

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Macoupin County Housing Authority</u> PHA Code: <u>IL047</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2011</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>362</u> Number of HCV units: <u>0</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH      HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Attachment A: Section 6.0 PHA Plan Elements il047a01 Attachment B: Changes to ACOP il047b01  (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.  <ul style="list-style-type: none"> <li>• Central Office at 760 Anderson Street, Carlinville, IL 62626</li> </ul>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>  <ul style="list-style-type: none"> <li>• N/A</li> </ul>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <ul style="list-style-type: none"> <li>• Attachment C: FY2009 P &amp; E Report il047c01</li> <li>• Attachment D: FY2010 P &amp; E Report il047d01</li> </ul>				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <ul style="list-style-type: none"> <li>• Attachment F: Five Year Plan il047gf01</li> </ul>				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

**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.

Based upon a Housing Needs Assessment conducted by Goodwin and Associates in 2003, the demand for housing was determined to be 402 units per year with 318 new homeownership units and 84 new rental units.

- At least 152 of the homeownership units and 27 of the rental units should be developed each year as affordable housing for low-income families.
- At least 30% (120 units) of the new units should be developed to accommodate the increasing number of persons with mobility and self-care limitations. The number of persons 65 years of age or older in Macoupin County has not significantly changed in the last ten years; however, the number of elderly persons with disabilities has increased. Approximately 43 of the 120 new handicap accessible housing units should be developed specifically for the elderly with mobility and self care limitations.
- Currently, there are 107 vacant nursing home beds in the county and there is only an average annual demand for five beds more per year for institutionalized persons; therefore, no new nursing home beds are required in the foreseeable future.

Per the CHAS Data Book for Macoupin County, IL:

- Of the 4,056 renter households, 948 have 1 or 2 members, 1,754 have 2 to 4 members, 300 have 5 or more members and there are 1,054 of all others; 21.4% of all renters have a cost burden greater than 30% of MFI income and 12.7% have a cost burden greater than 50% of MFI income.
- Of the 15,201 homeowner households, 5,166 have 1 or 2 members, 7,175 have 2 to 4 members, 1,329 have 5 or more members and there are 1,531 of all others; 17.1% of all homeowners have a cost burden greater than 30% of MFI income and 5.8 % have a cost burden greater than 50% of MFI income.
- Of the 3,786 total households with mobility and self care limitations, 23.4% have a housing problem.

9.0

Waiting List:

- The Authority maintains nine separate waiting lists; one for each town it has properties
- Applicants can be on multiple waiting lists
- The Authority's public housing waiting lists are open

Waiting List	1BR	2BR	3BR	4BR	Total
Benld	21	39	19	5	84
Bunker Hill	12	30	15	0	57
Carlinville	33	43	17	6	99
Gillespie	28	42	22	4	96
Girard	9	7	5	1	22
Mount Olive	11	24	7	2	44
Palmyra	3	3	4	0	10
Staunton	24	36	17	4	81
Virden	13	7	6	1	27
Totals	154	231	112	23	520

**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.**

9.1

- Minimize vacant unit turnaround time by contracting the cleaning and painting of vacant units
- Develop additional rental and homeownership housing units that are affordable to low-income families using a variety of funding sources including TCAP funds, tax credits, bonds, Rural Development, HOME, CDBG, and other funding sources.
- Expand the Housing Authority's homeownership program.

<b>10.0</b>	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Authority is on schedule with implementing its FY2010 annual plan and FY2010 to FY 2014 five year plan. The Authority is also on schedule with all open CFP programs.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>The following actions are defined as substantial deviation or significant amendment or modification:</b></p> <p><b><u>GOALS</u></b></p> <ul style="list-style-type: none"> <li>Additions or deletions of Strategic Goals</li> </ul> <p><b><u>PROGRAMS</u></b></p> <ul style="list-style-type: none"> <li>Adding new programs not included in the Housing Agency Plan</li> <li>Any change with regard to demolition or disposition, designation of housing, homeownership programs or conversion activities</li> </ul> <p><b><u>CAPITAL BUDGET</u></b></p> <ul style="list-style-type: none"> <li>Additions of non-emergency work items in excess of \$25,000 (items not included in the current Annual Statement or Five Year Action Plan) or change in use of replacement reserve funds in excess of \$25,000.</li> </ul> <p><b><u>POLICIES</u></b></p> <ul style="list-style-type: none"> <li>Changes to rent or admissions policies or organization of the waiting list</li> </ul> <p>An exception to the above definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements since HUD does not consider such changes significant amendments.</p>
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<b>11.0</b>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) Attachment E: il047e01</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>Note: The Draft Agency Plan was developed with input from, and in conjunction with, the RAB therefore their ideas and recommendations were incorporated in the plan right from the start.</p> <p>(g) Challenged Elements <b>None</b></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) Attachment F: Annual Plan il047f01</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) Attachment G: Five Year Plan il047g01</p>
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**ADDITIONAL ATTACHMENTS:**

