

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. See Attachment K</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. See Attachment L</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. See Attachment M</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” See Attachment N</p>

SEE ATTACHMENT S FOR INDEX OF ATTACHMENTS

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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Attachment A

Section 5.2 Goals and Objectives

Statement

The Lake County Housing Authority (LCHA) is working to change the face of public housing in Lake County, IL. As one of the leading housing authorities in Illinois, our agency provides housing and housing related services for over 11,000 citizens of Lake County.

We provide safe, decent and sanitary housing for the most vulnerable members of our community. Our team consists of dedicated management and housing professionals. With the continued leadership and assistance of our Board of Commissioners we remain confident and excited about being aggressive in the housing arena. LCHA continues to play a vital role in maintaining the health of our community by building strong public and private partnerships, maintaining a high standard of property maintenance, and helping low-income families move toward economic self-sufficiency.

I believe our future success depends on our willingness to offer our very best to the public as professionals who can demonstrate they care about people and the community in which they live, work and play! We must all come together - residents, staff, local and county governments, businesses, partners, developers and other stakeholders in ***our mission/commitment to serve the Lake County community with housing opportunities and options.***

Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

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

- PHA Goal: Expand the supply of assisted housing
- Objectives:
 - Apply for additional rental vouchers: **At every opportunity.**
 - Reduce public housing vacancies: **reducing turnaround time and improving procedures as they relate to the new site based waiting lists.**
 - Leverage private or other public funds to create additional housing opportunities: **Seek loans or grants if available to acquire foreclosed homes to reduce community foreclosures while providing additional rental or homeownership opportunities.**
 - Acquire or build units or developments: **Purchasing HUD foreclosed homes as additional rental opportunities for Section 8 Voucher holders or Section 8 Homeownership when established..**
 - Other (list below)

- PHA Goal: Improve the quality of assisted housing
 - Objectives:
 - Improve public housing management: **(PHAS score) 84 (2009)**
 - Improve voucher management: **(SEMAP score) 95**
 - Increase customer satisfaction: **With all stakeholders through staff training and improved procedures and technology.**
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) **Section 8 inspectors to fully utilize electronic system for completing inspections and monitoring the process from scheduling to completion. Re-organization of the finance division and streamlining of procurement and payment processes.**
 - Renovate or modernize public housing units: **As needed using Capital Funds and investigating alternative funding through tax credits, grants, and energy performance contracting.**
 - Demolish or dispose of obsolete public housing: **Possibly reduce the density at Marion Jones.**
 - Provide replacement public housing: **If density is reduced at Marion Jones, seek one for one replacement of units elsewhere.**
 - Provide replacement vouchers:
 - Other: (list below)

- PHA Goal: Increase assisted housing choices
 - Objectives:
 - Provide voucher mobility counseling: **Housing Counselor**
 - Conduct outreach efforts to potential voucher landlords: **Continue quarterly landlord briefings and informational talks with industry groups in the community.**
 - Increase voucher payment standards
 - Implement voucher homeownership program: **Continue investigating and and further education.**
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists: **Complete 2010**
 - Convert public housing to vouchers:
 - Other: (list below)

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

- PHA Goal: Provide an improved living environment
 - Objectives:
 - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: **Continue**

administration of the tax savings program and issue RFP for project based voucher contracts in higher income geographic areas.

- Implement public housing security improvements: **Continue security patrols at Marion Jones and update camera equipment.**
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities): **Seek formal designation of elderly developments and investigate possible development solely for persons with disabilities.**
- Other: (list below)

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
 - Increase the number and percentage of employed persons in assisted families: **Developing a workforce development partnership with Worknet.**
 - Provide or attract supportive services to improve assistance recipients' employability: **Continue to expand resident services.**
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities. **Re-apply for the ROSS grant and expand the resident initiatives and services programs.**
- Other: (list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
 - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: **Educate participants about discrimination and assist in filing complaints when necessary.**
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: **Educate staff, participants, and landlords to the concepts and practices associated with reasonable accommodations.**
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: **Grant reasonable accommodations to larger unit size as necessary.**
- Other: (list below)

Attachment B

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
IL056	Housing Authority of the County of Lake, Illinois	10/01/2011

	Plan Element	Column #3
1.	Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.	See Attachment C – Changes to the Low Rent Public Housing Admissions and Continued Occupancy Policy and See Attachment D – Changes to the Section 8 Administrative Plan
2.	Financial Resources.	Completing final work and payouts. No other funding changes.
3.	Rent Determination.	No Change
4.	Operation and Management.	No Change
5.	Grievance Procedures.	See attachment D – Changes to the Section 8 Administrative Plan for Grievance Procedure change.
6.	Designated Housing for Elderly and Disabled Families.	Seeking formal designation.
7.	Community Service and Self-Sufficiency.	No change in community service. Further self-sufficiency program enhancement with the expansion of resident initiatives, the hiring of a third Section 8 Voucher program FSS coordinator, and the enhancement of the Section 3 program. Establishing a Public Housing FSS program. See attachment T for updated FSS Action Plan.
8.	Safety and Crime Prevention.	No Change
9.	Pets.	No Change
10.	Civil Rights Certification.	Continue coordination of activities and communication as required of Voluntary Compliance Agreement.

Attachment B

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

11.	Fiscal Year Audit.	No Findings on the FY 2010 Audit
12.	Asset Management.	No Change
13.	Violence Against Women Act (VAWA).	See Attachment P

Attachment C
Proposed Changes to the Admissions and Continued Occupancy Policy

8.4 GROUNDINGS FOR DENIAL

Currently reads:

- D. Have a history of not meeting financial obligations, especially rent;

Proposed change:

- D. Have a history of not meeting financial obligations, especially rent and/or other housing related debt such as utilities, mortgages, association dues;

8.5 TIME FRAMES FOR DENIAL

Currently reads:

- 1. Has a history of not meeting financial obligations, especially rent.

Proposed change:

- Has a history of not meeting financial obligations, especially rent and/or other housing related debt such as utilities, mortgages, association dues;

10.9 PAYMENT OF SECURITY DEPOSIT

Append paragraph 3 to add the following:

Interest on the security deposit will be paid in accordance with State Law.

12.2 TYPES OF VERIFICATION

Currently reads:

The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the Lake County Housing Authority will send a request form to the source along with a release form signed by the applicant/participant via first class mail.

It is the policy of the Lake County Housing Authority to verify/obtain wage information by using HUD's EIV or by sending to the Illinois Department of Employment Security (IDES) a request for the latest four quarters of earnings for all applicants and participants of age 18 and over. Staff uses discretion when considering sending this out for elderly persons. It is required for those receiving disability benefits. This verification is required at initial application and again at least once a year, at recertification and for interim adjustments.

Lake County Housing Authority also utilizes the Internet to obtain verification through *The Work Number For Everyone*, and other third party payroll sources such as *Verifacts*.

Staff will ask **all** adult family members to supply required forms and information at initial application, and any interim adjustments. This includes but is not limited to: bank statements, paystubs, affidavits, Personal Declarations, and any other required information.

All adult family members are required to complete Personal Declarations when required, and each page should be initialed and dated.

Verification Requirements for Individual Items

<u>INCOME TYPE</u>	<u>EIV (1)</u>	<u>Written Third Party (2)</u>	<u>Oral Third Party (3)</u>	<u>Document Review (4)</u>	<u>Tenant Declaration (5)</u>
Wages/Salaries	When EIV is consistent to participant reporting as to where and when employed hand carried check stubs or electronic printout may be used and satisfies upfront income verification.	Mail, fax, or e-mail a verification form directly to the independent sources to obtain wage information. Obtain IDES until EIV system is in use. Use the Work Number and/or Verifacts.	In the event the independent source does not respond to the PHA's written request for information within 10 working days, the PHA may contact by phone.	When neither form of third party verification can be obtained, the PHA may accept original documents such as consecutive pay stubs (4), and/or W-2 forms. Tenant provided documents should be dated within the last 60 days of the interview with the exception of income tax filed. When using tenant documentation, we may average amounts such as year to date amounts, 4 check stubs gross amounts, W-2s, etc.	

<u>Income Type</u>		<u>Written Third Party (1)</u>	<u>Oral Third Party (2)</u>	<u>Document Review (3)</u>	
Self-Employment		Mail, fax, or e-mail a verification form directly to the independent sources.	In the event the independent source does not respond to the PHA's written request for information	Tax return from prior year. Book of accounts. Accept any supporting documents (i.e., invoices and letters from	Statement or affidavit from the tenant that declares the family's total annual income from self-employment.

			within 10 working days, the PHA may contact by phone.	customers) provided by the tenant to verify self-employment income.	
Social Security Benefits	EIV	Use HUD's Tenant Assessment System (TASS) when available.	Not Available	Original SSA Notice.	Statement or affidavit declaring monthly social security benefit.
Welfare Benefits		Mail, fax, or e-mail a verification form directly to DHS.	In the event there is no response within 10 working days, the PHA may contact by phone.	Original award notice or printout from DHS.	Statement or affidavit from the tenant declaring monthly welfare benefit
<u>Income Type</u>		<u>Written Third Party (1)</u>	<u>Oral Third Party (2)</u>	<u>Document Review (3)</u>	<u>Tenant Declaration (4)</u>
Child Support		Mail, fax, or e-mail a verification form directly to the local Child Support	In the event there is no response within 10 working days,	Review an original court order, notice or printout from the Child	Statement or affidavit from the tenant declaring current child

		Enforcement Agency or child support payer.	the PHA may contact by phone.	Support Agency provided by the tenant.	support amount.
Unemployment Benefits		Mail, fax, or e-mail a verification form directly to IDES.	In the event there is no response within 10 working days, the PHA may contact by phone.	Original benefit notice, unemployment check stub, or printout from IDES.	Statement or affidavit from the tenant that declares unemployment benefit.
Pensions		Mail, fax, or e-mail a verification form directly to provider.	In the event there is no response within 10 working days, the PHA may contact by phone.	Original benefit notice from the pension provider.	Statement or affidavit from the tenant that declares monthly pension amount.
<u>Assets</u>		<u>Written Third Part (1)</u>	<u>Oral Third Party (2)</u>	<u>Document Review (3)</u>	<u>Tenant Declaration (4)</u>
Assets (Savings and checking accounts, CDs, stocks and bonds, cash value of life insurance policies.		Mail, fax, or e-mail a verification form directly to the source.	N/A	Current bank statements, passbook, tax return, the CD, or the bond. The stock, most current statement, or price in	N/A

				newspaper.	
Real Property		Mail, fax, or e-mail a verification form directly to tax assessor's office.	N/A	Property tax statement (for current value), assessment, records or income and expenses, tax return.	N/A
Personal Property		N/A	N/A	Assessment, bluebook, etc.	Receipt for purchase, other evidence of worth.
Assets disposed of for less than fair market value – with a threshold of \$1,000		N/A	N/A	Original receipt and receipt at disposition, or other evidence of worth.	Statement of expenditures.
Assets disposed of for market value		N/A	N/A	N/A	Statement of expenditures.
<u>Expenses</u>		<u>Written Third Party (1)</u>	<u>Oral Third Party (2)</u>	<u>Document Review (3)</u>	<u>Tenant Declaration (4)</u>
Child Care Costs		Mail, fax or e-mail a verification form directly to provider	If no response within 10 working days, PHA may contact by phone.	Bills, receipts and records of payment.	N/A

Disability assistance expenses		Mail, fax or e-mail a verification form directly to suppliers, care givers, etc.	If no response within 10 working days, PHA may contact by phone.	Bills, and records of payment.	N/A
Medical expenses		Mail, fax or e-mail letters to medical providers and pharmacies,	If no response within 10 working days, PHA may contact by phone	Bills, receipts, records of payment, dates of appointments recording mileage, receipts for fares and tolls.	N/A

The exception to the third party verification of income or expense will cause the Authority to rely upon original documents provided by the household when the income or expense item would have a, minimal impact upon the Total Tenant Payment. After discussion with HUD staff and review of HUD's 2001 report Quality Control for Rental Assistance Subsidies Determination Study, The Authority defines a minimal impact on TTP as a change in TTP of \$5.00 or less. The threshold for individual income and expenses translates as TTP into income of \$200 or more; assets (with imputed income) totaling \$10,000; or deductions totaling \$200 or more.

