

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: _____ Lycoming County Housing Authority _____ PHA Code: PA021 _____ PHA Type: <input 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): ___01/2010_____																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____435_____ Number of HCV units: _____675_____																										
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 N/A <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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: To provide safe, decent and affordable home to each eligible family. To provide residents a home they are proud of in a neighborhood they love.																										
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. Retain vacancy level at < 2%; Retain PHAS score of >90%; Increase housing choice by promoting mobility; Modernize public housing with ARRA and CFP funds; Expend all capital funding within three years; Promote self-sufficiency - increase number of employed persons and provide services that increase independence for public housing families.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: on line applications added (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. Administrative and AMP 1 office at 1941 Lincoln Drive, Williamsport, PA or at AMP 2 offices located at 500 Center Street, Williamsport, PA.																										
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 N/A																										
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 CFP financing. SEE ATTACHMENT A																										
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 A																										
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. See insert:</p> <p>Consolidated Plan:</p> <p>The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)</p> <ol style="list-style-type: none"> 1. Providing homeownership opportunities to low income households through downpayment assistance programs 2. Supporting and funding Community Block Grant Initiatives in low income neighborhoods 3. Furthering low income housing initiatives with state tax credit program 4. Allocation of HOME funds in low income communities 5. Homeless Prevention programs that defray rent and/or utility arrearages <p>Jurisdiction Housing Needs:</p> <p>Currently, the housing needs of low income families, elderly residents, and disabled residents are adequately being met with current housing stock. Waiting lists are reasonable and the length of time on them is usually less than several months. Income tiering is used for placement on the waiting list and local preferences assure that the lowest income residents needs are met first with preferences also given to elderly and disabled applicants. Total applicant list is about 150 individual applicants (some appear on the lists for several sites) and annual unit turnover is an average of 147 units per year. Neither ethnicity or race are issues for this geographic area. Race and ethnicity averages in each site mirror the neighborhood statistics and the general county-wide population according to census data and local surveys. Applications and admissions are based on non-race/ethnicity criteria assuring all applicants are treated fairly.</p>
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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. Our strategy to meet housing needs includes using local and state data to drive the types of housing we plan (ie homeownership units), our physical needs assessment drives our capital investments and our local preferences for applications assures the needs of extremely low and very low income families/elderly are met. We participate in a reciprocal marketing strategy to get our units marketed to those who need it most and also refer other higher income residents to other locally available housing (tax credit, elderly, etc.) helping to serve applicants with a wide range of incomes. Our self-sufficiency program and our lease enforcement efforts result in adequate turnover to meet the needs of those on the waiting list. We offer online applications to better serve the needs of the disabled and elderly and offer assistance with the applications for those that need it.</p>
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Additional Information. Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

Increase available housing : We have built and are marketing 7 new homes for low income public housing qualified families; we have adequate turnover: Our annual turnover is about 30% of our public housing units, increasing the opportunity for more families with the same number of units; Improved our PHAS and SEMAP scores and continue to modernize our current public housing stock; Increased housing options by promoting mobility at briefings and at counseling sessions; Increased voucher payment standards to 110% of FMR; Promote Self-Sufficiency: Our goals of families meeting self-sufficiency is evident by the number of families moving to market rate housing. The majority of our turnover is due to people moving on to non-assisted housing. We have worked with community job training programs, partner with a daycare service to assist those families who cannot afford daycare, increasing their employability; we continue to promote access to assisted housing by all families regardless of race, color, religion, national origin, sex, familial status, and disability, we continue to partner with local law enforcement agencies to assure safety in all public housing sites.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

9 (b). DEFINITION OF "SUBSTANTIAL DEVIATION" AND "SIGNIFICANT AMENDMENT OR MODIFICATION"

A. Substantial Deviation from the 5-Year Plan

The Lycoming County Housing Authority (LHA) will consider the following to be a substantial deviation from the 5-Year Plan:

- The addition of new activities that do not otherwise further LHA's stated mission or further the goals as set forth in the current 5-Year Capital Plan.
- Insufficient budget authority from HUD necessitating the need to terminate program activities.
- An exception to this definition will be made for any new activities that are adopted to reflect changes in HUD regulatory requirements or as result of a declared emergency; such changes will not be considered a substantial deviation by LHA.

