

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: <u>Housing Authority of Maysville</u> PHA Code: <u>KY017</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>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>264</u> Number of HCV units: <u>108</u>				
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.)				
	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:				
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 Housing Authority of Maysville is to provide quality housing to eligible people in a professional, fiscally prudent manner and be a positive force in our community by working with others to assist families with appropriate supportive services.				
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 "Exhibit KY017 Section 5"				
6.0	PHA Plan Update See Attachment "Exhibit KY017 Section 6" (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. Housing Authority of Maysville Administration Office 600 Clark Street Maysville KY 41056				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. NOT APPLICABLE				
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. See Attachment "Exhibit KY017 Section 8"				
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. See Attachment "Exhibit KY017 Section 8"				
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.				
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. See Attachment "Exhibit KY017 Section 9"				

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 “Exhibit KY017 Section 9”</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.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p>
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>

A. 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.

The PHA's mission is:

The mission of the Housing Authority of Maysville is to provide quality housing to eligible people in a professional, fiscally prudent manner and be a positive force in our community by working with others to assist families with appropriate supportive services.

B. Goals

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: *Currently we are implementing new procedures to integrate the management and maintenance departments. We have formed "The 805 Team," comprised of both departments, which will meet on a weekly basis to assess vacancies and their anticipated completion times so that we can better serve the needs of our community. These assessments will allow the Housing Authority of Maysville team to reduce vacancies and improve our turnaround time. Weekly update reports are a vital part of these assessments, and will show our progress over time. We also intend to reduce our turnaround time by employing additional temporary staff to assist with rehabilitating the vacant units. It is a possibility that we will contract out rehabilitations on larger units during our peak business season.*
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)

In the 2005-2009 PHA Plan, the Housing Authority of Maysville had proposed to apply for the KLC Capital Funds Loan Program to increase funding for modernization. Unfortunately, the loan was not obtained. Since the initial 2005-2009 PHA Plan submission, the Housing Authority of Maysville has decided not to pursue this option at this time.
- PHA Goal: Improve the quality of assisted housing
- Objectives:
- Improve public housing management: (PHAS score) *By lowering the turnaround days, we will be able to improve our PHAS score. A decrease to 45 days is anticipated.*
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions:

(list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units: *Replace the tile floors with new flooring in 5% of the units turned annually. Renovate the bathrooms in 5% of the units vacated annually.*
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)
 - *The Housing Authority of Maysville will continue to make our public housing units more marketable to the community with our modernization efforts.*

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: *The Housing Authority of Maysville has installed security cameras to several of our properties. We plan to continue our efforts to improve the safety of our clients by installing additional security cameras throughout the remaining properties. This will include installing tamper-proof cameras in stairwells and parking areas and congregate sites. For additional safety purposes, and so that a more clear image will be captured by the cameras, security lighting will be added to stairwells and parking areas.*
 - 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:
 - Provide or attract supportive services to improve assistance recipients' employability: *As stated in the 2005-2009 PHA Plan, the Housing Authority of Maysville will continue to offer free computer courses and internet services for residents and to partner with Maysville and Community Technical College for on-site GED classes. We currently also partner with the Workforce Development to offer on-site training classes at the Amo Peters Community Center Computer Lab.*
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities. *The Housing Authority of Maysville has enjoyed a working partnership with the Buffalo Trace Area Development District Aging Director and the Buffalo Trace Area Development District CDO Support Broker to provide services to the elderly and disabled families in our area. This program is beginning its fourth successful year. We also work with the Licking Valley Community Action Group to provide in-home nutritious meals for the elderly/disabled, a program that was implemented in August 2009.*
 - Other: (list below)

In the 2005-2009 PHA Plan, the Housing Authority of Maysville had proposed to provide or attract supportive services to improve assistance recipients' employability. We have partnered with Maysville Community & Technical College to provide GED Classes in the Amo Peters Community Center. We have secured a ROSS Grant that allows us to offer free computer classes for the residents. These classes cover basic computer skills in programs such as Word, Excel, Internet, email and PowerPoint. We have open lab hours daily for residents to come and take online college classes and work on resumes or homework. We have modified our hours to accommodate those who are unable attend during the day. Childcare is provided on an "as needed" basis to assure everyone has the opportunity to attend.

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)

Other PHA Goals and Objectives: (list below)

Goal One:

Manage the Housing Authority of Maysville’s existing public housing program in an efficient and effective manner thereby qualifying it as, at least, a standard-performer.

Objectives:

1. Housing Authority of Maysville will be recognized as a High Performer.
2. The Housing Authority of Maysville shall continue to promote a motivating work environment with a capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the local affordable housing industry.
3. Reduce unit turnaround time.

While preparing the new 5-Year Plan for our agency, we evaluated the statistical data presented in the last 5-Year PHA Plan of 2005–2009 and found the information to be informative.

	PRIOR PHA PLAN DATA 2005-2009	CURRENT PHA PLAN DATA 2010-2014
Vacant Units	40 units as of 10/2005	13 units as of 07/2009
Average Length of Residency	4.5 years (prior to AMP conversion)	AMP 1 5.25 years AMP 2 4.32 years

As of the writing of this PHA Plan, the Housing Authority of Maysville has successfully reduced its vacant units by more the 67%. As of July 31, 2009, the Housing Authority of Maysville had 13 vacant units. We would like to continue to reduce the public housing vacancies by 5% per year.

One of the goals from the 2005-2009 PHA plan was to implement more air conditioning for the elderly units. Central Avenue and Beechwood elderly have been completed. We have upgraded the electric and installed air conditioning in the elderly units on Wood Street.

We will continue to upgrade all units (electrical, heating, air conditioning, and plumbing) as funds continue to become available. We have found that by upgrading the units, making them more marketable, we are able to maintain our clients with fewer turnovers. This will help to reduce the vacancy problem as well as unit turnaround.

PHA PLAN ELEMENTS

Subcomponent A: Public Housing

I. Eligibility, Selection and Admissions Policies including Deconcentration and Wait List Procedures

(1) Eligibility

- a. When does the PHA verify eligibility for admission to public housing? (select all that apply)
- When families are within a certain number of being offered a unit: To be offered a unit a family must be both eligible and suitable. Eligibility relates to income limits, which can be determined during early in the application process. Suitability is determined by police checks and income verification (see below).
- When families are within a certain time of being offered a unit: (30 days)
- Other: (describe) When all criminal records have been received and reviewed.
- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- Criminal and Drug-related activity
- Rental history
- Housekeeping
- Other (describe)
- Resident of Maysville
- Veteran
- Victim of Domestic Violence
- c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes? Maysville Police Department
- d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? Administrative Office of the Courts.
- e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source) U.S. Investigations

(2) Waiting List Organization

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

The Housing Authority of Maysville maintains a community wide waiting list for the LIPH program instead of a site based waiting list. All of the LIPH units are within a 5 mile radius of the central office so site based waiting list is not efficient for our agency. Applications are accepted daily at the central office and processed immediately and placed on the waiting list. Applications can be downloaded from our website at hamaysville.com and either mailed or faxed to our office.

- b. Where may interested persons apply for admission to public housing?

PHA main administrative office located at 600 Clark Street Maysville Kentucky 41056

or

On line at <http://www.hamaysville.com>

(3) Assignment of Unit

- a. How many vacant unit choices are applicants ordinarily given before they are removed from the waiting list?
One
- b. Is this policy consistent across all waiting list types? Yes No

(4) Admissions Preferences

a. Income targeting

The Housing Authority of Maysville plans to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income.

b. Transfer policies:

Listed below the following circumstances will take precedence over new admissions?

