

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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STREAMLINED ANNUAL PLAN

FOR FISCAL YEAR 2010

STREAMLINED 5-YEAR

PLAN FOR

FISCAL YEARS 2010-2015

1.0	PHA Information PHA Name: <u>McKean County Housing Authority</u> PHA Code: <u>PA080</u> 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): <u>10/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>216</u> Number of HCV units: <u>356</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of McKean County Housing Authority is built on that of the Department of Housing and Urban Development. To promote and sustain adequate and affordable housing, economic opportunity and a safe, decent and sanitary living environment free from discrimination for all.				

5.2	<p>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.</p> <table border="0"> <thead> <tr> <th data-bbox="162 252 730 294">PHA Goals:</th> <th data-bbox="730 252 1455 294">Objectives:</th> </tr> </thead> <tbody> <tr> <td data-bbox="162 315 730 567">Improve the quality of assisted housing.</td> <td data-bbox="730 315 1455 567"> Renovate or modernize public housing units <ul style="list-style-type: none"> • 504 renovations are complete • Kitchens are being modernized in all 80-1 and 80-14 units and have been completed in 80-2, 80-3 and 80-4 • Exterior face lift completed at 80-1 – Center Hall Apartments • Automatic sliding entry doors installed at 80-3, Riley Road Apartments </td> </tr> <tr> <td data-bbox="162 567 730 924">Increase assisted housing choices</td> <td data-bbox="730 567 1455 924"> Implement public housing site-based waiting lists – this is being done – tenants are asked at the time of application where they want to reside. Increase the housing resources available for persons with disabilities <ul style="list-style-type: none"> • The housing authority works cooperatively with local social service providers to ensure that individuals with disabilities receive necessary services to increase their success at independent living • 504 renovations and reasonable accommodation requests in public housing units make accessible units available to individuals with physical limitations </td> </tr> <tr> <td data-bbox="162 924 730 1260">Provide an improved living environment</td> <td data-bbox="730 924 1455 1260"> Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments <ul style="list-style-type: none"> • Public housing units are occupied by all income levels who are eligible for public housing Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments <ul style="list-style-type: none"> • All applicants have access to all developments no matter how low their income </td> </tr> <tr> <td data-bbox="162 1260 730 1491">Promote self-sufficiency and asset development of assisted households</td> <td data-bbox="730 1260 1455 1491"> Provide or attract supportive services to increase independence for the elderly or families with disabilities. <ul style="list-style-type: none"> • We work cooperatively with all agencies • Career link has made programs available to our residents regarding job readiness and resume writing • Services are posted in administration office </td> </tr> <tr> <td data-bbox="162 1491 730 1680">Ensure equal opportunity and affirmatively further fair housing Objectives</td> <td data-bbox="730 1491 1455 1680"> Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status and disability. Continue existing policy of equal housing opportunity for all eligible households </td> </tr> </tbody> </table>	PHA Goals:	Objectives:	Improve the quality of assisted housing.	Renovate or modernize public housing units <ul style="list-style-type: none"> • 504 renovations are complete • Kitchens are being modernized in all 80-1 and 80-14 units and have been completed in 80-2, 80-3 and 80-4 • Exterior face lift completed at 80-1 – Center Hall Apartments • Automatic sliding entry doors installed at 80-3, Riley Road Apartments 	Increase assisted housing choices	Implement public housing site-based waiting lists – this is being done – tenants are asked at the time of application where they want to reside. 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	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>Section 8 Administrative Plan By-laws Addendum to Public Housing Lease</p> <p>(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. Main Administrative Office located at 410 E. Water Street, Smethport, PA 16749</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. 2006 - 2009</p>
8.2	<p>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.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The McKean County Housing Authority currently has a total of 463 individuals on the Section 8 and Public Housing waiting list. The majority of the waiting list at this time is families with children (54%). Seventy-six percent (76%) of the waiting list falls into the extremely low income category.</p> <p>At this time, McKean County lacks an adequate stock of affordable housing that meets housing quality standards under the Section 8 Program. All public housing units have a waiting list. The housing staff have noted a need for quality affordable housing in the townships surrounding the Bradford area.</p> <p>The Housing Authority recently completed all 504 work, however, we do not have individuals who require an accessible unit at this time. Accessibility is not an issue for the Section 8 Program.</p> <p>The Authority's need at this time is housing stock and additional Section 8 Funding as we are currently at our funding maximum and have been spending down our net restricted asset balance to serve more individuals.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The Authority is always looking for landlords with quality housing who are interested in participating with the Section 8 program. Last year the Authority held landlord information sessions throughout the County in an attempt to educate current landlords and recruit new ones; unfortunately only current landlords attended.</p> <p>In an effort to serve more individuals, the Authority is considering applying for McKinney-Vento Shelter + Care funding and the non-elderly/disabled vouchers.</p>

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Authority has completed all 504 Renovations.</p> <p>The Authority has implemented public housing site-based waiting lists.</p> <p>The Authority works closely with local social service agencies to ensure that the needs of elderly and disabled are being met so that they can maintain their housing.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The McKean County Housing Authority defines "significant amendment" and "substantial deviation/modification" as any change to our plans that requires prior HUD approval.</p>
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11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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Part I: Summary	
PHA Name: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P080501-06 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2006 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 05/31/2010 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		268,140.63	268,140.63	265,583.09
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	30,500.00	-0-	-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	138,565.00	-0-	-0-	-0-
10	1460 Dwelling Structures	138,566.00	48,579.37	48,579.37	48,579.37
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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: McKean County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P080501-06 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2006 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 05/31/2010			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	307,631.00	316,720.00	316,720.00	314,162.46	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities	277,131.00	211,986.40	211,986.40	209,429.06	
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 7/15/10		Signature of Public Housing Director		
				Date		

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Part I: Summary		
PHA Name: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P080501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 05/31/2010 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		86,280.64	79,978.35	79,978.35
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	26,597.00	-0-	-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	54,500.00	3,440.00	3,440.00	3,440.00
10	1460 Dwelling Structures	176,760.00	187,197.71	187,197.71	167,119.88
11	1465.1 Dwelling Equipment—Nonexpendable		1,296.00	1,296.00	1,296.00
12	1470 Non-dwelling Structures	52,000.00	9,944.90	9,944.90	9,944.90
13	1475 Non-dwelling Equipment		19,697.75	19,697.75	19,697.75
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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: McKean County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P080501-07 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2007 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 05/31/2010			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	307,857.00	307,857.00	301,554.71	281,476.88	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities		171,855.88	171,855.88	171,855.88	
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 7/15/10		Signature of Public Housing Director		
				Date		

