2011 the LCHA Corporate office at 33928 N. U.S. Highway 45 in Grayslake, Illinois will become a smoke free campus prohibiting smoking anywhere on LCHA property.

Effective May 1, 2011 all buildings in Asset Management Projects 2 and 3 which include Shiloh Tower, Warren Manor, Hawley Manor, Beach Haven Tower, Millview Manor, Orchard Manor, and John Kuester Manor will become entirely smoke free prohibiting smoking anywhere inside the building including tenant occupied and unoccupied units. Smoking on the grounds will be limited to designating smoking areas in compliance with local smoking ordinances.

Effective May 1, 2012 all buildings in Asset Management Projects 1, 4, & 5 and all other LCHA owned properties which include Marion Jones Townhomes, all Public Housing Scattered Sites, LCHA Rentals, Midlothian Manor, and any future property construction or acquisition will become smoke free prohibiting smoking anywhere inside the building including tenant occupied and unoccupied units. Smoking on the grounds will be limited to designating smoking areas in compliance with local smoking ordinances.

All leases and contracts will be updated to reflect the smoke free policy and effective dates.

Violation of the smoking policy will result in a \$100.00 fee for a first violation, \$300.00 fee for a second violation, and the third violation will result in termination from the program and requirement to pay the cost for painting and cleaning of the areas affected by smoking.

In partnership with Smoke Free Illinois and the Lake County Health Department, LCHA will offer free smoking cessation classes.

Payback & Repayment Policy
Section 8 Administrative Plan Appendix 2
Low Rent Public Housing Admissions & Continued Occupancy Policy Appendix 8

Any change in household income or composition or allowances, whether an increase or a decrease, must be reported in writing within ten days of the change. The head of the household is responsible for reporting the changes of ALL household members' income. Failure to report a change may result in the family's obligation to repay the benefits it received to which it was not entitled. If a family believes they *have* reported such a change, yet an adjustment reflecting the change was not done, the family is not relieved of their obligation to repay the Authority for any overpayment made on their behalf. The family must provide proof of the prior notification, such as a copy of the document, clearly showing the Authority's date stamp, in order for the Authority to consider reducing or eliminating the overpayment. This obligation to report is spelled out in a more precise manner on the Family Obligation form required by regulations. This form is read and explained to the family, and all adult members of the family are required to sign the form to affirm their understanding.

While a 30 day written notice is to be given to the household prior to the effective date of their increased rent portion payment, the actual effective date of the increase may be retroactive to the date the monies were received. The Authority will seek repayment, and may choose to terminate the household's participation in the program based on the family's failure to report an increase in income.

The family receives written notice that details the reason for the repayment as well as supporting documentation that substantiates the amount of the repayment. This is mailed to the family.

The Authority will terminate participation:

- If a family has failed to report income for any family member that was received for two years. The entire balance owed is due in full.
- If any family member has committed fraud

- If a family is in DEFAULT on a repayment agreement and has not paid the remaining balance in full as required

If the family *reports* the increase, in writing, more than ten days after the change, the Authority *may* choose to allow the family to remain on the program, and enter into a Repayment Agreement. This does not apply to instances of fraud, or where the amount owed is over \$4,000.

Upon notice by the Authority the full amount owed by the family is due. As a condition for the household to continue to receive housing assistance, the Authority will require repayment in full of any amount owed over \$4,000. For amounts owed of less than \$4,000 the Authority may, at its discretion, offer the participant an opportunity to enter into a Repayment Agreement that sets forth the schedule of monthly repayment amounts. In order to enter into such an agreement, the Authority requires that the family meet with Lake County Housing Authority's Housing and Community Development Division for referral to Debt Counseling and/or the Family Self-Sufficiency program. The Repayment Agreement states the reason for the repayment and informs the family that the agreement should not be signed if it is not agreed that the specified amount is owed. The family is provided 60 days to come in, pay the required one-third of the entire amount owed and complete the recommended counseling. It is due at the time of the signing of the agreement to repay. The balance will then be paid in monthly installments, as determined by this Authority, and must be paid in full within a set time frame, between twelve and twenty-four months.

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

If a family misses any two Repayment Agreement payments, or fails to pay the required one-third down, then they will be notified that they are in Default, and the entire balance owed is due in full. Failure to pay that amount within 60 days will result in the termination of assistance. The letter will detail any available options for appeal.

The Repayment Agreement stipulates that should the family income be such that they are eligible for a Utility Assistance Payment (UAP), they will not actually receive the UAP, rather it will be applied to their account balance. If the UAP is less than the monthly

payment amount, the family is required to pay the difference. Once the balance is paid in full, the family will again receive the UAP. The family may elect not to agree to this, however the monthly payments still must be paid.

The Repayment Agreement also informs the family that the debt is not dischargeable in any bankruptcy proceedings that may commence in the future. The family receives a copy of the signed Repayment Agreement. Once a month the family is mailed a statement of the balance due, and an envelope is provided for the return payment. All payments must be in the form of a money order or cashier's check.

A Housing Choice Voucher family that owes money to the Authority, or any other Housing Authority, may not be permitted to move to another unit with assistance if the agreement to repay is in default. The entire balance of the amount owed must then be repaid in order to relocate with assistance.

A Housing Choice Voucher family who requests a transfer to another Housing Authority may be permitted to transfer upon payment IN FULL of the balance owed.

A family who leaves the program, whether through termination or through voluntary withdrawal, shall not be relieved of their obligation to repay any monies owed. Monies owed may be transferred to a Collection Agency at the Authority's discretion, and the family will be notified of this action in writing on a timely basis. Any families terminated for adverse reasons, or who leave the program owing money, shall be reported to HUD via the Enterprise Online Verification system.

This Authority does not permit a participant to enter into an agreement when he/she has a history of paybacks (even just one). We will require both amounts owed (new and current) to be paid off in full within a 60 day time frame, or face termination.

This Authority may actively seek prosecution in a court of law of those who have committed fraud while a program participant, and/or those who owe an amount in excess of \$4,000. This may be in conjunction with, or on the behalf of, the Office of Inspector General for HUD, or the State's Attorney(s).

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

ATTACHMENT D

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

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM ADMINISTRATIVE PLAN CHANGES EFFECTIVE 10/1/10

SECTION 8 ADMINISTRATIVE PLAN TABLE OF CONTENTS

APPEND TO ADD:

APPENDIX 2 – PAYBACK & REPAYMENT POLICY

Section 8 Administrative Plan Current:

1.1 FAIR HOUSING

It is the policy of the Lake County Housing Authority to comply fully with all Federal, State, and local nondiscrimination laws; the Americans With Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the ground of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Lake County Housing Authority housing programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Lake County Housing Authority will provide Federal/State/local information to applicants for and participants in the Section 8 Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Lake County Housing Authority office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Lake County Housing Authority will assist any family that believes they have suffered illegal discrimination by providing them copies of the housing discrimination form. The Lake County Housing Authority will also assist them in completing the form, if requested, and will provide them with the address of the nearest HUD Office of Fair Housing and Equal Opportunity.

Section 8 Administrative Plan Proposed:

1.1 FAIR HOUSING (remove existing & re-write as follows)

It is the mission of Lake County Housing Authority is to ensure that we promote the non-discrimination, fair, and equal housing opportunities for all. We engage in an ongoing effort to provide services and activities in a nondiscriminatory manner and a strong commitment to affirmatively further fair housing. This is one of the Lake County Housing Authority's guiding principles. It is also a requirement for participating in HUD's many housing and community development programs. This requirement is satisfied through our continued practice to promote Affirmatively Furthering Fair Housing and also in our numerous written policies, principles, and guidelines. We have certified to Affirmatively Further Fair Housing as is reflected in our Consolidated Plan, our annual Public Housing Plan, and our 5-Year Public Housing Plan.

Overcome the effects of the impediments of fair housing choice that were identified in the jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice.

Analysis of Impediments (AI) is a review of impediments or barriers that affect the rights of fair housing choice. It covers public and private policies, practices, and procedures affecting housing choice. Impediments to fair housing choice are defined as any actions, omissions, or decisions that restrict, or have the effect of restricting, the availability of housing choices, based on race, color, religion, sex, disability, familial status, or national origin. The AI serves as the basis for fair housing planning, provides essential information to policy makers, administrative staff, housing providers, lenders, and fair housing advocates, and assists in building public support for fair housing efforts. Conducting an analysis of impediments is a required component of our Consolidated Plan. The Lake County Housing Authority ensures that we overcome the effects of the impediments to fair housing choice that were identified in the jurisdiction's Analysis of Impediments to Fair Housing Choice by:

- Examining our programs or proposed programs; identify any impediments to fair housing choice; and address those impediments in a reasonable fashion.
- Working with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing that requires our involvement.
- Maintaining accurate records reflecting our analysis and our recommended solutions.
- Reviewing the State or Entitlement jurisdiction's laws, regulations, and administrative policies, procedures, and practices;
- Assessment of how those laws affect the location, availability, and accessibility of housing;
- Evaluating of conditions, both public and private, affecting fair housing choice for all protected classes;
- Assessment of the availability of affordable, accessible housing in a range of unit sizes;
- Conducting an analysis of impediments to fair housing choice;
- Taking appropriate actions to overcome the effects of impediments identified through that analysis.

1. Remedy Discrimination in Housing.

Under our Consolidated Plan, we are required to:

- (1) Examine and attempt to alleviate housing discrimination within our jurisdiction;
- (2) Promote fair housing choice for all persons;
- (3) Provide opportunities for all persons to reside in any given housing development, regardless of race, color, religion, sex, disability, familial status, or national origin;
- (4) Promote housing that is accessible to and usable by persons with disabilities; (5) Comply with the non-discrimination requirements of the Fair Housing Act.