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g. to permit modernization work)

c. Preferences

1. Has the PHA established preferences for admission to public housing (other than date and time of application)? Yes No (If “non” is selected, skip to subsection (5) Occupancy)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal Preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- High Rent burden (rent is >50 percent of income)
- Substandard housing
- Homelessness

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

3. Date and Time (tie breaker)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 2 Victims of domestic violence
- High Rent burden (rent is >50 percent of income)
- Substandard housing
- Homelessness

Other preferences: (select below)

- 1 Working families and those unable to work because of age or disability
- 2 Veterans and veterans' families
- 1 Residents who live and/or work in the jurisdiction
 - Those enrolled currently in educational, training, or upward mobility programs
 - Households that contribute to meeting income goals (broad range of incomes)
 - Those previously enrolled in educational, training, or upward mobility programs
 - Victims of reprisals or hate crimes
 - Other preference(s)

- 4. Relationship of preferences to income targeting requirements: NOT APPLICABLE
The pool of applicant families ensures that the PHA will meet income targeting requirements.

(5) Occupancy

- a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)
 - The PHA-resident lease
 - The PHA's Admissions and Continued Occupancy Policy
 - PHA briefing seminars or written materials
 - PHA website at <http://www.hamaysville.com>
- b. How often must residents notify the PHA of changes in family composition? (select all that apply)
 - At an annual reexamination and lease renewal
 - Any time family composition changes
 - At family request for revision
 - Other: Any income change up or down

(6) Deconcentration and Income Mixing

- Yes No Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete.

Subcomponent B: Section "8" Rental Assistance

1. Eligibility, Selection and Admissions Policies including Deconcentration and Wait List Procedures

(1) Eligibility

- a. What is the extent of screening conducted by the PHA? Select all that apply
 - Criminal or drug-related activity only to the extent required by law or regulation
 - Criminal and drug-related activity, more extensively than required by law or regulation
 - More general screening than criminal and drug-related activity (list factors below)
 - Other: (list below)
- b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes? Maysville Police Department
- c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? Administrative Office of the Courts
- d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source) U.S. Investigations
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
 - Criminal or drug-related activity
 - Other: Any verifiable information that is permitted by law.

(2) Waiting List Organization

a. With which of the following program waiting lists is the section "8" tenant-based assistance waiting list merged? (select all that apply)

- None
 Federal public housing
 Federal moderate rehabilitation
 Federal project-based certificate program
 Other federal or local program (list below)

b. Where may interested persons apply for admission to section "8" tenant based assistance?

PHA main administrative office located at 600 Clark Street Maysville Kentucky 41056

or

On line at <http://www.hamaysville.com>

(3) Search Time

Yes No Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

During each Housing Choice Voucher briefing each applicant is informed that his or her voucher will expire 60 days from the date it was issued. Each applicant is also advised that if they are unable to secure a unit within the 60 day timeframe that extensions may be granted at the discretion of the housing authority. To obtain an extension the client must provide a written request prior to the expiration date and a statement of the efforts the family has made to find a unit. However, the extension, if granted will not exceed 120 calendar days from the initial date of issuance without an extraordinary reason.

(4) Admission Preferences

a. Income targeting

Yes No Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section "8" program to families at or below 30% median area income?

b. Preferences

Yes No Has the PHA established preferences for admission to section "8" tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) **Special purpose section "8" assistance programs**)

(5) Special Purpose Section "8" Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection and admissions to any special-purpose Section "8" program administered by the PHA contained? (select all that apply)

- The Section "8" Administrative Plan
 Briefing sessions and written materials
 Other: There are no special purpose section "8" programs administered by the PHA

b. How does the PHA announce the availability of any special-purpose Section "8" programs to the public?

- Through published notices
 Other: There are no special purpose section "8" programs administered by the PHA

2. Statement of Financial Resources

Note: the table assumes that Federal public housing or tenant based Section "8" assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section "8" tenant based assistance, Section "8" supportive services or other.

Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2009 grants)		
a. Public Housing Operating Fund	\$523,912.00	
b. Public Housing Capital Fund	\$467,495.00	
c. HOPE VI Revitalization		
d. HOPE VI Demolition		
e. Annual Contributions for Section "8" Tenant-Based Assistance	\$287,482.00	
f. Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g. Resident Opportunity and Self- Sufficiency Grants		
h. Community Development Block Grant		
i. HOME		
Other Federal Grants (list below)		
ARRA Stimulus Funds	\$614,249.00	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	\$546,730.00	LIPH Operations
4. Other Income (list below)	\$15,000.00	LIPH Operations
5. Non-federal sources (list below)		
Total Resources	2,454,868.00	LIPH Operations

3. Rent Determination**Subcomponent A: Public Housing Rent Determination****(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a) Use of discretionary policies: (select one)

The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b) Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

If an applicant or resident claims no income or 0 rent they are subject to the imputed rent/income calculation.

- \$0
 \$1-\$25
 \$26-\$50

2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c) Rents set at less than 30% than adjusted income

1. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)
 - Yes for all developments
 - Yes but only for some developments
 - No

2. For which kinds of developments are ceiling rents in place? (select all that apply)
 - For all developments
 - For all general occupancy developments (not elderly or disabled or elderly only)
 - For specified general occupancy developments
 - For certain parts of developments; e.g., the high-rise portion
 - For certain size units; e.g., larger bedroom sizes
 - Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)
 - Market comparability study
 - Fair market rents (FMR)
 - 95th percentile rents
 - 75 percent of operating costs
 - 100 percent of operating costs for general occupancy (family) developments
 - Operating costs plus debt service
 - The “rental value” of the unit
 - Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)
 - Never
 - At family option
 - Any time the family experiences an income increase
 - Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
 - Other: Any time the family experiences an income or composition change of any type (up or down).

g. Yes No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
 - The section 8 rent reasonableness study of comparable housing
 - Survey of rents listed in local newspaper
 - Survey of similar unassisted units in the neighborhood
 - Other: Slightly less FMR’s as determined by Congress, which would make LIPH rates less than Section 8.**

3. Rent Determination**Subcomponent B: Section "8" Rental Assistance****(1) Payment Standards**

Describe the voucher payment standards and policies.

- a. What is the PHA's payment standard? (select the category that best describes your standard)
- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; new construction accessible)
- b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)
- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)
- c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)
- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)
- d. How often are payment standards reevaluated for adequacy? (select one)
- Annually
- Other When Congress issues new FMR's.
- e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)
- Federal Notice:
New Construction with handicap provisions will receive the highest possible standard. Units need not be handicap accessible but need to be able to be retrofitted to achieve this standard.

