

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Corry Housing Authority</u> PHA Code: <u>PA066</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2010</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>75</u> Number of HCV units: <u>159</u>																										
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:8%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:19%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:10%;">PH</th> <th style="width:9%;">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:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <div style="text-align: center;">See Attachment "A" </div>																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  <div style="text-align: center;">See Attachment "B"</div>																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  <div style="text-align: center;">See Attachment "C"</div>																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <div style="text-align: center;">N/A</div>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <div style="text-align: center;">See Attachment "D"</div>																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <div style="text-align: center;">See Attachment "E"</div>																										
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										
<b>9.0</b>	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <div style="text-align: center;">See Attachment "F"</div>																										

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p style="text-align: center;">See Attachment "G"</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. See Attachment "H"</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" See Attachment "I"</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> <p>*(f) See Attachment "J"</p>

## ATTACHMENT A

The mission of the CORRY HOUSING AUTHORITY 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.

## ATTACHMENT B

### CORRY HOUSING AUTHORITY

#### GOALS AND OBJECTIVES

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- PHA Goal: Expand the supply of assisted housing  
Objectives:
  - Apply for additional rental vouchers;
  - Reduce public housing vacancies:
    - Leverage private or other public funds to create additional housing opportunities;
    - Acquire or build units or developments
    - Other (list below)
  
- PHA Goal: Improve the quality of assisted housing  
Objectives:
  - Improve public housing management: (PHAS score)
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction: (Tenant Meetings)
  - Concentrate on efforts to improve specific management functions: Management (list; e.g., public housing finance; voucher unit inspections)
    - Renovate or modernize public housing units;
    - Demolish or dispose of obsolete public housing;
    - Provide replacement public housing;
    - Provide replacement vouchers;
    - Other: (list below)
  
- PHA Goal: Increase assisted housing choices  
Objectives:
  - Provide voucher mobility counseling;
  - Conduct outreach efforts to potential voucher landlords;
  - Increase voucher payment standards;
    - Implement voucher homeownership program;
    - Implement public housing or other homeownership programs;
    - Implement public housing site-based waiting lists;
    - Convert public housing vouchers
  - Other: Increase housing resources available for persons with disabilities

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- PHA Goal: Provide an improved living environment  
Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments;
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments;
- Implement public housing security improvements;
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: INCREASE THE NUMBER OF FAMILIES WITH INCOMES AT OR BELOW 50% OF MEDIAN INCOME IN FAMILY PUBLIC HOUSING.

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- PHA Goal: Promote self sufficiency and asset development of assisted households  
Objectives:
  - Increase the number and percentage of employed persons in assisted families;
  - Provide or attract supportive services to improve assistance recipients' employability.
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: WORK WITH LOCAL OFFICIALS TO COORDINATE WELFARE TO WORK INITIATIVES WITH HOUSING ASSISTANCE.

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability;
  - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability;
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required;
  - Other: (list below)

Other PHA Goals and Objectives:

Corry Housing Authority Goal: Maintain the H.A.'s properties in decent condition at all times.

Objective 1. Achieve and maintain an average response time of 24 hours for all emergency work orders.

Objective 2. Achieve and maintain an average response/completion time of 20 days for all routine work orders.

## ATTACHMENT C

### PHA PLAN AND UPDATE

There have been no revisions of the PHA Plan elements since the last Agency Plan submission in October of 2009.

The Housing Authority has amended the Public Housing Admissions and Occupancy Policy and Residential Dwelling Lease to comply with the Violence Against Women Act (VAWA). This became effective as of January 1, 2008. See Attachment C-1.

The general public may obtain copies of the 5-Year and Annual PHA Plan at the administrative office of the Authority located at 120 South Center Street, Corry, PA 16407.