- Attachment H: Carbon Monoxide Certification il047h01
- Attachment I: Civil Rights Certification il047i01
- Attachment J: Violence Against Women Information il047j01

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

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

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

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

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

#### PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

**8.2 Capital Fund Program Five-Year Action Plan**

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

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

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

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

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

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

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

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

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

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

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

## Attachment A

### Section 6.0 -- PHA Plan Elements. (24 CFR 903.7)

*Instructions:*

For each Element below that **HAS** changed since the last PHA Plan, using the HUD 50075 instructions, enter the "changed" text in column 3.

For each Element below that **HAS NOT** changed since the last PHA Plan, enter "No Change" in column 3.

Housing Authority #	Housing Authority Name	Fiscal Year Begin Date
IL047	Macoupin County Housing Authority	10/2010

Plan Element	Column #3												
1.	<p>Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.</p> <p><b>ACOP:</b> Included Procedures for verifying Social Security Numbers, Social Security and Supplemental Security Income Benefits per PIH 2010-3. (Attachment il047k01)</p> <p><b>Lease:</b> In the state of Illinois cannabis is not a controlled substance therefore cannabis was included in the definition of "drug-related criminal activity" as follows:</p> <p>For purposes of this Lease, the term "drug-related criminal activity" means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. section 802)) <b>or cannabis.</b></p>												
2.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Public Housing FY 2011 Operating Budget (Operating Subsidy \$903,780)</td> <td style="text-align: right; vertical-align: bottom;">\$2,501,640</td> </tr> <tr> <td colspan="2">Remaining in CFP:</td> </tr> <tr> <td>FY 2009</td> <td style="text-align: right;">\$366,771.32</td> </tr> <tr> <td>FY 2010</td> <td style="text-align: right;">\$637,912.03</td> </tr> <tr> <td>Public Housing FSS Coordinator Grant</td> <td style="text-align: right;">\$ 97,952.10</td> </tr> <tr> <td>Public Housing ROSS Grant, Project Coordinator</td> <td style="text-align: right;">\$ 55,336.64</td> </tr> </table>	Public Housing FY 2011 Operating Budget (Operating Subsidy \$903,780)	\$2,501,640	Remaining in CFP:		FY 2009	\$366,771.32	FY 2010	\$637,912.03	Public Housing FSS Coordinator Grant	\$ 97,952.10	Public Housing ROSS Grant, Project Coordinator	\$ 55,336.64
Public Housing FY 2011 Operating Budget (Operating Subsidy \$903,780)	\$2,501,640												
Remaining in CFP:													
FY 2009	\$366,771.32												
FY 2010	\$637,912.03												
Public Housing FSS Coordinator Grant	\$ 97,952.10												
Public Housing ROSS Grant, Project Coordinator	\$ 55,336.64												
3.	Rent Determination. No change in flat rents from FY 2010												
4.	Operation and Management. No change												
5.	Grievance Procedures. No change												
6.	Designated Housing for Elderly and Disabled Families. N/A												

## Attachment A

### Section 6.0 -- PHA Plan Elements. (24 CFR 903.7)

7.	Community Service and Self-Sufficiency.	In compliance, no change
8.	Safety and Crime Prevention.	No change
9.	Pets.	No change
10.	Civil Rights Certification.	See Attachment I: Civil Rights Certification il047i01
11.	Fiscal Year Audit.	FY 2009 Inventory of non-expendable equipment not completed; now being corrected and will be completed.
12.	Asset Management.	No change
13.	Violence Against Women Act (VAWA).	See Attachment J: Violence Against Women Information il047j01

## ATTACHMENT B

The following section was added to the ACOP for the Macoupin County Housing Authority which includes procedures for verifying Social Security Numbers, Social Security and Supplemental Security Income Benefits per PIH 2010-3.

### 10.2 Verifying Social Security Numbers

#### A. Purpose:

This Section explains the procedures MCHA is required to use for verifying Social Security numbers (SSN), Social Security benefits of applicants, participants and household members at the time of application for public housing and during mandatory reexamination of household income.