B. Significant Amendment or Modification to the Annual Plan

LHA will consider the following to be significant amendments or modifications:

- Significant changes to rent or admissions policies or organization of the waiting list;
- Addition of new program initiatives not included in the current 5-Year Capital Plan;
- Demolition or disposition, designation, or conversion activities not currently identified in the plan or otherwise approved by HUD;
- An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements or as a result of a declared emergency; such changes will not be considered significant amendments by LHA.

Changes under the above definitions which are funded by any source other than federal funds will not require amendment or modification to the Agency Plan.

10.0

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

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

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

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

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: Lycoming County	Grant Type and Number	FFY of Grant Approval:	
Housing Authority	Capital Fund Program Grant No: PA26FO21501-10	Date of CFFP:	
	Replacement Housing Factor Grant No:		

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:)			
			Final Performance and Evaluation Report	Total Actual Cost ¹		
	Summary by Development Account		Original	Revised ²	Obligated	Expended
1	Total non-CFFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		50000			
3	1408 Management Improvements		46408			
4	1410 Administration (may not exceed 10% of line 21)		61100			
5	1411 Audit		1000			
6	1413 Liquidated Damages					
7	1430 Fees and Costs		29654			
8	1440 Site Acquisition					
9	1450 Site Improvement		112690			
10	1460 Dwelling Structures		310376			
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 CFFP 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: Lycoming County Housing Authority	Grant Type and Number Capital Fund Program Grant No.: PA26PO21501-10 Replacement Housing Factor Grant No.:	FFY of Grant Approval:	
Date of CFPP:			

Line	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost ¹	Expended
			Revised ²	Final Performance and Evaluation Report			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report							
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)	611228					
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	
<i>[Signature]</i>		10/7/09					

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 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 II: Supporting Pages		PHA Name: Lyncoming County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26PO21501-10 CHFP (Yes/No): Replacement Housing Factor Grant No:	Federal FFY of Grant: 2010		Total Estimated Cost		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised ¹	Funds Obligated ²	Funds Expended ²			
AMP 1	Operations (Utilities)	1406	Amp-wide	25000						
AMP 2	Operations (Utilities)	1406	Amp-wide	25000						
HA Wide	Management Improvements Crime Prevention Activities Youth Anti-Gang Activities Computer Upgrades	1408		15000 20000 11408						
HA-Wide	Administrative	1410		61100						
AMP 1 PA 21-2	Add cement slabs between patios	1450	76	91200						
	Replace site boundary fence	1450	600 ft.	15000						
	Add window well covers	1460	152	17936						
AMP 1 PA21-5	Replace Siding	1460	7800 sf	45000						
	Replace windows	1460	192	78000						
	Replace soffit, fascia, gutters	1460	840 lf	65000						
	Replace roofs	1460	15000 sf	45000						
	Replace hall carpet	1460	1300 sf	6500						
	replace lobby, comm. room, & bath floor	1460	692 sf	9000						
	Repair, sandblast, and epoxy finish storm doors	1460	28	4500						
	Replace clothes line posts	1450	20	4200						
	Reseal and reline parking lot	1450	7500 sf	2290						
AMP 2 PA21-4	Replace kitchen and bath plumbing	1460	20 units	39440						
HA Wide	Architect Fees	1430		29654						
HA Wide	Audit Fees	1411		1000						