Addition to Public Housing Admissions and Occupancy Policy and Residential Dwelling Lease:

***PROTECTION OF VICTIMS OF DOMESTIC VIOLENCE***

Criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse. *If the perpetrator of the domestic violence is a member of the household, the Housing Authority may require their removal from the household as a condition of continued occupancy by the family.*

Tenants or family members of tenants who are victims of domestic violence, dating violence, or stalking will not be evicted or terminated from housing assistance based on acts of domestic violence against them unless the Housing Authority can demonstrate that their tenancy is an actual and imminent threat to other residents or employees. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence and will not be "good cause" for termination of the assistance, tenancy or occupancy rights of a victim of such violence.

The Housing Authority retains the authority to evict a tenant for violations of the lease not pertaining to an act or acts of violence against the tenant or a member of the tenant's household, provided the victim is not subject to a more demanding standard than other tenants.

In cases where a family breaks up, the Housing Authority may deny the right of a perpetrator of domestic violence access to the family's unit for distribution of property unless otherwise notified by court order.

*The Housing Authority may require tenants seeking protection under the above provisions to verify or certify their status as a victim of domestic violence, dating violence or stalking.*

ATTACHMENT D

CAPITAL IMPROVEMENTS

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**

PIA Name: Corry Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P06650105 Replacement Housing Factor Grant No: Date of CFPF:	FFY of Grant: 2005 FFY of Grant Approval: 2005
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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	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
			Original	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>
1		Total non-CFP Funds				
2		1406 Operations (may not exceed 20% of line 21) <sup>2</sup>	64,000		64,000	64,000
3		1408 Management Improvements				
4		1410 Administration (may not exceed 10% of line 21)	3,000		3,000	3,000
5		1411 Audit				
6		1415 Liquidated Damages				
7		1430 Fees and Costs				
8		1440 Site Acquisition	5,000		5,000	5,000
9		1450 Site Improvement	6,500		6,500	6,500
10		1460 Dwelling Structures	4,550		4,550	4,550
11		1465.1 Dwelling Equipment—Nonexpendable	15,360		15,360	15,360
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHIF 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

<b>Part I: Summary</b>		FFY of Grant: 2005	
PHA Name: Corry Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P06650105 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2005 FFY of Grant Approval: 2005	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	98,410		98,410	98,410
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 9/30/09	Signature of Public Housing Director		Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHHF 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**

PIHA Name: <b>Corry Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: PA28P06650106 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: 2006 FFY of Grant Approval: 2006
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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	Total Estimated Cost		Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>	
1	<input type="checkbox"/> Reserve for Disasters/Emergencies	Total non-CFP Funds			
2	<input type="checkbox"/> Final Performance and Evaluation Report	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	62,000	64,572	64,572
3		1408 Management Improvements			
4		1410 Administration (may not exceed 10% of line 21)	3,000	3,000	3,000
5		1411 Audit			
6		1415 Liquidated Damages			
7		1430 Fees and Costs	5,000	17,000	17,000
8		1440 Site Acquisition			
9		1450 Site Improvement			
10		1460 Dwelling Structures	9,050	0	
11		1465.1 Dwelling Equipment—Nonexpendable	8,000	5,050	5,050
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 <sup>4</sup>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PIHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>		FFY of Grant: 2006	
PHA Name: Corry Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P06650106 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2006	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	Expended
		Original	Revised <sup>2</sup>		
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)	87,050	89,622	89,622	89,622
21	Amount of line 20 Related to LIBP Activities				
22	Amount of line 20 Related to Section 504 Activities		12,000	12,000	12,000
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>[Signature]</i>		Date 9/30/09	Signature of Public Housing Director		Date

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





Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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 Expires 4/30/2011