#### B. SSN Disclosure:

In accordance with 24 CFR 5.216, applicants and tenants (including each member of the household) are required to disclose his/her assigned SSN, with the exception of the following individuals:

- a. Those individuals who do not contend to have eligible immigration status (individuals who may be unlawfully present in the United States). These individuals in most instances would not be eligible for a SSN.
  1. A family that consists of a single household member (including a pregnant individual) who does not have eligible immigration status is ***not eligible for housing assistance and cannot be housed***.
  2. A family that consists of two or more household members **and at least one** household member that has eligible immigration status, is classified as a mixed family, and **is eligible** for prorated assistance in accordance with 24 CFR 5.520. MCHA may **not** deny assistance to mixed families due to nondisclosure of an SSN by an individual who does not contend to have eligible immigration status.
- b. Existing program participants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined the SSN to be valid. MCHA will confirm HUD's validation of the participant's SSN by viewing the household's ***Summary Report*** or the ***Identity Verification Report*** in the EIV system.
- c. Existing program participants as of January 31, 2010, who are 62 years of age or older, and had not previously disclosed a valid SSN. This exemption continues even if the individual moves to a new assisted unit.

#### C. SSN Documentation:

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MCHA must request the applicant and participant (including each member of the household), who are not exempt, to provide documentation of each disclosed SSN. Acceptable evidence of the SSN consists of:

- a. An original SSN card issued by SSA (Social Security Administration);
- b. An original SSA-issued document, which contains the name and SSN of the individual;  
or
- c. An original document issued by a federal, state, or local government agency, which contains the name and SSN of the individual

All applicants and participants, including each member of the household (with the exception of those individuals noted above in section B.) are required to disclose his/her assigned SSN.

The SSA issues three types of Social Security cards depending on an individual's citizen or noncitizen status and whether or not a noncitizen is authorized by the Department of Homeland Security (DHS) to work in the United States. They include:

- a. The first type of card shows the individual's name and SSN only. This is the card most people have and reflects the fact that the holder can work in the U.S. without restriction. SSA issues this card to:
  - U.S. citizens; or
  - Noncitizens lawfully admitted to the United States for permanent residence and noncitizens with DHS permission to work permanently in the United States (i.e. refugees and asylees).
- b. The second type of card bears, in addition to the individual's name and SSN, the legend: "**NOT VALID FOR EMPLOYMENT**". SSA issues this card to lawful noncitizens who do not have DHS permission to work, but are required by law to provide a SSN to obtain general assistance benefits that they already have qualified for.
- c. The third type of card bears, in addition to the individual's name and SSN, the legend "**VALID FOR WORK ONLY WITH DHS AUTHORIZATION**". SSA issues this card to people with DHS permission to work temporarily in the United States.

SSA verifies all noncitizens' documents with DHS before a SSN card is issued to a noncitizen.

### D. Rejection of Documentation:

MCHA may reject documentation of the SSN provided by the applicant or participant for only the following reasons:

## ATTACHMENT B

- The document is not an original document; or
- The original document has been altered, mutilated, or not legible; or
- The document appears to be a forged document (i.e. does not appear to be authentic).

MCHA will explain to the applicant or participant, the reason(s) the document is not acceptable and request the individual to obtain acceptable documentation of the SSN and submit it to MCHA within a specified time frame.

### E. Verification of the SSN:

MCHA shall verify each disclosed SSN by:

- a. Obtaining SSN documentation (See Section C. above) from applicants and participants, including each member of the household;
- b. Making a copy of the original documentation submitted, returning it to the individual, and retaining the copy in the file folder; and
- c. Recording the SSN on line 3n of the form HUD-50058, and transmitting the form HUD-50058 to HUD within a timely manner. MCHA will transmit the form HUD-50058 within 30 calendar days of completing the form, to enable HUD to initiate its computer matching efforts. *Note: not applicable to applicants.*

HUD, via its computer matching program with the SSA, will validate the SSN (along with the individual's name and date of birth) against the SSA's database. EIV will report the status of the identity verification process as **Verified**, **Failed**, **Not Verified**, or **Deceased** on the household *Summary Report*. Below is a summary of the action MCHA will take for each identity verification status.

- a. Verified. If the information matches the SSA database, the individual's identity verification status will be **Verified**. No action is required by MCHA.
- b. Failed. If the information does not match the SSA database, the identity verification status will be **Failed**.
- c. Not Verified. If an individual's identity verification status is **Not Verified**, this means that HUD has not yet sent the tenant's personal identifiers to SSA for validation. No action is required by MCHA.
- d. Deceased. If an individual's identity verification status is **Deceased**, this means that SSA's records indicate the person is deceased. MCHA shall confirm the death with the family's head of household or listed emergency contact person. If the individual is deceased and the only household member (single member household), MCHA shall complete an End of Participation (EOP) action on form HUD-50058, and discontinue assistance and/or tenancy. If there are remaining household members, update the family composition accordingly, complete an Interim Reexamination action on form HUD-

## ATTACHMENT B

50058, and take any other action in accordance with HUD guidance and MCHA-established policies.