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	Development Number and Name	Work Statement for Year 1 FFY __ 2010 __	Locality (City/County & State)		Original 5-Year Plan <input checked="" type="checkbox"/>		Revision No: <input type="checkbox"/>	
			Work Statement for Year 2 FFY __ 2011 __	Work Statement for Year 3 FFY __ 2012 __	Work Statement for Year 4 FFY __ 2013 __	Work Statement for Year 5 FFY __ 2014 __		
B.	Physical Improvements Subtotal	403066	309940	403066	403066	403066	403066	
C.	Management Improvements	46408	46408	46408	46408	46408	46408	
D.	PHA-Wide Non-dwelling Structures and Equipment	93126	93126					
E.	Administration	61100	61100	61100	61100	61100	61100	
F.	Other AUDIT Fees & Costs Contingency	1000 29654 20000	1000 29654 20000	1000 29654 20000	1000 29654 20000	1000 29654 20000	1000 29654 20000	
G.	Operations	50000	50000	50000	50000	50000	50000	
H.	Demolition							
I.	Development							
J.	Capital Fund Financing – Debt Service							
K.	Total CFP Funds							
L.	Total Non-CFP Funds							
M.	Grand Total	611228	611228	611228	611228	611228	611228	

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary (Continuation)

PHA Name/Number	Development Number and Name	Work Statement for Year 1 FFY 2010	Locality (City/county & State)		Original 5-Year Plan		Revision No:	
			Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014		
	HA WIDE	Annual Statement	188162	188162	188162	188162		
AMP 1	Penn Vale		0	93126	363626	158570		
	Michael Ross		0	0	0	0		
	Robert Montgomery		0	0	0	0		
AMP 2	PD Mitchell		0	0	0	3600		
	Peter Herdic/Round Houses		0	0	0	112395		
	William Hepburn		39440	64440	428256	309940		

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part II: Supporting Pages – Physical Needs Work Statements(s)

Work Statement for Year 1 FFY _____ 2010 _____	Work Statement for Year _____ 2 _____			Work Statement for Year: _____ 3 _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
AMP 2, PA 21-4 W/m. Hepburn				AMP 2 21-4 1460 Replace apartment windows	286	133000
Replace apartment flooring and hall carpet	56817 sf	369310		1450 Replace sidewalks around front of bldg.	40 yds	13000
1460 Replace medicine cabinet and add GFCI outlet	100	19506		1450 Replace curbing	300 ft.	10000
1460 Replace bath and kitchen plumbing	20 units	39440		1460 Repair balconies	104	104000
				1450 Line/seal parking lot	30000 sf	7500
				1470 Add storage shed	1	3000
1502 Contingency		34810		1460 Replace bath and kitchen plumbing	20 units	39440
				PA21-11 Penn Vale 1470 Replace Comm. Center and Pavilion Roofs	2000 sf	23810
				1470 Replace heat/cool units comm. Center	9	36000
				Seal parking lot	10000 sf	2000
				1470 Replace comm. ctr. Siding	20000 sf	31316
				1502 Contingency		20000.
				Subtotal of Estimated Cost		\$423066
				Subtotal of Estimated Cost		\$423066

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 2010	Work Statement for Year 2013	Work Statement for Year 2014	Work Statement for Year 2015		
Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
AMP 1 21-11 Penn Vale	19 bldgs	288310	AMP 1, 21-11 Penn Vale	19 bldgs @18 plants/bldg	70560
1460 Replace siding, soffit, fascia, gutter and gable vents			1450 Replace Landscaping lost from construction		
1460 Replace bedroom and closet doors	1008	75316	1450 Add water feature	1	30810
			1460 Repair brickknold	112 units x 2 doorways	11200
			1450 Concrete between patios	56	46000
AMP 2 PA21-4 1460 Replace bath & Kitchen plumbing	20 units	39440	AMP2 21-14 Round Houses	19 units, 7500 sf siding and 60 plants/bushes	37400 1995
			AMP 2 21-1 PD Mitchell		
			1460 Add window well covers	72	3600
1502 Contingency		20000	AMP 2 PA 21-4 Wm. Hepburn		
			1460 Add deadbolts	100	25000
			1460 Replace Bath & Kitchen Plumbing	20 units	39440
			AMP2 Peter Herdic		
			1470 Add roof for patio	1	3000
			1475 Replace generator	1	70000