(2) Minimum Rent

- a. What amount best reflects the PHA's minimum rent? (select one)
- \$0
- \$1-\$25
- \$26-\$50
- b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

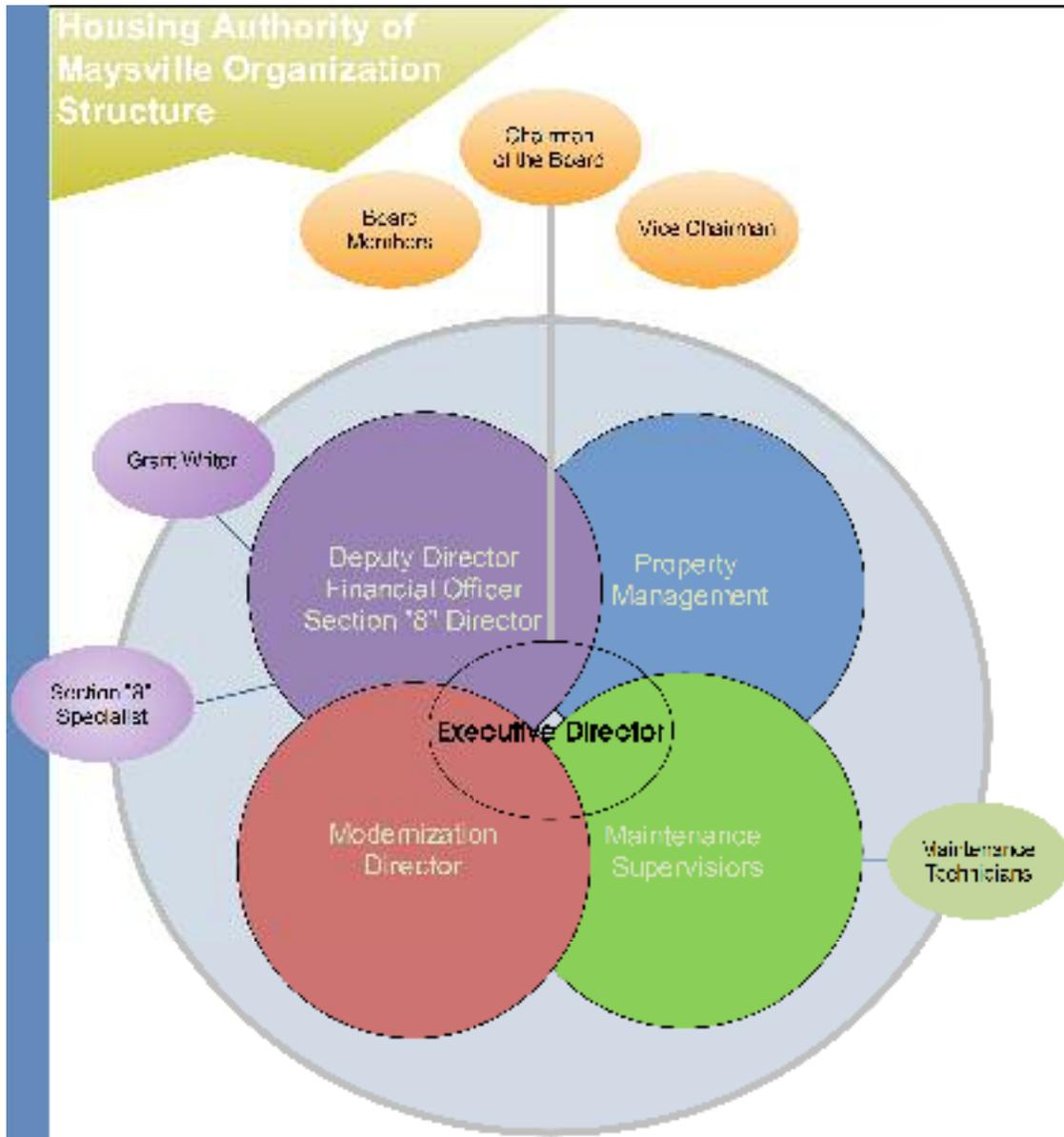
4. Operations and Management

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

X An organization chart showing the PHA's management structure and organization is attached.



Organizational Chart

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	250	100
Section 8 Vouchers	108	50
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

List the PHA’s public housing management and maintenance policy documents, manuals and handbooks that contain the Agency’s rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

- | | | |
|----------------------|-------------------------|--|
| Maintenance Policy | Pest Control Policy | Blood-Bourne Diseases |
| Hazardous Materials | Lease | Application and Continued Occupancy Policy |
| Fraud Policy | Internal Control Policy | Grievance Policy and Procedure |
| Check Signing Policy | Procurement Policy | Personnel Policy |

(2) Section 8 Management: (list below)

Section 8 Administrative Plan

5. Grievance Procedures

A. Public Housing

1. Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing? If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office
- PHA development management offices
- Other (list below)

B. Section 8 Tenant-Based Assistance

1. Yes No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982? If yes, list additions to federal requirements below:
2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
- PHA main administrative office
- Other (list below)

6. Designated Housing for Elderly and Disabled Families

NOT APPLICABLE

7. PHA Community Service and Self-sufficiency Programs**A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:
- Yes No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?
- If yes, what was the date that agreement was signed? 07/01/2003
2. Other coordination efforts between the PHA and TANF agency (select all that apply)
- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program

B. Services and programs offered to residents and participants**(1) General****a. Self-Sufficiency Policies**

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Neighborhood Networks Program	18 per class	First Come First Served	PHA is provider through ROSS Grant	All who are interested –
Supportive Services		Elderly/disable residents	PHA is provider through ROSS Grant	Public housing
Camp Discovery	100 +	All who qualify between 5-12	Maysville Initiatives, Inc	All who are interested – Locally funded
Summer Lunch	Over 40,000 meals this summer	All who qualify between 18 years of age and younger	Beechwood Community Center	All who meet age requirement Dept of Education Funded

b. Yes No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

8. PHA Safety and Crime Prevention Measures**A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other: Local law enforcement, Resident Council

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other Adult Education Activities

2. Which developments are most affected? (list below)

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)

- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services

2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan (NOT APPLICABLE)

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

9. Reserved for Pet Policy

Housing Authority of Maysville

Resident Advisory Council Resolution 003-99

A Resolution to approve the Family Resident Pet Policy written by the Resident Advisory Council on January 11, 1999 and approved by the Board of Commissioners on January 19, 1999

The following rules have been established to govern the keeping of pets in and on the premises of the Family units. Only one pet per family is allowed.

Definition: Common household pets may defined as small domesticated animals such as dog, cat, bird, fish or turtle. (no other pets will be permitted),

SECURITY DEPOSIT: FAMILY RESIDENTS HALL PAY A ONE TIME PET DEPOSIT OF \$250.00 FOR EITHER A CAT OR A DOG. NO PET DEPOSIT WILL BE REQUIRED FOR A BIRD, FISH OR TURTLE. THE PET DEPOSIT IS REFUNDABLE AFTER THE RESIDENT DISPOSES OF THE PET OR MOVES. THE HOUSING AUTHORITY OF MAYSVILLE MAY USE THE PET DEPOSIT TO PAY FOR REASONABLE EXPENSES DIRECTLY ATTRIBUTED TO THE PRESENCE OF THE PET IN THE UNIT. THE EXPENSES MAY INCLUDE BUT ARE NOT LIMITED TO THE COST OF REPAIRS AND REPLACEMENT TO THE UNIT AND FUMIGATION OF THE RESIDENTS DWELLING UNIT. ANY REMAINING BALANCE OF THE SECURITY DEPOSIT WILL BE RETURNED TO THE RESIDENT.

Family residents may own one dog or one cat with the consent of the Housing Authority of Maysville and with the understanding that compliance with rules and regulations governing ownership will be expected at all times.