**Part I: Summary**

PIA Name: <b>Corry Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: PA28P06650107 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: <b>2007</b> FFY of Grant Approval: <b>2007</b>
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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	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
				Revised <sup>2</sup>	Final Performance and Evaluation Report		Expended	
1		Total non-CFP Funds						
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	64,000	64,000	64,000	64,000	64,000	
3		1408 Management Improvements						
4		1410 Administration (may not exceed 10% of line 21)	3,000	3,000	3,000	3,000	3,000	
5		1411 Audit						
6		1415 Liquidated Damages						
7		1430 Fees and Costs	5,000	24,738	5,000	5,000	5,000	
8		1440 Site Acquisition						
9		1450 Site Improvement						
10		1460 Dwelling Structures	13,238	0				
11		1465.1 Dwelling Equipment—Nonexpendable	6,500	0				
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 <sup>4</sup>						

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PIAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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

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<b>Part I: Summary</b>		FFY of Grant: 2007	
PHA Name: Corry Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P06650107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2007	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	91,738	91,738	72,000	72,000
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 9/30/09	Signature of Public Housing Director		Date

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





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<b>Part I: Summary</b>		<b>PHIA Name: Corry Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P06650108 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09	Summary by Development Account	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>	
1		Total non-CFP Funds			
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	65,000	65,000	35,000
3		1408 Management Improvements			
4		1410 Administration (may not exceed 10% of line 21)	5,000	5,000	5,000
5		1411 Audit			
6		1415 Liquidated Damages			
7		1430 Fees and Costs	3,000	3,000	3,000
8		1440 Site Acquisition			
9		1450 Site Improvement	4,751	500	0
10		1460 Dwelling Structures	14,000	16,315	0
11		1465.1 Dwelling Equipment--None expendable	8,000	0	0
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 <sup>4</sup>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
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 Expires 4/30/2011

Part I: Summary		FY of Grant: 2008	
PHIA Name: Corry Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P06650108 Replacement Housing Factor Grant No: Date of CFP:	FY of Grant Approval: 2008	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09 <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHIA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	99,751	89,815
21	Amount of line 20 Related to LBP Activities		43,000
22	Amount of line 20 Related to Section 504 Activities	4,751	16,815
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 9/30/09	Signature of Public Housing Director
			Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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**

<b>PIHA Name: Cory Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No. PA28P06650109 Replacement Housing Factor Grant No: Date of CFP:	<b>FY of Grant: 2009</b>	<b>FY of Grant Approval: 2009</b>
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Type of Grant		Original Annual Statement		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )		Final Performance and Evaluation Report	
		<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09		<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 <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended		
1	Total non-CFP Funds								
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	60,000							
3	1408 Management Improvements								
4	1410 Administration (may not exceed 10% of line 21)	5,000							
5	1411 Audit								
6	1415 Liquidated Damages								
7	1430 Fees and Costs	1,000							
8	1440 Site Acquisition								
9	1450 Site Improvement								
10	1460 Dwelling Structures	18,346							
11	1465.1 Dwelling Equipment -Nonependable								
12	1470 Non-dwelling Structures	5,000							
13	1475 Non-dwelling Equipment								
14	1485 Demolition								
15	1492 Moving to Work Demonstration								
16	1495.1 Relocation Costs								
17	1499 Development Activities <sup>4</sup>								

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

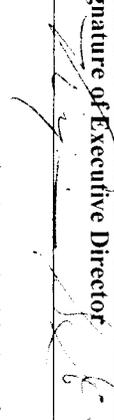
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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

**Part I: Summary**

<b>PHA Name:</b> Cory Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P06650109 Replacement Housing Factor Grant No: Part of CFP:	<b>FY of Grant: 2009</b> <b>FY of Grant Approval: 2009</b>
-----------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

Type of Grant  Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 9/30/09  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	89,346			
21	Amount of line 20 Related to LRP Activities				
22	Amount of line 20 Related to Section 504 Activities	23,346			
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				
<b>Signature of Executive Director</b> 		<b>Date</b> 9/30/09	<b>Signature of Public Housing Director</b>		<b>Date</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA28P06650110 Replacement Housing Factor Grant No: Date of CFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	60,000		
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)	3,000		
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	5,000		
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	30,000		
11	1465.1 Dwelling Equipment—Nonependable			
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 <sup>4</sup>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: Corry Housing Authority	Grant Type and Number Capital Fund Program Grant No.: PA28P0665011010 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2010	

Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: )		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	98,000	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities	30,000	
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 9/30/09	Signature of Public Housing Director
			Date

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





ATTACHMENT E

CAPITAL FUND PROGRAM FIVE-YEAR ACTION PLAN

**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**

PIA Name/Number	Corry Housing Authority	Locality (City/County & State)			X Original 5-Year Plan <input type="checkbox"/> Revision No:	
		Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013
B.	Physical Improvements Subtotal	Annual Statement	30,000	20,000	20,000	20,000
C.	Management Improvements					
D.	PIA-Wide Non-dwelling Structures and Equipment					
E.	Administration		3,000	3,000	3,000	3,000
F.	Other Fees & Costs		5,000	5,000	5,000	5,000
G.	Operations		60,000	60,000	60,000	60,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing -- Debt Service					
K.	Total CHP Funds					
L.	Total Non-CHP Funds					
M.	Grand Total		98,000	98,000	98,000	98,000









ATTACHMENT F

STATEMENT OF HOUSING NEEDS

Housing Needs of families on the Public Housing and Section 8  
Tenant-Based Assistance Waiting List

Section 8 Tenant Based Assistance Waiting List The Corry Housing Authority							
Family Type	# of Families		BDRM Size - 1	BDRM Size - 2	BDRM Size - 3	BDRM Size - 4	
Income $\leq$ 30% of AMI	109						
Income $\geq$ 30% but $\leq$ 50% of AMI	19						
Income $\geq$ 50% but $\leq$ 80% of AMI							
Elderly	8						
Families with Disabilities	28						
White	146						
Black	3						
Hispanic	0						
Other	2						
TOTALS	128						

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 F

STATEMENT OF HOUSING NEEDS

Housing Needs of families on the Public Housing and Section 8  
Tenant-Based Assistance Waiting List

Public Housing Waiting List The Corry Housing Authority							
Family Type	# of Families		BDRM Size - 1	BDRM Size - 2	BDRM Size - 3	BDRM Size - 4	
Income $\leq$ 30% of AMI	79		50	16	13	0	
Income $\geq$ 30% but $\leq$ 50% of AMI	28		23	3	2		
Income $\geq$ 50% but $\leq$ 80% of AMI	4		4	0	0		
Elderly	79						
Families with Disabilities	36						
White	107						
Black	1						
Hispanic	2						
Other	3						
TOTALS	111		77	19	15		

## ATTACHMENT G

### Strategy for Addressing Housing Needs

#### **Need: Shortage of affordable housing for all eligible populations**

#### **Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase Section 8 lease up rates by effectively screening Section 8 applicants to increase owner acceptance of program.
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

#### **Strategy 2: Increase the number of affordable housing units by:**

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed-finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance
- Other (list below)

#### **Need: Specific Family Types: Families at or below 30% median**

#### **Strategy 1: Target available assistance to families at or below 30% of AMI**

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing

## ATTACHMENT H

### CORRY HOUSING AUTHORITY PROGRESS TOWARD FIVE-YEAR PLAN GOALS AND OBJECTIVES

Progress made on specific strategic goals during the 2009 program year is as follows:

#### **Increase the availability of decent, safe, and affordable housing.**

Renovate or modernize public housing units – Planned and scheduled 504 accessible work in accordance with the transition plan as budgets allow. Approximately 5% of the 504 transition plan work items are completed at this time. The Housing Authority has executed a contract with an architect and we are currently waiting for HUD approval on drawings and technical specifications. The Housing Authority has also submitted two competitive grant applications for additional 504 accessible work and energy improvements for their buildings.

Increase voucher payment standards – Conducted annual reviews of Section 8 payment standards to ensure that participating families have effective access to local rental markets.

Increase housing resources available for persons with disabilities – The Housing Authority will continue to network and meet with agencies representing disabled and handicapped individuals.