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

Part II: Supporting Pages

PHA Name: Lycoming Housing

Development # Name/HA-Wide Activities	General Description of Major Work Categories	Grant Type and Number Capital Fund Program Grant No: PA26PO21501-09 Replacement Housing Factor Grant No:		Total Estimated Cost		Federal FY of Grant: 2009		Status of Work
		Dev. Acct No.	Quantity	Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations (operating subsidy shortfalls)	1406						Ongoing
Amp 1	Amp 1 utility costs			25000				
Amp 2	Amp 2 utility costs			25000				
AMP 1 and AMP 2 Various sites	Management Improv. Computer Software; Resident/Youth educational, recreational and social enrichment programs for public housing residents/youth ; After School and summer school programs crime/fraud prevention, investigative services staff training in CAP fund management	1408		3000		0	0	Ongoing
				30000				
HA wide	Administrative Oversight	1410		43228		0	0	Ongoing
HA wide	Audit	1411		1000		0	0	Scheduled

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

Part II: Supporting Pages

PHA Name: Lycoming Housing

Development # Name/HA-Wide Activities	General Description of Major Work Categories	Grant Type and Number		Total Estimated Cost		Federal FY of Grant:		Status of Work
		Capital Fund Program Grant No:	Replacement Housing Factor Grant No:	Original	Revised	2009	2009	
AM/P 1, AM/P 2 various sites	A&E and construction inspections Cap Fund projects: Kitchens at 21-5; flooring at 21-5; furnaces at 21-5; warehouse addition; 21-2 storm doors; Penn Vale vanities and bath floors: 62-1 doors and windows; 21-5 electrical panel relocation; Penn Vale furnaces; 21-4 and 62-1 community room kitchen replacements; 21-4 balcony lights and storm doors	1430		29000		0	0	As projects advance
Amp 2 PA62-2	Maynard Ballfield Lighting	1450		55000		0	0	Out for bid
Amp 1 PA21-7,8,9, 10	Playground Equipment For Penn Vale Public Housing Site	1475		50000		0	0	Out for Bid
AM/P 2 PA21-4	Replace kitchen, bath, and vertical plumbing in highrise	1460		299000		0	0	Planning
AM/P 2	Replace snow removal/lawn care equipment	1475		10000		0	0	Bid process
Amp 1 PA21-11	Replace bathrooms at Community Center	1470		35000		0	0	Planning

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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: Lyscoming County	Grant Type and Number	FFY of Grant Approval:	
Housing Authority	Capital Fund Program Grant No: PA26S01501-09	Replacement Housing Factor Grant No:	
	Date of CFFP:		

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1		Total non-CFF 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)	100000		20000	9918.02
5		1411 Audit				
6		1415 Liquidated Damages				
7		1430 Fees and Costs	125000		40000	26703.46
8		1440 Site Acquisition				
9		1450 Site Improvement	386000		0	0
10		1460 Dwelling Structures	723479		0	0
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.
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³ PIFAs 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: 2009	
PHA Name: Lycensing County Housing Authority	Grant Type and Number Capital Fund Program Grant No.: PA26S01501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

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)	61422	0	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	1395901	60000	36621.48	
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
<i>[Signature]</i>		10/7/09			