Insert chart and guidance from the new HUD regulation, 24 CFR 5.233

Level	Verification Technique	Ranking
6	Upfront Income Verification (UIV) using HUD's Enterprise Income Verification (EIV) system (not available for income verifications of applicants)	Highest (Mandatory)
5	Upfront Income Verification (UIV) using non-HUD system	Highest (Optional)

4	Written third Party Verification	High Mandatory to supplement EIV-reported income sources and when EIV has no data; Mandatory for non-EIV reported income sources; Mandatory when tenant disputes EIVreported employment and income information and is unable to provide acceptable documentation to support dispute)
3	Written Third Party Verification Form available the provide	Medium-Low Mandatory if written third party verification documents are not or rejected by the PHA; and when applicant or tenant is unable to acceptable documentation.
2	Oral Third Party Verification	Low Mandatory if written third party verification is not available
1	Tenant Declaration	Low Use as a last resort when unable to obtain any type of third party verification

Third Party Verification Techniques

Upfront Income Verification (UIV) (Level 6/5): The verification of income before or during a family reexamination, through an independent source that systematically and uniformly maintains income information in computerized form for a number of individuals.

Written Third Party Verification (Level 4): An original or authentic document generated by a third party source dated either within the 60-day period preceding the reexamination or PHA request date. Such documentation may be in the possession of the tenant (or applicant),

and is commonly referred to as tenant-provided documents. The PHA may, at its discretion, reject any tenant-provided documents and follow up directly with the source to obtain necessary verification of information.

Examples of acceptable tenant-provided documentation (generated by a third party source)

include, but are not limited to: pay stubs, payroll summary report, employer notice/letter of hire/termination, SSA benefit verification letter, bank statements, child support payment stubs, welfare benefit letters and/or printouts, and unemployment monetary benefit notices.

Current acceptable tenant-provided documents must be used for income and rent determinations.

The PHA is required to obtain at a minimum, two current and consecutive pay stubs for determining annual income from wages. For new income sources or when two pay stubs are not available, the PHA should project income based on the information from a traditional written third party verification form or the best available information.

Written Third Party Verification Form (Level 3): Also, known as traditional third party verification. A standardized form to collect information from a third party source. The form

is completed by the third party by hand (in writing or typeset). PHAs send the form directly to the third party source by mail, fax, or email.

Oral Third Party Verification (Level 2): Independent verification of information by contacting the individual income/expense source(s), as identified through the UIV technique

or identified by the family, via telephone or in-person visit. PHA staff should document in the tenant file, the date and time of the telephone call (or visit to the third party), the name of

the person contacted and telephone number, along with the confirmed information.

Non-Third Party Verification Technique

Tenant Declaration (Level 1): The tenant submits an affidavit or notarized statement of reported income and/or expenses to the PHA. This verification method should be used as a

last resort when the PHA has not been successful in obtaining information via all other verification techniques. When the PHA relies on tenant declaration, the PHA must document

in the tenant file why third party verification was not available.

The PHA must request written third party verification under the following circumstances:

- a. When the tenant disputes the EIV information and is unable to provide acceptable documentation to support his/her dispute (24 CFR §5.236(b));
- b. When the PHA requires additional information that is not available in EIV and /or the tenant is unable to provide the PHA with current acceptable tenant-provided documentation. Examples of additional information, includes but is not limited to:
 - i. Effective dates of income (i.e. employment, unemployment compensation, or social security benefits)
 - ii. For new employment: pay rate, number of hours worked per week, pay frequency, etc.
 - iii. Confirmation of change in circumstances (i.e. reduced hours, reduced rate of pay, temporary leave of absence, etc.)

An EIV Income Report must be obtained for each family any time the PHA conducts an annual or interim reexamination of family income and composition. The PHA is required to compare the information on the EIV report with the family-reported information. If the EIV report reveals an income source that was not reported by the tenant or a substantial difference in the reported income information, the PHA is required to take the following actions:

1. Discuss the income discrepancy with the tenant; and
2. Request the tenant to provide any documentation to confirm or dispute the unreported or underreported income and/ or income sources; and
3. In the event the tenant is unable to provide acceptable documentation to resolve the income discrepancy, the PHA is required to request from the third party source, any information necessary to resolve the income discrepancy; and
4. If applicable, determine the tenant's underpayment of rent as a result of unreported or underreported income, retroactively; and
5. Take any other appropriate action as directed by HUD or the PHA's administrative policies.

Note: A substantial difference is defined as an amount equal to or greater than \$2,400, annually.

The tenant must be provided an opportunity to contest the PHA's determination of tenant rent underpayment. HUD regulations require PHAs to promptly notify tenants in writing of any adverse findings made on the basis of the information verified through the aforementioned income discrepancy resolution process. The tenant may contest the findings in accordance with the LCHA's Payback & Repayment Policy.

When there is an unsubstantial or no disparity between tenant-reported and EIV-reported income information, the PHA is required to obtain from the tenant, any necessary documentation to complete the income determination process. As noted previously, the PHA may reject any tenant-provided documentation, if the PHA deems the documentation unacceptable. The PHA may reject documentation provided by the tenant for only the following HUD-approved reasons :

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

The PHA should explain to the tenant, the reason(s) the submitted documents are not acceptable and request the tenant to provide additional documentation. If at any time, the tenant is unable to provide acceptable documentation that the PHA deems necessary to complete the income determination process, the PHA is required to submit a traditional third party verification form to the third party source for completion and submission to the PHA.

If the third party source does not respond to the PHA's request for information, the PHA is required to document the tenant file of its attempt to obtain third party verification and that no response to the third party verification request was received.

20.2 Termination By the Housing Authority

Currently reads:

- G. Use of the premises for purposes other than as a dwelling unit (other than for housing authority approved resident businesses);

Proposed change:

- G. Use of the premises for purposes other than as a dwelling unit (other than for housing authority approved resident businesses); additionally the public housing unit must be the participant's sole residence as having an additional lease and/or residence construes dual residency as prohibited by the Department of Housing and Urban Development

Currently reads:

- I. Acts of destruction, defacement, or removal of any part of the premises or failure to cause guests to refrain from such acts.

Proposed change:

- I. Acts of destruction, defacement, or removal of any part of the premises or failure to cause guests to refrain from such acts. As the Authority reserves the right to ban individuals from property owned by the Housing Authority, participants may be terminated if banned individuals are found on the premises of their rental unit or in the common areas as a guest of the participant.

Currently reads:

- N. Alcohol abuse that interferes with the health, safety and right to peaceful enjoyment of the premises of all Public Housing units for all residents and for surrounding neighbors.

No resident or family member residing in a Public Housing unit or guest of the family of a Public Housing unit shall abuse alcohol to the extent that it interferes with the health, safety and right to peaceful enjoyment of the premises of all Public Housing units for all residents and for surrounding neighbors. If any resident, family member or guest is reported to abuse alcohol to the extent it has affected residents or employees, the Authority will consider the following:

Any police involvement

Actual threats or acts of violence, whether physical upon others or to the safety of the premises

Repeated complaints of loud noise

The frequency of complaints

The time of day of the complaints

The extent alcohol may have played in such complaints

Proposed change:

Alcohol or substance abuse that interferes with the health, safety and right to peaceful enjoyment of the premises of all Public Housing units for all residents and for surrounding neighbors.

No resident or family member residing in a Public Housing unit or guest of the family of a Public Housing unit shall abuse alcohol or other substances to the extent that it interferes with the health, safety and right to peaceful enjoyment of the premises of all Public Housing units for all residents and for surrounding neighbors. If any resident, family member or guest is reported to abuse alcohol or other substances to the extent it has affected residents or employees, the Authority will consider the following:

Any police involvement

Actual threats or acts of violence, whether physical upon others or to the safety of the premises

Repeated complaints of loud noise

The frequency of complaints

The time of day of the complaints

The extent alcohol or other substances may have played in such complaints

Payback & Repayment Policy

Section 8 Administrative Plan Appendix 2

Low Rent Public Housing Admissions & Continued Occupancy Policy Appendix 8

Amend to add the following paragraph as paragraph #2

Discovery of unreported income from a filed Internal Revenue Service tax return will result in termination of assistance and the repayment of retroactive rent and Utility Assistance Payments paid out on the household's behalf. If the family subsequently, after discovery, claims they filed or intend to file an amended return for that unreported income, the family must provide proof. This proof must consist of the Amended return for the specific year and the amount of income removed. The Authority reserves the right to require further proof from the family, obtained from the IRS, that the Amended return was received and processed. In the HCV Program, the Authority reserves the right to withhold payment to the landlord until such proof is received and verified to our satisfaction.

Attachment D
Proposed Changes to the Section 8 Administrative Plan

2.3 OBLIGATIONS OF THE PARTICIPANT

Add paragraph:

In the event that all adult household members are temporarily absent from the unit leaving minor children as the remaining household members, the family must notify the authority if the children will remain in the assisted unit and if so must submit a written request to add the caregiver to the household and as such the caregiver must pass eligibility and suitability screening criteria.

4.8 GROUNDS FOR DENIAL

Currently reads

- H. Have a family member who was evicted from public housing or the Voucher program within the last three years;
- I. Have a family member who was evicted from assisted housing within five years of the projected date of admission because of drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;

Proposed change:

- H. Have a family member who was evicted or terminated for adverse reasons from any subsidized housing within the last three years;**
- I. Have a family member who was evicted or terminated for adverse reasons from assisted housing within five years of the projected date of admission because of drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;**

6.1 BRIEFING

Currently reads

When the Lake County Housing Authority selects a family from the waiting list, the family will be invited to attend a briefing explaining how the program works. In order to receive a voucher the family is required to attend the briefing. If they cannot attend the originally scheduled briefing, they may attend a later session. If the family fails to attend two briefings without good cause, they will be denied admission.

As a condition of continued participation, all participants must attend a re-briefing every 5 years. If they cannot attend the originally scheduled briefing, they may attend a later session. If the family fails to attend two briefings without good cause, they will be terminated from the program.

Proposed Change:

Change the 2nd paragraph to read:

If a family has violated any rules of the program, they will be required to attend one of the weekly briefings. Program violations include, but are not limited to under reporting or late

reporting income, HQS violations, and non-compliance with a certification process. A family who has transferred their voucher to Lake County HA must attend a briefing. If the family fails to attend two briefings without good cause, they will be terminated from the program.

Family Self Sufficiency Program – See Attachment R – FSS Action Plan

9.3 EXCLUSIONS FROM INCOME

Annual income does not include the following:

H. The amounts received from the following programs:

13. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits.

These exclusions include:

Add p. Temporary income payments from the U. S. Census Bureau, defined as Employment lasting no longer than 180 days and not culminating in permanent employment.

10.2 TYPES OF VERIFICATION

Currently reads:

10.2 TYPES OF VERIFICATION

The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the Lake County Housing Authority will send a request form to the source along with a release form signed by the applicant/participant via first class mail.

It is the policy of the Lake County Housing Authority to verify/obtain wage information by using HUD's EIV or by sending to the Illinois Department of Employment Security (IDES) a request for the latest four quarters of earnings for all applicants and participants of age 18 and over. Staff uses discretion when considering sending this out for elderly persons. It is required for those receiving disability benefits. This verification is required at initial application and again at least once a year, at recertification and for interim adjustments.

Lake County Housing Authority also utilizes the Internet to obtain verification through *The Work Number For Everyone*, and other third party payroll sources such as *Verifacts*.

Staff will ask **all** adult family members to supply required forms and information at initial application, and any interim adjustments. This includes but is not limited to: bank statements, paystubs, affidavits, Personal Declarations, and any other required information.

All adult family members are required to complete Personal Declarations when required, and each page should be initialed and dated.