- A. Permitted pets are dog and cats that do not exceed twenty (20) pounds adult size. Dogs and cats shall remain inside the residents unit unless they are on a leash and directly controlled by the owner or other adult. Pets can not be tied to trees, bushes or staked in the yard.
- B. Dogs are to be licensed annually with the City of Maysville with proof provided to the Housing Authority. The owner will be also required to provide proof of inoculation for both dogs and cats to the Public Housing Manager in accordance with the following schedule.

DOGS

- i. 6-8 weeks of age DHLPP/PU temporary (distemper, Hepatitis, Leptospirosis, Parainfluenza and Parvovirus)
- ii. 12 weeks of age DHLPP/PU
- iii. 16 weeks of age – DHLPP/PU (booster yearly)
- iv. 5 ½ to 6 months of age – Rabies (1 yearly)
- v. Heartworm examinations are given each spring
- vi. Tested yearly for intestinal parasites

CATS

- vii. 6-8 weeks of age – FVRCP (Distemper, Calici Virus, Rhino Trechetis)
- viii. 12 weeks of age FVCPC (Booster yearly)
- ix. 5-6 months of age (FVRCP (Booster yearly)
- x. Tested yearly for intestinal parasites.

- 1. All pets shall have proper identification (photo id) with proof of the above presented by the owner to the public housing manager for insertion in the resident’s file.

2. All Cats and dogs must be spayed or neutered. No vicious or intimidating animals are allowed. Cats must be declawed prior to admission.
3. No pet may be kept in violation of State Humane or Health laws or local ordinances.
4. Residents are responsible for promptly cleaning up pet droppings and proper disposition of same in sanitation container provided by the Housing Authority of Maysville located behind each apartment.
5. Resident is to provide litter box for cat waste which is to be kept in the apartment. Resident is not allowed to let waste accumulate. Residents are responsible for properly disposing of cat waste in sanitation container provided by the Housing Authority of Maysville located behind each apartment.
6. Resident shall take adequate precautions to eliminate any pet odors within or around the apartment and maintain apartment in a sanitary condition at all times.
7. Resident is responsible for all damages including cost of fumigation caused by their pet. The Housing Authority of Maysville may charge the cost of any extra extermination services needed to control fleas, etc to pet owner.
8. The resident shall not alter their apartment or any area of same to create an enclosure for any animal without prior written consent of the Housing Authority of Maysville.
9. Resident shall not permit any disturbance from their pet which would interfere with the peaceful enjoyment of other residents. Disturbances shall include loud barking, howling, biting, scratching or other activity.
10. Resident must identify an alternate custodian for the pet in the event of resident illness or other absence from the unit. The alternate custodian's name, address and phone number must be recorded at the Housing Authority Administration Office and placed in the tenant permanent file.
11. If a pet is left unattended for twenty four (24) hours or more, the Housing Authority of Maysville may enter the apartment and contact the proper authorities for impounding of said pet. The Housing Authority of Maysville accepts no responsibility for the pet under such circumstances.
12. Residents are prohibited from feeding stray animals. The feeding of stray animals shall constitute having a pet without permission of the Housing Authority.
13. Residents who violate these rules are subject to the following penalties.
 - a. Being required to get rid of the pet within 7 days of notice by the Housing Authority of Maysville, unless the pet creates an immediate threat to health and safety of the general public, in which case the pet must be removed within 24 hours.
 - b. Eviction.

Residents owning a dog or cat are strongly urged to obtain renter's liability insurance to protect themselves from possible legal litigation.

Housing Authority of Maysville

Resident Advisory Council Resolution 002-99

A Resolution to approve the Senior Resident Pet Policy written by the Resident Advisory Council on January 11, 1999 and approved by the Board of Commissioners on January 19, 1999

The following rules have been established to govern the keeping of pets in and on the premises of the Senior units. Only one pet per senior unit is allowed.

Definition: Common household pets may be defined as small domesticated animals such as dog, cat, bird, fish or turtle. (no other pets will be permitted),

SECURITY DEPOSIT: SENIOR RESIDENTS SHALL PAY A ONE TIME PET DEPOSIT OF \$50.00 FOR EITHER A CAT OR A DOG. NO PET DEPOSIT WILL BE REQUIRED FOR A BIRD, FISH OR TURTLE. THE PET DEPOSIT IS REFUNDABLE AFTER THE RESIDENT DISPOSES OF THE PET OR MOVES. THE HOUSING AUTHORITY OF MAYSVILLE MAY USE THE PET DEPOSIT TO PAY FOR REASONABLE EXPENSES DIRECTLY ATTRIBUTED TO THE PRESENCE OF THE PET IN THE UNIT. THE EXPENSES MAY INCLUDE BUT ARE NOT LIMITED TO THE COST OF REPAIRS AND REPLACEMENT TO THE UNIT AND FUMIGATION OF THE RESIDENTS DWELLING UNIT. ANY REMAINING BALANCE OF THE SECURITY DEPOSIT WILL BE RETURNED TO THE RESIDENT.

Senior residents may own one dog or one cat with the consent of the Housing Authority of Maysville and with the understanding that compliance with rules and regulations governing ownership will be expected at all times.

- A. Permitted pets are dog and cats that do not exceed twenty (20) pounds adult size. Dogs and cats shall remain inside the residents unit unless they are on a leash and directly controlled by the owner or other adult. Pets can not be tied to trees, bushes or staked in the yard.
- B. Dogs are to be licensed annually with the City of Maysville with proof provided to the Housing Authority. The owner will be also required to provide proof of inoculation for bot dogs and cats to the Public Housing Manager in accordance with the following schedule.

DOGS

- i. 6-8 weeks of age DHLPP/PU temporary (distemper, Hepatitis, Leptospirosis, Parainfluenza and Parvovirus)
- ii. 12 weeks of age DHLPP/PU
- iii. 16 weeks of age – DHLPP/PU (booster yearly)
- iv. 5 ½ to 6 months of age – Rabies (1 yearly)
- v. Heartworm eraminations are given each spring
- vi. Tested yearly for intestinal parasites

CATS

- vii. 6-8 weeks of age – FVRCP (Distemper, Calici Virus, Rhino Trechetis)
 - viii. 12 weeks of age FVCPC (Booster yearly)
 - ix. 5-6 months of age (FVRCP (Booster yearly)
 - x. Tested yearly for intestinal parasites.
1. All pets shall have proper identification (photo id) with proof of the above presented by the owner to the public housing manager for insertion in the resident's file.
 2. All Cats and dogs must be spayed or neutered. No vicious or intimidating animals are allowed. Cats must be declawed prior to admission.
 3. No pet may be kept in violation of State Humane or Health laws or local ordinances.
 4. Residents are responsible for promptly cleaning up pet droppings and proper disposition of same in sanitation container provided by the Housing Authority of Maysville located behind each apartment.
 5. Resident is to provide litter box for cat waste which is to be kept in the apartment. Resident is not allowed to let waste accumulate. Residents are responsible for properly disposing of cat waste in sanitation container provided by the Housing Authority of Maysville located behind each apartment.
 6. Resident shall take adequate precautions to eliminate any pet odors within or around the apartment and maintain apartment in a sanitary condition at all times.
 7. Resident is responsible for all damages including cost of fumigation caused by their pet. The Housing Authority of Maysville may charge the cost of any extra extermination services needed to control fleas, etc to pet owner.
 8. The resident shall not alter their apartment or any area of same to careate an enclosure for any animal without prior written consent of the Housing Authority of Maysville.
 9. Resident shall not permit any disturbance from their pet which would interfere with the peaceful enjoyment of other residents. Disturbances shall include lout barking, howling, biting, scratching or other activity.
 10. Resident must identify an alternate custodian for the pet in the event of resident illness or other absence from the unit. The alternate custodian's name, address and phone number must be recorded at the Housing Authority Administration Office and placed in the tenant permanent file.
 11. If a pet is left unattended for twenty-four (24) hours or more, the Housing Authority of Maysville may enter the apartment and contact the proper authorities for impounding of said pet. The Housing Authority of Maysville accepts no responsibility for the pet under such circumstances.