2. Promote Fair Housing Rights and Fair Housing Choice.

To ensure that our participants and prospective participants benefit from the laws enacted to mandate the promotion of fair housing rights, we have codified regulations. We have put in place an affirmative program that will attract potential consumers or tenants of all minority and non-minority groups within the housing market, regardless of race, color, religion, sex, national origin, disability, or familial status. The purpose of such programs is to provide services designed to affirmatively further the fair housing objectives stated in **Title VIII of the Fair Housing Act**. We link with partners who promote this cause. Each partner is to pursue affirmative fair housing marketing policies by seeking out possible buyers and tenants, and advertising available housing properties. Examples of such action include:

- Advertising the availability of housing to the population that is less likely to apply, both minority and non-minority groups, through various forms of media (i.e. radio stations, posters, newspapers) within the marketing area;
- Use of the **Equal Housing Opportunity Logo** and the equal housing opportunity statement
- Educate persons within an organization about fair housing and their obligations to follow nondiscrimination laws;
- Conduct outreach to advocacy groups (i.e. disability rights groups) on the availability of housing.
- Encourage fair housing enforcement organizations in areas where there are no such organizations;
- Start a counseling program to help housing choice voucher recipients to find housing outside of minority and/or poverty concentrated areas;
- Outreach to housing providers in non-minority and poverty concentrated areas;
- Market available housing to persons less likely to apply for housing in a metropolitan statistical area;
- Encourage banks and other lending organizations to operate in areas that are underserved and to provide services to underserved populations; and

- Encourage banks and other lenders to use non-traditional methods for evaluating credit and loan amount terms, based on cultural differences and other individual factors.
- Prohibit discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance.
- Prohibit discrimination based on disability in any program or activity receiving federal financial assistance.
- Prohibit discrimination based on disability in programs, services, and activities provided or made available by public entities. HUD enforces Title II when it relates to state and local public housing, housing assistance and housing referrals.
- Ensure that buildings and facilities designed, constructed, altered, or leased with certain federal funds after September 1969 must be accessible to and useable by handicapped persons.
- Prohibit discrimination in the sale, leasing, rental, or other disposition of properties and facilities owned or operated by the federal government or provided with federal funds.
- Eliminate to the extent possible, limited English proficiency as a barrier to full and meaningful participation by beneficiaries in all federally-assisted and federally conducted programs and activities.
- Require that each Federal agency conduct its program, policies, and activities that substantially affect human health or the environment in a manner that does not exclude persons based on race, color, or national origin.
- Require Federal agencies to evaluate their policies and programs to determine if any can be revised or modified to improve the availability of community-based living arrangements for persons with disabilities.

Prior to execution of the grant agreement/other funding arrangement, we will submit a statement to the HUD Field Office outlining the reasonable steps we plan to take to affirmatively further fair housing and how we propose to maintain records of such activities. The Lake County Housing Authority will certify in our grant agreement/other funding arrangement that we will take reasonable steps to affirmatively further fair housing and maintain records of these steps and their impacts.

Reasonable steps include, but are not limited to:

- (1) Advertising for the Rental Assistance for Non-Elderly Disabled Persons Program to all eligible persons, including persons with disabilities and persons with limited English proficiency throughout the community,
- (2) Making buildings and communications that facilitate applications and service delivery accessible to persons with disabilities,
- (3) Providing fair housing counseling services or referrals to fair housing agencies,
- (4) Provide record-keeping to include the race, ethnicity, familial status, and disability status of program participants.

(5) Informing participants of how to file a fair housing complaint, including providing the toll-free number for the Housing Discrimination Hotline: 1-800-669-9777. Persons with hearing and speech impairments may access this number via TTY by calling the Federal Information Relay Service at 1-800-887-8339, and

(6) If the program has a goal of homeownership or housing mobility, recruiting landlords and service providers in areas that expand housing choice to program participants.

(7) Where requested by an individual, help program participants gain access to supportive services available within the community. We will not mandate participants to utilize the available supportive services.

(8) Identify public and private funding sources to assist participants with disabilities in covering costs of structural alterations and other accessibility features that are needed as accommodations for their disabilities.

(9). We will not deny other housing opportunities to persons who qualify for an HCV under this program or otherwise restrict access to our programs to eligible applicants who chose not to participate.

(10) Provide housing assistance search to participants.

(11) Provide higher rents to owners that provide accessible units with structural modifications for persons with disabilities in accordance with rent reasonableness.

(12) Provide technical assistance through referrals to local fair housing and equal opportunity offices to owners interested in making reasonable accommodations or units accessible to persons with disabilities.

Section 8 Administrative Plan Current:

2.3 Obligations of Participant D. Absence from Unit

If all family members will be absent from the assisted unit for more than 30 consecutive calendar days the family must give written notice to the Authority of such absence prior to leaving this unit. If the absence is caused by an emergency such as sickness or accident, then written notice should be sent to the Authority within seven (7) days. If, in the case of an accident or illness the family is unable to submit a written notice within the prescribed time period, a telephone call should be made to the family's Field Rep within the seven-day period. A written notice could then be sent as soon as the illness or accident permit as agreed to by an Authority representative.

With proper notice, the Authority may approve family absence from the assisted unit for the following reasons:

1. Voluntary drug/alcohol treatment (negotiated agreement or court ordered treatment not included as valid reason);
2. Employment (temporary job out of area for a given period of time);
3. Assist immediate family. Immediate family is defined as brother, sister, parents or someone who stood for parents, adopted or natural child or court-approved custodial care individual. Foster child not included in definition.

In its absence the family must comply with the provision of the lease which requires that the tenant rent be paid on time as well as any tenant paid utilities.

The family may not be absent from the assisted unit for more than 180 consecutive calendar days for any reason. If the family absence exceeds 180 consecutive calendar days for any reason the Authority will terminate the housing assistance payments contract and the family's participation in the program. It will then be necessary for the family to reapply to the waiting list if the family should desire future rental assistance

Section 8 Administrative Plan Proposed:

2.3 Obligations of Participant D. Absence from Unit

If **any** family member(s) will be absent from the assisted unit for more than 30 consecutive calendar days the family must give written notice to the Authority of such absence prior to leaving this unit. If the absence is caused by an emergency such as sickness or accident, then written notice should be sent to the Authority within seven (7) days. If, in the case of an accident or illness the family is unable to submit a written notice within the prescribed time period, a telephone call should be made to the family's **Housing Quality Specialist** within the seven-day period. A written notice could then be sent as soon as the illness or accident permit as agreed to by an Authority representative.

With proper notice, the Authority may approve family absence from the assisted unit for the following reasons:

1. Voluntary drug/alcohol treatment (negotiated agreement or court ordered treatment not included as valid reason);
2. Employment (temporary job out of area for a given period of time);
3. Assist immediate family. Immediate family is defined as brother, sister, parents or someone who stood for parents, adopted or natural child or court-approved custodial care individual. Foster child not included in definition.

In its absence the family must comply with the provision of the lease which requires that the tenant rent be paid on time as well as any tenant paid utilities.

If any family member will be absent from the assisted unit as a result of incarceration, the family must give written notice within 7 days of the absence. The Authority may request further documentation as to the nature of the incarceration, and may take further action as specified in Section 15.0 A – N.

The family may not be absent from the assisted unit for more than 180 consecutive calendar days for any reason. If the family absence exceeds 180 consecutive calendar days for any reason the Authority will terminate the housing assistance payments contract and the family's participation in the program. It will then be necessary for the family to reapply to the waiting list if the family should desire future rental assistance

Section 8 Administrative Plan Current

3.0 Eligibility for Admission

F. Suitability for Tenancy

Suitability for tenancy. The Lake County Housing Authority determines eligibility for participation and may also conduct criminal background checks on all adult household members, including live-in aides. The Lake County Housing Authority will deny assistance to a family because of drug-related criminal activity or violent criminal activity by family members. This check will be made through state or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last three years. If the individual has lived outside the local area. The Lake County Housing Authority may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC).

Section 8 Administrative Plan Proposed

3.0 Eligibility for Admission

F. Suitability for Tenancy

Suitability for tenancy. The Lake County Housing Authority determines eligibility for participation and may also conduct criminal background checks on all adult household members, including live-in aides. The Lake County Housing Authority will deny assistance to a family because of drug-related criminal activity or violent criminal activity by family members. This check will be made through state or local law enforcement, **court records, and/or electronic background screening service.** **(REMOVE “in those cases where the household member has lived in the local jurisdiction for the last three years. If the individual has lived outside the local area.”)** **In addition, the** Lake County Housing Authority may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC).

Section 8 Administrative Plan Current

3.2. Eligibility Criteria

D. Social Security Number Documentation

To be eligible, all family members 6 years of age and older must provide a Social Security Number or certify that they do not have one.

Section 8 Administrative Plan Proposed

3.2. Eligibility Criteria

D. Social Security Number Documentation

Per Notice PIH 2010-3 to be eligible, all family members (remove 6 years of age and older) must provide a Social Security Number or certify that they do not have one. Verification and documentation requirements follow directives of PIH 2010-3.

Section 8 Administrative Plan Current

4.2 Taking Applications

Upon receipt of the family's pre-application, the Lake County Housing Authority will make a preliminary determination of eligibility. The Lake County Housing Authority will notify the family in writing of the date and time of placement on the waiting list(s) and the approximate amount of time before housing assistance may be offered. If the Lake County Housing Authority determines the family to be ineligible, the notice will state the reasons therefore and offer the family the opportunity of an informal review of this determination.

Section 8 Administrative Plan Proposed

4.2 Taking Applications

Upon receipt of the family's pre-application, the Lake County Housing Authority will make a preliminary determination of eligibility. The Lake County Housing Authority will notify the family in writing of the date and time of placement on the waiting list(s). ~~(remove and the approximate amount of time before housing assistance may be offered.)~~ If the Lake County Housing Authority determines the family to be ineligible, the notice will state the reasons therefore and offer the family the opportunity of an informal review of this determination.

Section 8 Administrative Plan Current

6.0 Assignment of Bedroom Size (Subsidy Standards)

E. Live-in aides may get a separate bedroom. A live in aide is a person who resides with one or more elderly person, or near-elderly persons, or persons with disabilities and who:

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

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

Section 8 Administrative Plan Proposed

6.0 Assignment of Bedroom Size (Subsidy Standards)

E. Live-in aides may get a separate bedroom. A live in aide is a person who resides with one or more elderly person, or near-elderly persons, or persons with disabilities and who:

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

In approving a live in aide, the Lake County Housing Authority will follow the fact sheet and guidance “Live In Aides and the Housing Choice Voucher Program Fact Sheet” as written in 2003 by The Technical Assistance Collaborative, Inc under contract by the U.S. Department of Housing and Urban Development. **Note that pre-existing members of households are not barred from eligibility as live-in aides solely because of their status as a pre-existing household member of the household.**

Section 8 Administrative Plan Current

6.1 Briefing

When the Lake County Housing Authority selects a family from the waiting list, the family will be invited to attend a briefing explaining how the program works. In order to receive a voucher the family is required to attend the briefing. If they cannot attend the originally scheduled briefing, they may attend a later session. If the family fails to attend two briefings without good cause, they will be denied admission.