Verification Requirements for Individual Items

<u>INCOME TYPE</u>	<u>EIV (1)</u>	<u>Written Third Party (2)</u>	<u>Oral Third Party (3)</u>	<u>Document Review (4)</u>	<u>Tenant Declaration (5)</u>
Wages/Salaries	When EIV is consistent to participant reporting as to where and when employed hand carried check stubs or electronic printout may be used and satisfies upfront income verification.	Mail, fax, or e-mail a verification form directly to the independent sources to obtain wage information. Obtain IDES until EIV system is in use. Use the Work Number and/or Verifacts.	In the event the independent source does not respond to the PHA's written request for information within 10 working days, the PHA may contact by phone.	When neither form of third party verification can be obtained, the PHA may accept original documents such as consecutive pay stubs (4), and/or W-2 forms. Tenant provided documents should be dated within the last 60 days of the interview with the exception of income tax filed. When using tenant documentation, we may average amounts such as year to date amounts, 4 check stubs gross amounts, W-2s, etc.	

<u>Income Type</u>		<u>Written Third Party (1)</u>	<u>Oral Third Party (2)</u>	<u>Document Review (3)</u>	
Self-Employment		Mail, fax, or e-mail a verification form directly to the independent sources.	In the event the independent source does not respond to the PHA's written request for information	Tax return from prior year. Book of accounts. Accept any supporting documents (i.e., invoices and letters from customers)	Statement or affidavit from the tenant that declares the family's total annual income from self-employment.

			within 10 working days, the PHA may contact by phone.	provided by the tenant to verify self-employment income.	
Social Security Benefits	EIV	Use HUD's Tenant Assessment System (TASS) when available.	Not Available	Original SSA Notice.	Statement or affidavit declaring monthly social security benefit.
Welfare Benefits		Mail, fax, or e-mail a verification form directly to DHS.	In the event there is no response within 10 working days, the PHA may contact by phone.	Original award notice or printout from DHS.	Statement or affidavit from the tenant declaring monthly welfare benefit
<u>Income Type</u>		<u>Written</u> <u>Third Party</u> <u>(1)</u>	<u>Oral</u> <u>Third Party</u> <u>(2)</u>	<u>Document</u> <u>Review</u> <u>(3)</u>	<u>Tenant</u> <u>Declaration</u> <u>(4)</u>
Child Support		Mail, fax, or e-mail a verification form directly to the local Child Support Enforcement Agency or child support payer.	In the event there is no response within 10 working days, the PHA may contact by	Review an original court order, notice or printout from the Child Support Agency provided by the tenant.	Statement or affidavit from the tenant declaring current child support amount.

			phone.		
Unemployment Benefits		Mail, fax, or e-mail a verification form directly to IDES.	In the event there is no response within 10 working days, the PHA may contact by phone.	Original benefit notice, unemployment check stub, or printout from IDES.	Statement or affidavit from the tenant that declares unemployment benefit.
Pensions		Mail, fax, or e-mail a verification form directly to provider.	In the event there is no response within 10 working days, the PHA may contact by phone.	Original benefit notice from the pension provider.	Statement or affidavit from the tenant that declares monthly pension amount.
<u>Assets</u>		<u>Written Third Part (1)</u>	<u>Oral Third Party (2)</u>	<u>Document Review (3)</u>	<u>Tenant Declaration (4)</u>
Assets (Savings and checking accounts, CDs, stocks and bonds, cash value of life insurance policies.		Mail, fax, or e-mail a verification form directly to the source.	N/A	Current bank statements, passbook, tax return, the CD, or the bond. The stock, most current statement, or price in newspaper.	N/A
Real Property		Mail, fax, or e-mail	N/A	Property tax	N/A

		a verification form directly to tax assessor's office.		statement (for current value), assessment, records or income and expenses, tax return.	
Personal Property		N/A	N/A	Assessment, bluebook, etc.	Receipt for purchase, other evidence of worth.
Assets disposed of for less than fair market value – with a threshold of \$1,000		N/A	N/A	Original receipt and receipt at disposition, or other evidence of worth.	Statement of expenditures.
Assets disposed of for market value		N/A	N/A	N/A	Statement of expenditures.
<u>Expenses</u>		<u>Written Third Party (1)</u>	<u>Oral Third Party (2)</u>	<u>Document Review (3)</u>	<u>Tenant Declaration (4)</u>
Child Care Costs		Mail, fax or e-mail a verification form directly to provider	If no response within 10 working days, PHA may contact by phone.	Bills, receipts and records of payment.	N/A
Disability assistance expenses		Mail, fax or e-mail a verification form directly to suppliers, care givers, etc.	If no response within 10 working days, PHA may contact by phone.	Bills, and records of payment.	N/A

Medical expenses		Mail, fax or e-mail letters to medical providers and pharmacies,	If no response within 10 working days, PHA may contact by phone	Bills, receipts, records of payment, dates of appointments recording mileage, receipts for fares and tolls.	N/A
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The exception to the third party verification of income or expense will cause the Authority to relay upon original documents provided by the household when the income or expense item would have a minimal impact upon the Total Tenant Payment. After discussion with HUD staff and review of HUD's 2001 report Quality Control for Rental Assistance Subsidies Determination Study, The Authority defines a minimal impact on TTP as a change in TTP of \$5.00 or less. The threshold for individual income and expenses translates as TTP into income of \$200 or more; assets (with imputed income) totaling \$10,000; or deductions totaling \$200 or more.

Insert chart and guidance from the new HUD regulation, 24 CFR 5.233

Level	Verification Technique	Ranking
6	Upfront Income Verification (UIV) using HUD's Enterprise Income Verification (EIV) system (not available for income verifications of applicants)	Highest (Mandatory)
5	Upfront Income Verification (UIV) using non-HUD system	Highest (Optional)
4	Written third Party Verification	High Mandatory to supplement EIV-reported income sources and when EIV has no data; Mandatory for non-EIV reported income sources; Mandatory when tenant disputes EIV reported employment and income information and is unable to provide acceptable documentation to support dispute)

3	Written Third Party Verification Form	Medium-Low Mandatory if written third party verification documents are not available or rejected by the PHA; and when the applicant or tenant is unable to provide acceptable documentation.
2	Oral Third Party Verification	Low Mandatory if written third party verification is not available
1	Tenant Declaration	Low Use as a last resort when unable to obtain any type of third party verification

Third Party Verification Techniques

Upfront Income Verification (UIV) (Level 6/5): The verification of income before or during a family reexamination, through an independent source that systematically and uniformly maintains income information in computerized form for a number of individuals.

Written Third Party Verification (Level 4): An original or authentic document generated by a third party source dated either within the 60-day period preceding the reexamination or PHA request date. Such documentation may be in the possession of the tenant (or applicant), and is commonly referred to as tenant-provided documents. The PHA may, at its discretion, reject any tenant-provided documents and follow up directly with the source to obtain necessary verification of information.

Examples of acceptable tenant-provided documentation (generated by a third party source) include, but are not limited to: pay stubs, payroll summary report, employer notice/letter of hire/termination, SSA benefit verification letter, bank statements, child support payment stubs, welfare benefit letters and/or printouts, and unemployment monetary benefit notices. Current acceptable tenant-provided documents must be used for income and rent determinations.

The PHA is required to obtain at a minimum, two current and consecutive pay stubs for determining annual income from wages. For new income sources or when two pay stubs are not available, the PHA should project income based on the information from a traditional written third party verification form or the best available information.

Written Third Party Verification Form (Level 3): Also, known as traditional third party verification. A standardized form to collect information from a third party source. The form is completed by the third party by hand (in writing or typeset). PHAs send the form directly to the third party source by mail, fax, or email.

Oral Third Party Verification (Level 2): Independent verification of information by contacting the individual income/expense source(s), as identified through the UIV technique

or identified by the family, via telephone or in-person visit. PHA staff should document in the tenant file, the date and time of the telephone call (or visit to the third party), the name of the person contacted and telephone number, along with the confirmed information.

Non-Third Party Verification Technique

Tenant Declaration (Level 1): The tenant submits an affidavit or notarized statement of reported income and/or expenses to the PHA. This verification method should be used as a last resort when the PHA has not been successful in obtaining information via all other verification techniques. When the PHA relies on tenant declaration, the PHA must document in the tenant file why third party verification was not available.

The PHA must request written third party verification under the following circumstances:

- a.** When the tenant disputes the EIV information and is unable to provide acceptable documentation to support his/her dispute (24 CFR §5.236(b));
- b.** When the PHA requires additional information that is not available in EIV and /or the tenant is unable to provide the PHA with current acceptable tenant-provided documentation. Examples of additional information, includes but is not limited to:
 - i.** Effective dates of income (i.e. employment, unemployment compensation, or social security benefits)
 - ii.** For new employment: pay rate, number of hours worked per week, pay frequency, etc.
 - iii.** Confirmation of change in circumstances (i.e. reduced hours, reduced rate of pay, temporary leave of absence, etc.)

An EIV Income Report must be obtained for each family any time the PHA conducts an annual or interim reexamination of family income and composition. The PHA is required to compare the information on the EIV report with the family-reported information. If the EIV report reveals an income source that was not reported by the tenant or a substantial difference in the reported income information, the PHA is required to take the following actions:

1. Discuss the income discrepancy with the tenant; and
2. Request the tenant to provide any documentation to confirm or dispute the unreported or underreported income and/ or income sources; and
3. In the event the tenant is unable to provide acceptable documentation to resolve the income discrepancy, the PHA is required to request from the third party source, any information necessary to resolve the income discrepancy; and
4. If applicable, determine the tenant's underpayment of rent as a result of unreported or underreported income, retroactively; and
5. Take any other appropriate action as directed by HUD or the PHA's administrative policies.

Note: A substantial difference is defined as an amount equal to or greater than \$2,400, annually.

The tenant must be provided an opportunity to contest the PHA's determination of tenant rent underpayment. HUD regulations require PHAs to promptly notify tenants in writing of any

adverse findings made on the basis of the information verified through the aforementioned income discrepancy resolution process. The tenant may contest the findings in accordance with the LCHA's Payback & Repayment Policy.

When there is an unsubstantial or no disparity between tenant-reported and EIV-reported income information, the PHA is required to obtain from the tenant, any necessary documentation to complete the income determination process. As noted previously, the PHA may reject any tenant-provided documentation, if the PHA deems the documentation unacceptable. The PHA may reject documentation provided by the tenant for only the following HUD-approved reasons :

1. The document is not an original; or
 2. The original document has been altered, mutilated, or is not legible; or
 3. The document appears to be a forged document (i.e. does not appear to be authentic).
- The PHA should explain to the tenant, the reason(s) the submitted documents are not acceptable and request the tenant to provide additional documentation. If at any time, the tenant is unable to provide acceptable documentation that the PHA deems necessary to complete the income determination process, the PHA is required to submit a traditional third party verification form to the third party source for completion and submission to the PHA. If the third party source does not respond to the PHA's request for information, the PHA is required to document the tenant file of its attempt to obtain third party verification and that no response to the third party verification request was received.

10.4 VERIFICATION OF SOCIAL SECURITY NUMBERS

Currently reads;

Prior to admission, every family member who has a Social Security number must provide verification of it in the form of the original Social Security Card. If a family member claims to have lost or misplaced the original Social Security Card they will be referred to the Social Security Administration office or website in order to apply for a replacement.

If an individual states that they do not have a Social Security number, they will be required to sign a statement to this effect. The Lake County Housing Authority will not require any individual who does not have a Social Security number to obtain a Social Security number.

If a member of an applicant family indicates they have a Social Security number, but cannot readily verify it, the family cannot be housed until verification is provided.

If a member of a tenant family indicates they have a Social Security number, but cannot readily verify it, they shall be asked to certify to this fact and shall have up to thirty (30) days to provide the verification. If the individual is at least 62 years of age, they will be given an additional thirty (30) days to provide the verification. If the individual fails to provide the verification within the time allowed, the family will be terminated

HUD regulations CFR 5.216 States in (f) Required documentation (1) Social Security Numbers. The documentation necessary to verify the SSN of an individual who is required to disclose his or her SSN would be a a valid SSN card issued by the SSA, or such other evidence of the SSN as HUD and, where applicable, the PHA may prescribe in administrative instructions. And (5) Time for submitting documentation is 60 days.

The regulations allow for a PHA to obtain other evidence of the SSN. A family can go to the SSA office and receive a print out from the local office that states their name as it appears in SSA records and their birth date. The representative from SSA stamps the printout and initials it. This should be evidence accepted of the family's SSN.

Insert after paragraph one.