MCHA will retain the EIV *Summary Report* or *Income Report* in each family file as confirmation of compliance with the SSN disclosure, documentation and verification requirements.

MCHA is permitted to maintain EIV reports in the tenant file for the duration of tenancy, and no longer than three years from the end of participation date. This minimizes the risk of exposing the individual's SSN. .

### F. Individuals without an assigned SSN:

It is not uncommon for certain individuals to not have a SSA-assigned SSN. Below is a listing of such individuals, which is not all-inclusive:

- a. Newborn children (these individuals will be issued a SSN upon SSA confirmation of birth)
- b. Noncitizens lawfully present in the U.S. (these individuals will be issued a SSN upon SSA confirmation of the individual's DHS documentation or confirmation that the individual is required by law to provide a Social Security number to receive general assistance benefits that they already have qualified for)
- c. Noncitizens unlawfully present in the U.S. (these individuals cannot be assigned a SSN)

Citizens and lawfully present noncitizens, who state that they have not been assigned a SSN by the SSA, should make such declaration in writing and under penalties of perjury to MCHA. MCHA will maintain the declaration in the tenant file.

MCHA will use the Alternate ID (ALTD ID) generator within the Public and Indian Housing information Center (PIC) to generate a unique identifier for those individuals who do not have or unable to disclose a SSN.

Once an individual discloses a SSN, MCHA shall delete the ALT ID, enter the SSN on line 3n of the form HUD-50058, and transmit the form HUD-50058 to HUD within 30 calendar days of receipt of the SSN.

**Note:** An individual who has never been issued a SSN card or has lost their SSN card, may complete Form SS-5 – *Application for a Social Security Card* to request an original or replacement SSN card, or change information on his/her SSA record. The form is available online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or can be obtained at the local SSA office.

### G. Addition of a New Household Member:

When a tenant requests to add a new household member, who is at least six year of age or under the age of six and has an assigned SSN, to the family, the tenant must disclose the assigned SSN and provide MCHA with the required documentation at the time of such

## ATTACHMENT B

request, or at the time of processing the interim or annual reexamination of family income and/or composition. If the family is unable to provide the required documentation of the SSN, MCHA may not add the new household member until the family provides such documentation.

When a tenant requests to add a new household member, who is under the age of six and does not have an assigned SSN, the tenant must disclose the assigned SSN and provide MCHA with the required documentation within 90 calendar days of the child being added to the household.

If the family is unable to disclose and provide evidence of the SSN within 90 calendar days, MCHA is required to grant the family an additional 90-day period to comply with the SSN disclosure and documentation requirement, if MCHA determines the family was unable to comply with the requirements due to circumstances that could not have reasonably been foreseen and were outside the control of the family. Examples include but are not limited to: delayed processing of SSN application by SSA, natural disaster, fire, death in family, etc.

The child is to be included as part of the assisted household and entitled to all the benefits of being a household member during the allotted time for the family to comply with the SSN disclosure and documentation requirements. MCHA shall generate an ALT ID. Upon expiration of the provided time period, if the family has not complied with the SSN disclosure and documentation requirements, MCHA must terminate the family's tenancy or assistance, or both of the entire family.

### H. Penalties for Failure to Disclose and/or Provide Documentation of the SSN:

In accordance with 24 CFR 5.218, the following penalties apply for noncompliance with the SSN disclosure and documentation requirements:

- a. **Applicants.** MCHA must deny the eligibility of an assistance applicant if s/he (including each member of the household required to disclose his/her SSN) does not disclose a SSN and/or provide documentation of such SSN. However, if the family is otherwise eligible to participate in the program, the family may maintain his/her position on the waiting list for ninety (90) days. If all household members have not disclosed their SSN at the time a unit becomes available, MCHA must offer the available unit to the next eligible applicant family on the waiting list.
- b. **Tenants.** MCHA must terminate the tenancy of Public Housing participants (the entire household) if s/he (including each member of the household required to disclose his/her SSN) does not disclose his/her SSN and provide the required documentation.