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Part II: Supporting Pages								
PHA Name: McKean County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA28P080501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Operations	1406			86,280.64	79,978.35	79,978.35	
	Administration	1410		26,597.00				
	Dwelling Structures (504)	1460		-0-	167,119.88	167,119.88	167,119.88	Complete
	Computers/Office Equipment	1475		-0-	19,697.75	19,697.75	19,697.75	Complete
	Replace Toilets	1460		23,760.00	-0-			
	Drainage	1450		50,000.00	-0-			
	Site Improvement (504)	1450		-0-	3,440.00	3,440.00	3,440.00	Complete
	504 Appliances	1465		-0-	1,296.00	1,296.00	1,296.00	Complete
80-1	Unit Lighting	1460		15,000.00	-0-			
	Common Area Lighting	1460		7,800.00	-0-			
	Re-wiring	1460		8,400.00	-0-			
80-2	Boilers	1460		15,000.00	20,077.83	20,077.83	-0-	
	Mailboxes	1450		4,500.00	-0-			
	Siding	1460		35,000.00	-0-			
	Tile Replacement	1460		29,400.00	-0-			
	Re-wiring	1460		10,800.00	-0-			
	Sheds	1470		52,000.00	9,944.00	9,944.00	9,944.00	Complete
80-3	Tile Replacement	1460		8,200.00				
	Re-wiring	1460		3,600.00				

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Part I: Summary	
PHA Name: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P080501-2008 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2008 FFY of Grant Approval:	

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 05/31/2010
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	60,000.00	-0-		
10	1460 Dwelling Structures	194,841.00	302,519.00		
11	1465.1 Dwelling Equipment—Nonexpendable	80,202.00	32,524.00	32,524.00	32,524.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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 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: McKean County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P080501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2008 FFY of Grant Approval:	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 05/31/2010			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	335,043.00	335,043.00	32,524.00	32,524.00
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	80,202.00	32,524.00	32,524.00	32,524.00
Signature of Executive Director		Date 7/15/10		Signature of Public Housing Director	
				Date	

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Part II: Supporting Pages								
PHA Name: McKean County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA28P080501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Concrete	1450		50,000.00	-0-			
	Air Conditioners	1465.1		5,000.00	-0-			
80-1	Kit Cabinets/Countertops/Range Hoods	1460			264,419.00			
	Range Hoods	1460		5,292.00	-0-			
	Exit Doors	1460		7,500.00	-0-			
	Garbage racks/roofs	1450		10,000.00	-0-			
	Exterior Doors - family	1460		16,800.00	-0-			
80-2	Exterior Doors	1460		22,200.00	-0-			
	Appliances	1465.1		33,802.00	-0-			
	Exhaust fans (bathrooms)	1460		7,020.00	-0-			
80-3	Windows (RR) 90	1460		41,000.00	-0-			
	Exterior Doors - (FV)	1460		6,900.00	-0-			
	Appliances	1465.1		30,000.00	32,524.00	32,524.00	32,524.00	Complete 12/09
	Exhaust fans (bathrooms)	1460		5,735.00	-0-			
80-4	Facia & Soffit	1460		15,722.00	-0-			
	Gutters & Downspouts	1460		5,664.00	-0-			
	Entry Doors	1460		7,200.00	-0-			
	Interior Doors	1460		6,348.00	-0-			
	Cove Base	1460		3,464.00	-0-			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: McKean County Housing Authority					Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
80-1	6/2010		6/2012		
80-3	6/2010	12/2009	6/2012	12/2009	
80-14	6/2010		6/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary	
PHA Name: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P080501-09 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 05/31/2010 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	10,000.00	12,645.00		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		40,000.00		
10	1460 Dwelling Structures	285,682.00	170,187.00		
11	1465.1 Dwelling Equipment—Nonexpendable	27,500.00	74,350.00	29,148.00	29,148.00
12	1470 Non-dwelling Structures	9,000.00	-0-		
13	1475 Non-dwelling Equipment	10,000.00	45,000.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: McKean County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P080501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 05/31/2010				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	342,182.00	342,182.00	29,148.00	29,148.00	
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		162,350.00	29,148.00	29,148.00	
Signature of Executive Director		Date 7/15/10		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: McKean County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA28P080501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Operations	1406		10,000.00	12,645.00			
	Computer/Office Equipment	1475		10,000.00	15,000.00			
	Concrete	1450		-0-	20,000.00			from 2008
	Vehicle	1475		-0-	30,000.00			from 2013
80-1	Cabinets & Countertops	1450		189,882.00	50,801.00			from 2008
	Common Lighting	1460		7,800.00	10,000.00			from 2007
	Fence - Medberry	1450			10,000.00			from 2011
	Garbage Racks/roofs	1450			10,000.00			from 2008
	Ranges (All)	1465		27,500.00	29,148.00	29,148.00	29,148.00	Complete 2010
	Gazebos	1470		9,000.00	-0-			to 2011
	Boiler Replacements	1460						moved to 2011
80-2	Appliances	1465			33,802.00			from 2008
	Furnace Replacement	1460		65,000.00	65,000.00			
80-3	Boiler Replacements (RR)	1460		23,000.00	23,000.00			7000 from 2011
80-4	Facia & Soffit	1460			15,722.00			from 2008
	Gutters & Downspouts	1460			5,664.00			from 2008
80-19	Appliances	1465			11,400.00			from 2008
				\$342,182.00	\$342,182.00	29,148.00	29,148.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: McKean County Housing Authority					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	9/2011		9/2013		
80-1	9/2011		9/2013		
80-2	9/2011		9/2013		
80-3	9/2011		9/2013		
80-4	9/2011		9/2013		
80-19	9/2011		9/2013		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary	
PHA Name: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28S080501-09 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 05/31/10 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	169,098.00	161,113.00	161,113.00	10,400.00
10	1460 Dwelling Structures	255,000.00	262,985.00	262,985.00	245,683.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: McKean County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28S080501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 05/31/10				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$424,098.00	\$424,098.00	\$424,098.00	\$256,083.83	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities	225,000.00	225,000.00	225,000.00	225,000.00	
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 07/15/2010		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: McKean County Housing Authority					Federal FFY of Grant: 2009 (Recovery)
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	03/10	09/09	03/10	12/09	
80-1	03/10	12/09	03/10	03/10	
80-2	03/10	03/10	12/10		
80-3	03/10	03/10	12/10		
80-19	03/10	03/10	12/10		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary	
PHA Name: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P080501-10 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval:	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$ 11,681.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00			
10	1460 Dwelling Structures	250,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	70,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

Part I: Summary						
PHA Name: McKean County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P080501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 05/31/2010			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$341,681.00	-0-	-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	\$170,000.00				
Signature of Executive Director		Date 07/15/2010		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: McKean County Housing Authority					Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	09/2012		09/2014		
80-1	09/2012		09/2014		
80-2	09/2012		09/2014		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 McKean County Housing Authority – PA080		Locality (City/County & State) Smethport/McKean County, PA			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	\$ 200,850	\$ 370,000	\$ 290,000	\$ 350,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		159,600		\$ 50,000	
E.	Administration					
F.	Other				\$ 10,000	
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$ 360,450	\$ 370,000	\$ 360,000	\$ 350,000
L.	Total Non-CFP Funds					
M.	Grand Total					

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

CHANGES MADE TO THE ADMINISTRATIVE PLAN

Changes made to the Administrative Plan include but are not limited to the removal of all reference to the Certificate Program. Also, we now conduct electronic payments to the landlords and all language pertaining to accepting checks or endorsing the monthly check has been changed to accepting payment.