#### **Improve community quality of life and economic vitality**

Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments – Monitored income levels at public housing communities in accordance with the deconcentration regulation.

Increase the number of families with incomes at or below 50% of median in family public housing – Reviewed and initiated strategies to market families with incomes at or below 50% of median.

#### **Promote self-sufficiency and asset development of families and individuals**

Provide or attract supportive services to increase independence for the elderly or families with disabilities – The Housing Authority continues to network with social service agencies, elderly assistance agencies, and agencies representing disabled/handicapped individuals.

Work with local officials to coordinate welfare to work initiatives with housing assistance – Continued improvements to working relationships with local support service agencies, including TANF agency.

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based Section 8
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to families with Disabilities:**

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other (listed below)

**Need: Specific Family types: Races or ethnicities with disproportionate housing needs**

**Strategy 1; Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate these units
- Market the section 8 program to owners outside of areas of poverty/minority concentrations
- Other (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) reasons for Selecting Strategies**

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other (list below)

## ATTACHMENT H

### CORRY HOUSING AUTHORITY PROGRESS TOWARD FIVE-YEAR PLAN GOALS AND OBJECTIVES

#### **Ensure Equal Opportunity in Housing for all Americans**

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability – Continue to support the concept of fair housing by affirmatively marketing all housing programs.

#### **Maintain the Housing Authority's Properties in Decent Condition at All Times**

##### **Objective 1: Achieve and maintain an average response time of 24 hours for all emergency work orders.**

All emergency work orders have been completed within a 24 hour period. We will continue to maintain a 24 hour response time for all emergency work.

##### **Objective 2: Achieve and maintain an average response/completion time of 20 days for all routine work orders.**

Continue improvements to work order response time – We will continue to maintain an average response/completion time of at or below 20 days for all routine work orders. The current average time is 20 days to complete.

## ATTACHMENT I

### CORRY HOUSING AUTHORITY DEFINITION OF “SIGNIFICANT AMENDMENT” OR “SUBSTANTIAL DEVIATION/MODIFICATION”

According to 24 CFR Part 903.7®, the CHA chooses to define “significant Amendment” or Substantial Deviation/Modification” as follows:

a. Substantial Deviation from the 5-Year Plan and/or Significant Amendment or Modification to the Annual Plan – For Purposes of this plan a substantial deviation from the 5-year plan and/or an amendment or modification to the annual plan will result from any of the following actions:

- Changes to rent or admissions policies or organization of the waiting list.
- Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan).
- Change in use of replacement reserve funds under the Capital Fund.
- Any change in regard to demolition or disposition, designation, homeownership programs or conversion activities.

b. In those circumstances where any of the actions described above are a result of HUD regulatory change such actions will not be considered a substantial deviation or a significant amendment/modification.

ATTACHMENT J  
CORY HOUSING AUTHORITY  
2010 AGENCY PLAN  
RESIDENTS COMMENTS AND SUGGESTIONS

5/5/09 - Pleasant Manor

Resident Meeting

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Will the new unisex bathroom be handicapped.</li><li>• Why is the old handicapped bathroom locked.</li><li>• Would like sink in laundry room.</li><li>• Handicap ramp that was marked out the backside of building</li><li>• Better exhaust fans. Residents that smoke can be smelled in other apartments.</li><li>• New carpet with padding in rooms.</li><li>• New storm doors</li><li>• Window blind in the community room.</li><li>• If kitchen is taken out, can we keep water and sink.</li></ul> | <p>On PHA Plan schedule for 504 work to be completed</p> <p>On PHA Plan schedule for 504 work to be completed</p> <p>Doesn't meet UFAS</p> <p>Originally intended for easy access to west side entrance, but not required to meet UFAS.</p> <p>Will review and consider in future</p> <p>Carpet is only 5 yrs. old</p> <p>Will be put on 5 yr. plan</p> <p>Will Purchase</p> <p>Present kitchen will remain, change to meet UFAS.</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