However, if the family is otherwise eligible for continued assistance or tenancy in the program, MCHA, at its discretion, may defer the family's termination and provide the family an opportunity to comply with the requirement within a period **not to exceed** 90 calendar days from the date MCHA determined the family noncompliant with the

## ATTACHMENT B

SSN disclosure and documentation requirement, if MCHA determines:

1. The failure to meet the SSN disclosure and documentation requirements was due to circumstances that could not have been foreseen and were outside the control of the family; and
2. There is a reasonable likelihood that the family will be able to disclose the SSN and provide such documentation of the SSN by the deadline.

If the family is unable to comply with the requirements by the specified deadline, the PHA must terminate the tenancy or assistance, or both of the entire family.

### I. Third Party Verification Requirement:

MCHA is required to comply with admission and occupancy requirements for Public Housing under 24 CFR §960.259(c)(1) and Section 8 under 24 CFR §982.516(a)(2), which requires the Authority to obtain and document in the family/tenant file third party verification of the following factors, or document in the file why third party verification was not available: (1) reported family annual income; (2) the value of assets; (3) expenses related to deductions from annual income; and (4) other factors that affect the determination of adjusted income or income-based rent.

It is HUD's position that a SSA benefit verification letter (dated within the last 60 days of MCHA's request date for information or within the MCHA-tenant interview date) provided by the family or an EIV **Income Report** which displays the current social security benefit amount is third party verification. No additional verification is required by MCHA.

### J. Third Party Verification of SS/SSI Benefits of Applicants and Household Members:

EIV does not contain SS and SSI benefit information of applicants for HUD's rental assistance programs. MCHA will ask applicants to provide a copy of their SS and/or SSI benefit letter, dated within the last 60 calendar days, for each household member that receives SS and/or SSI benefits. If applicants do not have this information MCHA will help the applicant request a benefit verification letter from SSA's website, social security online, at [www.socialsecurity.gov](http://www.socialsecurity.gov) or have the applicant to request a *proof of income letter* from SSA's toll-free number (800-772-1213).

MCHA will obtain the original SSA benefit letter from the individual, make a photocopy of the document for the file and return the original document to the individual. MCHA will use the listed gross benefit amount to calculate annual income from social security benefits.

### K. Third party verification of SS/SSI benefits of participants and household members:

SS/SSI benefit information for participants and household members, who have validated personal identifiers (the individual's identity verification status in EIV is *verified*, is available from HUD's online EIV system, which can be accessed by authorized MCHA staff at: [https://hudapps.hud.gov/hud\\_systems](https://hudapps.hud.gov/hud_systems).

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- MCHA is required to use EIV to verify SS/SSI benefits of current participants and household members.
- MCHA will print the EIV income report and confirm with the tenant that the current listed benefit amount is correct. If the tenant agrees with the current EIV-reported amount, MCHA will use the gross benefit amount to calculate annual income from social security benefits.
- If the tenant disputes the EIV-reported benefit amount, MCHA will request the tenant to provide a current (dated within the last 60 calendar days) SSA benefit letter. If the tenant is unable to provide the requested document, MCHA will help the applicant request a benefit verification letter from SSA's website or have the applicant to request a *proof of income letter* from SSA's toll-free number (800-772-1213).
- If benefit information is not available in the EIV system, MCHA will follow the instructions under *third party verification of SS/SSI benefits of applicants and household members* (section 10).
- Photocopies of social security checks or bank statements are not acceptable forms of verification for SS/SSI benefits because the dollar amount listed may not be the gross benefit amount.

### K. Treatment of SSA Overpayment Deductions from Social Security Benefits

**SSA Overpayment Deductions.** An overpayment occurs when SSA pays an individual more than s/he should have been paid. If this happens, SSA will notify the individual and his/her designated representative payee, if applicable. Recovery of an overpayment is made by withholding the monthly Social Security check until the overpayment is paid in full (individuals receiving SS benefits), unless the individual requests a lesser withholding amount and SSA approves the request. Full withholding would start 30 days after SSA notification of the overpayment. SSA begins deducting money (for overpayment recovery) from SSI payments at least 60 days after SSA notification of the overpayment. Generally, SSA will withhold 10 percent of the maximum federal SSI benefit rate each month. However, an individual may request that less be taken from their benefit, or an individual may ask to pay back the overpayment at a rate greater than 10 percent.

Regardless of the amount withheld to repay SSA the overpayment amount, or the length of the anticipated withholding period, MCHA will use the reduced benefit amount after deducting only the amount of the overpayment withholding from the gross benefit amount. MCHA will be cognizant of the SSA-determined overpayment amount and length of time the reduced payment will occur, to ensure the family's accurate rent contribution for the duration of reduced income; however circumstances may arise affecting the end date of the withholding period, causing it to go on longer than anticipated.