Other changes include:

CHAPTER 1 – STATEMENT OF POLICIES AND OBJECTIVES

D. SERVICE POLICY/ACCOMMODATIONS

Verification of a Request for Accommodation

The third para. had read, “A list of accessible units will be provided.” it now reads, “The responsibility of finding an accessible unit remains with the applicant. The Authority will assist applicants without prejudice to any landlord.”

E. FAMILY OUTREACH

The following sentence was added to para. 3: “Such service providers would be, but not limited to senior centers, family centers, physicians’ offices, public assistance offices, unemployment offices, etc.”

F. OWNER OUTREACH

The following words were added to the beginning of para. 2: “Once a calendar year,”

G. PRIVACY RIGHTS

The following sentence was added to para. 2: “The Authority must comply with all applicable Federal and State Right-to-Know laws and regulations.”

The following Section was added:

I. VIOLENCE AGAINST WOMEN ACT POLICY

In response to the Federal Register Notice published on March 16, 2007, the McKean County Housing Authority adopted the following procedures to recognize the right of tenants under the Violence Against Women Act (VAMA). The goal of VAWA is to reduce violence against women to protect women who are victims of abuse.

In order to better meet the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking, the McKean County Housing Authority will follow these procedures:

- Continue to work cooperatively with the local domestic violence and sexual assault program by providing applications and housing assistance to victims of abuse.
- It is the policy of the McKean County Housing Authority to conduct criminal checks on prospective tenants and Section 8 participants. Any person convicted of a sexual abuse crime is not eligible to receive assistance through this office.
- In addition to the initial screening that is conducted prior to admission to the program, any person who is convicted of a sexual abuse crime while receiving assistance is no longer eligible for assistance.

- The current HAP that is signed by the tenant outlines the VAWA provisions. A copy of the HAP is provided to all tenants upon admission to the Housing Choice Voucher program.

L. MONITORING PROGRAM PERFORMANCE

8. Added words: “a minimum of 5 or 5%” to each function

CHAPTER 2 – ELIGIBILITY FACTORS

Added: An applicant must furnish Birth Certificate
“An applicant must meet criminal activity clearance requirements”

A. FAMILY COMPOSITION

The following sentence was added to the third para. under *A Group of persons may be*:
“This information will be verified through the placement agency when applicant’s name reaches the top of the waiting list.”

Split Households Prior to Voucher Issuance

The words “or other criminal activity” was added to the following:
4. Role of domestic violence **or other criminal activity** in the split.

Joint Custody of Children

The following para. was added:
When a court Order or Child Organization requires that a joint custody child requires a separate bedroom, a program participant will be subsidized for the extra bedroom. There must be documentation to support the requirement.

E. OTHER CRITERIA FOR ADMISSION

Changed the reading from **Section 8 Program to any housing authority program** in following:

1. The Family must have not violated any family obligation during a previous participation in **any housing authority program** within the last five years.

Added the word **not** to the following:

When the Authority denies assistance to an applicant that has a disabled family member, the applicant may request a review of the family obligation that was violated, to make sure that the family was **not** denied because of the disability.

4. Was changed from three years to five years to read as:
“No Member of the family may have engaged in drug related, alcohol related or questionable criminal activity in the last five years.

The following para. was added:

“All family members over the age of 18 must sign a criminal history release form. This form will be submitted to a local law enforcement agency who will conduct a complete criminal history on a local, state and Federal level. If an applicant’s criminal history contains any of the above charges, admission into the program must be approved by the Executive Director regardless of when the crime occurred.

5. Was changed from three years to five years to read as:
No family member may have been evicted from public housing for any reason during the last five years. Executive Director must approve admission.
7. This was added:
No applicant can have a criminal history classified as a sexual offender. No one residing in a subsidized housing unit may have a sexual offender status. No one applying for housing assistance can be listed under Pennsylvania’s Megan’s Law. THIS RESTRICTION IS FOR LIFE.

CHAPTER 3 – APPLYING FOR ADMISSION

INTRODUCTION

The following para. was removed:

The primary purpose of the intake function is to gather information about the family, but the Authority will also utilize this process to provide information to the family so that an accurate and timely decision of eligibility can be made. Applicants will be placed on the waiting list in accordance with this Plan.

This para. replaced it:

All parties interested in receiving Section 8 assistance must fill out an application and a criminal history release form. Applicants will be placed on the Waiting List based on the date and time of receipt of the application.

A. HOW TO APPLY AND B. OPENING/CLOSING OF APPLICATION TAKING have been reversed, it is now:

A. OPENING/CLOSING OF APPLICATION TAKING

Para. 5 now reads: “The date and time the application is received in the office will establish placement order on the Waiting List.

B. HOW TO APPLY

The first para, first sentence now reads “Families who wish to apply for one of the Authority’s programs must complete a written application form when **“the waiting list”** (previously read “application taking”) is open.

Changes to the Administrative Plan
Page 4
July 2010

The third para. has been changed to read as:

The application process consists of (1) a review of the application to make sure that all required information is included, (2) a review of Happy Check which is an internet resource used by Housing Authorities to see if an applicant has been on another agency's program and the status of that participation, (3) a review of the HUD mandated EIV (Debts owed to PHAs and Termination Report. (4) a review of the proved income information on the application makes sure that the applicant meets the income limits, (5) placement on the Authority's Waiting List.

C. APPLICATION PROCEDURES

Para. 2 lists questions designed to obtain information. The first item read "Names of adult members and age of all members, it now reads "**Names of all members and age of all members** Added to the list was **Previous married names or aliases.**

F. HAS A TITLE CHANGE: FROM COMPLETION OF A FULL APPLICATION TO PROGRAM BRIEFING PROCESS TO PROGRAM BRIEFING PROCESS

Para. four read: It is the applicant's responsibility to reschedule the interview if she/he misses the appointment. If the applicant does not reschedule or misses two scheduled meetings, the Authority will reject the application. **It now reads:** It is the applicant's responsibility to notify the Authority if they are unable to attend the scheduled Briefing Session and to request to be rescheduled. If the applicant does not reschedule or misses two scheduled meetings, the Authority will reject the application.

In Para.10 the sentenced that read: The family will be given 5 days to supply the information has been changed to read "**The family will be given 10 days to supply the information.**"

CHAPTER 4

ESTABLISHING PREFERENCES AND MAINTAINING THE WAITING LIST

B. WAITING LIST PREFERENCES

Para. four the preference now reads: - **Residency preference for families who reside in McKean County for at least six months.**

Para. seven now reads: An applicant will not be granted any preference if any member of the family has been evicted from any federally assisted housing during the past five (used to be 3) years because of drug-related criminal activity. After the five years, the Executive Director must give authorization to participate in the Program.

F. REMOVAL FROM WAITING LIST AND PURGING

The first para. now reads:

If an applicant fails to respond to a mailing from the Authority within two weeks, the Authority makes an attempt reach them by telephone. An extension will be considered an accommodation

if requested by a person with a disability. If a letter is returned by the Post Office without a forwarding address, the applicant will be removed without further notice, and the envelope and letter will be maintained in the file. If a letter is returned with a forwarding address, it will be re-mailed to the address indicated. If no response and unable to reach by telephone, the Authority waits until after the briefing and if the applicant does not come to the briefing, they are removed from the list. It is the responsibility of the applicant to notify the Housing Authority of any changes in the application (address or telephone).