A family can go to the SSA office and receive a print out from the local office that states their name as it appears in SSA records and their birth date. The representative from SSA must stamp the printout and initial and/or sign the document.

Change 3rd paragraph to: shall have up to sixty (60) days to provide the verification.

12.5 TIME FRAMES AND CORRECTIONS OF HQS FAIL ITEMS

B. HQS Fail Items for Units under Contract

Currently reads;

The owner or participant will be given time to correct the failed items cited on the inspection report for a unit already under contract. If the failed items endanger the family's health or safety (using the emergency item list below), the owner or participant will be given 24 hours to correct the violations. For less serious failures, the owner or participant will be given up to 30 days to correct the failed item(s).

If the owner fails to correct the HQS failed items after proper notification has been given, the Lake County Housing Authority will abate payment and terminate the contract in accordance with Sections 12.7 and 17.0(B)(3).

If the participant fails to correct the HQS failed items that are family-caused after proper notification has been given, the Lake County Housing Authority will terminate assistance for the family in accordance with Sections 12.2(B) and 17.0(B)(3).

Add paragraph in between the 2nd and 3rd paragraph;

One re-inspection will be scheduled for the owner to correct any failing HQS items. If the failed items do not pass on that scheduled inspection, no further scheduling will be made. If an owner notifies LCHA that the failed items are now corrected and requests a second re-inspection, a \$40.00 fee will be incurred. An inspection will be done on the corrected items after the owner submits a \$40.00 cashier's check or money order to the Central Office in Grayslake.

16.3 INFORMAL HEARINGS FOR PARTICIPANTS

Currently reads:

- D. Hearing Procedures
- 5. Issuance of Decision

The person who conducts the hearing must issue a written decision within 14 calendar days from the date of the hearing or other wise noted date, stating briefly the reasons for the decision. Factual determinations relating to the individual circumstances of the family shall be based on a preponderance of the evidence presented at the hearing. All decisions under the informal hearing are final. **Even though no participant has a right to an appeal to the Board of Commissioners, it is the present intent of the Board to allow appeals to it except under the following:**

- 1. Any termination mandated by HUD Regulations;**
- 2. When a participant has been allowed to remain on the program under an agreed upon repayment agreement and fails *without good cause* to adhere to the agreement**
- 3. When most or all of the actions or inactions by a participant which led to the proposed termination are admitted to by the participant in the Informal Hearing; and**
- 4. When the proposed termination is based on action or inaction by the participant and the Informal Hearing is the second hearing on the same or essentially the same program violation(s).**

The decision as to whether a matter falls under 1,2,3, or 4 above is at that reasonable determination of the hearing officer. The Board may change or modify the above policy at any time.

If an Appeal to the decision is allowed the Lake County Housing Authority will give the family prompt written notice that the family may request an appeal to the Lake County Housing Authority Board within fourteen (14) calendar days of the notification.

The notice will:

- a. Contain a brief statement of the reasons for the decision; and**

- b. State that if the family does not agree with the decision, the family may request an appeal of the on the decision within fourteen (14) calendar days of the notification.**

Proposed change:

- D. Hearing Procedures
5. Issuance of Decision

Remove highlighted sections to read only:

The person who conducts the hearing must issue a written decision within 14 calendar days from the date of the hearing or otherwise noted date, stating briefly the reasons for the decision. Factual determinations relating to the individual circumstances of the family shall be based on a preponderance of the evidence presented at the hearing. All decisions under the informal hearing are final.

Payback & Repayment Policy

Section 8 Administrative Plan Appendix 2

Low Rent Public Housing Admissions & Continued Occupancy Policy Appendix 8

Amend to add the following paragraph as paragraph #2

Discovery of unreported income from a filed Internal Revenue Service tax return will result in termination of assistance and the repayment of retroactive rent and Utility Assistance Payments paid out on the household's behalf. If the family subsequently, after discovery, claims they filed or intend to file an amended return for that unreported income, the family must provide proof. This proof must consist of the Amended return for the specific year and the amount of income removed. The Authority reserves the right to require further proof from the family, obtained from the IRS, that the Amended return was received and processed. In the HCV Program, the Authority reserves the right to withhold payment to the landlord until such proof is received and verified to our satisfaction.

Section 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report ATTACHMENT E

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

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

Part I: Summary		FFY of Grant: 2011 FFY of Grant Approval: 2011	
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No. IL056501-11 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	
		Original	Revised ¹
1	Total non-CFP Funds		Obligated
2	1406 Operations (may not exceed 20% of line 21) ³	178,580.00	
3	1408 Management Improvements	178,580.00	
4	1410 Administration (may not exceed 10% of line 21)	89,290.00	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	20,000.00	
8	1440 Site Acquisition		
9	1450 Site Improvement	79,453.00	
10	1460 Dwelling Structures	300,000.00	
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition	47,000.00	
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		
		Total Actual Cost¹	Expended

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

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

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2011 FFY of Grant Approval: 2011	
PHA Name: Housing Authority of the County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL056501-11 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	0.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	892,903.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
		Date	

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 II: Supporting Pages									
PHA Name: Housing Authority of the County of Lake, Illinois			Grant Type and Number Capital Fund Program Grant No: IL056501-11 CFFP (Yes/No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2011		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
AMP 4 Scattered Sites	Operations	1406		48,217.00					
	Resident Initiatives Program	1408		11,787.00					
	Administration	1410		13,393.00					
	A&E	1430		3,000.00					
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		11,919.00					
	VUT/Vacancy Reduction	1460		30,000.00					
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		5,000.00					
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		5,000.00					
	Systems upgrades/maint. including furnaces, water heaters	1460		5,000.00					
	Appliances/Equipment	1475		2,550.00					
Amp 5 Scattered Sites	Operations	1406		41,073.00					
	Resident Initiatives Program	1408		7,858.00					
	Administration	1410		8,930.00					
	A&E	1430		2,000.00					

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.

Section 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report ATTACHMENT F

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		Grant Type and Number Capital Fund Program Grant No: IL056501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant		Revised Annual Statement (revision no:4)			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011		<input type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line	Original	Revised²	Obligated	Expended	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	216,295.00	216,295.00	216,295.00	216,295.00
3	1408 Management Improvements	216,295.00	216,295.00	216,295.00	216,295.00
4	1410 Administration (may not exceed 10% of line 21)	108,147.00	108,147.00	108,147.00	108,147.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	72,000.00	22,000.00	5,959.73	5,959.73
8	1440 Site Acquisition				
9	1450 Site Improvement	60,563.00	101,613.00	1,900.00	1,900.00
10	1460 Dwelling Structures	381,175.00	368,807.00	141,829.39	132,029.39
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	77,000.00	48,318.00	11,318.00	11,318.00
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		FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant		Grant Type and Number	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/11		Capital Fund Program Grant No: IL056501-10 Replacement Housing Factor Grant No: Date of CFFP:	
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/11		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:4) <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)	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,081,475.00	701,744.12
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director 		Signature of Public Housing Director	
Date 7/14/11		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.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages		Federal FFY of Grant: 2010						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056S01-10 CFFP (Yes/ No):		Total Estimated Cost		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
				AMP 1 Marion Jones	Operations	1406		
	Resident Safety & Security	1408		100,000.00	100,000.00	100,000.00	100,000.00	
	Resident Initiative Staff	1408		50,000.00	50,000.00	50,000.00	50,000.00	
	Staff Training	1408		2,000.00	2,000.00	2,000.00	2,000.00	
	Resident Initiatives Programs	1408		20,000.00	20,000.00	20,000.00	20,000.00	
	Software & Information Technology	1408		3,000.00	3,000.00	3,000.00	3,000.00	
	NAHRO Intern	1408		4,259.00	4,259.00	4,259.00	4,259.00	
	Administration	1410		21,629.40	21,629.40	21,629.40	21,629.40	
	Annual Inspections	1430		1,400.00	1,400.00	0.00	0.00	
	A&E/Sundry	1430		3,000.00	3,000.00	1,181.53	1,181.53	
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		10,000.00	10,000.00	0.00	0.00	
	VUT/Vacancy Reduction	1460		18,175.00	18,175.00	7,350.00	7,350.00	
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		5,000.00	5,000.00	0.00	0.00	
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		3,000.00	13,000.00	292.50	292.50	

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.

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

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages		Federal FFY of Grant: 2010						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1 Marion Jones	Systems upgrades/maint. including furnaces, water heaters	1460		5,000.00	5,000.00	0.00	0.00	
Continued	Appliances	1475		2,000.00	2,000.00	0.00	0.00	
AMP 2 Shiloh/Hawley & Warren	Staff Training	1408		2,600.00	2,600.00	2,600.00	2,600.00	
	Software & Information Technology	1408		3,900.00	3,900.00	3,900.00	3,900.00	
	NAHRO Intern	1408		5,537.00	5,537.00	5,537.00	5,537.00	
	Administration	1410		0.00	27,036.75	27,036.75	27,036.75	
	Annual Inspections	1430		1,820.00	1,820.00	0.00	0.00	
	A&E/Sundry	1430		3,820.00	3,820.00	1,359.42	1,359.42	
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		15,000.00	30,000.00	0.00	0.00	
	VUT/Vacancy Reduction	1460		5,000.00	5,000.00	0.00	0.00	
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		5,000.00	5,000.00	0.00	0.00	
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		35,000.00	35,000.00	23,113.39	13,313.39	
	Appliances/Equipment	1475		5,000.00	5,659.00	5,659.00	5,659.00	
	Systems upgrades/maint. including furnaces, water heaters	1460		20,000.00	5,000.00	0.00	0.00	
AMP 3 BHT/Orchard Millview & Kuester	Operations	1406		75,000.00	75,000.00	75,000.00	75,000.00	
	Staff Training	1408		2,800.00	2,800.00	2,800.00	2,800.00	

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part II: Supporting Pages									
PHA Name: Housing Authority of the County of Lake, Illinois			Grant Type and Number Capital Fund Program Grant No: IL056501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
AMP 3 BHT/Orchard Millview & Kuester	Software & Information Technology	1408		4,200.00	4,200.00	4,200.00	4,200.00		
Continued	NAHRO Intern	1408		5,963.00	5,963.00	5,963.00	5,963.00		
	Administration	1410		32,444.10	32,444.10	32,444.10	32,444.10		
	Annual Inspections	1430		1,960.00	1,960.00	0.00	0.00		
	A&E/Sundry	1430		3,960.00	3,960.00	1,724.69	1,724.69		
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		18,412.00	44,462.00	0.00	0.00		
	VUT/Vacancy Reduction	1460		5,000.00	52,455.00	52,455.00	52,455.00		
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		5,000.00	5,000.00	0.00	0.00		
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		35,000.00	22,677.00	22,677.00	22,677.00		
	Systems upgrades/maint. including furnaces, water heaters	1460		20,000.00	15,000.00	0.00	0.00		
	Appliances/Equipment	1475		5,000.00	5,659.00	5,659.00	5,659.00		
AMP 4 Scattered Sites	Operations	1406		50,000.00	50,000.00	50,000.00	50,000.00		
	Staff Training	1408		1,500.00	1,500.00	1,500.00	1,500.00		
	Software & Information Technology	1408		2,250.00	2,250.00	2,250.00	2,250.00		

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

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages		Federal FFY of Grant: 2010						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056501-10 CFEP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 4 Scattered Sites	NAHRO Intern	1408		3,194.00	3,194.00	3,194.00	3,194.00	
	Administration	1410		16,222.05	16,222.05	16,222.05	16,222.05	
	Annual Inspections	1430		1,050.00	1,050.00	0.00	0.00	
	A&E/Sundry	1430		2,050.00	2,050.00	873.37	873.37	
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		10,000.00	10,000.00	1,900.00	1,900.00	
	VUT/Vacancy Reduction	1460		62,500.00	62,500.00	19,225.00	19,225.00	
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		3,000.00	3,000.00	0.00	0.00	
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		9,000.00	9,000.00	1,750.00	1,750.00	
	Systems upgrades/maint. including furnaces, water heaters	1460		30,000.00	30,000.00	0.00	0.00	
	Appliances/Equipment	1475		3,000.00	3,000.00	0.00	0.00	
	Vehicles	1475		30,000.00	30,000.00	0.00	0.00	
AMP 5 Scattered Sites	Operations	1406		75,000.00	75,000.00	75,000.00	75,000.00	
	Staff Training	1408		1,100.00	1,100.00	1,100.00	1,100.00	
	Software & Information Technology	1408		1,650.00	1,650.00	1,650.00	1,650.00	
	NAHRO Intern	1408		2,342.00	2,342.00	2,342.00	2,342.00	
	Administration	1410		10,814.70	10,814.70	10,814.70	10,814.70	

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² To be completed for the Performance and Evaluation Report.