- a. Residents are prohibited from feeding stray animals. The feeding of stray animals shall constitute having a pet without permission of the Housing Authority.
- b. Residents who violate these rules are subject to the following penalties.
 - i. Being required to get rid of the pet within 7 days of notice by the Housing Authority of Maysville, unless the pet creates an immediate threat to health and safety of the general public, in which case the pet must be removed within 24 hours.
 - ii. Eviction.

Residents owning a dog or cat are strongly urged to obtain renter’s liability insurance to protect themselves from possible legal litigation.

10. Civil Rights Certification

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

11. Fiscal Year Audit

- 1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
- 2. Yes No: Was the most recent fiscal audit submitted to HUD?
- 3. Yes No: Were there any findings as the result of that audit?
- 4. Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? _____
- 5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

12. PHA Asset Management

- 1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
- 2. What types of asset management activities will the PHA undertake? (select all that apply)
 - Not applicable
 - Private management
 - Development-based accounting
 - Comprehensive stock assessment
 - Other: (list below)
- 3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

13. Violence Against Women Act

- a. Yes No: Does the PHA comply with VAWA requirements under Section 603, amended Section 5A of the United States Housing Act of 1937 (42 U.S.C. 1437c-1)

The Housing Authority of Maysville has a working relationship with Women’s Crisis Center and Comprehend. Both agencies specialize in providing counseling and services for those individuals and families who have been through domestic violence, dating violence, sexual assault and stalking. We also very fortunate to have a police department who ensures our resident’s security is number one priority.

1. 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	352	5	3	3	2	2	1
Income >30% but <=50% of AMI	257	5	3	3	2	2	1
Income >50% but <80% of AMI	128	4	3	3	2	2	2
Elderly	193	5	3	3	4	3	4
Families with Disabilities	343	5	5	4	5	4	3
Black	48	4	4	3	3	3	4

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
- American Housing Survey data Indicate year:
- Other housing market study Indicate year:
- X Other sources: Buffalo Trace Area Development District Information provided to the Housing Authority. (Mr. Bobby Money)

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	294		79
Extremely low income <=30% AMI	260	88.44%	
Very low income (>30% but <=50% AMI)	30	10.20%	
Low income (>50% but <80% AMI)	4	1.36%	
Families with children	179	60.88%	
Elderly families	7	2.38%	
Families with Disabilities	41	13.95%	
White/Non-hispanic	246	83.67%	
Race/ethnicity - Black	47	15.99%	
Race/ethnicity - Other	1	.34%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	118	40.136%	
2 BR	107	36.394%	
3 BR	50	17.006%	
4 BR	18	6.122%	
5 BR	1	0	
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	97		32
Extremely low income <=30% AMI	97	100%	
Very low income (>30% but <=50% AMI)	0	0%	
Low income (>50% but <80% AMI)			
Families with children	62	64%	
Elderly families	4	4%	
Families with Disabilities	5	5%	
White	80	82%	
Black	17	18%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	30	30.93%	
2 BR	39	41.00%	
3 BR	20	20.00%	
4 BR	6	6.00%	
5 BR	2	2.06%	
5+ BR	0		
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

Annual Plan a Needs Assessment of the housing needs of our jurisdiction and our waiting list. Also, we are required to state how we intend to address these needs.

Attached is the information contained in the Housing Needs Section of our Consolidated Plan. It shows there is not a significant need for additional affordable housing resources in our community. Also, per the requirements, we have attached data and tables that provide an analysis of our waiting list.

The information was analyzed in the following manner. Buffalo Trace Area Development District reported jurisdictional needs in terms of Mason County, Kentucky (location of Maysville). The needs of Maysville are not mirrored by the needs of Mason County. Therefore, many of the conclusions drawn do not reflect conditions demonstrated in Maysville. The county may have needs not reflected by conditions in Maysville. The public housing jurisdiction of the Housing Authority of Maysville is confined to the City of Maysville and therefore the needs assessment on a countywide basis does not reflect actual needs within the jurisdiction of the housing authority. Since Buffalo Trace only provided "county wide" information in the preparation of this report, the following factors were used to make our determination for Maysville:

- 1. As of July 31, 2009 the Housing Authority of Maysville has a 13-unit vacancy at this time. Our housing authority statistical information reflects the following data. A total of 55 new admissions occurred between January 1, 2009 and July 31, 2009. Our reports indicate 48 vacated units during the same time period. Those 48 vacated units consist of the following: 8 internal transfers, 5 units vacated due to tenant death, 1 unit vacated due to tenant hospitalization, 34 for lease violations or personal reasons.*
- 2. The Housing Authority of Maysville unit surrender rate for the Section "8" remains relatively low.*
- 3. The Housing Authority of Maysville currently has several handicapped assessable units with many additional accouterments including lowered counters, both flashing and sound emitting smoke detectors, call system, handicapped bathrooms and ground floor access apartments. One unit has been completely remodeled to suit a handicapped individual and a caregiver.*
- 4. Due to the recent downward spiral in the economy, Maysville has been the recipient of many job losses. This economy has had a devastating effect on the entire community. Small businesses have been forced to close their doors, while large companies have reduced their work force by almost half.*

The Housing Authority of Maysville used this analysis to prepare our five-year goals and objectives. It reflects priorities as set forth in our Mission Statement.

The Housing Authority of Maysville:

- will continue to practice an aggressive management style by enforcing the lease and the addenda.
- will continue to screen residents with police records and do our best to insure that applicants who owe money to other housing authorities will be required to pay their debts before they are admitted to our programs.
- will continue to offer NAHRO Award winning programs such as the ones listed in other sections of this plan to uplift and support residents in their
- will continue NAHRO Award winning youth programs to motivate youth to stay off drugs, out of gangs, and continue their education.
- will continue to market our units through the NAHRO Award winning program of television advertising, newspaper articles about programs, outreach to churches, advertisements in the social services offices, and other outreach to the community.

(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 (*Subsidy Dependent*)
- 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: Continue to offer assistance on the property with GED and computer training. Continue to offer the Masters of Computer Basics at the Amo Peters Community Center on the Great Meadow Homes property.

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: Continue project to provide Central Air Conditioning to elderly units. There are now 76 elderly units with Central Air Conditioning. These are located on Beechwood Manor and Central Avenue. If funds are forthcoming we will continue with elderly units on Great Meadow Homes next year.

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: Continue to develop web site at <http://www.hamaysville.com>

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)

Definitions of Significant Amendment to the Annual Plan and Substantial Deviation from the 5-Year PHA Plan

Substantial deviations and significant amendments to the PHA plans are defined as follows:

1. **NEW** changes to rent or admissions policies or organization of the waiting list that have no relationship to the policies already established in the ACOP.

(Expansions, clarifications, modifications, deletions and/or revisions to existing policies in the ACOP shall not be considered a substantial deviation or significant amendment).