### L. How to Ensure Availability of Social Security Benefit Information in the EIV System:

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The availability of SS and SSI benefit information in the EIV system depends on MCHA's data quality and timely submission of form HUD-50058 to the PIC. MCHA will ensure that data entered in section 3 of the form HUD-50058 (i.e. household members' name, date of birth and social security number) is complete and accurate. If a family's form HUD-50058 is not successfully submitted to PIC, income information will not be available in EIV.

In accordance with 24 CFR 5.233(a)(2)(ii), MCHA is required to use EIV to reduce administrative and subsidy payment errors. As such, MCHA is required to use EIV's *Identity Verification Report* on a monthly basis to improve the availability of income information in EIV. This report contains two reports (*Failed SSA Screening Report* and *Failed EIV Pre-screening Report*), which can help MCHA improve the availability of income information and assist the PHA in identifying tenant personal identifiers that require correction. Following is a summary of how these reports can be beneficial to MCHA.

- **Failed SSA Screening Report:** informs MCHA of any tenant whose identity can not be confirmed by the SSA due to incorrect personal identifiers (date of birth, surname, and/or SSN) recorded in section 3 of the form HUD-50058. MCHA staff will review this report on a monthly basis, obtain appropriate documentation from the tenant, update section 3 of the form HUD-50058, accordingly, and transmit a revised form HUD-50058 into PIC.
- **Failed EIV Pre-screening Report:** informs MCHA of any tenant who has failed HUD's EIV pre-screening process due to incorrect personal identifiers (date of birth, surname, and/or SSN) or invalid form HUD-50058 transmitted (e.g. effective date of action is more than 15 months ago). MCHA staff will review this report on a monthly basis, obtain appropriate documentation from the tenant, update section 3 of the form HUD-50058, accordingly, and transmit a revised form HUD-50058 into PIC. For invalid form HUD-50058s, staff should review the error description and take appropriate action to correct the error and transmit a revised form HUD-50058 into PIC.

<b>Part I: Summary</b>						
PHA Name/Number: <i>Macoupin County Housing Authority IL047</i>		Locality (City/County & State) <i>Carlinville, Macoupin, Illinois</i>			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FF <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>
B.	Physical Improvements Subtotal	Annual Statement	\$291,908	\$291,908	\$292,169	\$291,386
C.	Management Improvements		\$134,230	\$134,230	\$134,230	\$134,230
D.	PHA-Wide Non-dwelling Structures and Equipment		\$31,000	\$31,000	\$31,000	\$31,000
E.	Administration		\$67,115	\$67,115	\$67,115	\$67,115
F.	Other ( <i>Fees and Costs</i> )		\$79,786	\$79,786	\$79,525	\$80,308
G.	Operations		\$67,115	\$67,115	\$67,115	\$67,115
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$671,154	\$671,154	\$671,154	\$671,154
L.	Total Non-CFP Funds					
M.	Grand Total					

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number: <i>Macoupin County Housing Authority IL047</i>		Locality (City/county & State) <i>Carlinville, Macoupin, Illinois</i>			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FFY <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>
	IL047-01	Annual Statement	\$4,800			
	IL047-02		\$118,400	\$100,000	\$195,169	\$79,386
	IL047-03		\$9,600			
	IL047-04		\$16,000			
	IL047-05		\$8,000			\$50,000
	IL047-06		\$2,400			
	IL047-08		\$8,000			
	IL047-09		\$8,000			
	IL047-10		\$8,000			
	IL047-11		\$4,800			
	IL047-12		\$7,200			
	IL047-13		\$4,800			
	IL047-14		\$7,208			
	IL047-15		\$10,500	\$8,000		
	IL047-16		\$10,500	\$8,000		
	IL047-17		\$9,000	\$132,308		\$115,000
	IL047-18		\$7,500	\$5,600		\$21,000
	IL047-19		\$7,500	\$4,000	\$65,000	
	IL047-20			\$4,000		
	HA-Wide		\$418,946	\$409,246	\$410,985	\$405,768
	Total		\$671,154	\$671,154	\$671,154	\$671,154