If an applicant is removed from the waiting list for failure to respond, they will not be entitled to reinstatement unless they can show proof, acceptable to the Authority that they did not receive notice.

The waiting list will be purged annually by a mailing to all applicants to ensure that the waiting list is current and accurate. The mailing will ask for current information and confirmation of continued interest.

CHAPTER 5 – SUBSIDY STANDARDS

A. DETERMINING VOUCHER SIZE

In para. five, the following sentence was added to #3: **“The Authority will work with Children and Youth agencies and meet their requirements.**

In para. five, the following sentence was added to #4: **“Subsidy will be paid for the aides’ bedroom.”**

The last sentence was changed to read:

Children of the same sex with an age difference of five or more years can be assigned to separate bedrooms.

CHAPTER 6 – FACTORS RELATED TO TOTAL TENANT PAYMENT DETERMINATION

B. DEFINITION OF TEMPORARILY/PERMANENTLY ABSENT

Absence of Entire Family

Para. three has been changed to read: “Families are required to notify both the Authority and the landlord if they are going to be absent from the unit for more than thirty (used to read 180) consecutive days.”

The following para. has been added: “If it is determined that the family is absent from the unit, the Authority will require a letter of explanation from the family and the landlord before assistance continues beyond 30 days. The final decision of continuation of assistance lies with the Executive Director.

In para. seven, the following was added as a method to determine if the family is absent:
Contact the landlord

The following has been added:

Absence due to Military Service

If the single head of household is called to military active duty and the children have to be relocated to another household until the head of household returns, the assistance will continue for 180 days. Upon return from active duty, the Executive Director may authorize the reinstatement of the family into the program.

D. MINIMUM INCOME

The following sentence was added: Any Participant who fails to provide at least one written certification every 30 days will have their assistance terminated.

H. LUMP-SUM RECEIPTS

The following sentence was added: “Lump-sum back child support will be annualized as annual income.

L. MEDICAL EXPENSES

The following sentence was added: “Family must provide a letter from a doctor or a prescription documenting the need for the non-prescription drug.”

O. UTILITY ALLOWANCE AND UTILITY REIMBURSEMENT PAYMENTS

The last sentence now reads: “The payment will be made out directly to the utility company.”

CHAPTER 7 – VERIFICATION PROCEDURES

A. METHODS OF VERIFICATION AND TIME ALLOWED

The first para. reads: The Authority will verify information through the five methods of verification acceptable to HUD in the following order:

1. EIV (This was added)
2. Third-Party Written
3. Third-Party Oral
4. Review of Documents
5. Certification/Self-Declaration

E. VERIFICATION OF INCOME

Employment Income added to verification forms request the employer was added:

of hours worked. Hourly Rate \$_____

Taken out of this was:

Year to date earnings, Gross yearly income average, Last date of employment.

Acceptable methods of verification include, in this order:

2. At least six consecutive check stubs (was added)

Unemployment Compensation

Acceptable methods of verification include, in this order (**was changed**)

1. Benefit letter
2. EPII Card Site printout (by tenant)
3. EPII Card printout (by staff with tenant permission)
4. Bank statements showing direct deposit

Alimony or Child Support Payments

Acceptable methods of verification include, in this order:

added to this was: **1. Authority verification form completed by payment provider**

Child Care Business

The following sentence was removed: “If an applicant/participant is operating a licensed day care business, income will be verified with any other business.

Re-occurring Gifts

This was changed to read: The family must provide a third party verification which contains the following information:

Zero Income Status

The following was removed:

The Authority will request information from the IRS.

H – VERIFICATION OF ALLOWABLE DEDUCTIONS FROM INCOME

Child Care Expenses - #3 – the requirement to provide child care provider’s social security number has been deleted.

Medical Expenses - #7 – the following sentence has been added: “Mileage will be counted once The mileage reaches 500 miles annually.

Assistance to Persons with Disabilities

3. Auxiliary Apparatus: The following sentence was added to a:
“Authority must verify that participant/applicant is not being reimbursed from other resources.

Verification of Social Security Numbers

Age six and over has been removed from this section and now reads all family members

CHAPTER 8 – VOUCHER ISSUANCE AND BRIEFINGS

B. BRIEFING TYPES AND REQUIRED ATTENDANCE

Initial Applicant Briefing

The following sentence was added: “A video will be shown to all briefing attendants. The video

describes the Voucher program and the HUD regulations and requirements.

D. TERM OF VOUCHER

Expirations – The following sentence was removed:

When a Request for Lease Approval is received, the Authority will deduct the number of days required to process the request from the 60 day term of the voucher.

Extensions – added extension request must be in writing

CHAPTER 9 – REQUEST FOR LEASE, APPROVAL AND CONTRACT EXECUTION

C. LEASE REVIEW

The second para. was amended to read:

Owners must submit a copy of their own lease (may request a copy of the Public Housing lease for reference). In cases where the owner's lease is used, the HUD lease addendum must be attached and executed.

The third para. was removed: The Authority will encourage owners to use a supply lease provided by the Authority which includes HUD-mandated language. House Rules of the owner may be attached to the lease as an addendum, provided they are approved by the Authority to ensure they do not violate any fair housing HUD provisions.

F. DISAPPROVAL OF PROPOSED RENT (The first two para. now read)

When a landlord offers a unit for rent to a Voucher holder, and the rent amount is higher than non-voucher assisted units, the Authority will work with the owner to negotiate a lower rental amount. If the Owner accepts the offer of a revised rent, the Authority will continue processing the Request for Lease Approval and Lease.

If the Owner is not willing to reduce or adjust the rent and the Voucher holder still desires to rent the property, the Authority must be assured that the Voucher holder does not pay more than 40% of the family's adjusted monthly income towards rent and utilities.

H. OWNER APPROVAL

The following para. were added:

The Housing Authority reserves the right to conduct criminal history checks through the allowable agencies on any or all landlords. Such action may be necessary to protect the integrity of the Authority and the Section 8 Program.

The owner has defaulted another Housing Authority's housing programs.

The owner has not paid State or local real estate taxes, fines or assessments.

J. CONTRACT EXECUTION PROCESS – The following para. have been added

If owner contracts with a third party property manager, evidence of this agreement must be provided by the owner to the Authority.

Owner must provide banking information to the Authority for direct deposit of the HAP.

CHAPTER 10 – HOUSING QUALITY STANDARDS AND INSPECTIONS

A. GUIDELINES/TYPES OF INSPECTIONS – Para. 6 reads:

There are **five** types of inspections the Authority will perform. This has been changed to **four**:

1. Initial/Move-in: Conducted upon receipt of Request for Lease Approval.
2. Annual: Must be conducted within 12 months of the previous HQS or initial/move in inspection.
3. Special/Complaint: At the request of owner, family or an agency or third-party.
4. Quality Control: A quality control inspection will be conducted for 5 percent or a minimum of 5, whichever is higher, of all units which have been inspected throughout the current 12 month HAP period.