Section 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and ATTACHMENT G
Capital Fund Financing Program

Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PHA Name: Housing Authority of the County of Lake, Illinois		Capital Fund Program Grant No: IL056501-09		FFY of Grant Approval: 2009	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant	Original	Revised ²	Obligated	Total Actual Cost ¹	
Line	Summary by Development Account	Revised ²	Obligated	Expended	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	217,025.00	217,025.00	217,025.00	217,025.00
3	1408 Management Improvements	207,025.00	217,025.00	217,025.00	217,025.00
4	1410 Administration (may not exceed 10% of line 21)	108,512.00	108,512.00	108,512.00	108,512.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	14,196.83	14,196.83	14,196.83	14,196.83
8	1440 Site Acquisition				
9	1450 Site Improvement	31,778.00	31,778.00	24,028.00	24,028.00
10	1460 Dwelling Structures	492,692.17	492,692.17	420,072.46	357,855.46
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	3,896.00	3,896.00	3,896.00	3,896.00
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Housing Authority of the County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL056501-09 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/11	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,085,125.00	1,004,755.29
21	Amount of line 20 Related to LBP Activities		942,538.29
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
<i>[Signature]</i>		<i>[Signature]</i>	
Date		Date	
7/14/11			

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
Amp 2 Shiloh/Hawley & Warren								
	Resident Initiatives Salary	1408		18,166.39	18,166.39	18,166.39	18,166.39	
	Resident Initiatives Programs	1408		3,745.52	3,745.52	3,745.52	3,745.52	
	NAHRO Intern	1408		3,291.20	3,291.20	3,291.20	3,291.20	
	Administration	1410		27,128.00	27,128.00	27,128.00	27,128.00	
	Inspection Staff	1430		14,500.00	0.00	0.00	0.00	
	Sundry	1430		2,573.29	2,573.29	2,573.29	2,573.29	
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		4,750.00	4,750.00	4,750.00	4,100.00	
	VUT	1460		5,940.34	0.00	0.00	0.00	
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		60,450.44	60,450.44	60,450.44	60,450.44	
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		13,800.00	13,800.00	13,800.00	13,800.00	
	Systems upgrades/maint. including furnaces, water heaters	1460		61,717.00	61,717.00	61,717.00	0.00	

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² To be completed for the Performance and Evaluation Report.

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

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

Part II: Supporting Pages		Federal FFY of Grant: 2009				
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL056501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
AMP 4 Scattered Sites	Operations	1406		100,000.00	100,000.00	100,000.00
	Resident Initiatives Salary	1408		10,568.72	10,568.72	10,568.72
	NAHRO Intern	1408		1,974.72	1,974.72	1,974.72
	Administration	1410		16,276.80	16,276.80	16,276.80
	Inspections Staff	1430		8,700.00	0.00	0.00
	Sundry	1430		1,380.24	1,380.24	1,380.24
	VUT/Vacancy Reduction	1460		52,985.00	105,669.00	44,750.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		2,600.00	0.00	0.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		500.00	500.00	0.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		4,585.00	4,585.00	4,585.00
AMP 5 Scattered Sites	Operations	1406		50,000.00	50,000.00	50,000.00
	Resident Initiatives Salary	1408		7,047.24	7,047.24	7,047.24
	NAHRO Intern	1408		1,316.48	1,316.48	1,316.48
	Administration	1410		10,851.20	10,851.20	10,851.20
	Inspections Staff	1430		5,800.00	0.00	0.00
	Sundry	1430		1,778.23	1,778.23	1,778.23
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove	1450		7,280.00	7,280.00	7,280.00
	VUT/Vacancy Reduction	1460		59,754.00	75,404.71	63,704.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing	1460		4,175.37	4,175.37	4,175.37
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows,	1460		13,492.30	18,991.93	18,991.93

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² To be completed for the Performance and Evaluation Report.

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

ATTACHMENT H

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		Grant Type and Number		FFY of Grant: 2009	
PHA Name: Housing Authority of the County of Lake, Illinois		Capital Fund Program Grant No: IL06S056-501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2009	
Type of Grant	<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)		
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended
		Original	Revised ²		
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)	138,076.00	138,076.00	138,076.00	138,076.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	90,493.71	90,493.71	90,493.71	90,493.71
8	1440 Site Acquisition				
9	1450 Site Improvement	147,202.00	147,202.00	147,202.00	147,202.00
10	1460 Dwelling Structures	1,004,995.29	1,004,995.29	1,004,995.29	1,004,995.29
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1483 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

⁴ 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
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 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Total Estimated Cost	
Line		Original	Revised ²
			Obligated
			Expended
			Total Actual Cost ¹
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)	1,380,767.00	1,380,767.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages									
PHA Name: Housing Authority of the County of Lake, IL			Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 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		
AMP 1 Marion Jones	Administration	1410		27,615.20	27,615.20	27,615.20	27,265.56		
	Physical Needs Assessment A & E	1430		5,375.00	5,375.00	5,375.00	5,375.00		
	Door Replacements	1430		6,852.20	6,852.20	6,852.20	6,852.20		
	Driveway Repairs	1460		50,000.00	50,000.00	50,000.00	50,000.00		
		1450		3,272.00	3,272.00	3,272.00	3,272.00		
AMP 2	Administration	1410		24,519.00	24,519.00	24,519.00	24,519.00		
	Physical Needs Assessment A & E	1430		6,880.00	6,880.00	6,880.00	6,880.00		
	Roof Repairs	1430		8,565.25	8,565.25	8,565.25	8,565.25		
Hawley 22		1460		925.78	925.78	925.78	925.78		
Hawley 42									
IL06P056-011	Roof Repairs	1460		925.78	925.78	925.78	925.78		
AMP 3	Administration	1410		41,422.80	41,422.80	41,422.80	41,422.80		
	Physical Needs Assessment A & E	1430		8,039.89	8,039.89	8,039.89	8,039.89		
		1430		10,278.30	10,278.30	10,278.30	10,278.30		

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² To be completed for the Performance and Evaluation Report.

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

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 3								
Millview	VUT	1460		10,100.00	10,100.00	10,100.00	10,100.00	
	Cyclical Painting	1460		6,538.40	5,638.40	5,638.40	5,638.40	
	Roof	1460		17,200.00	17,200.00	17,200.00	17,200.00	
John Kuester Manor								
IL06P056-008	VUT	1460		7,660.00	7,660.00	7,660.00	7,660.00	
	Roof	1460		24,880.00	24,880.00	24,880.00	24,880.00	
AMP 3 Orchard Manor								
IL06P056-011	VUT	1460		2,900.00	2,900.00	2,900.00	2,900.00	
	Cyclical Painting	1460		7,928.40	7,028.40	7,028.40	7,028.40	
	Roof	1460		22,340.00	22,340.00	22,340.00	22,340.00	
Beach Haven Tower								
IL06P056-004	VUT	1460		34,200.00	34,200.00	34,200.00	34,200.00	
	Generator	1450		52,240.00	52,240.00	52,240.00	52,240.00	

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² To be completed for the Performance and Evaluation Report.

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

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

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06S056-501-09 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 4	Administration	1410		20,711.40	20,711.40	20,711.40	20,711.40	
	Physical Needs Assessment A & E	1430		20,900.00	20,900.00	20,900.00	20,900.00	
		1430		5,139.15	5,139.15	5,139.15	5,139.15	
Scattered Sites	Furnace Replacements	1460		161,205.66	161,205.66	161,205.66	161,205.66	
	Roofs	1460		131,105.00	131,105.00	131,105.00	131,105.00	
	Driveway Repairs/Replacements	1450		49,269.55	49,269.55	49,269.55	49,269.55	
	Fence Repairs/Replacements	1450		21,900.00	21,900.00	21,900.00	21,900.00	
	VUT	1460		110,262.72	110,262.72	110,262.72	110,262.72	
	Cyclical Painting	1460		35,430.00	35,430.00	35,430.00	35,430.00	
AMP 5	Administration	1410		23,807.60	23,807.60	23,807.60	23,807.60	
	Physical Needs Assessment A & E	1430		15,037.82	15,037.82	15,037.82	15,037.82	
		1430		3,426.10	3,426.10	3,426.10	3,426.10	
	Furnace Replacements	1460		56,294.34	56,294.34	56,294.34	56,294.34	
	Roofs	1460		153,251.00	155,051.00	155,051.00	155,051.00	
	Driveway Repairs/Replacements	1450		7,380.45	7,380.45	7,380.45	7,380.45	
	Fence Repairs/Replacements	1450		13,140.00	13,140.00	13,140.00	13,140.00	
	VUT	1460		162,248.21	162,248.21	162,248.21	162,248.21	
	Cyclical Painting	1460		9,600.00	9,600.00	9,600.00	9,600.00	

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 I: Summary		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Housing Authority of the County of Lake, Illinois		Grant Type and Number Capital Fund Program Grant No: IL06P056-08 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/11	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	209,932.89	209,932.89
3	1408 Management Improvements	114,697.70	114,457.70
4	1410 Administration (may not exceed 10% of line 21)	109,082.40	109,082.40
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	32,042.50	32,042.50
8	1440 Site Acquisition		
9	1450 Site Improvement	151,235.17	151,235.17
10	1460 Dwelling Structures	338,904.20	338,904.20
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	135,079.14	135,079.14
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		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Housing Authority of the County of Lake, Illinois	Grant Type and Number Capital Fund Program Grant No: IL06P0516-501-08 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/11 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/11		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,090,824.00	1,090,824.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
		Date	

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: Housing Authority of the County of Lake,
Illinois

Grant Type and Number
Capital Fund Program Grant No: IL06P056-501-08
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	
AMP 2	Resident Initiatives Programs	1408		3,583.85	3,583.85	3,583.85	3,583.85	
	Administration	1410		28,154.18	28,154.18	28,154.18	28,154.18	
	Inspections Fees and Costs	1430		5,800.00	5,800.00	5,800.00	5,800.00	
	Cyclical Painting of Units	1460		5,050.00	5,050.00	5,050.00	5,050.00	
	Gyp- Crete & Floor Hawley	1460		4,410.00	4,410.00	4,410.00	4,410.00	
	Hawley Roof Change Order From Yr '09	1460		256.00	256.00	256.00	256.00	
	Emergency A/C Unit Replacement	1460		6,320.00	6,320.00	6,320.00	6,320.00	
Replacement of Vehicles/Lawn Equip	1475		31,152.91	31,152.91	31,152.91	31,152.91		
AMP 3	Operations	1406		50,000.00	50,000.00	50,000.00	50,000.00	
	Resident Initiatives Program	1408		4,004.12	4,004.12	4,004.12	4,004.12	
	Administration	1410		30,608.52	30,608.52	30,608.52	30,608.52	
	Inspections Fees and Costs	1430		7,400.00	7,400.00	7,400.00	7,400.00	
	Emergency Hot Water Boiler Replace	1460		10,550.00	10,550.00	10,550.00	10,550.00	
	Emergency Kuester Flood	1460		39,181.14	39,181.14	39,181.14	39,181.14	
	Flooring Orchard	1460		1,465.71	1,465.71	1,465.71	1,465.71	
Replacement of Vehicles/Lawn Equip	1475		52,448.55	52,448.55	52,448.55	52,448.55		
AMP 4	Operations	1406		50,000.00	50,000.00	50,000.00	50,000.00	
	Resident Initiatives Program	1408		391.18	391.18	391.18	391.18	
	Administration	1410		16,536.89	16,536.89	16,536.89	16,536.89	
	Inspections Fees and Costs	1430		9,171.25	9,171.25	9,171.25	9,171.25	
	Sealcoat Driveways Move from '09	1450		6,064.89	6,064.89	6,064.89	6,064.89	
	Landscaping – Playgrounds	1450		21,184.80	21,184.80	21,184.80	19,784.80	
	Vacant Unit Turnaround/Rehab	1460		85,930.00	85,930.00	85,930.00	85,930.00	
Cyclical Painting	1460		35,121.20	35,121.20	35,121.20	25,415.96		
Roof Change Orders Move ARRA	1460		5,519.09	5,519.09	5,519.09	5,519.09		
Emergency Porch Replacement	1460		2,350.00	2,350.00	2,350.00	2,350.00		
Furnace Maint. Move from ARRA	1460		857.92	857.92	857.92	857.92		
Emergency Mold Assessment	1460		5,775.00	5,775.00	5,775.00	5,775.00		
Replacement of Vehicles/Lawn Equip	1475		17,017.24	17,017.24	17,017.24	17,017.24		