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year <u>2012</u> FFY <u>2012</u>			Work Statement for Year: <u>2013</u> FFY <u>2013</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement	1406 Operations, HA-Wide		\$67,115	1406 Operations, HA-Wide		\$67,115
	1408 Management Improvements, HA-Wide		\$134,230	1408 Management Improvements, HA-Wide		\$134,230
	1410 Administration, HA-Wide		\$67,115	1410 Administration, HA-Wide		\$67,115
	1430 A&E Fees, HA-Wide		\$42,286	1430 A&E Fees, HA-Wide		\$42,286
	1430 Technical Assistance, HA-Wide		\$22,500	1430 Technical Assistance, HA-Wide		\$22,500
	1430 LBP/Asbestos/Risk Assessment, HA-Wide		\$15,000	1430 LBP/Asbestos/Risk Assessment, HA-Wide		\$15,000
	1450 Replaces walks and parking, HA-Wide		\$5,000	1450 Replaces walks and parking, HA-Wide		\$5,000
	1460 Sec 504 upgrade to full UFAS, HA-Wide		\$5,000	1460 Sec 504 upgrade to full UFAS, HA-Wide		\$5,000
	1460 LBP/Asbestos material removal, HA-Wide		\$5,000	1460 LBP/Asbestos material removal, HA-Wide		\$5,000
	1460 Mold mitigation		\$5,000	1460 Mold mitigation		\$5,000
	1460 Paint, weather strip and re-core doors, IL47-1		\$4,800	1460 Re-roof, IL047-17		\$124,308
	1460 Paint, weather strip and re-core doors, IL47-2		\$18,400	1460 Paint, weather strip and re-core doors, IL47-15		\$8,000
	1460 Paint, weather strip and re-core doors, IL47-3		\$9,600	1460 Paint, weather strip and re-core doors, IL47-16		\$8,000
	1460 Paint, weather strip and re-core doors, IL47-4		\$16,000	1460 Paint, weather strip and re-core doors, IL47-17		\$8,000
	1460 Paint, weather strip and re-core doors, IL47-5		\$8,000	1460 Paint, weather strip and re-core doors, IL47-18		\$5,600
	1460 Paint, weather strip and re-core doors, IL47-6		\$2,400	1460 Paint, weather strip and re-core doors, IL47-19		\$4,000
	1460 Paint, weather strip and re-core doors, IL47-8		\$8,000	1460 Paint, weather strip and re-core doors, IL47-20		\$4,000
	1460 Paint, weather strip and re-core doors, IL47-9		\$8,000	1460 Replace HVAC Systems IL047-02		\$100,000
	1460 Paint, weather strip and re-core doors, IL47-10		\$8,000	1470 Upgrade facilities/furniture/equip, HA-Wide		\$1,000
	1460 Paint, weather strip and re-core doors, IL47-11		\$4,000	1475 Maintenance vehicles/ tools/equip, HA-Wide		\$25,000
	1460 Paint, weather strip and re-core doors, IL47-12		\$7,200	1475 communications/Computer systems, HA-Wide		\$5,000
	1460 Paint, weather strip and re-core doors, IL47-13		\$4,800	1495.1 Relocation Costs, HA-wide		\$10,000
	1460 Paint, weather strip and re-core doors, IL47-14		\$7,208			
	1460 Replace HVAC Systems IL047-02		\$100,000			
	1460 Wall deterioration stabilization/repair IL047-14		\$10,500			
	1460 Wall deterioration stabilization/repair IL047-15		\$10,500			
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		\$671,154









## ATTACHMENT J: VIOLENCE AGAINST WOMEN

### 1. **ADDITIONAL CLAUSE TO PUBLIC HOUSING ACOP**

The following section is incorporated in the Authority's Public Housing ACOP

#### **SECTION 32.0 PROTECTION OF VICTIMS OF DOMESTIC VIOLENCE**

Incidents of domestic violence, dating violence, or stalking shall not be good cause for denying victims access to or termination from the Public Housing Program or for terminating a lease held by a victim of such violence.

Within fourteen days upon request by the Authority, victims of domestic violence, dating violence, or stalking must certify via a HUD approved certification form their status as victims and that the incident in question was a bona fide incident of domestic violence, dating violence, or stalking by presenting appropriate documentation to the Authority. The fourteen day timetable may be extended by the Authority. Victims of domestic violence, dating violence, or stalking may satisfy the certification requirements by:

- Providing documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incidents in question are bona fide incidents of abuse, and the victim has signed or attested to the documentation; or,
- Producing a Federal, State, tribal, territorial, or local police or court record.

At its discretion the Authority may provide benefits to a victim of domestic violence, dating violence, or stalking based solely on the victim's statement or other corroborating evidence.

Nothing prevents a victim who has committed a crime or violated a lease from being evicted.