6/12/09 – Pleasant Manor

Resident Advisory Board Meeting

- |                                                                                        |                                  |
|----------------------------------------------------------------------------------------|----------------------------------|
| <ul style="list-style-type: none"><li>• Gutter need replaced, they all leak.</li></ul> | <p>Part of competitive Grant</p> |
|----------------------------------------------------------------------------------------|----------------------------------|

6/12/09 – Center Place

Resident Advisory Meeting

- |                                                                                                                                                     |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• More attention to snow removal and salting sidewalks, provide salt and shovel for tenants to use.</li></ul> | <p>Authority does not own public sidewalks, will check with Counseling Service Center.</p> <p>Maintenance advised.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

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

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

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

Corry Housing Authority

PA066

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 2010 - 20    

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

Mr. Richard A. Steves

Chairperson

Signature

Date



10/17/09

**Civil Rights Certification**

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

**Civil Rights Certification****Annual Certification and Board Resolution**

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

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

Corry Housing Authority

PA066

\_\_\_\_\_  
PHA Name\_\_\_\_\_  
PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official	Dr. Richard Steves
Title	Chairperson
Signature	
Date	10/27/09

CORRY HOUSING AUTHORITY  
120 SOUTH CENTER STREET  
P.O. BOX 38  
CORRY, PA

PUBLIC HOUSING PROJECTS RECEIVING OPERATING SUBSIDY AND/OR  
CAPITAL FUNDS

PLEASANT MANOR

251 West Pleasant Street  
Corry, PA 16407

CENTER PLACE APARTMENTS

100 North Center Street  
Corry, PA 16407

WEST COURT APARTMENTS

123 Third Avenue, Corry, PA 16407  
125 Third Avenue, Corry, PA  
127 Third Avenue, Corry, PA  
129 Third Avenue, Corry, PA  
131 Third Avenue, Corry, PA  
130 Fourth Avenue, Corry, PA  
132 Fourth Avenue, Corry, PA  
134 Fourth Avenue, Corry, PA  
136 Fourth Avenue, Corry, PA  
122 Fifth Avenue, Corry, PA  
124 Fifth Avenue, Corry, PA

RANDOM COURT DEVELOPMENT

250 Marion Street, Corry, PA  
254 Franklin Street, Corry, PA  
232 Franklin Street, Corry, PA  
152 West Smith Street, Corry, PA  
548 West Church Street, Corry, PA  
121 Fifth Avenue, Corry, PA  
105 Fifth Avenue, Corry, PA

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Corry Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing - Operating Subsidy/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.)

See Attached

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)

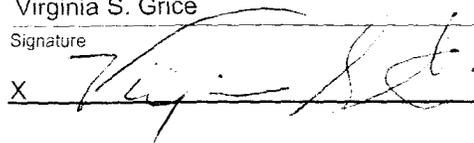
Name of Authorized Official

Virginia S. Grice

Title

Executive Director

Signature

X 

Date

10/2/09

**Certification of Payments  
to Influence Federal Transactions**

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

Applicant Name

Corry Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing - Operating Subsidy/Capital Fund Program

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

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

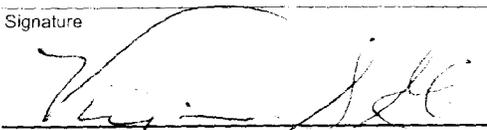
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this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

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

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

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

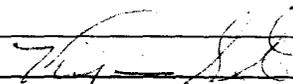
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Virginia S. Grice	Title Executive Director
Signature 	Date (mm/dd/yyyy) 10/07/09

**DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <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	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  <b>Congressional District, if known:</b> 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI): Corry Housing Authority 120 South Center Street P.O. Box 38 Corry, PA 16407	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> 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: <u>Virginia S. Grice</u> Title: <u>Executive Director</u> Telephone No.: <u>814-665-5161</u> Date: <u>10/07/09</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)