Section 8.2 Capital Fund Program Five-Year Action Plan Attachment J

Part I: Summary						
PHA Name/Number Housing Authority of the County of Lake, Illinois/IL056			Lake County, Illinois		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	400,563.00	300,563.00	400,563.00	400,563.00
C.	Management Improvements		217,025.00	217,025.00	217,025.00	217,025.00
D.	PHA-Wide Non-dwelling Structures and Equipment		60,000.00	60,000.00	60,000.00	60,000.00
E.	Administration		108,512.00	108,512.00	108,512.00	108,512.00
F.	Other		82,000.00	82,000.00	82,000.00	82,000.00
G.	Operations		217,025.00	217,025.00	217,025.00	217,025.00
H.	Demolition			50,000.00		
I.	Development			50,000.00		
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,085,125.00	1,085,125.00	1,085,125.00	1,085,125.00
L.	Total Non-CFP Funds					
M.	Grand Total					

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 (Continuation)						
PHA Name/Number Housing Authority of the County of Lake, Illinois/IL056		Lake County, Illinois			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
		Annual Statement				
	AMP 1 Marion Jones		35000.00	35000.00	35000.00	35000.00
	AMP 2 Shiloh/Hawley/Warren		85000.00	85000.00	85000.00	85000.00
	AMP 3 BHT/Orchard Millview/Kuester		88412.00	88412.00	88412.00	88412.00
	AMP 4/5 Scattered Sites		192151.00	92151.00	192151.00	192151.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2011</u> FFY <u>2011</u>			Work Statement for Year: <u>2011</u> FFY <u>2011</u>		
	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost
	See Annual Statement	AMP 1 Marion Jones			AMP 3 BHT/Orch/Millview/Kuester	
	VUT/Vacancy Reduction		10000.00	VUT/Vacancy Reduction		5000.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		10000.00	Site Modifications including concrete, asphalt, landscaping, trees		18412.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, appliances		5000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00
	Systems upgrades/maint. including furnaces, water heaters		5000.00	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00
	AMP 2 Shiloh/Hawley/Warren			AMP 4 and 5 Scattered Sites		
	VUT/Vacancy Reduction		5000.00	VUT/Vacancy Reduction		100000.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		15000.00	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		17151.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances		20000.00
	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00	Systems upgrades/maint. including furnaces, water heaters		50000.00
				Subtotal of Estimated Cost		\$400,563.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2012</u> FFY <u>2012</u>			Work Statement for Year: <u>2012</u> FFY <u>2012</u>		
	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost
	See Annual Statement	AMP 1 Marion Jones			AMP 3 BHT/Orch/Millview/Kuester	
	VUT/Vacancy Reduction		10000.00	VUT/Vacancy Reduction		5000.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		10000.00	Site Modifications including concrete, asphalt, landscaping, trees		18412.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, appliances		5000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00
	Systems upgrades/maint. including furnaces, water heaters		5000.00	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00
	AMP 2 Shiloh/Hawley/Warren			AMP 4 and 5 Scattered Sites		
	VUT/Vacancy Reduction		5000.00	VUT/Vacancy Reduction		50000.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		15000.00	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		17151.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances		15000.00
	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00	Systems upgrades/maint. including furnaces, water heaters		5000.00
				Subtotal of Estimated Cost		\$300,563.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2013</u> FFY <u>2013</u>			Work Statement for Year: <u>2013</u> FFY <u>2013</u>		
	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost
Sec	AMP 1 Marion Jones			AMP 3 BHT/Orch/Millview/Kuester		
Annual Statement	VUT/Vacancy Reduction		10000.00	VUT/Vacancy Reduction		5000.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		10000.00	Site Modifications including concrete, asphalt, landscaping, trees		18412.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, appliances		5000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00
	Systems upgrades/maint. including furnaces, water heaters		5000.00	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00
	AMP 2 Shiloh/Hawley/Warren			AMP 4 and 5 Scattered Sites		
	VUT/Vacancy Reduction		5000.00	VUT/Vacancy Reduction		100000.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		15000.00	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		17151.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances		20000.00
	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00	Systems upgrades/maint. including furnaces, water heaters		50000.00
				Subtotal of Estimated Cost		\$400563.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2014</u> FFY <u>2014</u>			Work Statement for Year: <u>2014</u> FFY <u>2014</u>		
	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quant.	Estimated Cost
See	AMP 1 Marion Jones			AMP 3 BHT/Orch/Millview/Kuester		
Annual	VUT/Vacancy Reduction		10000.00	VUT/Vacancy Reduction		5000.00
Statement	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		10000.00	Site Modifications including concrete, asphalt, landscaping, trees		18412.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, appliances		5000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00
	Systems upgrades/maint. including furnaces, water heaters		5000.00	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00
	AMP 2 Shiloh/Hawley/Warren			AMP 4 and 5 Scattered Sites		
	VUT/Vacancy Reduction		5000.00	VUT/Vacancy Reduction		100000.00
	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		15000.00	Site Modifications including concrete, asphalt, landscaping, tree trim/remove		17151.00
	Exterior building modifications including siding, roofs, gutters, tuckpointing, ADA upgrades		5000.00	Exterior building modifications including siding, roofs, gutters, tuckpointing		5000.00
	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances, furnishings		40000.00	Interior modifications including floors, plumbing, electrical, cabinetry, doors, cyclical painting, fixtures, windows, ADA upgrades, appliances		20000.00
	Systems upgrades/maint. including furnaces, water heaters, security, nurses station, elevators		20000.00	Systems upgrades/maint. including furnaces, water heaters		50000.00
				Subtotal of Estimated Cost		\$400563.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2011</u> FFY <u>2011</u>		Work Statement for Year: <u>2012</u> FFY <u>2012</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
Sec	HA Wide		HA Wide	
Annual	Operations	217025.00	Operations	217025.00
Statement	Resident Safety & Security	100000.00	Resident Safety & Security	100000.00
	Resident Initiative Staff	50000.00	Resident Initiative Staff	50000.00
	Staff Training	10000.00	Staff Training	10000.00
	Resident Initiative Program	20000.00	Resident Initiative Program	20000.00
	Software	5000.00	Software	5000.00
	Information Technology	10000.00	Information Technology	10000.00
	NAHRO Intern	22025.00	Capital Fund Administrator	22025.00
	Administration Salary	61225.35	Administration Salary	61225.35
	Administration Benefits	47286.65	Administration Benefits	47286.65
	Inspection Salary	50000.00	Inspection Salary	50000.00
	Inspection Benefits	8000.00	Inspection Benefits	8000.00
	Annual Inspections	7000.00	Annual Inspections	7000.00
	A & E	5000.00	A & E	5000.00
	Sundry	2000.00	Sundry	2000.00
	Vehicles/Equipment	60000.00	Vehicles/Equipment	60000.00
	Contingency	10000.00	Contingency	10000.00
	Physical Work	400563.00	Demolition	50000.00
			Development	50000.00
			Physical Work	300,563.00
	Subtotal of Estimated Cost	\$1,085,125.00	Subtotal of Estimated Cost	\$1,085,125.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year <u>2013</u> FFY <u>2013</u>		Work Statement for Year: <u>2014</u> FFY <u>2014</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Operations	217025.00	Operations	217025.00
Annual	Resident Safety & Security	100000.00	Resident Safety & Security	100000.00
Statement	Resident Initiative Staff	50000.00	Resident Initiative Staff	50000.00
	Staff Training	10000.00	Staff Training	10000.00
	Resident Initiative Program	20000.00	Resident Initiative Program	20000.00
	Software	5000.00	Software	5000.00
	Information Technology	10000.00	Information Technology	10000.00
	Capital Fund Administrator	22025.00	Capital Fund Administrator	22025.00
	Administration Salary	61225.35	Administration Salary	61225.35
	Administration Benefits	47286.65	Administration Benefits	47286.65
	Inspection Salary	50000.00	Inspection Salary	50000.00
	Inspection Benefits	8000.00	Inspection Benefits	8000.00
	Annual Inspections	7000.00	Annual Inspections	7000.00
	A & E	5000.00	A & E	5000.00
	Sundry	2000.00	Sundry	2000.00
	Vehicles/Equipment	60000.00	Vehicles/Equipment	60000.00
	Contingency	10000.00	Contingency	10000.00
	Physical Work	400563.00	Physical Work	400563.00
	Subtotal of Estimated Cost	\$1,085,125.00	Subtotal of Estimated Cost	\$1,085,125.00

Attachment K

Section 9.0 Statement of Housing Needs

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the “Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	4,177	5	5	3	3	3	2
Income >30% but <=50% of AMI	1,990	4	5	3	3	3	2
Income >50% but <80% of AMI	894	4	5	2	3	2	2
Elderly	8,990	5	4	3	3	1	1
Families with Disabilities	NA	NA	5	NA	4	NA	NA
White Non- Hispanic	50,923	NA	5	NA	NA	NA	NA
Black Non- Hispanic	3,385	NA	5	NA	NA	NA	NA
Hispanic	2,900	NA	5	NA	NA	NA	NA

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset CHAS Table 1C- Lake County, IL 2000
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

Attachment L

Section 9.1 Strategy for Addressing 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**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

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

Attachment M

Section 10.0 (a) STATEMENT OF PROGRESS

Lake County Housing Authority continues to provide its low rent program residents with safe and well maintained housing and services as evidenced by its high marks on inspections and surveys. Its modernization program has proceeded in an orderly fashion with funds obligated and expended within program requirements. The quality of documentation and physical work remains a top priority of the agency. The Authority uses its subsidy to fund ROSS activities for Service Coordinators. Our Supervisor of Resident Initiatives provides those services to elderly and disabled residents to increase their independence and well-being. The Authority has branched into the community to partner with many other agencies to provide any needed activities. Some partnerships include but are not limited to Youthbuild Lake County, Northern Illinois Food Bank, PADS Crisis Center (Rapid Re-Housing Program), Shields Township's Shelter Care Plus Program and many others.

Attachment N

Section 10.0 (b) DEFINITIONS

Significant Amendment or Modification: Any material change to the lease or policies therein incorporated by reference, admissions and occupancy policy, waiting list management or the methodology by which flat rents are calculated. They do not apply to any change that is mandated by regulation.

Substantial Deviation: The addition of new activities not contained in the most recent Capital Fund plan or non-emergency work items in the Capital Fund Annual Statement unless those items have been identified in the Capital Fund Five Year Plan or most recent Capital Fund Program Needs Assessment statement. It does not apply to allowable Capital Fund budget deviations or differences between cost estimates and actual costs for work undertaken through the Capital Fund Program or work items where the Authority has exercised allowable fungibility.

ATTACHMENT O

CARBON MONOXIDE ALARM DETECTOR ACT

1. Requires that every dwelling unit be equipped with at least one approved carbon monoxide alarm in an operating condition within 15feet of every room used for sleeping purposes.
2. Provides that the carbon monoxide alarm may be combined with smoke detecting devices provided that the combined unit complies with standards, and departmental rules relating to both smoke detecting unit emits an alarm in a manner that clearly differentiates the hazard.
3. Provides that it is the responsibility of the owner of a structure to supply and install all required alarms.
4. Provides that it is the responsibility of a tenant to test and to provide general maintenance for the alarms within the tenant's dwelling unit or rooming unit, and to notify the owner or the authorized agent of the owner in writing of any deficiencies that the tenant cannot correct.
5. Provides that the willful failure to install or maintain in operating condition any carbon monoxide alarm required by the Act is a class B misdemeanor.
6. Provides that tampering with, removing, destroying, disconnecting or removing the batteries from any installed carbon monoxide alarm, except in the course of inspection, maintenance or replacement of the alarm, is a Class A misdemeanor in the case of a first conviction, and a Class 4 felony in the case of a second or subsequent conviction.
7. Provides for exemptions.