C. INSPECTIONS – para. 2 now reads:

If the family does not contact the Authority to reschedule the inspection, or if the family misses two inspection appointments the Authority will consider the family to have violated a Family Obligation and their assistance will be placed on hold in order to make other arrangements with the family.

D. EMERGENCY REPAIR ITEMS – para. four now reads:

If the emergency repair item(s) are not corrected in the time period required by the Authority, and the owner is responsible, the housing assistance payment will be abated and the HAP contract will be placed on hold for no more than 30 days.

J. SPECIAL/COMPLAINT INSPECTIONS – the last para. now reads:

If a special inspection takes place in the same month as the annual inspection would normally take place, it will be considered to be the Annual Inspection.

K. QUALITY CONTROL INSPECTIONS – This para. now reads:

Quality Control inspections will be performed by the Executive Director and/or his/her designee on at least 5 percent (or a minimum of 5, whichever is higher) of the units. The purpose of Quality Control inspections is to ascertain that each inspector is conducting accurate and complete inspections, and to ensure that there is consistency amount inspectors in application of HQS.

CHAPTER 11 – OWNER RENTS, RENT REASONABLENESS AND PAYMENT STANDARDS

E. ADJUSTMENTS TO PAYMENT STANDARDS

Assisted Families' Rent Burdens – now reads:

The Authority will review reports showing the percent of income used for rent by Voucher

families to determine the extent to which the rent burden is more the **40%** of income.

Rent Reasonableness Data Base/Average Contract Rents – this section was removed

CHAPTER 12 – RECERTIFICATIONS

B. ANNUAL RECERTIFICATION/RE-EXAMINATIONS

Para. 2 was removed, it read:

When families move to another dwelling unit an annual recertification will be scheduled (unless a recertification has occurred in the last 120 days) and the anniversary date will be changed.

Collection of Information has been changed to read as follows:

The Authority will require every family member 18 years of age and older, to complete a recertification packet. The packet will be mailed on the 5th day of the month, 90 days prior to the new contract date. The paperwork must be completed and returned no later than the 15th of the same month.

Requirements to Attend - this section was removed

Failure to respond to Notification to Recertify - This section now reads:

The written notification must state which family members are required to complete the paperwork. The family may call to request an appointment for assistance in filling out paperwork.

If the completed paperwork is not returned by the deadline, a reminder letter will be sent with a new deadline. If the paperwork is not returned by the 2nd deadline, a third and final letter will be mailed stating the Authority will terminate assistance to the family, and offer them an informal hearing.

Exceptions to these policies may be made by the Section 8 Coordinator if the family is able to document an emergency situation that prevented them from completing the paperwork.

Documents Required From the Family - The first sentence now reads as follows:

In the recertification packet to the family, the Authority will request the following information for each family member:

CHAPTER 13 – MOVES WITH CONTINUED ASSISTANCE/PORTABILITY

B. RESTRICTIONS ON MOVES

The following sentence was added to para. 3:

The Authority may make exceptions to this rule under certain documented conditions.

E. OUTGOING PORTABILITY

Restrictions on Portability - #4 was removed, it read:

4. No vouchers will be allowed to “port” to a jurisdiction where the Fair Market Rents or

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Payment Standards are higher than the Fair Market Rents or Payment Standards are in McKean County.

Outgoing Portability Procedures – the following sentence was added to para. one: If the receiving Authority will not absorb, the restrictions on portability stand.

Para. four was removed, it read: The Authority will notify the receiving Authority that the family will be moving into its jurisdiction.

Payment to the Receiving Authority – All reference to Special Claims was removed.

CHAPTER 14 – CONTRACT TERMINATIONS

A. CONTRACT TERMINATION

The following sentence was added: “However, no tenant will be subsidized for two units for the same period of time.

C. TERMINATION BY THE OWNER: EVICTIONS

The following was added to para. 7: The Authority will continue housing assistance payments until the family moves or is evicted from the unit **unless the eviction is for criminal activity such as a DUI, drug related arrests or sexual deviate arrests.**

D. TERMINATION OF THE CONTRACT BY AUTHORITY

4 now reads:

4. The owner has engaged in any criminal activity, such as a DUI, drug-related arrests or deviate sexual arrests.

#5 has been added:

The owner has not paid State or local real estate taxes, fines or assessments.

CHAPTER 15 – DENIAL OR TERMINATION OF ASSISTANCE

A. GROUNDS FOR DENIAL/TERMINATION

Grounds for Denial or Termination of Assistance

7. If any member of the family has been charged with or arrested for any drug, alcohol, deviate sex crime or questionable criminal history is to be reviewed by the Executive Director.

B. FAMILY OBLIGATIONS

Notice of Eviction

In the second para. #8 and #9 have been combined as one.

Limitation of Profit-making Activity in Unit:

Para. #2 now begins with: “The business activity will be approved if the Authority determines that the use of the unit as a business is not incidental to its use as a dwelling unit.

Drug Related and Violent Criminal Activity *has been changed to* **Drug Related and Questionable Criminal Activity** – This terminology has been changed throughout the plan.

CHAPTER 16 – OWNER DISAPPROVAL AND RESTRICTION

A. DISAPPROVAL OF OWNER

Under The Authority will disapprove the owner for the following reasons: the bolded words have been added:

The owner has engaged in any illegal drug activity, **DUI, deviate sex crime, questionable criminal activity.**

CHAPTER 17 – HAS BEEN REMOVED (THIS CHAPTER WAS: CLAIMS, MOVE-OUT AND CLOSE-OUT INSPECTIONS)

CHAPTER 19 – REASONABLE ACCOMMODATIONS FOR SECTION 8 VOUCHER PROGRAM

HUD DEFINITION OF A DISABLED PERSON: *Para. 2 now read:*

The HUD definition of a person with a disability is quite narrow for purposes of receiving the Disabled Family Preference; the \$400 disabled household deduction, the medical deduction expense or allowances for disability assistance expenses. Many people have substantial impairments that will not qualify as a disabled person under the Section 8 program. The person must provide third-party documentation that they meet at least **ONE** of the three qualifying definitions of disabled.

The last para reads:

Receipt of Supplemental Social Security Disability Income or SSI sufficiently proves the person meets the HUD definition of disabled for allowances purposes.

Added to the plan is:

CHAPTER 20 - PROJECT BASED SECTION 8 PROGRAM

Purpose

The purpose of this Chapter is to define the differences between the Section 8 Housing Choice Voucher Program and the Project Based Section 8 Program.

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The Housing Choice Voucher program is a program where the applicant applies for Section 8 assistance and is issued a voucher by the Housing Authority. That voucher is then used by the applicant to take into the public sector to find a housing unit that will pass Housing Quality Standards and a landlord that will accept the Section 8 Program.

The Project Based Section 8 Program is the program where the voucher stays with the unit. If the participant moves, they cannot take the voucher subsidy with them to their next residence. Currently the only project based project covered by this Administrative Plan is Central Towers in Kane, Pennsylvania which is owned by A Partnership in Housing, Inc. and managed by the Housing Authority of the County of McKean.