Section 8 Administrative Plan Proposed

6.1 Briefing

When the Lake County Housing Authority selects a family from the waiting list, the family will be invited to attend a briefing explaining how the program works. In order to receive a voucher the family is required to attend the briefing. If they cannot attend the originally scheduled briefing, they may attend a later session. If the family fails to attend two briefings without good cause, they will be denied admission.

As a condition of continued participation, all participants must attend a re-briefing every 5 years. If they cannot attend the originally scheduled briefing, they may attend a later session. If the family fails to attend two briefings without good cause, they will be terminated from the program.

Section 8 Administrative Plan Proposed

6.2 Packet

ADD:

- S. Live-in-Aide definition
- T. Live-in-Aide request form

Section 8 Administrative Plan Current

6.4 Term of the Voucher

The Housing Authority's will give 180 days as the initial term of the voucher, which will be stated on the Housing Choice Voucher. There will be no extensions to the initial term of the voucher.

Upon submittal of a completed request for approval of tenancy form, the Lake County Housing Authority will suspend the term of the voucher. The term will be in suspension until the date the Housing Authority provides notice to both the participant and the landlord that the request has been approved or denied. This policy allows families the full term (180 days) to find a unit, not penalizing them for the period during which the Housing Authority is taking action on their request.

Section 8 Administrative Plan Proposed

6.4 Term of the Voucher

The Housing Authority's will give 90 days as the initial term of the voucher, which will be stated on the Housing Choice Voucher. There will be no extensions to the initial term of the voucher.

Upon submittal of a completed request for approval of tenancy form, the Lake County Housing Authority will suspend the term of the voucher. The term will be in suspension until the date the Housing Authority provides notice to both the participant and the landlord that the request has been approved or denied. This policy allows families the full term (90 days) to find a unit, not penalizing them for the period during which the Housing Authority is taking action on their request.

Section 8 Administrative Plan Current

10.2 Types of Verifications

<p>Income Type</p>	<p><i>EIV (I)</i></p>
<p>Wages/Salaries</p>	<p>When there is no substantial difference between EIV and tenant provided documents, \$199 or less per month, there is no need to send 3rd party. When EIV is less than tenant provided documents, use tenant provided documents to calculate anticipated annual income. When EIV is more than current tenant provided documents use EIV income data to calculate anticipated annual income. If the tenant provides documentation of a change in circumstances (i.e., reduced hours) then use tenant provide documents to calculate.</p> <p>When there is a substantial difference, over \$200 per month, 3rd party must be sent. Upon receipt, analyze all data – EIV, 3rd party, and tenant documents – to resolve the discrepancy.</p>

Section 8 Administrative Plan Proposed

10.2 Types of Verifications

<p>Income Type</p>	<p><i>EIV (I)</i></p>
<p>Wages/Salaries</p>	<p>When EIV is consistent to participant reporting as to where and when employed hand carried check stubs or electronic printout may be used and satisfies upfront income verification.</p>

Section 8 Administrative Plan Current

12.3 Housing Quality Standards (HQS) 24 CFR 982.401

I. Lead Based Paint

2. Performance Requirements

- k. Treatment of defective paint surfaces and chewable surfaces must consist of covering or removal of the paint in accordance with the following requirements:

Section 8 Administrative Plan Current

12.3 Housing Quality Standards (HQS) 24 CFR 982.401

I. Lead Based Paint

2. Performance Requirements

- k. **In accordance with the EPA's Regulations on Residential Property Renovation at 40 CFR 745.80, Subpart E** treatment of defective paint surfaces and chewable surfaces **must be completed by someone who has completed the EPA's Renovation, Repair and Painting Certification and** must consist of covering or removal of the paint in accordance with the following requirements:

Section 8 Administrative Plan Current

14.2.1 Special Reexaminations

As the families income is based on what they are anticipated to earn annually, no adjustment will be made for lack of child support payments unless at least three months have elapsed since receiving the last payment.

Section 8 Administrative Plan Proposed

14.2.1 Special Reexaminations

As the family's income is based on what they are anticipated to earn annually, no adjustment will be made for lack of child support payments unless at least three months have elapsed since receiving the last payment. The Authority will count all court ordered child support as evidenced by divorce decree or amended court order. **If participating family indicates they are not receiving the court ordered child support they must pursue enforcement through the court system before the child support income will be removed for rent calculation purposes.**

Section 8 Administrative Plan Current

14.2.3 Paybacks/Repayments

Remove section entirely and insert Lake County Housing Authority Payback/Repayment Policy as Appendix 2.

Section 8 Administrative Plan Current

14.2.5 Adding New Family Members to Current Assisted Family's

HUD has not adopted the recommendations to restrict HA discretion, or to eliminate HA approval of new family members. Unrestricted admission of family members distorts the system for fair and orderly allocation of Section 8 assistance through the HA waiting list. Addition of new family members may also overcrowd the unit, or result in need for a larger unit size and a larger subsidy. In addition, assistance may only be provided to a "family", not to any self-selected group of individuals. The HA has the authority and responsibility to determine that the group of assisted individuals, including new residents, constitutes a family (under the definition utilized by the particular HA). In exercising its discretion to admit or deny new family members, the HA is subject to equal opportunity requirements, including the prohibition of familial status discrimination

Section 8 Administrative Plan Proposed

14.2.5 Adding New Family Members to Current Assisted Family's

HUD has not adopted the recommendations to restrict HA discretion, or to eliminate HA approval of new family members. Unrestricted admission of family members distorts the system for fair and orderly allocation of Section 8 assistance through the HA waiting list. Addition of new family members may also overcrowd the unit, or result in need for a larger unit size and a larger subsidy. In addition, assistance may only be provided to a "family", not to any self-selected group of individuals. The HA has the authority and responsibility to determine that the group of assisted individuals, including new residents, constitutes a family (under the definition utilized by the particular HA). In exercising its discretion to admit or deny new family members, the HA is subject to equal opportunity requirements, including the prohibition of familial status discrimination.

Participants may not give accommodation to long term guests, boarders or lodgers when that time period exceeds 14 days. When requesting the addition of any person to the household, the voucher holder may NOT permit that person to reside in the household until after the Authority has given permission, with the exception of a newborn or adopted child.

Section 8 Administrative Plan Current

16.3 Informal Hearings for Participants E. Considering Circumstances

If the Housing Authority seeks to terminate assistance because of illegal use, or possession for personal use, of a controlled substance, or pattern of abuse of alcohol, such use or possession or pattern of abuse must have occurred within one year before the date that the Housing Authority provides notice to the family of the Housing Authority determination to deny or terminate assistance. In determining whether to terminate assistance for these reasons the Lake County Housing Authority will consider evidence of whether the household member:

Section 8 Administrative Plan Proposed

16.3 Informal Hearings for Participants E. Considering Circumstances

If the Housing Authority seeks to terminate assistance because of illegal use, or possession for personal use, of a controlled substance, or pattern of abuse of alcohol, such use or possession or pattern of abuse must have occurred within **three** years before the date that the Housing Authority provides notice to the family of the Housing Authority determination to deny or terminate assistance. In determining whether to terminate assistance for these reasons the Lake County Housing Authority will consider evidence of whether the household member:

Section 8 Administrative Plan Current

21.0 Project-Based Vouchers

In order to increase housing options for low income households, the Authority may from time to time request from private owners proposals to project base vouchers.

The Authority may, also, at its sole discretion, and upon request from an owner, agree to project base vouchers in a development wherein units were competitively awarded assistance under a federal, state, or local government housing assistance, community development, or supportive services program.

The Authority may, at its sole discretion, cooperate with an owner in seeking waivers of HUD Rules.

Section 8 Administrative Plan Proposed

21.0 Project-Based Vouchers

In order to increase housing options for low income households, the Authority may from time to time request from private owners and the proposals to project base vouchers. **In addition the Housing Authority of the County of Lake, Illinois may also submit proposals to project base vouchers in Authority owned properties in accordance with 24CFR983.51(e).**

The Authority may, also, at its sole discretion, and upon request from an owner, agree to project base vouchers in a development wherein units were competitively awarded assistance under a federal, state, or local government housing assistance, community development, or supportive services program.

The Authority may, at its sole discretion, cooperate with an owner in seeking waivers of HUD Rules.

Payback & Repayment Policy
Section 8 Administrative Plan Appendix 2
Low Rent Public Housing Admissions & Continued Occupancy Policy Appendix 8

Any change in household income or composition or allowances, whether an increase or a decrease, must be reported in writing within ten days of the change. The head of the household is responsible for reporting the changes of ALL household members' income. Failure to report a change may result in the family's obligation to repay the benefits it received to which it was not entitled. If a family believes they *have* reported such a change, yet an adjustment reflecting the change was not done, the family is not relieved of their obligation to repay the Authority for any overpayment made on their behalf. The family must provide proof of the prior notification, such as a copy of the document, clearly showing the Authority's date stamp, in order for the Authority to consider reducing or eliminating the overpayment. This obligation to report is spelled out in a more precise manner on the Family Obligation form required by regulations. This form is read and explained to the family, and all adult members of the family are required to sign the form to affirm their understanding.

While a 30 day written notice is to be given to the household prior to the effective date of their increased rent portion payment, the actual effective date of the increase may be retroactive to the date the monies were received. The Authority will seek repayment, and may choose to terminate the household's participation in the program based on the family's failure to report an increase in income.

The family receives written notice that details the reason for the repayment as well as supporting documentation that substantiates the amount of the repayment. This is mailed to the family.

The Authority will terminate participation:

- If a family has failed to report income for any family member that was received for two years. The entire balance owed is due in full.
- If any family member has committed fraud
- If a family is in DEFAULT on a repayment agreement and has not paid the remaining balance in full as required

If the family *reports* the increase, in writing, more than ten days after the change, the Authority *may* choose to allow the family to remain on the program, and enter into a Repayment Agreement. This does not apply to instances of fraud, or where the amount owed is over \$4,000.