2. Additions of non-emergency work items not included in the current Annual plan or 5-Year Action Plan.

(Additions, modifications, deletions and/or revisions of non-emergency work items or change in use of replacement reserve funds under the Capital Fund as determined and defined by the 5-year Physical Need assessment shall not be considered a substantial deviation or significant amendment).

3. Additions of **NEW** activities not included in the current PHDEP plan.

(Expansions, additions, deletions, modifications and/or revisions to programs and activities in the plan shall not be considered a substantial deviation or significant amendment).

4. Any **NEW** change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

(Expansions, deletions, modifications and/or revisions to existing programs shall not be considered a substantial deviation or significant amendment).

Part I: Summary		
PHA Name: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No: KY36R017502-06 Date of CFFP:	FFY of Grant: 2006 FFY of Grant Approval: 2006

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: 08/2009		<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
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)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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	16,961		16,474	16,474

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					
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KY36R017502-06 Date of CFFP:		FFY of Grant:2006 FFY of Grant Approval: 2006	
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: 08/2009 <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)	16,961		16,474	16,474
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.
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Exhibit: Section 8 KY017

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

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

Part I: Summary		
PHA Name: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No: KY36R017502-07 Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 08/2009 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				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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	16,419			

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.

Exhibit: Section 8 KY017

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

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

Part I: Summary					
PHA Name: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KY36R017502-07 Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval: 2007			
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: 08/2009 <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)	16,419			
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.

Exhibit: Section 8 KY017

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

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

Part I: Summary					
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No: KY36R017502-08 Date of CFFP:			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: 08/2009 <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
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)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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	17,770			

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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: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KY36R017502-08 Date of CFFP:	FFY of Grant:2006 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: 08/2009 <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)	17,770			
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	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant No: KY36R017502-09 Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/2009 <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	
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)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
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	19,522				

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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: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KY36R017502-09 Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/2009 <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)	19,522			
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	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No: KY36S017501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
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: 08/2009 <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	
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)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	120,000		20,000	13,737.50	
10	1460 Dwelling Structures	400,000		230,489.56	131,196.34	
11	1465.1 Dwelling Equipment—Nonexpendable	40,000				
12	1470 Non-dwelling Structures	20,000				
13	1475 Non-dwelling Equipment	34,249		34,249	34,249	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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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: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No:KY36S017501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009			
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: 08/2009		<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)	614,249		284,738.56	179,182.84
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 Maysville			Grant Type and Number Capital Fund Program Grant No: KY36S017501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide								
	Site Improvements including but not limited to new sidewalks, patio, lighting, etc.	1450		120,000		20,000	13,737.50	
PHA-Wide	Dwelling Structures & Building Envelope Integrity including but not limited to roofs, water heaters, furnaces, sinks, commodes, faucets, doors, handles, etc.	1460		400,000		230,489.56	131,196.34	
	Dwelling Equipment including but not limited to stoves, refrigerators, screens, mini blinds, etc	1465		40,000				
	Non-Dwelling Structures & Building Envelope Integrity roofs, windows, new floors	1470		20,000				
	Non-Dwelling Equipment Mowers, computer system upgrade, playground equipment, vehicle replacement	1475		34,249		34,249	34,249	

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.

Exhibit: Section 8 KY017

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

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

Part I: Summary					
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No: KY36P017501-06 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2006 FFY of Grant Approval: 2006
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: 08/2009 <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	83,192		83,192	83,192
3	1408 Management Improvements	20,000		20,000	20,000
4	1410 Administration (may not exceed 10% of line 21)	41,596		41,596	41,596
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	259.68		259.68	259.68
8	1440 Site Acquisition				
9	1450 Site Improvement	65,000		65,000	65,000
10	1460 Dwelling Structures	103,590.32		103,590.32	103,590.32
11	1465.1 Dwelling Equipment—Nonexpendable	42,250		42,250	42,250
12	1470 Non-dwelling Structures	25,000		25,000	25,000
13	1475 Non-dwelling Equipment	35,075		35,075	35,075
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: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No:KY36P017501-06 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2006 FFY of Grant Approval: 2006			
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: 08/2009		<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)	415,963	415,963	415,963	415,963
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 Maysville		Grant Type and Number Capital Fund Program Grant No: KY36P017501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006			
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	
PHA-Wide	Operation	1406		83,192	83,192	83,192	83,192	
	Management Improvement & Training	1408		20,000	20,000	20,000	20,000	
	Administration	1410		41,596	41,596	41,596	41,596	
	Fees & Cost	1430		259.68	259.68	259.68	259.68	
	Site Improvements including but not limited to new sidewalks, patio, lighting, etc.	1450		65,000	65,000	65,000	65,000	
PHA-Wide	Dwelling Structures & Building Envelope Integrity including but not limited to roofs, water heaters, furnaces, sinks, commodes, faucets, doors, handles, etc.	1460		103,590.32	103,590.32	103,590.32	103,590.32	
	Dwelling Equipment including but not limited to stoves, refrigerators, screens, mini blinds, etc	1465		42,250	42,250	42,250	42,250	
	Non-Dwelling Structures & Building Envelope Integrity roofs, windows, new floors	1470		25,000	25,000	25,000	25,000	
	Non-Dwelling Equipment Mowers, computer system upgrade, playground equipment	1475		35,075	35,075	35,075	35,075	

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					
PHA Name: Housing Authority of Maysville				Federal FFY of Grant: 2006	
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	
PHA-Wide	12/31/08		09/30/10		No Change Necessary

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.

Exhibit: Section 8 KY017

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

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

Part I: Summary						
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No: KY36P017501-07 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval: 2007	
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: 08/2009 <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	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	86,403		86,403	86,403	
3	1408 Management Improvements	7,327.98		7,327.98	7,327.98	
4	1410 Administration (may not exceed 10% of line 21)	45,192.89		45,192.89	45,192.89	
5	1411 Audit	1,000		1,000	1,000	
6	1415 Liquidated Damages					
7	1430 Fees and Costs	400		400	400	
8	1440 Site Acquisition					
9	1450 Site Improvement	38,502		38,502	38,502	
10	1460 Dwelling Structures	156,498		156,498	156,498	
11	1465.1 Dwelling Equipment—Nonexpendable	37,250		37,250	27,236.60	
12	1470 Non-dwelling Structures	24,341.13		24,341.13	23,598.75	
13	1475 Non-dwelling Equipment	35,096		35,096	15,573.13	
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: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No:KY36P017501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval: 2007			
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: 08/2009		<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)	432,011	432,011	432,011	382,819.36
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.