ATTACHMENT P

SECTION 6.0 (13) PROTECTIONS UNDER THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2005 (VAWA)

The Lake County Housing Authority (LCHA) understands that the primary objectives of VAWA are to reduce violence against women and to protect, or increase the protection of, the safety and confidentiality of women who are victims of abuse.

To assist with this effort, the LCHA will:

- provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance. The notice will explain the protections afforded under the law, inform each applicant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.
- include in all notices of denial a statement explaining the protection against denial provided by VAWA.
- provide all tenants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

- include in all lease termination notices a statement explaining the protection against termination or eviction provided by VAWA

Below is from ACOP:

NOTIFICATION TO APPLICANTS

The LCHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each applicant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The LCHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA.

NOTIFICATION TO TENANTS

VAWA requires LCHAs to notify tenants assisted under public housing of their rights under this law, including their right to confidentiality and the limits thereof.

The LCHA will provide all tenants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The LCHA will also include in all lease termination notices a statement explaining the protection against termination or eviction provided by VAWA

Below is from Admin Plan:

NOTIFICATION TO PARTICIPANTS

VAWA requires LCHAs to notify public housing program participants of their rights under this law, including their right to confidentiality and the limits thereof.

The LCHA will provide all participants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the participant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The LCHA will also include in all assistance termination notices a statement explaining assistance termination protection provided by VAWA.

NOTIFICATION TO APPLICANTS

The LCHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each applicant of LCHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

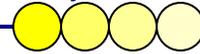
The LCHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA (see section 3-III.G).

NOTIFICATION TO OWNERS AND MANAGERS

VAWA requires LCHAs to notify owners and managers of their rights and responsibilities under this law.

Inform property owners and managers of their screening and termination responsibilities related to VAWA. The LCHA may utilize any or all of the following means to notify owners of their VAWA responsibilities:

As appropriate in day-to-day interactions with owners and managers. Inserts in HAP payments, 1099s, owner workshops, classes, orientations, and/or newsletters. Signs in the LCHA lobby and/or mass mailings, which include model VAWA certification forms.



ATTACHMENT Q

Resident Advisory Board Meeting

The Resident Advisory Board Meeting of the Housing Authority of the County of Lake, Illinois, was held, April 25, 2011, at the Authority offices at 33928 North Route 45, Grayslake, Illinois, 60030.

Present:

David A. Northern, Sr., LCHA Executive Director
Sally Stang, LCHA Associate Director
Jeneen Smith-Underwood, LCHA Associate Director
Veronika Shirkevich, Director of Asset Management
David Young, LCHA Director of Development
Valerie Rogers, LCHA Administrative Secretary
Corinne Jordan, LCHA Section 8 Supervisor
Renee Prior, LCHA Income/Security Investigator
Megan Harrington, lake County Government, Community Development
Tom Keefe, Gurnee Fire Department, Fire Marshall
Felicia Lewis, Grayslake
Maere Floyd Pitts, Marion Jones Townhomes, North Chicago

The following handouts were distributed:

PHA 5-Year and Annual Plan. OMB No. 2577-0226 See Exhibit 1
Attachment A. Section 5.2 Goals and Objectives..... See Exhibit 2
Attachment B. Section 6.0 PHA Plan Elements See Exhibit 3
Attachment C. Proposed Changes to the
Admissions and Continued Occupancy Policy See Exhibit 4
Attachment D. Proposed Changes to the
Section 8 Administrative Plan See Exhibit 5
Attachment E. Section 8.1 Capital Fund Program Annual
Statement/Performance and Evaluation Report 2011..... See Exhibit 6
Attachment F. Section 8.1 Capital Fund Program Annual
Statement/Performance and Evaluation Report 2010..... See Exhibit 7

Attachment G. Section 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report 2009..... See Exhibit 8

Attachment H. Section 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report 2009-ARRA..... See Exhibit 9

Attachment I. Section 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report 2008..... See Exhibit 10

Attachment J. Section 8.2 Capital Fund Program Five-Year Action Plan..... See Exhibit 11

Attachment K. Section 9.0 Statement of Housing Needs..... See Exhibit 12

Attachment L. Section 9.1 Strategy for Addressing Needs See Exhibit 13

Attachment M. Section 10.0 (a) Statement of progress See Exhibit 14

Attachment N. Section 10.0 (b) Definitions See Exhibit 15

Attachment O. Carbon Monoxide Alarm Detector Act..... See Exhibit 16

Attachment P. Section 6.0 (13) Protections Under The Violence Against Women Reauthorization Act of 2005 (VAWA)..... See Exhibit 17

Attachment R. Housing Authority of the County of Lake Housing Choice Voucher (FSS) Program Action Plan See Exhibit 18

Attachment S. PHA Plan 2010 Attachment Index See Exhibit 19

Sally Stang, Associate Director called the meeting to order at 2:10 p.m.

Sally welcomed all and thanked them for their participation. She gave an overview of the PHA Plan process, described the role and importance of the Resident Advisory Board and encouraged open dialogue. She emphasized the ability to present questions and/or discussion at any time during the meeting.

She explained the handout is the draft PHA Plan in the actual document form required for submission by HUD.

She noted the beginning is basic information; it is the 5-year and annual plan submission, will begin 10/1/11, LCHA has both public housing and Section 8 programs and states our Mission Statement. Sally stated the documents released for public comment, scheduled on 4/29/11, will include updates from today.

Sally relayed the attachments are as prescribed by HUD.

Sally explained the need to increase affordable housing is a reoccurring goal in Attachment A. LCHA will seek opportunities for additional Section 8 vouchers, purchase of foreclosed homes and reduce the turnaround time in current public housing units among other efforts for improvement. She stated we are formally seeking elderly designation for some developments and investigating a development solely for people with disabilities.

Sally said Attachment B lists further attachments.

Sally reviewed Attachment C. Some of the changes to the public housing ACOP:

- Providing interest on security deposits as required by Illinois law;
- The type of verifications acceptable as per HUD;
- Residents may be terminated for allowing banned individuals on public housing owned property; and
- Termination of assistance for discovery of unreported income from a filed Internal Revenue Service tax return.

Corinne Jordan reviewed Attachment D. Some of the changes to the Section 8 Admin Plan:

- Housing Authority approval now required for adult to act as caregiver to family where all adult members are temporarily absent from the unit;
- Family members evicted or terminated for adverse reason from any subsidized housing within the last three years may be denied assistance;
- Families violating any rules of the program will be required to attend a Briefing session;
- Types of verifications acceptable as per HUD;
- Charge for re-inspections when failed item not cured within 30 days;
- The removal of the opportunity to appeal a hearing officer's decision to the Board of Commissioners; and
- Termination of assistance for discovery of unreported income from a filed Internal Revenue Service tax return.

Sally explained Attachments E through I, regarding the Capital Fund program is a separate funding source from HUD. The Capital Fund allows for modernization and improvement of public housing. HUD allows an agency 2 years to obligate and 4 years to expend the funds (with the exception of ARRA funds). Sally said the Authority is focusing on making ADA modifications or upgrades to our public housing developments.

Sally said Attachment K comes from the county's consolidated plan with data from the last finalized census.

Sally stated the Strategy for Addressing Needs, Attachment L, mirrors the private market efforts.

Sally defined various partnerships cultivated by the Authority for the benefit of its clients as noted in Attachment M, Statement of Progress. She said the collaborations include YouthBuild of Lake County Internship Program, PADS Rapid ReHousing, the Summer Food Program in conjunction with Northern IL Food Bank, Shields Township's Shelter Care Plus Program and Veteran's Assistance for Supportive Housing (VASH).

Sally described the correlation of Statement N. An agency must define what is a significant amendment or modification to its Plan. If, after approval of the Plan, an agency wishes to incorporate a change that meets its own definition of a significant amendment or modification, the agency must then meticulously follow the entire procedure for approval of the amended Plan.

Sally stated Attachment O is in compliance with the State of Illinois requirement for carbon monoxide detectors in our public housing units.

Sally said although there is no change, Attachment P shows continued support and protection for victims of abuse under the Violence Against Women's Act (VAWA).

As to Attachment R, Jeneen Smith-Underwood reported LCHA has submitted a grant application to launch an FSS program for public housing. She said the Section 8 FSS program has had an Action Plan since its inception in 1992. It is being presented here, in an amended version, to reaffirm its pertinence and submit it as the guiding principle for the proposed FSS program for public housing and the current Section 8 FSS program.

Sally stated Attachment S is simply a list of attachments. Sally noted the title; "PHA Plan 2010" should be 2011.

Mr. Northern arrived and thanked the participants for being involved.

Sally re-presented the opportunity for questions or general comment. Discussion included: municipal process for new assisted living developments, landlord outreach, calculation of flat rents in public housing, near-elderly age and qualifications for the Family Self Sufficiency (FSS) program.

There being no further discussion, Mr. Northern and Sally Stang again thanked all the participants for their input, extended an open invitation to express comments and observations any time of the year and welcomed them to join the public hearing on June 17, 2011 at 1:00 p.m.

The meeting adjourned at 3:21 p.m.

Attachment R
Housing Authority of the County of Lake
Housing Choice Voucher (FSS) Program Action Plan

*Addendum to the Housing Authority of the County of Lake's Administrative Plan

The Housing Authority of the County of Lake's Housing Choice Voucher Program is a rental assistance program established in **1992** by a group of citizens concerned with the housing needs of moderate and low-income families. The Housing Authority of the County of Lake is now updating its Family Self-Sufficiency (FSS) program in 2011. The goal of the FSS Action Plan is to reflect services and outline procedures of the FSS program. The purpose of the FSS program is to promote the development of local strategies to coordinate the use of assistance under the Housing Choice Voucher program with public and private resources to enable participating families to increase earned income and financial literacy, reduce or eliminate the need for welfare assistance, and make progress toward economic independence and self-sufficiency. The FSS program provides critical tools that can be used by communities to help families develop new skills that will lead to economic self-sufficiency. As a result of their participation in the FSS program, many families will achieve self-sufficiency.

FSS Program Coordinating Committee (PCC):

The PCC assists in securing commitments of public and private resources for the operation of the FSS program. It is also responsible for assisting with the development and implementation of the program. The PCC will meet quarterly and may conduct business on an as-needed basis via variation of in-person, emails, or telephone conferences. Membership in the PCC will be drawn from a variety of agencies and individuals, which includes but is not limited to:

- ❖ Housing Choice Voucher Participant
- ❖ Community colleges
- ❖ Financial institutions
- ❖ Department of Workforce Services
- ❖ Nonprofit service providers
- ❖ Job training services
- ❖ State/City/County government
- ❖ Housing Authority of the County of Lake staff members
- ❖ The Catholic Charities of The Archdiocese of Chicago
- ❖ Waukegan, Illinois Housing Authority
- ❖ North Chicago, Illinois Housing Authority

Family Demographics:

The FSS program provides services to eligible families who are currently receiving housing assistance through the Housing Authority of the County of Lake Housing Choice Voucher and Housing Choice Voucher programs, as per HUD guidelines. The following demographics were calculated based on the current families being served by the Housing Authority of the County of Lake.

Supportive Service Needs of Expected FSS Participants:

1. Education
2. Transportation

3. Employment
4. Technology
5. Food
6. Clothing
7. Vocational Training
8. Child Care
9. Mentoring
10. Health Care

Estimate of Participating Families:

It is expected that all eligible families listed above can reasonably receive the supportive services they require to obtain economic self-sufficiency. *We currently have 130 Housing Authority of the County of Lake residents who are on the Housing Choice Voucher FSS program.* We fully intend to enter into more contracts of participation with new participants after the FSS grant is awarded.