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³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.
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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
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Lycorning County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26SS02150109 Replacement Housing Factor Grant No:		CFPP (Yes/No): N		Federal FFY of Grant: 2009		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
Amp 1								
PA21-2	Replace 20 roofs (from 2012)	1460	20	200000				planning
Michael Ross								
Amp 2								
PA 21-1	Replace 7 roofs (from 2012)	1460	7	70000				
P.D. Mitchell	Replace 36 Furnaces(from 2011)	1460	36	125613				
	Add new Porticos (from 2009)	1460	36	54000				
	Remove, Refinish Storm Doors (2009)	1460	72	7200				
	Remove/refinish Handrails (rear/2009)	1460	36	7200				
	Replace Smoke Detectors (2008)	1460	144	15000				
			5					
	Remove clothesline posts (from 2008)	1450	36	17500				
	Replace concrete pads (from 2009)	1450	36	36000				
	Add bushes, trees lost to construction	1450	36	27500				
	Add Tot Lot (from 2009)	1450	1	15000				
	Place utilities underground (from 2008)	1450	site-wide	250000				
	Install area site lighting (from 2008)	1450	18	40000				

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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
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Part I: Summary

PHA Name: Lycorning Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P021506-08 Replacement Housing Factor Grant No: Date of CFFP:	FY of Grant: 2008 FY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies	Total Estimated Cost		Obligated	Total Actual Cost ¹	
			Original	Revised ²		Expended	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³		92800	92800	69600	46400.	
3	1408 Management Improvements		185600	185600	0	0	
4	1410 Administration (may not exceed 10% of line 21)		92800	92800	92800	23121.83	
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs		92800	92800	0	0	
8	1440 Site Acquisition						
9	1450 Site Improvement		85613	0	0	0	
10	1460 Dwelling Structures		378519	378754.75	341040.18	341040.18	
11	1465.1 Dwelling Equipment—Nonexpendable		0	11789.01	11789.01	0	
12	1470 Non-dwelling Structures		0	37651.34	37651.34	0	
13	1475 Non-dwelling Equipment		0	23295.99	23295.99	0	
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHH funds shall be included here.

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

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

Part I: Summary		FY of Grant: 2008	
PHA Name: Lycoming Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P021506-08 Replacement Housing Factor Grant No: Date of CFFP:	FY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	0	12640.91	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	928132	928132	576176.52	410562.01
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	25000	25000	25000	25000
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
 Performance and Evaluation Report for Period Ending:
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 2)
 Final Performance and Evaluation Report

Signature of Executive Director
Christopher D. ...
 Date
 10/7/09

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
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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
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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2008				
PHA Name: Lyncoming Housing Authority		Capital Fund Program Grant No: PA26P021506-08						
		CEFP (Yes/No):						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1 & AMP 2	Operating Costs	1406	NA	92800	92800	69600	69600	In Process
AMP 1 & AMP 2	Resident Programs: Drug programs/screening; after-school/summer school programs; day care center; crafts; job search, Capital Fund Coordinator	1408	NA	185600	185600	0	0	In Process
HA Wide	Administration/Oversight	1410	NA	92800	92800	92800	33183.07	In Process
AMP 1 & AMP 2	Architech Fees/Inspection Costs	1430	NA	92800	92800	0	0	Postponed
PA 21-1 AMP 2	Underground Utilites	1450	50 % site	50000	0	0	0	Postponed
	Install Site Common Area Lighting	1450	8	18113	0	0	0	Postponed
	Remove Existing Clothesline Posts	1450	36	17500	0	0	0	Postponed
	Replace Smoke Detectors	1460	144	15000	0	0	0	Postponed
PA 21-12 AMP 2	Replace Rubber Roof	1460	4000 sq ft	55000	0	0	0	Funged to WHA 05/06
PA 21-5 AMP 1	Replace Apt Flooding	1460	38	130000	0	0	0	Funged 07
	Move Electrical Svc Panel	1460	1	15000	6548	6548	6548	
	Install Dumb Waiter	1460	1	25000	0	0	0	
	Replace Furnaces	1460	10	49000	11786.72	11786.72	11786.72	
	Replace Smoke Detectors	1460	70	7290	1596	1596	1596	
PA 21-11 AMP 1	Furnaces	1460	112	0	140838.28	140838.28	140838.28	From 2010
PA 21-4 AMP 2	Balcony Doors & Lights	1460	22	0	8033.75	8033.75	8033.75	From 2009
PA 21-12 AMP 2	Community Room Kitchen	1470	1	0	12716.34	12716.34	12716.34	From 2010
	Community Room Kitchen	1470	1	0	24935	24935	24935	From 2010
	Replace Windows/Storm Doors	1460	156/38	0	99360	99360	99360	From 2009 & 2011

