

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

1.0	PHA Information PHA Name: <u>HOUSING AUTHORITY OF ALBANY</u> PHA Code: <u>KY046</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>30</u> Number of HCV units: _____				
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
	PHA 1:				PH HCV
	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 PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. 1. Reduce public housing vacancies: AVERAGE 98% OCCUPANCY 2. Improve public housing management: MAINTAIN 100% 3. Increase customer satisfaction: MAINTAIN 100% 4. Renovate or modernize public housing units: COMPLETE 100% 5. Make aware, uphold and enforce VAWA Policy as it applies.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. (a) HAA revised our Annual PHA Plan to reflect work items funded through the American Recovery and Reinvestment Act (ARRA). (b) PHA Plans may be obtained at the Housing Authority of Albany office.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> N/A				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. ATTACHMENT: A 2009 ATTACHMENT: B 2008 ATTACHMENT: C 2007 ATTACHMENT: D 2010				
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 CFP financing. ATTACHMENT: A 2009 ATTACHMENT: B 2008 ATTACHMENT: C 2007 ATTACHMENT: C 2010				
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. ATTACHMENT: E				
8.3	Capital Fund Financing Program (CFPP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>ATTACHMENT: F</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <ol style="list-style-type: none"> 1. Employ effective maintenance and management policies to minimize the number of public housing units off-line. 2. Reduce turnover time for vacated public housing units. 3. Reduce time to renovate public housing units. 4. Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required. 5. Participate in the consolidated Plan development process to ensure coordination with broader community strategies. 6. Adopt rent policies to support and encourage work. 7. Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing.
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ol style="list-style-type: none"> (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. ATTACHMENT: G (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”. ATTACHMENT: H
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> <ol style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

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

ATTACHMENT: A Part I: Summary		
PHA Name: Housing Authority of Albany	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: 2009	FFY of Grant: 2009 FFY of Grant Approval: 2009

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost 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	3,600.00	3,600.00	3,600.00	900.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	40,460.00	40,060.00	7,863.11	7,863.11
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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ATTACHMENT: A Part I: Summary					
PHA Name: Housing Authority of Albany	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: 2009	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:		<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)	44,060.00	44,060.00	11,463.11	8,763.11
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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ATTACHMENT: B Part I: Summary						
PHA Name: Housing Authority of Albany		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: 2008			FFY of Grant: 2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 11/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
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)	1,000.00	125.70	125.70	125.70	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	3,000.00	3,000.00	3,000.00	3,000.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	4,000.00	1,226.50	1,226.50	1,226.50	
10	1460 Dwelling Structures	36,696.00	40,343.80	40,343.80	40,343.80	
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					

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ATTACHMENT: B Part I: Summary					
PHA Name: Housing Authority Of Albany		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: 2008		FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input 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
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)	44,696.00	44,696.00	44,696.00	44,696.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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ATTACHMENT: C Part I: Summary					
PHA Name: Housing Authority of Albany		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: 2007			FFY of Grant: 2007 FFY of Grant Approval:
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: 09/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	500.00	60.00	60.00	60.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,000.00	3,000.00	3,000.00	3,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	36,397.15	34,557.17	34,557.17	34,557.17
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	1,710.85	3,990.83	3,990.83	3,990.83
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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PHA Name: Housing Authority of Albany		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: 2007		FFY of Grant:2007 FFY of Grant Approval:	
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 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
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)	41,608.00	41,608.00	41,608.00	41,608.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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ATTACHMENT: D Part I: Summary						
PHA Name: Housing Authority of Albany		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: 2010			FFY of Grant: 2010 FFY of Grant Approval:	
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					
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	4,800.00				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	40,460.00				
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					

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ATTACHMENT: D Part I: Summary					
PHA Name: Housing Authority of Albany	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: 2010	FFY of Grant:2010 FFY of Grant Approval:			
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 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
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)	45,260.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director			Signature of Public Housing Director		
Date			Date		

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ATTACHMENT: E Capital Fund Program – Five Year Action Plan

PAR I: SUMMARY

PHA Name/Number		Locality (City/County & State)				<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>	
B	Physical Improvements Subtotal	Annual Statement	\$ 40,460.00	\$ 40,460.00	\$ 40,460.00	\$ 40,460.00	
C.	Management Improvements						
D.	PHA-Wide Non-dwelling Structures and Equipment						
E	ADMINISTRATION						
F.	Other						
G.	Operations		\$ 4,800.00	\$ 4,800.00	\$ 4,800.00	\$ 4,800.00	
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds						
L.	Total Non-CFP Funds						
M.	Grand Total		\$ 45,260.00	\$ 45,260.00	\$ 45,260.00	\$ 45,260.00	

ATTACHMENT: F Housing Needs of Families on the PHA's Waiting Lists

Waiting list type: (select one)

Section 8 tenant-based assistance

Public Housing

Combined Section 8 and Public Housing

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	10		2
Extremely low income <=30% AMI	7	70%	
Very low income (>30% but <=50% AMI)	2	20%	
Low income (>50% but <80% AMI)	1	10%	
Families with children	6	60%	
Elderly families			
Families with Disabilities	5	50%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	4	40%	
2 BR	4	40%	
3 BR			
4 BR	2	20%	
5 BR			
5+ BR			

ATTACHMENT: F Housing Needs of Families on the PHA's Waiting Lists

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

If yes:

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

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

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? No Yes

ATTACHMENT G
HOUSING AUTHORITY OF ALBANY
MISSION AND GOALS
5-YEAR PLAN / 2005-2009

ACCOMPLISHMENTS

1. PHA has received and maintained 100% scoring factor.
2. Achieved 98% occupancy rate.
3. Increased rent revenue
4. Renovated and maintained all units in public housing in a quality manner.
5. PHA CF2005, CF2006 was closed out with no findings.
6. Completed site improvements such as:
 - (a) Installation of HVAC units
 - (b) Replaced interior doors in units
7. Replaced office furniture.
8. Purchased new computer for office.
9. Purchased new maintenance equipment
10. Repaired storm damage to roof.

GOALS

HA-WIDE

1. Install HVAC units.
2. Replace all interior doors.

ATTACHMENT H: SUBSTANTIAL AND SIGNIFICANT AMENDMENT DEFINITIONS

Substantial Amendment Definitions

Substantial Deviation from the 5 Year Plan: Any change in goals or objectives.

Significant Amendment Definitions

Significant Amendment or Modification to Annual Plan: Any change of 20% in funds expected to be expended.

