

1.0	PHA Information PHA Name: <u>CHAPMAN HOUSING AUTHORITY, CHAPMAN, KS</u> PHA Code: <u>KS147</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>--29--</u> Number of HCV units: <u>-0-</u>																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" 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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:8%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:19%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:8%;">PH</th> <th style="width:11%;">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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		PH	HCV																								
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: The mission of the Chapman Housing Authority follows the Department of Housing and Urban Development standards, goals and regulations: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
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. Chapman Housing serves the needs of the Chapman community with affordable housing by marketing units through media, local realtors, city offices and notices at the local post office. Building and site improvements are continually made with Capital Funds. It is Chapman Housing's goal to maintain the high performer status and high occupancy rates. Since the June 2008 tornado in which sixty homes were destroyed along with churches, schools and businesses in our small town, Chapman Housing has maintained a 100% occupancy rate. Prior to the tornado Chapman Housing suffered vacancy loss in the one bedroom apartments despite a variety of marketing ways in the city, county and other area housing authorities. Since the June 11, 2008 tornado, it is the Board and staff goal to construct a storm shelter. In July 2009 a FEMA application was approved and plans/designs are being prepared. The city leaders are proud of the public housing units and services provided to the community. They support the staff of Chapman Housing Authority in any way possible. Since the tornado the community room at our public housing has been used by church groups, school meeting and others since several meeting places were destroyed.																										
6.0	PHA Plan Update (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. Ethics Policy – Resolution # 174 approved September 3, 2008 Violence Against Women/Men (VAWA) Policy – Resolution # 175 approved October 1, 2008 All tenants and new tenants are informed of the VAWA Act by public display and lease implementation. Pet Policy – Resolution #181 approved May 6, 2009 Approval to Increase Flat/Ceiling Rents – Resolution # 182 approved August 5, 2009 All resolutions and ACOP can be viewed at the Administrative Office of Chapman Housing Authority, 829 Sheeran, Chapman during regular office hours or by appointment.																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Chapman Housing Authority is a very small public housing facility (29 ACC units) and is not involved in the above programs .																										

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. 2007 and 2008 Capital Fund P & E Reports Included and 2009 Capital Fund Pending Disbursement
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. Included in plan submission
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. Not Applicable
9.0	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. Chapman Housing Authority consists of 28 dwelling units and 1 nondwelling unit: 22 one bedroom, 4 two bedroom and 2 three bedroom apartments. Since the June 2008 tornado Chapman Housing has been 100% occupied, however, prior to that time it was difficult to fill the one bedroom apartments. They are very accessible and well-kept but there was not a demand even with continuous advertising. Chapman does not have a pharmacy, grocery store and only limited doctor availability. Without family support it is difficult to reside in Chapman if one does not drive. Chapman is a small rural Kansas town of approximately 1300.
9.1	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. Applications are always accepted and placed on the waiting list. When a vacancy occurs, the applicants are contacted to confirm their interest. All applicants are screened with income, medical and childcare expenses verified. The City of Chapman office, Senior Center and bulletin at the Post Office are methods of advertising along the newspaper media.
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (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) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" The Chapman Housing board and staff strive to provide affordable, well maintained housing for the tenants. With the financial assistance of Capital Funds, improvements can be accomplished as outlined in the 5 year plan. Chapman Housing has available the 2008 and 2009 Capital Funds in its entirety and making improvements with the ARRA Funds conservatively. Due to the destruction of the tornado a lot is for sale adjacent to our apartment, building which could serve as parking in the near future. The purchase of the lot is pending as of August 1, 2009. The apartment building does not have adequate parking to serve its tenants, their families, health care workers, visitors and staff. There is no substantial deviation/modification as the additional parking has been in our previous five year plans.
11.0	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. (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) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (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. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

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

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

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

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

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

State System Performance Evaluation Report
 Capital and Program Improvement Funding Source
 Capital and Program Improvement

U.S. Department of Housing and Urban Development
 Office of Public and Indian Affairs
 HUD No. 20-0229
 Expires 4/30/2011

Part I: Summary

PHS Name: Capital and Program Improvement
 Reporting Agency: HUD
 Reporting Period: 10/1/09 - 9/30/10

PHS Office: HUD
 PHS Office Address: 200

Project Start/End Dates: 10/1/09 - 9/30/10
 Report Period: 10/1/09 - 9/30/10
 Report Period: 10/1/09 - 9/30/10

