

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Huntingburg Housing Authority</u> PHA Code: <u>IN028</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2010</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>50</u> Number of HCV units: _____				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <i><u>The mission of the Huntingburg Housing Authority (HHA) is to provide adequate &amp; affordable housing, economic opportunity, and a suitable living environment without discrimination to the citizens of this area. We will provide and maintain a decent, safe and sanitary living environment. It is the intent of this agency to be considered a valued part of the local community.</u></i>				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <i><u>The goal of HHA is to remain a "High Performer" which indicates that all aspects of this agency meet the physical, financial and managerial requirements. Meeting these goals ensures that current &amp; future residents have a safe and secure place to live. That the physical and social living-environments for each household member provides them with accommodations equal to or above the norm in the local community.</u></i>  <i><u>The goal of maintaining "High Performer" status has been achieved annually along with providing a safe, sanitary &amp; enjoyable living environment for our leaseholders and all household members. The Capital Fund Program is used annually to enhance the properties from the curb appeal requirements to the interiors of each unit to ensure acceptability in the local community. Each year the needs of the property are assessed to ensure the appropriate use of all funding.</u></i>				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) 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. <u>HHA office</u>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><i>HHA works in conjunction with regional social service agencies and the City’s governing body to ensure that low-income families are aware of available housing in the local area. Our waiting list is always open. HHA accepts applications continually, processes them quickly so that approved applicants can be added to the waiting list. Background checks are done on applicants to ensure the safety of all residents and the security of the housing authority is protected.</i></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. <b><i>The goal of meeting the standards set forth by HUD is met annually with HHA remaining a “High Performer”. Our mission of providing adequate &amp; affordable housing, economic opportunity, and a suitable living environment without discrimination to the citizens of this area is shown by the financial and management accomplishments denoted by our annual independent audit.</i></b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <b>A “significant amendment” to the PHA Plan would constitute a momentous change in the administration, composition, pecuniary or guiding principles of the agency that would impact the residents, community, or the authority itself. A “substantial deviation/modification” would constitute a change in the overall management and constructural facets of the authority which would impact the continuation of the agency, in addition to, the well-being, security, and best interests of the residents and the community we serve.</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

<b>PART I: SUMMARY</b>						
PHA Name/Number <b>IN028</b>		Locality (City/County & State) <b>Huntingburg, IN</b>			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b>	<input type="checkbox"/> <b>Revision No:</b>
A.	Development Number and Name <b>IN028</b> <b>Huntingburg Housing Authority</b>	Work Statement for Year 1 FFY <b>2010</b>	Work Statement for Year 2 FFY <b>2011</b>	Work Statement for Year 3 FFY <b>2012</b>	Work Statement for Year 4 FFY <b>2013</b>	Work Statement for Year 5 FFY <b>2014</b>
<b>B</b>	Physical Improvements Subtotal	Annual Statement	45,000	45,000	45,000	45,000
C.	Management Improvements		5,000	5,000	5,000	5,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
<b>E</b>	<b>ADMINISTRATION</b>		5,000	5,000	5,000	5,000
F.	Other					
G.	Operations		10,000	10,000	10,000	10,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		65,000	65,000	65,000	65,000
L.	Total Non-CFP Funds					
M.	Grand Total		65,000	65,000	65,000	65,000





**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Huntingburg Housing Authority Grant Type and Number: Capital Fund Program: IN36P02850110 Federal FY of Grant: 2009  
 Capital Fund Program  Replacement Housing Factor Grant No:

**Original Annual Statement**  Reserve for Disasters/ Emergencies  Revised Annual Statement  
(revision no:2)  
\_\_\_ Performance and Evaluation Report for Period Ending: \_\_\_ Final Performance and Evaluation Report

Line #	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	10,000			
3	1408 Management Improvements	5,000			
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	17,714			
10	1460 Dwelling Structures	25,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	67,714			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amt of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: <b>Huntingburg Housing Authority</b> <b>1102 Friendship Village</b> <b>Huntingburg, IN 47542</b>		Grant Type and Number Capital Fund Program #: <b>IN36P02850108</b> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
				Original	Revised	Funds Obligated	Funds Expended		
IN028	Operations / Agency Prerequisites	1406	10,000						
	Management Improvements	1408	5,000						
	Fees and Costs	1430	10,000						
	Site Improvement	1450	17,714						
	Dwelling Structures	1460	25,000						
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>					<b>Date</b>