Central Towers is a Pre-1981 Section 8 New Construction facility. Central Towers has been under a HUD subsidy since September 29, 1978. There are separate rules for pre-1981 Section 8 buildings. Any reference must be made to these separate rulings.

ELIGIBILITY REQUIREMENTS FOR OCCUPANCY OF CENTRAL TOWERS

Central Towers is a designated elderly or disabled facility. The building consists of 83 one bedroom units and one two bedroom unit which has been designated as the building custodian's residence.

The maximum number of occupants of each one bedroom unit is two.

All parties interested in occupancy of Central Towers must file an application with the Housing Authority. All applications are placed on a waiting list in chronological order and the applicants are housed on a first come-first served basis.

Applicants' household income must not exceed the applicable income limit for the Section 8 Project Based Program. Since Central Towers is a pre-1981 New Construction facility, low income, very low income and extremely low income qualify to live there.

Reference is made to the Central Towers Tenant Selection Policy which is attached to this Chapter 20 as an Exhibit.

APPLYING FOR ADMISSION

The policy of A Partnership in Housing is to ensure that all applicants who express an interest in housing assistance are given an equal opportunity to apply and are treated in a fair and consistent manner.

PREFERENCE FOR OCCUPANCY OF CENTRAL TOWERS

All applicants for Central Towers must meet the current income limits established by HUD.

1. The first preference for occupancy is that the applicant must be elderly (62 or over) and/ or be disabled. Proof of disability may be determined by Social Security or by a professional qualified to make such a determination. (The Housing Authority has provided for a professional opinion because of the time that it can take for Social Security to make final determinations.)
2. The second preference for occupancy is "near elderly" which is when the head or spouse (or the only member) is at least 50 years old. This preference must be approved by HUD annually.

Near elderly will be accepted at Central Towers only when the waiting list has been exhausted and a unit has been vacant for more than 30 days.

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3. Market rent applicants will only be accepted when the waiting list for elderly, disabled and near elderly have been exhausted.

HOW TO APPLY

Anyone interested in applying to live at Central Towers may receive an application for admission by contacting the Central Towers Office at (814)837-7393 or contacting the McKean County Housing Authority at 410 E. Water Street, Smethport, PA. (814)887-5563.

Applications can be picked up at either office or a request can be made to have an application mailed. The Housing Authority has a TDD line for those with a hearing impairment, 814-887-5318.

WAITING LIST

When applications are received, they are reviewed for completeness, and then placed on a waiting list. The list is maintained in a chronological order by date and time received.

Selection for admission to Central Towers is based on the oldest application date and in order of preference.

Based on the number of applicants on the waiting list, there may be times that A Partnership in Housing will have to close the waiting list. If closing of the waiting list occurs, a notice will be published in the local newspaper and a notice will be posted at Central Towers.

When the closed waiting list is re-opened, a notice will be published in the local newspaper and posted at Central Towers.

TIME OF SELECTION

When a vacancy occurs, a new resident will be selected from the waiting list based on the time and date of application.

The next applicant will be notified of unit availability, and will be required to provide qualifying information in order to qualify for occupancy.

QUALIFYING TO LIVE IN CENTRAL TOWERS.

The following are the minimum requirements for occupancy of Central Towers.

1. Applicant must meet the age requirement, or be disabled.
2. Applicant must meet the income requirements for the building.
3. Applicant must have a clear criminal record for drugs, alcohol, questionable criminal activity and deviate sexual offenses.
4. Applicant must meet the conditions outlined in the *Central Towers Tenant Selection Policy*.

AGE REQUIREMENT OR DISABILITY

To meet the first preference for occupancy of Central Towers, applicants must be 62 or over or be disabled.

To meet the second preference, applicants must be no less than 50 years of age.

INCOME REQUIREMENTS

For initial occupancy of Central Towers, applicants must meet the maximum income allowance as published annually in the Federal Register by HUD.

Admission to Central Towers is based on gross income of applicant's household.

Because Central Towers falls into the Pre-1981 Section 8 New Construction regulations, Market Rent applicants can be considered after the waiting list has been exhausted.

CITIZENSHIP REPORTING REQUIREMENTS

Prior to occupancy of Central Towers, applicants must provide information regarding citizenship and or eligible immigrant status.

To be eligible for assistance, individuals must be U.S. citizens or eligible immigrants. Eligible immigrants must fall into one of the categories specified by the regulations and must have their status verified by Immigration and Naturalization Service (INS). Each family member must declare their status **once**. Assistance cannot be delayed, denied, or terminated while verification of status is pending.

1. Citizens or Nationals of the United States are required to sign a declaration (214 form) under penalty of perjury. The Authority will not require citizens to provide documentation of citizenship.
2. Eligible Immigrants who were Participants and 62 or over on June 19, 1995, are required to sign a declaration of eligible immigration status and provide proof of age.
3. Non-Citizens with eligible immigration status must sign a declaration of status and verification consent form and provide their original immigration documents which are copied front and back and returned to the family. The Authority verifies the status through the INS SAVE system. If this primary verification fails to verify status, the Authority must request within ten days that the INS conduct a manual search

Extensions of Time to Provide Documents. Extensions must be given for persons who declare their eligible immigration status but need time to obtain the required documents. The length of the extension shall be based on individual circumstances. The Authority will generally allow up to 10 days to provide the document or a receipt issued by the INS for issuance of replacement.

Acceptable Documents of Eligible Immigration. The regulations stipulate that only the following documents are acceptable unless changes are published in the Federal Register.

- Resident Alien Card (I-551)
- Alien Registration Receipt Card (I-151)
- Arrival-Departure Record (I-94)
- Temporary Resident Card (I-688)
- Employment Authorization Card (I-688B)
- Receipt issued by the INS for issuance of replacement of any of the above documents that shows individual's entitlement has been verified.

A birth certificate is not acceptable verification of status. All documents in connection with U.S. citizenship/eligible immigration status must be kept for five years.

CRIMINAL CLEARANCE

All applicants being considered for occupancy of Central Towers must sign a Criminal History release form. This form is submitted to the McKean County Sheriff's office that conducts a complete local, state and federal criminal history of the applicant.

If an applicant has a history of drug or alcohol abuse, further review will take place to determine if such history problems that would negatively impact residency at Central Towers. Review will include any rehabilitation that was received. Applicant's history could result in denial of occupancy.

If an applicant has a history of sex offenses, occupancy will be denied.

A history of violent criminal history may result in occupancy being denied.

VERIFICATION OF SOCIAL SECURITY NUMBERS.

Social Security numbers must be provided as a condition of eligibility for all family members. Verification of Social Security numbers will be done through a Social Security Card issued by the Social Security Administration. If the applicant, or family member, cannot produce a Social Security Card, only the documents listed below showing his or her Social Security Number may be used for verification. The family is also required to certify in writing that the document(s) submitted in lieu of the Social Security Card information provided is/are complete and accurate"

- Verification of benefits from Social Security Administration
- Identification card issued by Federal, State or local agency
- Identification card issued by a medical insurance company or provider (including Medicare and Medicaid.
- IRS Form 1099
- Benefit award letters from government agencies
- Retirement benefit letter
- Court records such as real estate, tax notices, marriage and divorce, judgment or bankruptcy records.