Report Period: 10/1/09 - 9/30/10
 Report Period: 10/1/09 - 9/30/10

Line	Description of Funds Available	Total Estimated Cost	Actual		Funded
			Actual	Estimated	
1	10/1/09 - 9/30/10	35,000,000	35,000,000	35,000,000	35,000,000
2	10/1/09 - 9/30/10				
3	10/1/09 - 9/30/10				
4	10/1/09 - 9/30/10				
5	10/1/09 - 9/30/10				

Signature of Reporting Director: *[Signature]* Date: 10/1/10

Signature of Public Hearing Director: _____ Date: _____

22 November 2010
 U.S. Department of Housing and Urban Development
 Office of Public and Indian Affairs
 HUD No. 20-0229

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
4000 W. 15th Street
Wash DC 20011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) hereby certifies, as the Board is authorized under the 1974 Public Housing Act and the Housing and Community Development Act, the submission of the 5-Year and Annual PHA Plan for the PHA fiscal year beginning January 1, 2010, in accordance referred to as "the Plan," of which the Appendix is a part and under the following conditions and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and Appendix as follows:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Comprehensive Plan, which includes a certification that requires the preparation of an Analysis of Impacts on Fair Housing Choice for the PHA's jurisdiction and a declaration of the status in which the PHA Plan is consistent with the applicable Comprehensive Plan.
3. The PHA certifies that there has been no change significant in deviation to the Capital Fund Program (and Capital Fund Program Supplement Housing Choice National Situations), since submission of its last approved Annual Plan. The Capital Fund Program Annual Situations Annual Situations Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Housing Advisory Board or Boards, the membership of which represents the residents located in the PHA, consistent with this Board's terms in developing the Plan, and committed the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in its Plan a statement of any of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Board addresses those recommendations.
5. The PHA made the proposed Plan and all information relevant to the public housing assistance for public inspection or sent 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and receive public comment.
6. The PHA certifies that a self-study made the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining, then proposing or proposed programs, research, and expenditures to the housing choice within their jurisdiction, make any adjustments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that apply to PHAs in relevant and include in their local housing choice processes and actions.
8. For PHA Plan that include a policy for the need waiting list:
 - a. The PHA regularly updates demand data to HUD's 20028 PHA/MH Module from accurate, complete and timely manner as specified in HUD 2008e 2006-11c.
 - b. The system of site-based waiting list provides for full disclosure to each applicant of the selection of the development in which a waiting list site based information about available units and an estimate of the period of time the applicant would likely have to wait to be admitted to units of a Target Site and open at such site.
 - c. Adoption of site-based waiting list would not violate any state or local or voluntary agreement or be inconsistent with a pending court case brought by HUD.
 - d. The PHA shall take reasonable measures to assure that each waiting list is consistent with *Minimum 24* Furthering fair housing.
 - e. The PHA provides for review of the site-based waiting list policy, a document of this revision, with civil rights laws and regulations, as specified in 24 CFR part 903.21c(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Justice and Business Act of 1965 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 1 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low-Income Persons, and with its implementing regulation of 24 CFR Part 135.
12. The PHA will comply with applicable and relevant requirements of Title I within the context Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations of 49 CFR Part 24 as applicable.

**Certification for
a Drug-Free Workplace**

U.S. Department of Housing
and Urban Development

4242-108-0001

CHAPMAN HOUSING AUTHORITY, CHAPMAN, KS

Project/Site/Building Name: 604110101

PROJECT: HOUSING FACILITY

Acting on behalf of the above named Applicant (as a Authorized Officer), I make the following certification and agreement in the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will in will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an on-going drug-free awareness program to inform employees:

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The guidelines for employees' refusal upon employees for any abuse violations occurring in the workplace;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

d. Notifying the employees of the statement required by paragraph (a), as a condition of employment under the grant, the employee will;

(1) Abide by the terms of the statement; and

(2) Notify the employer, in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) that an employee or contractor is convicted of such an offense. Employees of convicted employees must provide the following notification to every point of hire or lease coverage on whose grant activity the convicted employee was working, in case the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number of each affected grant.

f. Taking one of the following actions within 90 calendar days of receiving notice under paragraph (d), with respect to any employee who so is convicted:

(1) Taking appropriate personnel action against such an employee up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 as amended; or

(2) Requiring such employee to participate voluntarily in a drug abuse assistance or rehabilitation program approved for that purpose by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraph a, thru f.