Upon notice by the Authority the full amount owed by the family is due. As a condition for the household to continue to receive housing assistance, the Authority will require repayment in full of any amount owed over \$4,000. For amounts owed of less than \$4,000 the Authority may, at its discretion, offer the participant an opportunity to enter into a Repayment Agreement that sets forth the schedule of monthly repayment amounts.

In order to enter into such an agreement, the Authority requires that the family meet with Lake County Housing Authority's Housing and Community Development Division for referral to Debt Counseling and/or the Family Self-Sufficiency program. The Repayment Agreement states the reason for the repayment and informs the family that the agreement should not be signed if it is not agreed that the specified amount is owed. The family is provided 60 days to come in, pay the required one-third of the entire amount owed and complete the recommended counseling. It is due at the time of the signing of the agreement to repay. The balance will then be paid in monthly installments, as determined by this Authority, and must be paid in full within a set time frame, between twelve and twenty-four months.

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

If a family misses any two Repayment Agreement payments, or fails to pay the required one-third down, then they will be notified that they are in Default, and the entire balance owed is due in full. Failure to pay that amount within 60 days will result in the termination of assistance. The letter will detail any available options for appeal.

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

The Repayment Agreement also informs the family that the debt is not dischargeable in any bankruptcy proceedings that may commence in the future. The family receives a copy of the signed Repayment Agreement. Once a month the family is mailed a statement of the balance due, and an envelope is provided for the return payment. All payments must be in the form of a money order or cashier's check.

A Housing Choice Voucher family that owes money to the Authority, or any other Housing Authority, may not be permitted to move to another unit with assistance if the agreement to repay is in default. The entire balance of the amount owed must then be repaid in order to relocate with assistance.

A Housing Choice Voucher family who requests a transfer to another Housing Authority may be permitted to transfer upon payment IN FULL of the balance owed.

A family who leaves the program, whether through termination or through voluntary withdrawal, shall not be relieved of their obligation to repay any monies owed. Monies owed may be transferred to a Collection Agency at the Authority's discretion, and the family will be notified of this action in writing on a timely basis. Any families terminated for adverse reasons, or who leave the program owing money, shall be reported to HUD via the Enterprise Online Verification system.

This Authority does not permit a participant to enter into an agreement when he/she has a history of paybacks (even just one). We will require both amounts owed (new and current) to be paid off in full within a 60 day time frame, or face termination.

This Authority may actively seek prosecution in a court of law of those who have committed fraud while a program participant, and/or those who owe an amount in excess of \$4,000. This may be in conjunction with, or on the behalf of, the Office of Inspector General for HUD, or the State's Attorney(s).

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

Section 8 Administrative Plan current:

HUD: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
GLOSSARY

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

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

Section 8 Administrative Plan Proposed

The glossary term will reflect the addition of the following sentence:

HUD: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
GLOSSARY

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

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

Note that pre-existing members of households are not barred from eligibility as live-in aides solely because of their status as a pre-existing household member of the household.

Section 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report ATTACHMENT E

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: 2010	FFY of Grant Approval: 2010
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056501-10	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies		Replacement Housing Factor Grant No: Date of CFFP:	
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²
1	Total non-CFP Funds		Obligated
2	1406 Operations (may not exceed 20% of line 21) ³	217,025.00	Expended
3	1408 Management Improvements	217,025.00	
4	1410 Administration (may not exceed 10% of line 21)	108,512.00	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	72,000.00	
8	1440 Site Acquisition		
9	1450 Site Improvement	60,563.00	
10	1460 Dwelling Structures	323,000.00	
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures	0	
13	1475 Non-dwelling Equipment	77,000.00	
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

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

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: 2010 FFY of Grant Approval: 2010			
PHA Name: Housing Authority of the County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL056501-10 Replacement Housing Factor Grant No: Date of CFFP:				
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Expended
		Original			
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	10,000.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,085,125.00			
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		Date		Signature of Public Housing Director	
		6/17/2016			

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages		Federal FFY of Grant: 2010						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Fees and Costs	1430						
	Inspection Staff Salary	1430		50,000.00				
	Inspection Staff Benefits	1430		8,000.00				
	Annual Inspections	1430		7,000.00				
	A & E	1430		5,000.00				
	Sundry	1430		2,000.00				
AMP 1 Marion Jones	VUT/Vacancy Reduction	1460		10,000.00				
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		10,000.00				
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		5,000.00				
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		3,000.00				
	Appliances	1475		2,000.00				
	Systems upgrades/maint. including furnaces, water heaters	1460		5,000.00				
AMP 2 Shiloh/Hawley & Warren	VUT/Vacancy Reduction	1460		5,000.00				
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		15,000.00				

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

² To be completed for the Performance and Evaluation Report.

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

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

Part II: Supporting Pages		Federal FFY of Grant: 2010						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056501-10 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		5,000.00				
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		35,000.00				
	Appliances	1475		5,000.00				
	Systems upgrades/maint. including furnaces, water heaters	1460		20,000.00				
AMP 3 BHT/Orchard Millview & Kuester	VUT/Vacancy Reduction	1460		5,000.00				
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		18,412.00				
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		5,000.00				
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		35,000.00				
	Appliances	1475		5,000.00				
	Systems upgrades/maint. including furnaces, water heaters	1460		20,000.00				

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

² To be completed for the Performance and Evaluation Report.

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

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

Part II: Supporting Pages									
PHA Name: Housing Authority of the County of Lake, Illinois			Grant Type and Number Capital Fund Program Grant No: IL056501-10 CFFP (Yes/ 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 ¹	Funds Obligated ²	Funds Expended ²		
AMP 4/5 Scattered Sites	VUT/Vacancy Reduction	1460		100,000.00					
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		17,151.00					
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		5,000.00					
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		15,000.00					
	Appliances	1475		5,000.00					
	Systems upgrades/maint. including furnaces, water heaters	1460		50,000.00					
HA-Wide	Vehicles & Equipment	1475		60,000.00					
HA-Wide	Contingency	1502		10,000.00					

Section 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report ATTACHMENT F

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

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PHA Name: Housing Authority of the County of Lake, Illinois		Capital Fund Program Grant No: IL056501-09		FFY of Grant Approval: 2009	
		Replacement Housing Factor Grant No: _____			
		Date of CFFP: _____			
Type of Grant	<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:	<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	Obligated	Total Actual Cost ¹	Expended
		Original	Revised ²		
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	218,164.80	217,025.00		
3	1408 Management Improvements	208,164.80	208,164.80		
4	1410 Administration (may not exceed 10% of line 21)	109,082.40	108,512.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	82,000	82,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	0	53,972.76		
10	1460 Dwelling Structures	463,412.00	373,450.44		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0	32,000.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Housing Authority of the County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL056501-09 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	10,000.00	10,000.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,090,824.00	1,085,125.00
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 for		Signature of Public Housing Director	
Date		Date	

[Handwritten Signature]
 Date: 6/17/2014

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

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

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

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Operations	1406		218,164.80	217,025.00			
HA-Wide	Management Improvement	1408						
	Resident Safety and Security	1408		100,000.00	100,000.00	100,000.00		
	Resident Initiative Staff	1408		50,000.00	50,000.00	50,000.00		
	Staff Training	1408		10,000.00	10,000.00			
	Resident Initiative Program	1408		20,000.00	20,000.00			
	Software	1408		5,000.00	5,000.00			
	Information Technology	1408		10,000.00	10,000.00			
	NAHRO Intern	1408		13,164.80	13,164.80			
HA-Wide	Administration							
	Salary	1410		61,225.35	61,225.35			
	Employee Benefits	1410		47,857.05	47,286.65			

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

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Fees and Costs	1430						
	Inspections Staff Salary	1430		50,000.00	50,000.00			
	Inspection Staff Benefits	1430		8,000.00	8,000.00			
	Annual Inspections	1430		12,000.00	12,000.00			
	A & E	1430		10,000.00	10,000.00			
	Sundry	1430		2,000.00	2,000.00			
HA-Wide	Vacant Unit Turnaround	1460		48,412.00	0			
AMP 1 Marion Jones	VUT/Vacancy Reduction	1460		0	10,000.00			
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		0	5,000.00			
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		0	5,000.00			
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		0	3,000.00			
	Appliances	1475		0	2,000.00			
	Systems upgrades/maint. including furnaces, water heaters	1460		0	5,000.00			
AMP 2 Shiloh/Hawley & Warren	VUT/Vacancy Reduction	1460		0	5,000.00			
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		0	15,000.00			

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		166,000.00	65,450.44	60,450.44		
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		0	30,000.00			
	Appliances	1475		0	10,000.00			
	Systems upgrades/maint. including furnaces, water heaters	1460		0	20,000.00			
AMP 3 BHT/Orchard Millview & Kuester	VUT/Vacancy Reduction	1460		0	5,000.00			
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		0	15,000.00			
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		249,000.00	5,000.00			
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		0	30,000.00			
	Appliances	1475		0	10,000.00			
	Systems upgrades/maint. including furnaces, water heaters	1460		0	15,000.00			

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

² To be completed for the Performance and Evaluation Report.