Part II: Supporting Pages								
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No: KY36P017501-07 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	
PHA-Wide	Operation	1406		86,403		86,403	86,403	
	Management Improvement & Training	1408		7,327.98		7,327.98	7,327.98	
	Administration	1410		45,192.89		45,192.89	45,192.89	
	Audit Cost	1411		1,000		1,000	1,000	
	Fees & Cost	1430		400		400	400	
	Site Improvements including but not limited to new sidewalks, patio, lighting, etc.	1450		38,502		38,502	38,502	
PHA-Wide	Dwelling Structures & Building Envelope Integrity including but not limited to roofs, water heaters, furnaces, sinks, commodes, faucets, doors, handles, etc.	1460		156,498		156,498	156,498	
	Dwelling Equipment including but not limited to stoves, refrigerators, screens, mini blinds, etc	1465		37,250		37,250	10,013.40	
	Non-Dwelling Structures & Building Envelope Integrity roofs, windows, new floors	1470		24,341.13		24,341.13	23,598.75	
	Non-Dwelling Equipment Mowers, computer system upgrade, playground equipment, vehicle replacement	1475		35,096		35,096	15,573.13	

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 I: Summary					
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No: KY36P017501-08 Replacement Housing Factor Grant No: Date of CFFP:			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: 08/2009 <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	93,499		69,040.99	56,490.76
3	1408 Management Improvements	50,000		12,000	9,397.33
4	1410 Administration (may not exceed 10% of line 21)	50,000		50,000	44,642.58
5	1411 Audit	2,500		2,500	
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	35,000		19,000	16,365.88
10	1460 Dwelling Structures	134,150		134,150	124,045.09
11	1465.1 Dwelling Equipment—Nonexpendable	37,250			
12	1470 Non-dwelling Structures	30,000			
13	1475 Non-dwelling Equipment	35,096			
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: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No:KY36P017501-08 Replacement Housing Factor Grant No: Date of CFFP:			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: 08/2009				<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)	467,495	467,495	286,690.99	250,941.44	
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 Maysville		Grant Type and Number Capital Fund Program Grant No: KY36P017501-08 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	
PHA-Wide	Operation	1406		93,499		69,040.99	56,490.76	
	Management Improvement & Training	1408		50,000		12,000	9,397.33	
	Administration	1410		50,000		50,000	44,642.58	
	Audit Cost	1411		2,500		2,500		
	Site Improvements including but not limited to new sidewalks, patio, lighting, etc.	1450		35,000		19,000	16,365.88	
PHA-Wide	Dwelling Structures & Building Envelope Integrity including but not limited to roofs, water heaters, furnaces, sinks, commodes, faucets, doors, handles, etc.	1460		134,150		134,150	124,045.09	
	Dwelling Equipment including but not limited to stoves, refrigerators, screens, mini blinds, etc	1465		37,250				
	Non-Dwelling Structures & Building Envelope Integrity furnace, insulation, roof, window, floor	1470		30,000				
	Non-Dwelling Equipment Mowers, computer system upgrade, playground equipment, vehicle replacement	1475		35,096				

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 I: Summary					
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No: KY36P017501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/2009 <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	92,104.40			
3	1408 Management Improvements	92,104.40			
4	1410 Administration (may not exceed 10% of line 21)	46,052.20			
5	1411 Audit	2,500			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	46,052.20			
10	1460 Dwelling Structures	115,130.50			
11	1465.1 Dwelling Equipment—Nonexpendable	23,026.10			
12	1470 Non-dwelling Structures	23,026.10			
13	1475 Non-dwelling Equipment	20,526.10			
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: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No:KY36P017501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009			
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/2009			<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)	460,522			
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.

Part II: Supporting Pages								
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No: KY36P017501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Operation	1406		92,104.40				
	Management Improvement & Training	1408		92,104.40				
	Administration	1410		46,052.20				
	Audit Cost	1411		2,500				
	Site Improvements including but not limited to new sidewalks, patio, lighting, etc.	1450		46,052.20				
PHA-Wide	Dwelling Structures & Building Envelope Integrity including but not limited to roofs, windows, floors, furnaces, HVAC, water heaters, sinks, commodes, faucets, doors, handles, etc.	1460		115,130.50				
	Dwelling Equipment including but not limited to stoves, refrigerators, sinks, screens, mini blinds, etc	1465		23,026.10				
	Non-Dwelling Structures & Building Envelope Integrity including but not limited to roofs, windows, doors, floors, etc	1470		23,026.10				
	Non-Dwelling Equipment including but not limited to office equipment, mowers, trucks, equipment, tools, etc.	1475		20,526.10				

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.

Exhibit: Section 8 KY017

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

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

Part I: Summary					
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No: KY36P017501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	99,362			
3	1408 Management Improvements	67,300			
4	1410 Administration (may not exceed 10% of line 21)	49,681			
5	1411 Audit	2,500			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	47,000			
10	1460 Dwelling Structures	128,621			
11	1465.1 Dwelling Equipment—Nonexpendable	37,250			
12	1470 Non-dwelling Structures	30,000			
13	1475 Non-dwelling Equipment	35,096			
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: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No:KY36P017501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2010 FFY of Grant Approval: 2010			
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/2009		<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)	496,810			
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.

Part II: Supporting Pages								
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No: KY36P017501-10 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	
PHA-Wide	Operation	1406	99,362					
	Management Improvement & Training	1408	67,300					
	Administration	1410	49,681					
	Audit Cost	1411	2,500					
	Site Improvements including but not limited to new sidewalks, patio, lighting, etc.	1450	47,000					
PHA-Wide	Dwelling Structures & Building Envelope Integrity including but not limited to roofs, windows, floors, furnaces, HVAC, water heaters, sinks, commodes, faucets, doors, handles, etc.	1460	128,621					
	Dwelling Equipment including but not limited to stoves, refrigerators, sinks, screens, mini blinds, etc	1465	37,250					
	Non-Dwelling Structures & Building Envelope Integrity including but not limited to roofs, windows, doors, floors, etc	1470	30,000					
	Non-Dwelling Equipment including but not limited to office equipment, mowers, trucks, equipment, tools, etc.	1475	35,096					

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.

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 Housing Authority of Maysville (KY017)		Locality (City/County & State) Maysville Mason County Kentucky			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name PHA -WIDE	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	292,450	310,331	305,810	296,221
C.	Management Improvements		36,000	32,000	32,000	21,000
D.	PHA-Wide Non-dwelling Structures and Equipment		38,000	42,000	35,000	55,000
E.	Administration		52,350	54,904	53,259	54,602
F.	Other					
G.	Operations		104,700	109,808	106,518	109,204
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		523,500	549,043	532,587	546,027
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 II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2</u> FFY <u>2011</u>			Work Statement for Year: <u>3</u> FFY <u>2012</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL Statement	PHA-WIDE			PHA WIDE		
	1460 Dwelling Structures – Roof Replacement New Windows/Doors Kitchen/Bath Upgrade/ Interior Painting Interior UPCS Improvements		289,646	1450 Site Improvement Exterior UPCS Improvements including Paving, Sidewalk replacement, drainage, etc		40,223
	1470 Non-dwelling Structures Upgrade bathrooms in community centers, roofs, etc		15,000	1460 Dwelling Structures New Windows/Doors Kitchen/Bath Upgrade Continue/ Interior Painting Electrical Upgrades Interior UPCS Improvements		231,608
	1475 Non-dwelling Equipment Vehicle replacement, maintenance equipment, new kitchen equipment for community center, security camera		23,000	1465.1 Dwelling Equipment— Nonexpendable including but not limited to stoves, refrigerators, mini blinds etc		36,000
				1470 Non-dwelling Structures Roof replacement a/c system for community center new flooring in community centers and office		17,000
				1475 Non-dwelling Equipment Vehicle replacement, mowing equipment, office equipment, security camera		25,000
	Subtotal of Estimated Cost		\$327,646	Subtotal of Estimated Cost		\$349,831