3. **Site for Work Performance.** The Applicant shall list the various project activities for the performance of work done in connection with the HUD Catalog of the program/activities associated with the place of performance shall include the street address, city, county, state, and zip code (where applicable) with the Applicant's contact address and the program/activities receiving grant funding.

Battlefield Trail Homes, 828 Shawnee, Chapman, KS 67001 - 22 one bedroom apartments

506 - 516 Cedar Drive, Chapman, KS 67421 - Four two bedroom and two three bedroom apartments

Dodgean County, KS

Signature: [This area is reserved for the signature and identification of the authorized official]

I hereby certify that all the information furnished herein, as well as any information presented in the accompanying financial statements and other Working Files, will prove to be true and correct. I am a duly authorized official and purport to act in accordance with the provisions of 42 U.S.C. 1001, 10101, 10102, 91 U.S.C. 362a, 3802;

Name of Authorized Official
Lou Ann Karl

Title
Executive Director

x *Lou Ann Karl, Exec. Director* 10/09/2009

**Certification of Payments
to Influence Federal Transactions**

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

Agency Use

CHAPMAN HOUSING AUTHORITY, CHICAGO, IL

Payment Being Requested For
PUBLIC HOUSING AUTHORITY

The undersigned certifies, to the best of his or her knowledge and belief that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, or any person in the direct or indirect employment of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds from any Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-278, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned certifies that the language of this certification shall be included in the raised returns for all subcontracts and subgrants (including subcontracts, subgrants, and cooperative agreements), and all contract amendments and Federal subcontracts shall verify and disclose accordingly.

This certification is a material representation of fact upon which a determination was made that this transaction was made in the public interest. Submission of this certification is a prerequisite for the making or awarding of this transaction imposed by Section 1562, Title 18, U.S. Code. Any person who fails to file the required certification may be subject to criminal penalties under Section 1103(a)(2) and may forfeit the right to be awarded such funds.

Header is required on the front cover of each page, as well as on the back cover, printed on the accompanying cover sheet, to be used on all pages.

Warning: FUD will prosecute for willful false statements. Penalties may include imprisonment and/or fine. (18 U.S.C. 1014, 1016, 1017; 31 U.S.C. 3729, 3821.)

Name of Authorized Official

Lot. Ann. Kai

Signature

Lothann Kai, Exec. Director

Title

Executive Director

Date of Signature

10/09/2009

For additional information

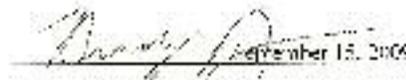
Form HUD 28971 (2-02)
OMB Instructions 7/17/1, 7/19/13, 7/20/1, 5/14/13

Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Replaces HUD-2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Bradley S. Keefe, the Consolidated Plan Coordinator, Kansas Housing Resources
Corporation, certify that the Five Year and Annual PHA Plans of the Cherokee Housing
Authority is consistent with the Consolidated Plan of the State of Kansas prepared pursuant
to 24 CFR Part 91.


September 15, 2009
Signed: _____
Title: _____
Appropriate State or Local Official

Form HUD-50577-BL (7/2008)
OMB Approval No. 2577-0226

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OIG
12/18/07

(See reverse for public burden disclosure.)

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Indefinite/placement</p> <p><input type="checkbox"/> b. final award</p> <p><input type="checkbox"/> c. cost award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. amended change</p> <p>For Material Change Only: year _____ quarter _____ date of last report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Subwardee</p> <p>Chapman Housing Authority 829 Sherman Chapman, KS 67431 Congressional District, if known: MO</p>	<p>5. If Reporting Entity in No. 4 is a Subwardee, Enter Name and Address of Prime:</p> <p align="center">N/A</p> <p>Congressional District, if known: MO</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CHVA Number, if applicable:</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> <p>\$</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, title):</p>	<p>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, title):</p>	
<p>11. <small>Do not check this box unless you are a lobbyist as defined in 31 U.S.C. 1352. This document is subject to public release under the provisions of the Freedom of Information Act. It is available on the Internet at http://www.gao.gov. For more information, contact the GAO Office of Public Affairs, (202) 512-2400.</small></p>	<p>Signature: <u>Frederick Karl Eric Dinsdale</u></p> <p>Print Name: <u>Frederick Karl</u></p> <p>Title: <u>Executive Director</u></p> <p>Telephone No.: <u>781-225-2219</u> Date: <u>10/29/08</u></p>	
<p>Federal Use Only:</p>	<p>Printed for Use: Reproduced Standard Form 111 (Rev. 7-87)</p>	