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 4/5 Scattered Sites	VUT/Vacancy Reduction	1460		0	100,000.00			
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		0	18,972.76			
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		0	5,000.00			
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		0	20,000.00			
	Appliances	1475		0	10,000.00			
	Systems upgrades/maint. including furnaces, water heaters	1460		0	50,000.00			
HA-Wide	Contingency	1502		10000.00	10000.00			

Section 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report ATTACHMENT G

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

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PHA Name: Housing Authority of The County of Lake, Illinois		Capital Fund Program Grant No: IL06PS056-501-09		FFY of Grant Approval: 2009	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$50,767	\$138,076.00	\$138,076.00	\$41,567.40
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$100,000	\$90,493.71	\$90,493.71	\$56,232.71
8	1440 Site Acquisition				
9	1450 Site Improvement	\$377,000	\$147,202.00	\$147,202.00	\$1,900.00
10	1460 Dwelling Structures	\$853,000	\$1,004,995.29	\$1,004,995.29	\$357,541.34
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of The County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 Replacement Housing Factor Grant No: Date of CFFP: 4/09/2009	FFY of Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10			
Type of Grant		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$1,380,767	\$1,380,767.00
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 03/31/10		Date	

[Handwritten Signature]

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

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of The County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1								
IL06P056-001								
Marion Jones	Door Replacement	1460	50	\$30,000	\$50,000.00	\$50,000.00	\$0.00	
	Driveway Repairs/Replacement	1450	N/A	\$40,000	\$3,272.00	\$3,272.00	\$1,900.00	
AMP 2								
IL06P056-008								
Hawley Manor #22	Vacant Unit Turnaround	1460	2	\$2,000	\$0.00	\$0.00		
	Concrete Sidewalks	1450	N/A	\$2,000	\$0.00	\$0.00		
	Cyclical Painting	1460	4	\$2,000	\$0.00	\$0.00		
	Driveway Repairs/Replacement	1450	1	\$5,000	\$0.00	\$0.00		
	Landscaping	1450	1	\$3,000	\$0.00	\$0.00		
	Roof – Move from '09	1460	1	\$0.00	\$925.78	\$925.78	\$0.00	
IL06-P056-011								
Hawley Manor #42	Vacant Unit Turnaround	1460	3	\$3,000	\$0.00	\$0.00		
	Concrete Sidewalks	1450	N/A	\$2,000	\$0.00	\$0.00		

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of The County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Cyclical Painting	1460	4	\$2,000	\$0.00			
	Driveway Repairs/Replacement	1450	1	\$5,000	\$0.00			
	Landscaping	1450	1	\$3,000	\$0.00			
	Roof – Move from '09	1460	1	\$0.00	\$925.78	\$925.78		
IL06P056-013								
Warren Manor	Vacant Unit Turnaround	1460	2	\$2,000	\$0.00			
	Concrete Sidewalks	1450	N/A	\$2,000	\$0.00			
	Cyclical Painting	1460	2	\$1,000	\$0.00			
	Driveway Repairs/Replacement	1450	1	\$5,000	\$0.00			
	Landscaping	1450	1	\$3,000	\$0.00			
IL06P056-002								
Shiloh Towers	Vacant Unit Turnaround	1460	5	\$5,000	\$0.00			
	Concrete Sidewalks	1450	N/A	\$2,000	\$0.00			
	Cyclical Painting	1460	5	\$5,000	\$0.00			
	Driveway Repairs/Replacement	1450	1	\$8,000	\$0.00			
	Landscaping	1450	1	\$3,000	\$0.00			

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 3								
IL06-P056-008								
Millview Manor	Vacant Unit Turnaround	1460	5	\$5,000	\$10,100.00	\$10,100.00	\$10,100.00	
	Concrete Sidewalks	1450	N/A	\$1,000	\$0.00			
	Cyclical Painting	1460	5	\$3,000	\$6,538.40	\$6,538.40	\$1,388.40	
	Driveway Repairs/Replacement	1450	1	\$4,000	\$0.00			
	Landscaping	1450	1	\$3,000	\$0.00			
	Roof – Move from '09	1460	1	\$0.00	\$17,200.00	\$17,200.00	\$0.00	
IL06P056-008								
John Kuester Manor	Vacant Unit Turnaround	1460	5	\$5,000	\$7,660.00	\$7,660.00	\$7,660.00	
	Concrete Sidewalks	1450	N/A	\$2,000	\$0.00			
	Cyclical Painting	1460	5	\$3,000	\$0.00			
	Driveway Repairs/Replacement	1450	1	\$3,000	\$0.00			
	Landscaping	1450	1	\$2,000	\$0.00			
	Roof – Move from '09	1460	1	\$0.00	\$24,880.00	\$24,880.00	\$0.00	
IL06P056-011								
Orchard Manor	Vacant Unit Turnaround	1460	5	\$5,000	\$2,900.00	\$2,900.00	\$2,900.00	
	Concrete Sidewalks	1450	N/A	\$1,000	\$0.00			

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009				
PHA Name: Housing Authority of the County of Lake, Illinois		Capital Fund Program Grant No: IL06S056-501-09 CFFP (Yes/ No):		Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Cyclical Painting	1460	5	\$3,000	\$7,928.40	\$7,928.40	\$2,278.40	
	Driveway Repairs/Replacement	1450	1	\$2,000	\$0.00			
	Landscaping	1450	1	\$5,000	\$0.00			
	Roof – Move from '09	1460	1	\$0.00	\$22,340.00	\$22,340.00	\$0.00	
IL06P056-004								
Beach Haven Towers	Vacant Unit Turnaround	1460	5	\$5,000	\$34,200.00	\$34,200.00	\$34,200.00	
	Concrete Sidewalks	1450	N/A	\$2,000	\$0.00			
	Cyclical Painting	1460	5	\$3,000	\$0.00			
	Driveway Repairs/Replacement	1450	1	\$5,000	\$0.00			
	Landscaping	1450	1	\$4,000	\$0.00			
	Generator – Move from '10	1450	1	\$0.00	\$52,240.00	\$52,240.00	\$0.00	
AMP 4 Scattered Sites	Furnace Replacement	1460	94	\$150,000	\$161,205.66	\$161,205.66	\$36,510.40	
	Roof Replacement	1460	23	\$105,000	\$131,105.00	\$131,105.00	\$0.00	
	Driveway Repairs/Replacement	1450	94	\$150,000	\$49,269.55	\$49,269.55	\$0.00	
	Fence Replacement	1450	10	\$15,000	\$21,900.00	\$21,900.00	\$0.00	
	Vacant Unit Turnaround	1460	14	\$100,000	\$110,262.72	\$110,262.72	\$100,502.72	
	Cyclical Painting	1460	30	\$30,000	\$35,430.00	\$35,430.00	\$0.00	

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

² To be completed for the Performance and Evaluation Report.

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

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

Section 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report ATTACHMENT H

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: IL06P056-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2008 FFY of Grant Approval: 2008	
Type of Grant		Reserve for Disasters/Emergencies ()		Total Actual Cost ¹	
Original Annual Statement and Evaluation Report for Period Ending: 3/31/2010		Revised Annual Statement (revision no:)		Expended	
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	218,164.80	200,000.00	200,000.00	200,000.00
3	1408 Management Improvements	109,082.40	100,000.00	90,543.56	90,543.56
4	1410 Administration (may not exceed 10% of line 21)	109,082.40	109,082.40	109,082.40	109,082.40
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	60,000.00	60,000.00	30,742.50	11,084.64
8	1440 Site Acquisition				
9	1450 Site Improvement	85,983.68	78,406.82	32,335.38	32,335.38
10	1460 Dwelling Structures	362,516.10	414,802.83	234,417.19	234,417.19
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	145,695.00	126,731.95	123,479.21	122,246.57
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary		FFY of Grant: 2008	
PHA Name: Housing Authority of the County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL06P0516-501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2008	
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: 3/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	299.62	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,090,824.00	820,600.24
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

[Handwritten Signature] 6/17/2010

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2008				
PHA Name: Housing Authority of the County of Lake, Illinois		Capital Fund Program Grant No: IL06P056-501-08 CFFP (Yes/ No):		Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Management Improvement							
	Resident Safety & Security	1408		80,000.00	80,000.00	80,000.00	80,000.00	
	Computer Upgrade	1408		9,082.40				
	Resident Initiatives	1408		20,000.00	20,000.00	10,543.56	10,543.56	
HA Wide	Administration							
	Salary	1410		80,000.00	109,082.40	109,082.40	109,082.40	
	EBC	1410		29,082.40				
HA Wide	Fees and Costs							
	Consultant	1430			29,257.50			
	Inspections	1430		60,000.00	30,000.00	30,000.00	10,342.14	
	Sundry	1430			742.50	742.50	742.50	
IL056-1 Marion Jones	Landscaping	1450		50,000.00	43,680.00			
	Unit Exterior Lighting	1450		35,983.68	34,726.82	32,335.38	32,335.38	
	Replace Unit Light Fixtures	1460		50,000.00	50,000.00			
	Replace Tile Floor	1460		70,000.00	70,000.00			
	Rehab/Vacant Unit Turnaround	1460		166.32				
	Replace Vehicle/Lawn Equipment	1475		4,572.47	27,840.51	27,840.51	27,840.51	

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages										
PHA Name: Housing Authority of the County of Lake, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P056-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²			
IL056-12 Scat Site	Cyclical Painting of Units Amp 4	1460		45,681.00	45,681.00					
	Cyclical Painting of Units Amp 5	1460		1,975.00	1,975.00	1,975.00	1,975.00			
	Rehab/Unit Turnaround Amp 5	1460		44,493.00	44,493.00	44,493.00	44,493.00			
IL056-21 Scat Site	Cyclical Painting of Units Amp 4	1460		1,250.00	1,250.00	1,250.00	1,250.00			
IL056-14 Scat Site	Rehab/Vacant Unit Turnaround	1460		43,665.00	43,665.00	43,665.00	43,665.00			
IL056-13	Emergency Air Condition Unit Replace	1460			6,320.00	6,320.00	6,320.00			
IL056-15 Scat. Site	Cyclical Painting of Units Amp 4	1460		3,850.00	3,850.00	3,850.00	3,850.00			
	Emergency Mold Assessment Amp 4	1460		4,575.00	4,575.00	4,575.00	4,575.00			
	Rehab/Vacant Unit Turnaround Amp 4	1460		15,060.00	15,060.00	15,060.00	15,060.00			
	Cyclical Painting of Units Amp 5	1460		6,600.00	6,600.00	6,600.00	6,600.00			

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

² To be completed for the Performance and Evaluation Report.

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

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

Part II: Supporting Pages									
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
IL056-16 Scat Site									
	Cyclical Painting of Units Amp 4	1460		2,740.00	2,740.00	2,740.00	2,740.00		
	Cyclical Painting of Units Amp 5	1460		1,450.00	1,450.00	1,450.00	1,450.00		
IL056-17 Scat Sites									
	Cyclical Painting of Units Amp 4	1460		1,350.00	1,350.00	1,350.00	1,350.00		
IL056-20									
	Replace Kitchen Cabinets	1460			1,903.05	1,903.05	1,903.05		
	Vacant Unit Turnaround/Rehab	1460			8,725.00	8,725.00	8,725.00		
HA Wide									
	Replacement of Vehicles/Lawn Equip.	1475		141,122.53	3,252.74				
	Contingency	1502		299.62					
	Operations	1406		218,164.80	200,000.00	200,000.00	200,000.00		

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

² To be completed for the Performance and Evaluation Report.