The Authority may grant an extension for an additional 60 days for an elderly person to collect the necessary documentation. If, at the end of this time, the elderly individual has not provided documentation, the assistance may be terminated.

TENANT SELECTION POLICY

The *Central Towers Tenant Selection Policy* of A Partnership in Housing will be followed in the process of occupying Central Towers.

MOVE-IN

After the applicant's information has been received and verified, a letter will be sent notifying the applicant of the move-in date, the unit assigned and what the monthly rent will be, (as well as any partial first month's rent, if the move-in is other than the first of the month), any pet charges, TV cable charge and Security Deposit amount.

All paperwork must be signed before move-in and all charges must be paid before move-in.

SECURITY DEPOSIT

Every resident of Central Towers must pay a Security Deposit equal to \$95 or one month's tenant portion of the rent, whichever is less.

The Security Deposit is maintained by the Authority during the period of occupancy of Central Towers. At no time, during occupancy, will these funds be used to be applied to monthly rent. When the resident moves out, this Security Deposit will be used to offset any damages caused by the resident, or their guests, or it can then be applied to any rent that is due at the time of the move-out. Any balance of funds will be returned to the resident within 30 days of the move-out.

MOVE-IN INSPECTION

After an applicant has been approved for admission to Central Towers, and a unit has been assigned, the resident is encouraged to be present for a move-in inspection with Authority staff. At that time, any unit deficiencies can be noted. Resident can then sign off the condition of the apartment.

FACTORS RELATED TO TOTAL TENANT PAYMENT DETERMINATION.

A. Income: All income into the household must be included in the calculation of rent for all residents of Central Towers. Typical income is from employment, unemployment, Social Security, Social Security Disability, Public Assistance, pensions, Veterans' benefits, interest from savings, checking, certificates of deposit, and investments. All sources of income must be provided to A Partnership in Housing for verification.

Rent calculations are based on adjusted income after allowable HUD deductions.

HUD has the following allowable deductions from Annual Income:

1. "Elderly" allowance: \$400 for a family whose head or spouse is 62 or over or disabled.
2. Allowable medical expenses.
3. Expenses for attendant care or auxiliary apparatus for persons with disabilities if needed to enable the individual or an adult family member to work.

These factors may be adjusted from time-to-time as HUD would change the regulations.

REPORTING CHANGES TO INCOME OR ALLOWANCES.

It is the responsibility of the applicant/tenant to report any and all changes that would result in a change to the amount of rent being paid. All changes which will last more than 30 days must be reported to the Housing Authority within 30 days.

ANNUAL REVIEWS.

No less than annually, all occupants of Central Towers will be reviewed. Within 120 days of October 1, of each year, residents will be notified that all income and allowances will be reviewed and verified. All residents are required to submit verified information to be used to determine the amount of rent to be paid over the next 12 months. All residents will be notified, in writing, as to when all income and allowance information is due. Any resident who fails to submit the required information in the timeframe established in the notification letter is subject to eviction.

All residents will be given a thirty day notice of the new rent unless the resident has not provided the necessary information. If the Authority is unable to provide a thirty day notice as a result of the resident

not providing their information on time, the resident waives the thirty day notice requirement.

AVERAGING INCOME

When annual income cannot be anticipated for a full twelve months, the Authority may:

1. Average known sources of income that vary to compute an annual income, or
2. Annualize current income and conduct an interim re-examination if income changes.

This could happen with Central Towers residents when there are stocks or bond interest paid on a quarterly basis.

INCOME OF PERSON PERMANENTLY CONFINED TO A NURSING HOME.

If a family member is permanently confined to a hospital or nursing home and there is a family member left in the household, the Authority will calculate the Total Tenant Payment by excluding the income of the person permanently confined to the nursing home and allowing no deductions for medical expenses of the confined family member.

REGULAR CONTRIBUTIONS AND GIFTS.

Regular contributions and gifts received from persons outside the household are counted as income for calculation of the Total Tenant Payment.

Any contribution or gift received every month or more frequently will be considered a “regular” contribution or gift, unless the amount is less than \$500 per year. It does not include casual contributions or sporadic gifts.

LUMP SUM RECEIPTS.

Lump-sum additions to Family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker’s compensation), capital gains, and settlement for personal or property losses are not included in income but may be included in assets.

Lump-sum payments caused by delays in processing periodic payments such as unemployment or welfare assistance are counted as income. Lump-sum payments from Social Security or SSI are excluded from income, but any amount remaining will be considered an asset. Deferred periodic payments which have accumulated due to a dispute will be treated the same as periodic payments which are deferred due to delays in processing.

MEDICAL DEDUCTIONS

Claims for medical expense deductions must be verified by one or more of the methods listed below:

1. Resident must supply name and address of expense source so that the Authority can send for written verification by a doctor, hospital, or clinic personnel, dentist, pharmacist, of (a) the anticipated medical costs to be incurred by the family and regular payments due on medical bills; and (b) extent to which those expenses will be reimbursed by insurance or a government agency.
2. Written confirmation by the insurance company or employer of health insurance premiums to be paid by the family.
3. For attendant care:

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- a. A physician's statement that the assistance of an attendant is necessary as a medical expense and a projection of the number of hours the care is needed for calculation purposes.
 - b. Attendant's written confirmation of hours of care provided and amount and frequency of payments received from the family or agency (or copies of cancelled checks the family used to make those payments) or stubs from the agency providing the services.
4. Receipts, cancelled checks, or pay stubs the medical costs and insurance expenses likely to be incurred in the next 12 months.
 5. Copies of payment agreements or most recent invoice that verify payments made on outstanding medical bills that will continue over all or part of the next 12 months.
 6. Receipts or other record of medical expenses incurred during the past 12 months that can be used to anticipate future medical expenses. Authority may use this approach for "general medical expenses" such as non-prescription drugs and regular visits to doctors or dentists, but not for one-time, nonrecurring expenses from the previous years.
 7. The Authority will use mileage at the IRS rate, or cab, or other public transportation cost for verification of the cost of transportation directly related to medical treatment.

ASSISTANCE TO PERSONS WITH DISABILITIES.

Residents may claim expenses for specific services or equipment related to their disability. Such claims must be supported by a physician's statement that the person with disabilities requires the services of an attendant and/or use of auxiliary apparatus to permit him/her to function independently.

Resident must certify as to whether they receive reimbursement for any of the expenses of disability assistance and the amount of any reimbursement received.

For attendant care, the attendant must provide a written certification of amount received from the resident, frequency of receipt and hours of care provided. Resident must provide copies of cancelled checks to attendant.

For auxiliary apparatus, resident must provide receipts or proof of monthly payments and maintenance expenses for equipment. Resident must provide certification that they were not reimbursed from other resources.

LEASE ADDENDUM NO. 6

SATELLITE TV

INSTALLATION OF SATELLITE TV

Residents residing in any elderly building or family townhouses now have the option between satellite and cable television. The satellite dishes will be set up by the McKean County Housing Authority and the programming will be the responsibility of each tenant.