### 2. **ADDITIONAL CLAUSE TO PUBLIC HOUSING LEASE**

The following section is incorporated in the Authority's Public Housing Lease

**K. Violence Against Women Act.** Incidents of domestic violence, dating violence, or stalking shall not be good cause for denying victims access to or termination from the Public Housing Program or for terminating a lease held by a victim of such violence.

- Incidents of threatened or actual domestic violence, dating violence or stalking may not constitute grounds of termination for the victim of such violence

## ATTACHMENT J: VIOLENCE AGAINST WOMEN

- Criminal activity directly related to domestic violence, dating violence or stalking by a member or guest of resident's household shall not be grounds for termination of tenancy against the victim of such violence
- MCHA may bifurcate the lease in order to evict, remove, or terminate assistance to any individual who engaged in criminal acts of physical violence against family members without evicting the victims of such acts
- MCHA may honor court orders addressing rights of access or control of the property, including civil protection orders, among family members.
- MCHA may evict residents for any violation of leases not premised on domestic violence, so long as MCHA does not subject victims of domestic violence to more demanding standards in eviction proceedings.
- MCHA may still evict residents if MCHA can demonstrate that a tenancy is an actual and imminent threat to other residents or employees.
- State or local law which provides greater protections to victims of domestic violence will control.

Additionally, MCHA may require individuals seeking protection under the above provisions to certify their status as a victim of domestic violence, dating violence or stalking. This certification may be on an approved HUD form (currently HUD-50066), in a court record, or in a signed statement from a professional who has rendered assistance to the victim in connection with the incidents of domestic violence.

### **3. DESCRIPTION OF ANY ACTIVITIES, SERVICES, OR PROGRAMS PROVIDED OR OFFERED BY HACC, EITHER DIRECTLY OR IN PARTNERSHIP WITH OTHER SERVICE PROVIDERS, TO CHILD OR ADULT VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING.**

The Macoupin County Housing Authority (MCHA) does not have the staff, programs or financial resources to provide activities or programs directly to applicants or residents; however, MCHA does have a Public Housing FSS Coordinate that coordinates applicant and resident needs with local available social service agencies that provide activities and programs to low-income families.

#### **Macoupin County Coalition Against Domestic Violence**

805 North Broad  
Carlinville, IL 62626

- Domestic Violence Counseling
- Support Services
- Legal Advocacy
- Referral Services
- Prevention and Education

## ATTACHMENT J: VIOLENCE AGAINST WOMEN

- Court Advocacy
- Individual and group counseling
- Shelter
- 24-Hour hotline
- Court advocacy

### **Macoupin County Department of Human Services**

340 East Wilson

Carlinville, IL 62626

- Public Aid (Cash assistance, food stamps, Medicaid eligibility determination, employment programs, child care and social service programs)
- Children and Family Services (Employment-related child care and youth services)
- Mental health, Child referrals, and Domestic violence counseling referrals.
- DHS can connect eligible clients to a wide range of human services at one location.
- Local office staff identifies client needs; determine benefits eligibility; link clients to training programs, child care and employers.
- Make referrals to other community services.

3 **DESCRIPTION OF ANY ACTIVITIES, SERVICES, OR PROGRAMS PROVIDED OR OFFERED THAT HELPS CHILD OR ADULT VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING TO OBTAIN OR MAINTAIN HOUSING**

HUD prevents MCHA from providing emergency housing; however, MCHA works closely with the Macoupin County Coalition Against Domestic Violence to find immediate emergency housing for victims. MCHA encourages victims to apply for public housing and assists them with completing applications.

4. **DESCRIPTION OF ANY ACTIVITIES, SERVICES, OR PROGRAMS PROVIDED OR OFFERED TO PREVENT DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING, OR TO ENHANCE VICTIM SAFETY IN ASSISTED FAMILIES.**

MCHA arranges for the Macoupin County Coalition Against Domestic Violence and local Police Department to present Domestic Violence Prevention sessions at scheduled resident meetings and to provide articles to include in MCHA's Resident Newsletter.

5. **MCHA PROCEDURES IN PLACE THAT ASSURES THAT TENANTS ARE NOTIFIED OF THEIR RIGHTS UNDER VAWA.**

## ATTACHMENT J: VIOLENCE AGAINST WOMEN

Applicants are informed of their rights during orientation and are given packets that contain copies of the VAWA, form HUD-50066, services provided by and how to contact the Macoupin County Coalition Against Domestic Violence. Applicants and residents are given copies of the ACOP and Lease which contain VAWA clauses as presented above. Residents are also notified via of MCHA's Resident Newsletter and information is posted on the bulletin board in MCHA's central office.