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

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

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

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

Section 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report ATTACHMENT I

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-07 Replacement Housing Factor Grant No: Date of CFEP:		FFY of Grant: 2007 FFY of Grant Approval: 2007	
PHA Name: Housing Authority of the County of Lake, Illinois					
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report 01/31/2010	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009					
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	50,000.00	50,000.00	50,000.00	50,000.00
3	1408 Management Improvements	60,041.41	60,041.41	60,041.41	60,041.41
4	1410 Administration (may not exceed 10% of line 21)	108,142.00	108,142.00	108,142.00	108,142.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,123.76	30,276.76	30,276.76	30,276.76
8	1440 Site Acquisition				
9	1450 Site Improvement	437,555.38	437,555.38	437,555.38	437,555.38
10	1460 Dwelling Structures	162,929.20	162,929.20	162,929.20	162,929.20
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	265,382.25	265,229.25	265,229.25	265,229.25
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary		FFY of Grant: 2007 FFY of Grant Approval: 2007	
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-07 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated
			Expended
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)	0	
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,114,174.00	1,114,174.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

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

Part II: Supporting Pages									
PHA Name: Housing Authority of the County of Lake, Illinois			Grant Type and Number Capital Fund Program Grant No: IL06P056-501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
HA Wide	Management Improvements	1408		54,760.00	54,760.00	54,760.00	54,760.00		
	Resident Safety & Security	1408		5,281.41	5,281.41	5,281.41	5,281.41		
	Maintenance & Manager Uniform								
HA Wide	Administration	1410		80,000.00	80,000.00	80,000.00	80,000.00		
	Salary	1410		28,142.00	28,142.00	28,142.00	28,142.00		
	EBC								
HA Wide	Fees and Costs								
	A and E	1430		2,300.00	9,096.32	9,096.32	9,096.32		
	Inspections	14630		27,823.76	21,180.44	21,180.44	21,180.44		
IL-056-1 Marion Jones									
	Security Camera Upgrade	1450							
	Emergency Repair Gas Lines	1450		262,955.80	262,955.80	262,955.80	262,955.80		
IL-056-2 Shiloh Tower									
	Roof Inspections	1460		1,427.00	1,427.00	1,427.00	1,427.00		

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

² To be completed for the Performance and Evaluation Report.

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

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

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

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

² To be completed for the Performance and Evaluation Report.

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

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

Part II: Supporting Pages		Federal FFY of Grant: 2007						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-501-07 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL056-11	Interior Rehab 42 Hawley Roof Inspection 42 Hawley	1470 1460		191,721.25 425.00	191,721.25 425.00	191,721.25 425.00	191,721.25 425.00	
IL056-12 Scat. Site	Tree Trimming	1450		4,675.00	4,675.00	4,675.00	4,675.00	
IL056-13 Warren	Interior Rehab	1470		73,661.00	73,508.00	73,508.00	73,508.00	
IL056-15 Scat. Site	Tree Trimming	1450		1,100.00	1,100.00	1,100.00	1,100.00	
IL056-16 Scat. Site	Tree Trimming	1450		2,200.00	2,200.00	2,200.00	2,200.00	
IL056-19 Scat. Site	Tree Trimming	1450		1,200.00	1,200.00	1,200.00	1,200.00	

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

² To be completed for the Performance and Evaluation Report.

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

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

Part III: Implementation Schedule for Capital Fund Financing Program							Federal FFY of Grant: 2007	
PHA Name: Housing Authority of the County of Lake, Illinois								
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹			
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date				
IL056-1 Marion Jones	9/11/2009	09/11/2009	9/11/2011	01/31/2010				
IL056-2 Shiloh Towers	9/11/2009	9/11/2009	9/11/2011	01/31/2010				
IL056-4 Beach Haven	9/11/2009	9/11/2009	9/11/2011	01/31/2010				
IL056-7 Scattered Sites	9/11/2009	9/11/2009	9/11/2011	01/31/2010				
IL056-8 Hawley, Millview, Kuester, & Scat. Sites	9/11/2009	9/11/2009	9/11/2011	01/31/2010				
IL056-11 Hawley, Orchard	9/11/2009	9/11/2009	9/11/2011	01/31/2010				
IL056-12 Scattered Sites								
IL056-13 Warren Manor	9/11/2009	09/11/2009	9/11/2011	01/31/2010				
IL056-14 Scattered Sites								
IL056-15 Scattered Sites								
IL056-16 Scattered Sites								
IL056-18 Scattered Sites								
IL056-19 Scattered Sites								
IL056-20 Scattered Sites								
IL056-21 Scattered Sites	9/11/2009	09/11/2009	9/11/2011	01/31/2010				
IL0056-22 Disabled								
HA Wide	9/11/2009	09/11/2009	9/11/2011	01/31/2010				

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

Section 8.2 Capital Fund Program Five-Year Action Plan Attachment J

Part I: Summary						
PHA Name/Number Housing Authority of the County of Lake, Illinois/IL056		Lake County, Illinois			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	400,563.00	300,563.00	400,563.00	400,563.00
C.	Management Improvements		217,025.00	217,025.00	217,025.00	217,025.00
D.	PHA-Wide Non-dwelling Structures and Equipment		60,000.00	60,000.00	60,000.00	60,000.00
E.	Administration		108,512.00	108,512.00	108,512.00	108,512.00
F.	Other		82,000.00	82,000.00	82,000.00	82,000.00
G.	Operations		217,025.00	217,025.00	217,025.00	217,025.00
H.	Demolition			50,000.00		
I.	Development			50,000.00		
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,085,125.00	1,085,125.00	1,085,125.00	1,085,125.00
L.	Total Non-CFP Funds					
M.	Grand Total					

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary (Continuation)						
PHA Name/Number Housing Authority of the County of Lake, Illinois/IL056		Lake County, Illinois			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
		Annual Statement				
	AMP 1 Marion Jones		35000.00	35000.00	35000.00	35000.00
	AMP 2 Shiloh/Hawley/Warren		85000.00	85000.00	85000.00	85000.00
	AMP 3 BHT/Orchard Millview/Kuester		88412.00	88412.00	88412.00	88412.00
	AMP 4/5 Scattered Sites		192151.00	92151.00	192151.00	192151.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2011</u> FFY <u>2011</u>			Work Statement for Year: <u>2011</u> FFY <u>2011</u>		
	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost
See	AMP 1 Marion Jones			AMP 3 BHT/Orch/Millview/Kuester		
Annual	VUT/Vacancy Reduction		10000.00	VUT/Vacancy Reduction		5000.00
Statement	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		10000.00	Site Modifications including concrete, asphalt, landscaping, trees		18412.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, appliances		5000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00
	Systems upgrades/maint. including furnaces, water heaters		5000.00	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00
	AMP 2 Shiloh/Hawley/Warren			AMP 4 and 5 Scattered Sites		
	VUT/Vacancy Reduction		5000.00	VUT/Vacancy Reduction		100000.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		15000.00	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		17151.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances		20000.00
	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00	Systems upgrades/maint. including furnaces, water heaters		50000.00
				Subtotal of Estimated Cost		\$400,563.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2012</u> FFY <u>2012</u>			Work Statement for Year: <u>2012</u> FFY <u>2012</u>		
	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost
See	AMP 1 Marion Jones			AMP 3 BHT/Orch/Millview/Kuester		
Annual	VUT/Vacancy Reduction		10000.00	VUT/Vacancy Reduction		5000.00
Statement	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		10000.00	Site Modifications including concrete, asphalt, landscaping, trees		18412.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, appliances		5000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00
	Systems upgrades/maint. including furnaces, water heaters		5000.00	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00
	AMP 2 Shiloh/Hawley/Warren			AMP 4 and 5 Scattered Sites		
	VUT/Vacancy Reduction		5000.00	VUT/Vacancy Reduction		50000.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		15000.00	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		17151.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances		15000.00
	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00	Systems upgrades/maint. including furnaces, water heaters		5000.00
				Subtotal of Estimated Cost		\$300,563.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2013</u> FFY <u>2013</u>			Work Statement for Year: <u>2013</u> FFY <u>2013</u>		
	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost
See	AMP 1 Marion Jones			AMP 3 BHT/Orch/Millview/Kuester		
Annual	VUT/Vacancy Reduction		10000.00	VUT/Vacancy Reduction		5000.00
Statement	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		10000.00	Site Modifications including concrete, asphalt, landscaping, trees		18412.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, appliances		5000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00
	Systems upgrades/maint. including furnaces, water heaters		5000.00	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00
	AMP 2 Shiloh/Hawley/Warren			AMP 4 and 5 Scattered Sites		
	VUT/Vacancy Reduction		5000.00	VUT/Vacancy Reduction		100000.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		15000.00	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		17151.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances		20000.00
	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00	Systems upgrades/maint. including furnaces, water heaters		50000.00
				Subtotal of Estimated Cost		\$400563.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2014</u> FFY <u>2014</u>			Work Statement for Year: <u>2014</u> FFY <u>2014</u>		
	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost
See	AMP 1 Marion Jones			AMP 3 BHT/Orch/Millview/Kuester		
Annual	VUT/Vacancy Reduction		10000.00	VUT/Vacancy Reduction		5000.00
Statement	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		10000.00	Site Modifications including concrete, asphalt, landscaping, trees		18412.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, appliances		5000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00
	Systems upgrades/maint. including furnaces, water heaters		5000.00	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00
	AMP 2 Shiloh/Hawley/Warren			AMP 4 and 5 Scattered Sites		
	VUT/Vacancy Reduction		5000.00	VUT/Vacancy Reduction		100000.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		15000.00	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		17151.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances		20000.00
	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00	Systems upgrades/maint. including furnaces, water heaters		50000.00
				Subtotal of Estimated Cost		\$400563.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2011</u> FFY <u>2011</u>		Work Statement for Year: <u>2012</u> FFY <u>2012</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	HA Wide		HA Wide	
Annual Statement	Operations	217025.00	Operations	217025.00
	Resident Safety & Security	100000.00	Resident Safety & Security	100000.00
	Resident Initiative Staff	50000.00	Resident Initiative Staff	50000.00
	Staff Training	10000.00	Staff Training	10000.00
	Resident Initiative Program	20000.00	Resident Initiative Program	20000.00
	Software	5000.00	Software	5000.00
	Information Technology	10000.00	Information Technology	10000.00
	NAHRO Intern	22025.00	Capital Fund Administrator	22025.00
	Administration Salary	61225.35	Administration Salary	61225.35
	Administration Benefits	47286.65	Administration Benefits	47286.65
	Inspection Salary	50000.00	Inspection Salary	50000.00
	Inspection Benefits	8000.00	Inspection Benefits	8000.00
	Annual Inspections	7000.00	Annual Inspections	7000.00
	A & E	5000.00	A & E	5000.00
	Sundry	2000.00	Sundry	2000.00
	Vehicles/Equipment	60000.00	Vehicles/Equipment	60000.00
	Contingency	10000.00	Contingency	10000.00
	Physical Work	400563.00	Demolition	50000.00
			Development	50000.00
			Physical Work	300,563.00
	Subtotal of Estimated Cost	\$1,085,125.00	Subtotal of Estimated Cost	\$1,085,125.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2013</u> FFY <u>2013</u>		Work Statement for Year: <u>2014</u> FFY <u>2014</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Operations	217025.00	Operations	217025.00
Annual	Resident Safety & Security	100000.00	Resident Safety & Security	100000.00
Statement	Resident Initiative Staff	50000.00	Resident Initiative Staff	50000.00
	Staff Training	10000.00	Staff Training	10000.00
	Resident Initiative Program	20000.00	Resident Initiative Program	20000.00
	Software	5000.00	Software	5000.00
	Information Technology	10000.00	Information Technology	10000.00
	Capital Fund Administrator	22025.00	Capital Fund Administrator	22025.00
	Administration Salary	61225.35	Administration Salary	61225.35
	Administration Benefits	47286.65	Administration Benefits	47286.65
	Inspection Salary	50000.00	Inspection Salary	50000.00
	Inspection Benefits	8000.00	Inspection Benefits	8000.00
	Annual Inspections	7000.00	Annual Inspections	7000.00
	A & E	5000.00	A & E	5000.00
	Sundry	2000.00	Sundry	2000.00
	Vehicles/Equipment	60000.00	Vehicles/Equipment	60000.00
	Contingency	10000.00	Contingency	10000.00
	Physical Work	400563.00	Physical Work	400563.00
	Subtotal of Estimated Cost	\$1,085,125.00	Subtotal of Estimated Cost	\$1,085,125.00