The Housing Authority has contracted with a specific satellite company for services. Because of this, each resident must contact only the contracted company to have satellite services activated. The company name and phone number will be provided to eligible tenants.

Because the satellite dishes will already be in place, NO TENANT IS PERMITTED TO CONTACT ANY OTHER SATELLITE SERVICE PROVIDER TO HAVE SERVICES INSTALLED. NO OTHER SATELLITE DISHES ARE PERMITTED ON THE BUILDINGS. ANY TENANT WHO HAS WORK DONE FROM ANY OTHER SATELLITE PROVIDER WILL BE RESPONSIBLE FOR ANY DAMAGE CAUSED BY THE PROVIDER AND THE MAINTENANCE FEES TO REPAIR THAT DAMAGE.

Residents will be charged based on the maintenance rate charges as posted in the office(s) of the Housing Authority of the County of McKean.

July 12, 2010
DATE

Signature: _____
RESIDENT

LR04
UNIT NUMBER

RESIDENT

HOUSING AUTHORITY REP

(_____) Check here if Lease Rider is not applicable.

RESOLUTION PERTAINING TO CHANGE IN BY-LAWS

HOUSING AUTHORITY OF THE COUNTY OF MCKEAN

Motion By: Mr. Costa Seconded By: Mrs. Coulter, Ayes All.
Special Meeting January 21, 2010

RESOLUTION NO. 967

WHEREAS, the Housing Authority of the County of McKean operates under an adopted set of by-laws, as amended from time to time, and

WHEREAS, Article III defines the Meetings to be held by the Authority, and

WHEREAS, Article III, Section 2, Regular Meetings reads: The Regular Meeting will be held without notice on the Third Thursday of every month at **10:00 a.m.** in the office of the Authority, and

WHEREAS, it is the desire of the majority of the Housing Authority Board to change the meeting time from 10:00 a.m. to 9:30 a.m. on the Third Thursday of the month.

NOW, THEREFORE, BE IT RESOLVED THAT the Board of the Housing Authority herein amends the authority By-laws by changing the board meeting time from 10:00 a.m. to 9:30 a.m., and

BE IT FURTHER RESOLVED that the Executive Director is herein directed to notify all agencies servicing the Authority and the local newspapers of the change in meeting times.

TENANT ADVISORY MEETING

JUNE 22, 2010

1:00 P.M.

Mrs. Dennis called the meeting to order. Present were: Becky McLaughlin, Jenny L Manor; Mary Lou Stidd, Mt. Jewett Housing; Virginia Stanton, Center Hall; Mrs. Dennis, Cathy Mitchell, Tammy Emerson and Carl Jones of McKean County Housing Authority. Mr. Shaffer, Deanna Earle and Dixie McGavisk were excused.

Mrs. Dennis thanked the attendees for attending this meeting. She explained the annual plans requirement and purpose and then talked about the five-year plan. Every five-years, we are required to complete a five-year plan and this was the year that we are due to submit the five-year plan. She went on to read down through the plan template and explained each component and our response to each component to the attendees. Mrs. Dennis told the attendees that if they have any questions or input to please speak up and interrupt at anytime.

Mrs. Dennis explained that our 504 goals have been met and are now complete. She also discussed work completed this year for the 504 goals and told the attendees where each of the units were located and invited them to drive by and look at the newly renovated units. We will be replacing kitchens in 80-1 and 80-14 units this summer. We showed the attendees the sample cupboard supplied by the contractor.

We then went on to review the Capital Fund Budgets and to discuss the items on them and how sometimes we have to move these items from one year to another due to circumstances that arise. Mrs. Dennis explained that we can only use Capital Fund Money for items that are included in this five-year plan. That is the importance of including what we see as something that will need to be replaced in our plans.

Mrs. Dennis explained that this plan along with any of our policies or plans can be reviewed at anytime, here at this office.

Becky McLaughlin suggested there may be a drainage issue at Jenny L Manor with the rain gutters. Carl said that he will check on the problem. She also talked about the bank out front and wondered if we had thought about doing landscaping to change the bushes. Mrs. Dennis and Carl Jones explained that there is landscaping in our plan and that is an area that we are looking at to do something different. Becky also mentioned that the washers and dryers should be replaced before too long. We told her that they are in the plan and we will be replacing them in the near future. Becky asked about doing something different with the garbage area. Carl explained that the garbage areas do need to be redone and that is in the plans for the future, we are trying to decide the best way to go about replacing what we have now. She said that ever since the automatic doors were installed at Riley Road Apartments, the tenants at Jenny L Manor have been talking about wanting the same at their building. Carl and Mrs. Dennis explained that there has to be a certain amount of area for automatic doors and that building does not have that clearance. Also, their doors are single doors, not double like Riley Road.

Mary Lou Stidd said that her living room windows are not tight sealing. We do have energy efficiency in the 2010 budget and windows could be done under that classification.

Tenant Advisory Meeting
Page 2
June 22, 2010

The attendees were asked if they felt that it would be better to hold these meetings a couple of times throughout the year, or maybe quarterly so that when they did have ideas they could present them to us, or at least discuss them while they are fresh on their minds. They all felt that this would be a good idea.

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: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P080501-06 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2006 FFY of Grant Approval:
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Type of Grant

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: 05/31/2010
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	307,631.00	316,720.00	316,720.00	314,162.46
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	277,131.00	211,986.40	211,986.40	209,429.06
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>Dustin Dennis</i> Date 7/15/10	Signature of Public Housing Director Date
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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part I: Summary

PHA Name: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P080501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval:
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Type of Grant

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: 05/31/2010
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	307,857.00	307,857.00	301,554.71	281,476.88
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities		171,855.88	171,855.88	171,855.88
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 7/15/10	Signature of Public Housing Director 	Date
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 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
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Expires 4/30/2011

Part I: Summary

PHA Name: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P080501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2008 FFY of Grant Approval:
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Type of Grant

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 05/31/2010
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	335,043.00	335,043.00	32,524.00	32,524.00
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	80,202.00	32,524.00	32,524.00	32,524.00

Signature of Executive Director	Date 7/15/10	Signature of Public Housing Director	Date
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Expires 4/30/2011

Part I: Summary

PHA Name: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P080501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:
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Type of Grant

Original Annual Statement
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 Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: 05/31/2010
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	342,182.00	342,182.00	29,148.00	29,148.00
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		162,350.00	29,148.00	29,148.00

Signature of Executive Director 	Date 7/15/10	Signature of Public Housing Director 	Date
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Part I: Summary

PHA Name: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28S080501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:
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Type of Grant

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: 05/31/10 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$424,098.00	\$424,098.00	\$424,098.00	\$256,083.83
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	225,000.00	225,000.00	225,000.00	225,000.00
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 07/15/2010	Signature of Public Housing Director	Date
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Type of Grant

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 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$341,681.00	-0-	-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	\$170,000.00			

Signature of Executive Director 	Date 07/15/2010	Signature of Public Housing Director	Date
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