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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: Lyncoming Housing Authority
 Grant Type and Number: Capital Fund Program Grant No: PA26P021501-06
 Replacement Housing Factor Grant No:
 Date of CFPP:

FY of Grant: 2006
 FFY of Grant Approval:

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:3) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹ Expended
			Original	Revised ²	
1	Total non-CFP Funds				0
2	1406 Operations (may not exceed 20% of line 21) ³		53023.49	53023.49	67756.96
3	1408 Management Improvements		67756.96	67756.96	67756.96
4	1410 Administration (may not exceed 10% of line 21)		15372.24	15372.24	15372.24
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		42500.00	16719.55	15328.19
8	1440 Site Acquisition				
9	1450 Site Improvement		135987.86	135987.86	135987.86
10	1460 Dwelling Structures		187487.90	187487.90	187487.90
11	1465.1 Dwelling Equipment—Nonependable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1497 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

Part I: Summary		FFY of Grant: 2006	
PHA Name: Lycoming Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P021501-06 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09		<input type="checkbox"/> Revised Annual Statement (revision no: 3) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	Revised ²	Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	476348.00	421933.15
21	Amount of line 20 Related to LBP Activities	476348.00	
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	
<i>[Signature]</i>		<i>[Signature]</i>	
Date		Date	
10/7/09			

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
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Part I: Summary		FFY of Grant: 2007	
PHA Name: Lycoming County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021502-07 Date of CFFP:	FFY of Grant Approval:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09	Summary by Development Account	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹ Expended
			Original	Revised ²	
1		Total non-CFF 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	173160.00	173160.00	150248.00

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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
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 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2007	
PHA Name: Iyocoming County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021502-07 Date of CFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization of 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)	173160.00		150248.00	150248.00
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				
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Signature of Executive Director 		Date 10/7/09		Signature of Public Housing Director	

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

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

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

Part I: Summary		FFY of Grant: 2008			
PHA Name: Lyeonning County Housing Authority		FFY of Grant Approval:			
Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021502-08 Date of CFFP:					
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFF 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	174648		0	0

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 CFFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2008	
PHA Name: Lyconing County Housing Authority	Grant Type and Number: Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021502-08 Date of CRFP:	FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/09	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
18a	<input type="checkbox"/> Reserve for Disasters/Emergencies	1501 Collateralization or Debt Service paid by the PHA				
18ba	<input type="checkbox"/> Final Performance and Evaluation Report	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)	174648	0		0
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
<i>[Signature]</i>		10/7/04		<i>[Signature]</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 CRFP Grants for operations.
⁴ REIF funds shall be included here.

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

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 XX__standard Annual, __standard 5-Year/Annual or streamlined 5-Year/Annual PHA Plan for the PHA fiscal year beginning 01/01/2010, 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 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.
4. 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.
5. The PHA 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.
6. 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.
7. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
 - 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).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. 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.
10. 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.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.

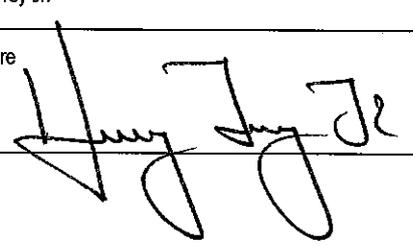
13. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
15. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
16. 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.
17. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
18. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
19. 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) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
20. 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.
21. 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.