Attachment K

Section 9.0 Statement of Housing Needs

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

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the “Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	4,177	5	5	3	3	3	2
Income >30% but <=50% of AMI	1,990	4	5	3	3	3	2
Income >50% but <80% of AMI	894	4	5	2	3	2	2
Elderly	8,990	5	4	3	3	1	1
Families with Disabilities	NA	NA	5	NA	4	NA	NA
White Non- Hispanic	50,923	NA	5	NA	NA	NA	NA
Black Non- Hispanic	3,385	NA	5	NA	NA	NA	NA
Hispanic	2,900	NA	5	NA	NA	NA	NA

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

- Consolidated Plan of the Jurisdiction/s
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset CHAS Table 1C- Lake County, IL 2000
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

Attachment L

Section 9.1 Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

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

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

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

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

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

Other: (list below)

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

Attachment M

Section 10.0 (a) STATEMENT OF PROGRESS

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

Attachment N

Section 10.0 (b) DEFINITIONS

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

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

ATTACHMENT O

CARBON MONOXIDE ALARM DETECTOR ACT

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

ATTACHMENT P

SECTION 6.0 (13) PROTECTIONS UNDER THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2005 (VAWA)

The Lake County Housing Authority (LCHA) understands that the primary objectives of VAWA are to reduce violence against women and to protect, or increase the protection of, the safety and confidentiality of women who are victims of abuse.

To assist with this effort, the LCHA will:

- provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance. The notice will explain the protections afforded under the law, inform each applicant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.
- include in all notices of denial a statement explaining the protection against denial provided by VAWA.
- provide all tenants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

- include in all lease termination notices a statement explaining the protection against termination or eviction provided by VAWA

Below is from ACOP:

NOTIFICATION TO APPLICANTS

The LCHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each applicant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

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

NOTIFICATION TO TENANTS

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

The LCHA will provide all tenants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

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

Below is from Admin Plan:

NOTIFICATION TO PARTICIPANTS

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

The LCHA will provide all participants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the participant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

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

NOTIFICATION TO APPLICANTS

The LCHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each applicant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

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

NOTIFICATION TO OWNERS AND MANAGERS

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

Inform property owners and managers of their screening and termination responsibilities related to VAWA. The LCHA may utilize any or all of the following means to notify owners of their VAWA responsibilities:

As appropriate in day-to-day interactions with owners and managers. Inserts in HAP payments, 1099s, owner workshops, classes, orientations, and/or newsletters. Signs in the LCHA lobby and/or mass mailings, which include model VAWA certification forms.

ATTACHMENT Q
PROCUREMENT POLICY

I. General Policies

- A. No employees, officer or agent of the Housing Authority shall participate in selection or in the award or administration of a contract if a conflict of interest, real or apparent, would be involved.
- B. The Housing Authority will make awards only to responsible contractors possessing the ability to perform successfully under the terms and conditions of a proposed procurement. Consideration will be given to such matters as contractor integrity, compliance with public policy, financial and technical resources.
- C. The Housing Authority will, in all matters of procurement, seek to comply with the Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments as set forth in 24 CFR 85.36 and 85.37.
- D. The Housing Authority will, in all matters of procurement, seek to comply with provisions of Illinois Law including but not limited to Public Acts 85-1295 and 86-150.
- E. The Housing Authority will seek to comply with Davis-Bacon Act requirements both as to threshold contract amounts and as to threshold unit numbers and regulations supplementing the Act.
- F. The Housing Authority will comply with other Federal requirements including but not limited to:
 - 1. Executive orders regarding Equal Employment Opportunity;
 - 2. The Copeland “Anti-Kickback” Act and regulations supplementing the Act;
 - 3. The Contract Work Hours and Safety Standards Act and regulations supplementing the Act; and
 - 4. The Clean Air Act, Clean Water Act, and Executive Orders and regulations supplementing these Acts.

II. Procedural Policies

- A. Purchases and contracts for equipment, materials, supplies, and non-personal services shall be made in the following manner:

PROCUREMENT POLICY

Page 2

1. The Executive Director (or his designee) shall make purchases not to exceed \$1,000 in the open market using small purchase procedures (including petty cash blanket purchase agreements) after such inquiry as necessary to ensure that the price obtained is the most advantageous to the PHA; and the Director shall adopt procedures for audit of the petty cash fund to eliminate abuse and misuse. Specific use of the petty cash fund should be defined by the Director.
2. For purchases and contracts from \$1,001 to \$100,000, the Executive Director (or his designee) shall use competitive negotiation and invite offers orally, by telephone, or in writing from at least three (3) suppliers if they are available in the locality. A file shall be kept with an abstract of invitation made and offers received.
3. For purchases and contracts in excess of \$100,000, the Executive Director (or his designee) shall use formal advertising methods (unless otherwise justified) and shall solicit bids by advertisement in at least one newspaper of general circulation, or by mailing solicitations to bid to all available dealers, and by posting notices in public places, or by a combination of such methods.
 - a. With respect to the purchases and contracts specified in paragraphs A2 and A3 above, the Executive Director shall make the purchase from or award the contract to the lowest responsible bidder as to price who meets the requirements.
 - b. The Local Housing Authority shall not, without the prior written approval of HUD, enter into, execute or approve any agreement or contract for professional, technical or other kinds of services (including ADP software and related services) under the following circumstances.
 - (1) The procurement is expected to exceed \$25,000 and is to be awarded without competition or only one bid or offer is received in response to Solicitation or Request for Proposal; or
 - (2) the amount of the procurement is in excess of the amount included for the purpose in the HUD approved Development Cost Budget or Operating Budget; or
 - (3) where approval is specifically required by Federal Law or Executive order; or

PROCUREMENT POLICY

Page 3

- (4) where the agreement or contract is for legal or other services in connection with litigation.
 4. The PHA shall enter into governmental agreements, to use State and Local contracts, wherever possible, and request that the contracting agency note in the contract that use by the PHA is authorized.
 5. All procurement of equipment, materials, supplies and non-personal services shall be documented. Expenditures under \$300 shall be supported by receipts, and purchases over that amount shall be made by standard purchase order. Each purchase, regardless of dollar amount, shall be supported by a purchase request approved by a department supervisor or higher authority. Purchase requests for over this limitation shall be stamped or signed by the Comptroller to indicate that sufficient funds are available for payment. However, the Comptroller shall not exercise approval authority. Furthermore, purchase orders and contracts for over this limitation shall be sent to the Comptroller for firm obligation of funds before purchase is made. Purchase requests shall be filed with the resulting purchase documents.
- B. The Executive Director shall establish written procedures to monitor the procurement actions of the staff and which will ensure compliance with the above policy. These procedures and any changes thereto will be submitted to the Board for approval.
 - C. For purchases specified in paragraphs a(2) and a(3) of this policy statement, lack of competition is permissible only (1) when an emergency exists which permits no delay because of the possibility of injury, loss of life or destruction of property, (2) when only one source of supply is available, (3) when the amount involved in any one case does not exceed \$100,000, (4) when the contract is for (a) professional, technical, or other kinds of services, or (b) to be performed under Local Authority supervision and paid for on a time basis, or (5) when the purchase is made under a consolidated supply contract entered into between HUD and the contractor pursuant to HUD regulations and the Director or Contracting Officer shall so certify.
 - D. Positive efforts shall be made by the Director to use small, minority-owned and women-owned businesses as sources for supplies and services. Such efforts shall include developing a bidders mailing list for these sources, and encouraging these businesses to compete for contracts to be awarded.
 - E. The Executive Director shall designate a Contract Officer who shall be responsible for conducting the PHA's purchasing and contracting activities; preparing bid documents as appropriate; opening and evaluating bids, recommending bid acceptance to the Board; and negotiating competitive and non-competitive contracts.