CHAPMAN HOUSING AUTHORITY

829 Sheeran, Chapman, KS 67431

Phone and Fax: 785-922-6229

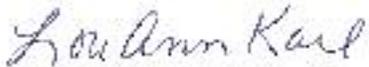
E-Mail: chaphous@shcglobal.net

A resident meeting of Chapman Housing Authority was held on Thursday, October 1, 2009 with seven residents and the Executive Director Lou Ann Karl present. Residents present were Helen Lindahl, Linda Farmer, Nina Arveson, Sweeny Rutz, Rick Rutz, Elton and Eda Murphree.

The 2010 PIA Plan was reviewed and discussed. There were no major issues addressed. Residents asked about the progress of several improvements pending, the storm shelter and additional parking. Everyone was pleased that a storm shelter will be built through the FEMA match program. Discussion was held about replacing the drop-in ranges and Lou Ann Karl, Executive Director reported that she is searching for models with front controls to assist those in a wheelchair and others.

The residents decided to have Bingo on a weekly basis and scheduled it for Saturday afternoons at 5 PM. Other functions for the building were also discussed.

October 1, 2009


Lou Ann Karl Executive Director

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number Chapman Housing Authority KS147		Locality (City/County & State) Chapman, Dickinson County, KS			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name Chapman Housing KS147	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	\$20,000.	\$20,000.	\$20,000.	\$20,000.
C.	Management Improvements		3,000.	3,000.	3,000.	3,000.
D.	PHA-Wide Non-dwelling Structures and Equipment		12,000.	12,000.	12,000.	12,000.
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$35,000.	\$35,000.	\$35,000.	\$35,000.
L.	Total Non-CFP Funds					
M.	Grand Total		\$35,000.	\$35,000.	\$35,000.	\$35,000.

Part I: Summary		
PHA Name: Chapman Housing Authority Chapman, KS	Grant Type and Number Capital Fund Program Grant No: KS16P14750108 Replacement Housing Factor Grant No: Date of CFFP: 2008	FFY of Grant: 2008 FFY of Grant Approval: 2008

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	2,000.00	7,279.00		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	8,000.00	3,000.00		
10	1460 Dwelling Structures	12,000.00	22,000.00		
11	1465.1 Dwelling Equipment—Nonexpendable	3,000.00	3,000.00		
12	1470 Non-dwelling Structures	8,000.00	-0-		
13	1475 Non-dwelling Equipment	2,000.00	-0-		
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.

Part I: Summary					
PHA Name: Chapman Housing Authority	Grant Type and Number Capital Fund Program Grant No: KS16P14750108 Replacement Housing Factor Grant No: Date of CFFP: 2008	FFY of Grant:2008 FFY of Grant Approval: 2008			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: June 30, 2009			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	35,000.00estimate	35,279.00 Actual		
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	
				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.

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

PHA Name: CHAPMAN HOUSING AUTHORITY, CHAPMAN, KS	Grant Type and Number Capital Fund Program Grant No: KS16P14750107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 02) 8/2009
 Performance and Evaluation Report for Period Ending: 08/31/2009
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	2,000.00	2,000.00	2,000.00	2,000.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	-0-	21,449.08	21,449.08	
9	1450 Site Improvement	5,425.00	1,000.00	1,000.00	1,000.00
10	1460 Dwelling Structures	15,000.00	6,577.73	6,577.73	6,577.73
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	8,000.00	-0-		
13	1475 Nondwelling Equipment	3,000.00	2,398.19	2,398.19	2,398.19
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$33,425.00	33,425.00	33,425.00	11,975.92
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: CHAPMAN HOUSING AUTHORITY -- KS		Grant Type and Number Capital Fund Program No: KS16P14750107 Replacement Housing Factor No:					Federal FY of Grant: 2007
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KS147001	06-01-2009	09-12-2009		06-01-2011	09-12-2011		