Lycoming County Housing Authority
PHA Name

PA021
PHA Number/HA Code

- Standard PHA Plan for Fiscal Year: 2009
- Standard Five-Year PHA Plan for Fiscal Years 20__ - 20__, including Annual Plan for FY 20__
- Streamlined Five-Year PHA Plan for Fiscal Years 2010 - 2015, including Annual Plan for FY 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
Henry Frey Jr.	Chairman
Signature	Date
X 	September 25, 2009

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Lycoming County Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidies and 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 Federal agency 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;

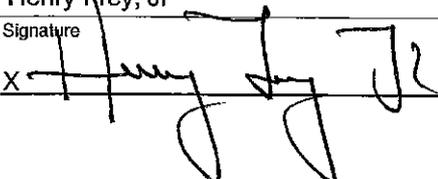
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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.)

- P.D.Mitchell 505 Center Street, Williamsport, PA 17701
- Peter Herdic Highrise, 505 Center Street, Williamsport, PA 17701
- Round Houses, 505 Center Street, Williamsport, PA
- Michael Ross Homes, 1600 Sherman Street, Williamsport, PA 17701
- Penn Vale Apartments 1941 Lincoln Drive, Williamsport, PA 17701
- Robert Montgomery Homes 38 Bower Street, Williamsport, PA 17701
- William Hepburn Highrise, 100 Lycoming Street, Williamsport, PA 17701

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 Henry Frey, Jr	Title Chairperson
Signature 	Date 9-25-09

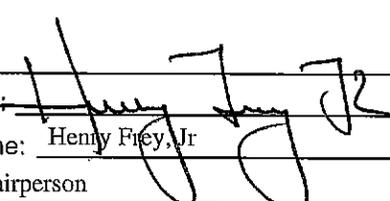
DISCLOSURE OF LOBBYING ACTIVITIES

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 checked="" 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: Public Housing 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:  Print Name: Henry Frey, Jr. Title: Chairperson Telephone No.: 570-323-3755 Date: 9-25-2009	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Lycoming County Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidies and Capital Fund

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

Henry Frey, Jr

Title

Chairperson

Signature

Date (mm/dd/yyyy)

9-25-09

Previous edition is obsolete.

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

CERTIFICATE OF RECORDING OFFICER

- (1) I, Elizabeth A. Turner, hereby certify that I am the duly appointed, qualified and acting Secretary of Lycoming County Housing Authority.
- (2) I am the custodian of the records of said Lycoming County Housing Authority.
- (3) The attached copy of Resolution 1801 **Authorizing Submission of the FY2010 Lycoming County Housing Authority Agency Plan**, is a true and correct copy of said Resolution as adopted at a Regular Meeting of the Board of Directors of Lycoming County Housing Authority.
- (4) Said meeting was duly convened and held in accordance with the By-Laws of Lycoming County Housing Authority, a quorum of said members voted favorably and in a manner required by the By-Laws for the adoption of said Resolution.

IN WITNESS HEREOF, I have hereto set my hand and corporate seal of Lycoming County Housing Authority this 15th day of September 2009.

(SEAL)


Elizabeth A. Turner, Secretary

RESOLUTION 1801

In a regular session of the Board of Directors of Lycoming County Housing Authority, held on September 15, 2009 the following Resolution was introduced by the Secretary, read in full and considered:

BE IT RESOLVED BY THE BOARD OF DIRECTORS OF LYCOMING COUNTY

HOUSING AUTHORITY: That Resolution Authorizing Submission of the FY2010 Lycoming County Housing Authority Agency Plan be Approved.

Kenneth Young moved the foregoing Resolution be adopted as introduced and read, which motion was seconded by Alfreda Baer and upon a roll call the "Ayes" and "Nays" were as

follows:

Ayes

Nays

Alfreda Baer
Henry Frey, Jr.
Kenneth Young

None

Absent: Dorothy Engel
George Girio

The Chairperson thereupon declared said motion carried and said Resolution adopted as **Resolution No. 1801**