PROCUREMENT POLICY

Page 4

- F. The Executive Director shall be responsible for signing all contracts. Purchase orders shall be signed by the Department Supervisor and the Comptroller.
- G. When formal advertising methods are used (A-3), the minimum time between the day the advertisement is published and the day bids are due shall be twenty-one (21) days. All bidders must furnish a five (5) percent bid bond and a one hundred (100) percent performance bond. No bids will be awarded at the opening. All bid awards shall be made through written notification. When two or more bids are equal, the PHA shall draw lots.
- H. Procurement procedures for materials services or construction contracts funded with CGP funds shall conform to rules governing the CGP as amended effective April 5, 1996 (Federal Register: Tuesday, March 5, 1996).
- I. The Executive Director or his designee shall establish protest procedures to handle and resolve disputes relating to procurement.
- J. Procurement records shall be maintained for three years after final payment and all protested matters are closed.

III. Monitoring Procurement Actions

All procurement actions in excess of the amount set for small purchases result from the issuance of purchase orders, invitations to bid or requests for proposals. The form of the procurement action determines the appropriate method of monitoring.

Where procurement relies on the use of purchase orders the Executive Director will randomly select and review five percent of those issued each month to evaluate the basis for the procurement and justification of cost reasonableness. Support documentation such as billing statements or invoices will also be presented to the Finance Chairman each month in conjunction with the List of Bills review and Board of Commissioner's action.

Procurement actions involving invitations to bid or request for proposals shall be documented on a bid tabulation form. This form will be presented by the Executive Director to the Board at its regular monthly meeting together with a recommendation for the selection of a contractor/vendor. A cost and price analysis will be retained in the project file justifying that the cost is reasonable. Any irregularities in pricing, the bidding process or protests thereof shall be fully disclosed to the Board for their consideration. No contract may be awarded without the consent of the Board except to abate an emergency condition or by the Executive Director only for vacancy reduction and /or vacant-unit turnaround without prior Board approval on contracts not to exceed \$10,000. The Executive Director must follow all other Procurement Policy requirements and will report the details of any

PROCUREMENT POLICY

Page 5

such awards at the next regular Board meeting. Each contract awarded in response to an ITB or RFP shall be assigned a contract control number and recorded on a log of contracts. At a minimum, the log shall contain the name and address of the contractor/vendor, project number or program for which the contract was entered, date of the contract, the contract amount, federal identification number and demographic data that may be required by the U. S. Department of Housing and Urban Development. The log shall be maintained by the Comptroller or his/her designee.

Small purchases may be initiated by the Executive Director or his designee(s). Invoices from the supplier shall generally provide sufficient documentation for these purchases. These will be reviewed by Supervisors, the Comptroller, Executive Director and the Finance Chairman and are included on the monthly List of Bills submitted to the Board.

Except for items procured through the use of petty cash or on items procured for amounts not to exceed \$10,000 for the daily operations of the Authority. No disbursement for procurement shall occur without the approval of the Board of Commissioners unless the disburse payments are for procurement items that has prior Board approval.

All procurement actions are subject to the Authority's annual independent audit and monitoring reviews conducted by the U. S. Department of Housing and Urban Development.

IV. ARRA PROCUREMENT METHODS AND REQUIREMENTS

- A. **Priorities:** PHAs shall give priority to Capital Fund Stimulus Grant projects that can award contracts based on bids within 120 days from February 17, 2009.
- B. **State and Local:** Any requirements relating to the procurement of goods and services arising under state and local laws and regulations shall not apply to Capital Fund Stimulus Grants. PHAs shall instead follow the Part 85 requirements.
- C. **Part 85 Compliance:** PHAs shall amend their procurement standards and policies as necessary in order to expedite and facilitate the use of the funds.
 - 1. For both **Small Purchases** (Over \$2,000 but not exceeding \$100,000) and **Sealed Bidding** (contracts over \$100,000) the following "Buy American Requirement" applies.
 - 2. **BUY AMERICAN REQUIREMENT**

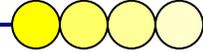
The "Buy American requirements of Section 1605 of the Recovery Act" of 2009

PROCUREMENT POLICY

Page 6

shall be included as a part of any solicitation and award pertaining to ARRA monies.

Revised: 08/1990 Resolution 1990-61
 06/1995 Resolution 1995-45
 04/1996 Resolution 1996-47
 04/1998 Resolution 1998-49
 02/2009 Resolution 2009-25
 11/2009 Resolution 2010-11



Attachment R

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

11. Fiscal Year Audit

Response to Audit Finding

Name of Finding: Section 8 Client Files
Finding #: 2009-01
CFDA #: 14.871

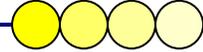
Criteria: HUD rules and regulations require complete and accurate citizenship verification.

Recommendation: The Authority should review all forms and make sure they are complete.

Person Responsible
For Correcting: Sally Stang, Associate Director of Operations

Expected Correction
Date: January 15, 2010

Action Plan: All four 214 forms in question have been obtained or corrected. The Section 8 Supervisor has retrained the Support Specialists responsible for the assembly of client files and has emphasized that they must not only verify that the required forms are present in the file but also that they are accurate and complete including necessary signatures, check boxes, and dates.



Response to Audit Finding

Name of Finding: Procurement & Davis Bacon
Finding #: 2009-02
CFDA #: 14.872 & 14.885

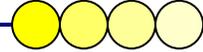
Criteria: HUD rules and regulations require specific documentation in a contractor's files. Compliance with Davis-Bacon is required.

Recommendation: The Authority should standardize procurement files and use a checklist to ensure all required documents are in the procurement files.

Person Responsible For Correcting: Jeneen Smith-Underwood, Associate Director of Housing & Community Development.

Expected Correction Date: January 15, 2010

Action Plan: The previous Technical Services Specialist was responsible for the file maintenance. His tenure was terminated in November 2009 for failure to follow procedures. I have spoken with the current staff person responsible for the files and we are implementing HUD's recommendation. We have developed a checklist based on the procurement policy and HUD regulations to ensure that each file has the required documents and is fully compliant. We have developed a job-site interview procedure to utilize the HUD 5211 form to ensure all labor is done in accordance to Davis Bacon requirements. We purchased file folders and have the checklist attached to ensure compliance and keep documentation clean and organized. We had all staff members associated with Capital Fund complete Capital Fund Program training through NAHRO.



ATTACHMENT S
Resident Advisory Board Meeting

The Resident Advisory Board Meeting of the Housing Authority of the County of Lake, Illinois, was held, April 20, 2010, at the Authority offices at 33928 North Route 45, Grayslake, Illinois, 60030.

Present:

David A. Northern, Sr., LCHA
Sally Stang, LCHA
Jeneen Smith-Underwood, LCHA
Valerie Rogers, LCHA
Corinne Jordan, LCHA
Keon Jackson, LCHA
Maere Floyd Pitts, Marion Jones, North Chicago

The following handouts were distributed:

- .. Low Rent Public Housing Program Proposed Admissions and Continued Occupancy Plan Changes Effective 10/1/10.....See Exhibit 1
- Section 8 Housing Choice Voucher Program Proposed Administrative Plan Changes Effective 10/1/10.....See Exhibit 2
- Capital Fund Program - Five-Year Action PlanSee Exhibit 3
- Annual Statement/Performance and Evaluation Report - Original Annual StatementSee Exhibit 4
- Annual Statement/Performance and Evaluation Report - Revised Annual Statement (Revision No. 1).....See Exhibit 5
- Lake County Housing Authority Proposed Smoke Free Policy Effective 10/1/2010See Exhibit 6
- HUD's Q & As on Homeownership VouchersSee Exhibit 7

David A. Northern, Sr., Executive Director called the meeting to order at 1:32 p.m.

Mr. Northern welcomed all and thanked them for their participation. He explained the role of the Resident Advisory Board and emphasized its importance. He opened the floor for questions and or discussion at any time during the meeting. Mr. Northern stated a public hearing would be held on June 9, 2010 at 1:00 p.m. before submitting the final plan. He invited all to attend. He further extended an open invitation to contact him anytime with questions or concerns.

Mr. Northern reviewed the proposed Smoke Free Policy for housing authority buildings emphasizing the need to protect both residents and property alike. He detailed the progressive effective dates for the various properties. He stated all leases and contracts as of 10/1/2010 will contain the smoke free policy.

Mr. Northern said the Authority is working on creating a Homeownership Program. Although the final plan has not been written he detailed its intent; to allow Housing Choice Voucher participants to utilize their housing assistance payment as payment to purchase a unit.

Sally Stang reviewed the proposed changes to the Public Housing Admissions and Continued Occupancy plan and the Section 8 Administrative Plan. She explained some of the changes were the same in both Plans. Ms. Stang offered an opportunity for questions and/or discussion. None was submitted from the floor.

Mr. Northern reviewed the Capital Fund Program statements and the Five-Year Plan 2011-2014.

Mr. Northern again offered the opportunity for comment. Discussion included closet door and/or entry doors at Marion Jones, the future of Marion Jones as to a replacement project, summer work for college aged students, and grounds maintenance with reference to hazards to toddlers.

There being no further discussion, Mr. Northern thanked the audience for their participation.

The meeting adjourned at 2:36 p.m.

Attachment T

PHA Plan 2010 Attachment Index

il056av01	Section 5.0 Goals and Objectives Statement
il056bv01	Section 6.0 PHA Plan Elements
il056cv01	Section 6.0 (1) Low Rent ACOP Changes
il056dv01	Section 6.0 (1) Section 8 Administrative Plan Changes
il056ev01	Section 8.1 Annual Statement/Performance & Evaluation Report 2010
il056fv01	Section 8.1 Annual Statement/Performance & Evaluation Report 2009
il056gv01	Section 8.1 Annual Statement/Performance & Evaluation Report 2009-ARRA
il056hv01	Section 8.1 Annual Statement/Performance & Evaluation Report 2008
il056iv01	Section 8.1 Annual Statement/Performance & Evaluation Report 2007
il056jv01	Section 8.2 Capital Fund Program – Five Year Action Plan
il056kv01	Section 9.0 Statement of Housing Needs
il056lv01	Section 9.1 Strategy for Addressing Needs
il056mv01	Section 10.0 (a) Statement of Progress
il056nv01	Section 10.0 (b) Significant Amendment & Substantial Definition Definitions
il056ov01	Carbon Monoxide Alarm Detector Act
il056pv01	Section 6.0 (13) Protections under the Violence Against Women Act
il056qv01	Procurement Policy Changes for ARRA Compliance
il056rv01	Section 6.0 (11) Audit Findings
il056sv01	Resident Advisory Board comments
il056tv01	Attachment Index