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 II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year <u>4</u> FFY <u>2013</u>			Work Statement for Year: <u>5</u> FFY <u>2014</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL						
Statement	PHA WIDE			PHA WIDE		
	1450 Site Improvement Exterior UPCS Improvements including Paving, Sidewalk replacement, drainage, etc		50,000	1450 Site Improvement Exterior UPCS Improvements including Paving, Sidewalk replacement, drainage, etc		55,000
	1460 Dwelling Structures New Windows/Doors Kitchen/Bath Upgrade Continue/ Interior Painting Electrical Upgrades Interior UPCS Improvements, furnace replacements		176,000	1460 Dwelling Structures New Windows/Doors Kitchen/Bath Upgrade Continue/ Interior Painting Electrical Upgrades Interior UPCS Improvements		197,471
	1465.1 Dwelling Equipment— Nonexpendable including but not limited to stoves, refrigerators, mini blinds etc		52,310	1465.1 Dwelling Equipment— Nonexpendable including but not limited to stoves, refrigerators, mini blinds etc		51,250
	1470 Non-dwelling Structures Expand Beechwood Community Center		45,000	1470 Non-dwelling Structures Finishing Beechwood Community center to include laundry room for elderly.		45,000
	1475 Non-dwelling Equipment Vehicle replacement, mowing equipment, office equipment, security camera		15,000	1475 Non-dwelling Equipment Vehicle replacement , office equipment, security camera		10,000
	Subtotal of Estimated Cost		\$338,310	Subtotal of Estimated Cost		\$358,721

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Melissa Humphries</u> Print Name: <u>Melissa Humphries</u> Title: <u>Executive Director</u> Telephone No.: <u>606-564-4406</u> Date: <u>10/28/09</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

The Housing Authority of Maysville has not made payment Or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee or any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any covered Federal action.

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or ___ Annual PHA Plan for the PHA fiscal year beginning 2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of Maysville
PHA Name

KY017
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 2010 - 2010

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
<u>Jerry Ormes</u>	<u>Chairman of Board</u>
Signature	Date
	<u>10/28/09</u>

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of Maysville

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

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

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Melissa Humphries

Title

Executive Director

Signature



Date (mm/dd/yyyy)

10/28/2009

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of Maysville

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or 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 penalties that may be imposed upon employees for drug 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 employee in the statement required by paragraph a that, 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 subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d (2), with respect to any employee who is so 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 satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes 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 paragraphs a thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding)

600 Clark Street	Maysville KY 41056	533 Clark Street	Maysville KY 41056
001 - 074 Meadow Drive	Maysville KY 41056	1022 Hill Avenue	Maysville KY 41056
600 Central Avenue	Maysville KY 41056	1121 Hill Avenue	Maysville KY 41056
801 Bank Street	Maysville KY 41056	803 Bank Street	Maysville KY 41056
805 Bank Street	Maysville KY 41056	300 Wood Street	Maysville KY 41056
101-126 Elizabeth Street	Maysville KY 41056	400-500 Beechwood Drive	Maysville KY 41056
Amo Peters Community Center - Meadow Dr	Maysville KY 41056	Beechwood Community Center	Maysville KY 41056

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Melissa Humphries	Title Executive Director
Signature x <i>Melissa Humphries</i>	Date October 28, 2009

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

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

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

Housing Authority of Maysville
PHA Name

KY017
PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official	Title
<u>Jerry Ormes</u>	<u>Chairman of Board</u>
Signature	Date
<u>Jerry Ormes</u>	<u>10/28/09</u>

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

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

Part I: Summary

PHA Name: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KY36R017502-06 Date of CFP:	FFY of Grant: 2006 FFY of Grant Approval: 2006
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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)	16,961		16,474	16,474
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: *Melinda Humphries* Date: *9/6/09*
 Signature of Public Housing Director: *James J. ...* Date: *9/10/2009*

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

PHA Name: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KY36R017502-07 Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007
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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)	16,419			
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: *Melissa Humphries* Date: *9/6/09*
 Signature of Public Housing Director: *Andrew J. ...* Date: *9/16/2009*

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

PHA Name: Housing Authority of Mayville	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KY36R017502-08 Date of CFFP:	FFY of Grant: 2006 FFY of Grant Approval: 2008
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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)	17,770			
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				

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

Signature of Executive Director: *Melissa Humphreys* Date: *6/6/09* Signature of Public Housing Director: *Shirley Howard* Date: *9/6/2009*

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

PHA Name: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KY36R017502-09 Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Line	Type of Grant	Original Annual Statement <input checked="" type="checkbox"/> Original Annual Statement Performance and Evaluation Report for Period Ending: 08/2009	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies	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)		19,522				
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		<i>Melissa Humphreys</i>	Date	<i>9/11/09</i>	Signature of Public Housing Director	<i>Steve J. Ward</i>	Date	<i>9/11/2009</i>

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

PHA Name: Housing Authority of Maysville	Grant Type and Number Capital Fund Program Grant No: KY36S017501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: 08/2009
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹	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)	614,249		284,738.56	179,182.84	
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 <i>Melissa Humphreys</i>		Date <i>9/16/09</i>	Signature of Public Housing Director <i>James Jordan</i>		Date <i>9/16/2009</i>	

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: 2006	
PHA Name: Housing Authority of Maysville		Grant Type and Number Capital Fund Program Grant No: KY36P017501-06 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2006	

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)	415,963	415,963	415,963	415,963
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 <i>Melissa Humphries</i>	Date 9/6/09	Signature of Public Housing Director <i>Sharon Jordan</i>	Date 9/6/2009
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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	
PHA Name: Housing Authority of Maysville		FFY of Grant Approval: 2007	
Grant Type and Number: Capital Fund Program Grant No: KY36P017501-07			
Replacement Housing Factor Grant No: _____			
Date of CFFP: _____			

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: 08/2009
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: _____)
 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)	432,011	432,011	432,011	382,819.36
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 <i>Melissa Humphries</i>		Date <i>9/6/09</i>	Signature of Public Housing Director <i>Andrew D. Ward</i>	Date <i>9/6/2009</i>	

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 RHP 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 Maysville		FFY of Grant Approval: 2008	
Grant Type and Number: Capital Fund Program Grant No: KY36P017501-08			
Replacement Housing Factor Grant No: _____			
Date of CFFP: _____			

Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies

Performance and Evaluation Report for Period Ending: 08/2009 Revised Annual Statement (revision no: _____)

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)	467,495	467,495	286,690.99	250,941.44
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: <i>Melinda Humphries</i>		Date: <i>9/6/09</i>	Signature of Public Housing Director: <i>Andrew Jones</i>		Date: <i>9/6/2009</i>

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 Maysville	Grant Type and Number Capital Fund Program Grant No: KY36P017501-09 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval: 2009	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: 08/2009 Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
		Total Estimated Cost		Total Actual Cost ¹	
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)	460,522			
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 <i>Melissa Humphries</i>		Date <i>9/11/09</i>	Signature of Public Housing Director <i>Andrea G. ...</i>		Date <i>9/11/2009</i>

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	
PHA Name: Housing Authority of Maysville		FFY of Grant Approval: 2010	
Grant Type and Number: Capital Fund Program Grant No: KY36P017501-10			
Replacement Housing Factor Grant No: [blank]			
Date of CFFP: [blank]			

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

Performance and Evaluation Report for Period Ending: 08/2009

Line	Summary by Development Account	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)	496,810			
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: *Melissa Humphries* Date: *9/6/09*
 Signature of Public Housing Director: *[Signature]* Date: *9/10/2009*

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.