Eligible Families from Other Self-Sufficiency Program:

The Housing Authority of the County of Lake will allow any resident in our Housing Choice Voucher developments to participate in the Family Self Sufficiency program. In addition, we currently have 130 Housing Authority of the County of Lake residents who are currently participating in the FSS program. Of the 130, an average of 27 FSS participants receives case management including supportive services from The Catholic Charities FSS program.

FSS Family Enrollment/Selection Procedures:

Any current family who is a resident of Housing Choice Voucher can be selected for the program without regard to race, creed, religion, sex, age, disability, familial status, and national origin. All FSS selection procedures will be pursuant to the restrictions set for in the Housing Choice Voucher and Housing Choice Voucher Family Self-Sufficiency Program 984.203.

To recruit participants for the FSS Program, the Housing Authority of the County of Lake will market the program to all current Housing Choice Voucher Program participants. During the annual recertification process, each Housing Choice Voucher participant will be asked if they are interested in learning more about the FSS Program. There will be a question on the Annual Recertification Questionnaire that asks Housing Choice Voucher tenants if they want to know more about FSS. Their Housing Choice Voucher Specialist has a supply of FSS Interest forms to hand out to interested participants. New Housing Choice Voucher participants will receive FSS information in each briefing packet and, when possible, the FSS Manager will make presentations at all group-briefing meetings. The Housing Authority of the County of Lake monthly newsletter will also provide information on the FSS program.

The Housing Authority of the County of Lake will screen families for interest and motivation to participate in the FSS Program as follows:

1. Any Housing Choice Voucher participant may complete an FSS Interest Form. Each Housing Choice Voucher caseworker is provided with FSS brochure/interest forms and supplies a form to any tenant that shows an interest in FSS on their annual recertification form. There are FSS forms also available in the Housing Choice Voucher office and detailed information and forms

available on the website at www.lakecountyha.org. All forms are date and time stamped when received by the Housing Authority of the County of Lake.

2. All families who have submitted an FSS Interest Form will receive an assessment from to be completed prior to enrollment appointment. Once assessment is received from interested families, an enrollment appointment will be scheduled providing an in depth outline of the FSS Program and answer questions from the participants.
3. After the briefing session, those families interested in participating in the FSS Program must complete an FSS Request for Participation Form.
4. Families will be selected to enter the program based on the date and time the assessment has been received.
5. The FSS Manager will schedule enrollment appointments for participants at the top of the waiting list.
6. Families who are selected to enter the FSS program will be required to sign a contract of participation. The contract of participation is a 5 year contract.
7. The FSS Manager will handle the participant's intake and needs assessment, will develop the family's training and service plan and monitor the family's progress through the achievement of all set goals and self-sufficiency.

FSS Coordinator's will complete interims in accordance with LCHAs HCV program for enrollments where participant's current certification exceeds 120 days or if tenant reports any adjustments in income, assets, or family composition.

Incentives to Encourage Participation:

As part of the FSS program, Housing Authority of the County of Lake will offer incentives to encourage participation and enhance the participant's ability to achieve self-sufficiency.

- ❖ Case Management: Each participant that signs a contract of participation will be given personalized case management from the FSS Manager.
- ❖ An FSS Escrow Account in accordance with the requirement set forth in 984.305.
- ❖ Enhanced opportunities for education, training and employment.
- ❖ Access to financial counseling, credit repair, homeownership workshops, and available resources about the home buying process.
- ❖ Structured goal planning, greater opportunity to increase standard of living, an enhanced support system, increased self-esteem, etc.
- ❖ Optional Mentoring opportunities
- ❖ Informative group sessions offering prizes and giveaways

Outreach Efforts:

Efforts will be targeted equally to minority and non-minority families to ensure that non-English and limited English speaking families receive information and have the opportunity to participate in the FSS program. Efforts will also be made to serve persons with disabilities including, but not limited to, persons with impaired vision or hearing. Publication and outreach efforts for the FSS program may include, but are not limited to, distribution of FSS program flyers to our Housing Choice Voucher residents, mass mailing of program information to current Housing Authority of the County of Lake residents, newsletter, orientation presentations to incoming Housing Choice Voucher and Housing

Choice Voucher clients, door to door recruiting for Housing Choice Voucher tenants, and Housing Choice Voucher tenant meetings. Interpreters will be used as needed and clients may contact staff via our TTD telephone line or by email. Outreach informational material about the FSS program may include:

- ❖ Details about program history;
- ❖ Available resources;
- ❖ Requirements for eligibility;
- ❖ Application procedures;
- ❖ Participant responsibilities; and
- ❖ Program benefits.

Referrals for the FSS program may be accepted as described above under the heading FSS Family Selection Procedures. Referrals will be screened for eligibility, and selection made in accordance with HUD guidelines. FSS Coordinators will keep no more than the previous two years of documented outreach efforts on file.

FSS Activities and Supportive Services:

The FSS Manager will work with the local community service provider to deliver a wide spectrum of services to the residents. Continuous outreach will be performed by all relevant staff to ensure that new and additional supportive services are available to the FSS program participants. We have garnered listed services based on our current local community partnerships.

- ❖ Age in Place
- ❖ Assistance with assistive living
- ❖ Clothing
- ❖ Housing Goods
- ❖ Monetary Assistance
- ❖ Educational Assistance
- ❖ Employment Assistance
- ❖ Healthcare Assistance
- ❖ Food
- ❖ Clothing
- ❖ Household Items
- ❖ Transportation
- ❖ Homeless Prevention
- ❖ Mentorship Program
- ❖ Childcare

Some of the partners in the Lake County community that provides the above listed services are agency friends such as: Catholic Charities, Salvation Army, YWCA Lake County, Maristella, Mother's Trust, Community Action Partnership, Affordable Housing Corporation, LOVE, INC., College of Lake County, IL, and United Way of Lake County, Consumers Credit Counseling Services, Townships and Workforce Development.

FSS participants are required to attend one of two informational group sessions offered by the HA each quarter, every three months. At this time, participants will turn in a form previously mailed to them with information about current goals they are working on and goals they have completed. This mandatory

form also gives the participant an opportunity to request any needed assistance regarding obtaining their goals. In addition, participants will be given a scheduled day and time to come into the office and meet with their specific case manager half way through the contract of participation, at 2.5 years into the contract and again during the fourth year of their contract of participation to discuss goal progress or lack thereof. At any time, a FSS participant may meet with an FSS case manager. However, it is mandatory for the participant to meet with a case manager at the half way point and towards the end of their contract of participation.

Escrow:

FSS Coordinators will maintain an escrow account spreadsheet to ensure escrow account balances correlate with the balances shown in the accounting department records. If a discrepancy surfaces the FSS Coordinator and the accounting department will together, rectify the discrepancy.

FSS Coordinators will contact landlords of tenants that are currently receiving monthly escrow deposits on a quarterly basis to verify that FSS participants are complying with the terms of their lease including paying their portion of the rent to the landlord. If tenant is not in compliance, they will receive a letter informing them that no deposits will be made until they are in compliance. Tenants/Participants are also made aware that the missed deposits due to their non compliance will **not** be deposited at a later date. In this case, monthly escrow deposits will resume the first of the following month that the tenant becomes in compliance with the terms of their lease. It is the tenant's responsibility to inform the FSS Coordinator that they have rectified the issue which is then verified with the landlord. Section 8 staff will be notified of participant's non compliance.

Method for Identification of Family Needs:

The success of the FSS Program will depend greatly on how effectively the participant's needs are addressed and meet. Each participant's needs will be different from any other. Each prospective participant's needs will be evaluated on a case-by-case basis.

The Family Self-Sufficiency Manager will assist the FSS participants by providing support, identifying appropriate resources, assisting with the development of a service plan and providing advocacy towards the achievement of goals.

The FSS Manager handles intake and will perform an initial needs assessment. The FSS Manager will assist the family to develop a training and service plan based on families needs. The FSS Manager will monitor the family's progress through to the achievement of all set goals, and supports the family towards their goal to become self-sufficient. The FSS Manager will understand that the needs of each family are always changing and will provide the necessary resources to meet those changes.

The FSS Manager is a continual process of identifying and reviewing problems that block or interfere with the promotion and achievement of self-sufficiency and economic independence for FSS participants.

FSS Program Termination:

Involuntary Termination:

Participants may be denied or involuntarily terminated from FSS under the following circumstances:

A. If the participant fails to meet their obligations under the Contract of Participation, the Individual Training and Services Plan, the Program Completion Agreement and related documentation.

Non-compliance includes:

- a. Missing scheduled meetings;
- b. Failure to return phone calls;
- c. Failure to maintain quarterly contact;
- d. Failure to work on activities and/or goals set forth in the Individual Training and Services Plan;
- e. Failure to complete activities and/or goals within the specified time frames; and/or
- f. Failure to participate in job related activities (i.e. employment, education, training, workshops, completing applications, etc).

- B. If the participant owes money to the LCHA or any other LCHA in connection with the Housing Choice Voucher program or the Housing Choice Voucher program;
- C. If the participant breached an agreement to pay back amounts owed to LCHA for payments made on behalf of the family to an owner in the Housing Choice Voucher program;
- D. If the participant has committed fraud in connection with any Federal housing assistance program;
- E. If the participant failed to meet any obligations under the lease;
- F. Expiration of the Contract term or any extension of the Contract without completing the criteria for program completion as outlined under the section Contract Completion;
- G. If the client's housing assistance is terminated;
- H. By operation of law; and/or
- I. By such other act as is deemed inconsistent with the FSS program.

Participants who fail to meet their obligations under the above circumstances will be given the opportunity to attend a required meeting with the FSS Manager to resolve the problem. At this meeting, a review of the Contract of Participation, Individual Training and Services Plan, Program Completion Agreement, and all related documentation will be conducted and amendments will be made as necessary (within HUD guidelines) to allow for changes in circumstances. Failure to contact the FSS case manager to schedule this meeting within ten (10) days of Housing Authority of the County of Lake's written request for a meeting or failure by the FSS Head of Household to attend this meeting without some type of correspondence to clarify the issue(s) that lead to non-attendance, may lead to termination from the program.

Participants who remain out of compliance after this meeting will be subject to termination from the FSS program. Notification to the family will be made by letter stating:

- A. The specific facts and reasons for termination;
- B. A statement informing the family of their right to request an informal hearing and the date by which this request must be received (see Hearing Procedures below); and
- C. A statement informing the family that termination from the FSS program for the reasons stated therein will not result in termination of the family's housing assistance.

Failure to request a hearing in writing by the deadline will result in closure of the family's FSS file and all rights to a hearing will be waived. All escrow money held on the family's behalf will be forfeited in accordance with HUD regulations. Housing assistance will not be terminated based on non-compliance with the FSS program.

Voluntary Termination:

Participants may also be terminated from the FSS program under the following circumstances:

- A. Mutual consent of both parties; and/or
- B. The family’s withdrawal from the program. If the family withdraws from the FSS program with the mutual consent of LCHA and the FSS Head of Household, then the family may rejoin the FSS program in the future, with the following understanding:
 - ❖ The family signs a new Contract of Participation, Program Completion Agreement, and Individual Training and Services Plan.
 - ❖ The family is not eligible to receive funds accrued in escrow up to the point of their initial withdrawal from FSS.
 - ❖ The family will be eligible to receive future deposits into escrow upon rejoining the FSS program.

Assurance of Non-Interference:

A family's participation in the FSS Program is voluntary. In order for a family to be considered for participation, the family must first willingly submit an FSS Interest Form. The family must also submit an assessment form, complete an Individual Training and Services Plan and sign a Contract of Participation.

Because the decision on whether to participate in the FSS Program is the family's, the Housing Authority of the County of Lake assures that a family's decision not to participate in the FSS Program will not affect the family's admission to the Housing Choice Voucher, the Housing Choice Voucher Program, or the family's right to occupancy in accordance with its lease.

Timetable for Implementation:

The Housing Authority of the County of Lake’s FSS program is already in place. This action plan will be effective upon HUD’s approval.

Certification of Coordination:

The Housing Authority of the County of Lake, by approval of this plan, certifies that the development of the services and activities under the Housing Choice Voucher Family Self-Sufficiency Program has been coordinated with the relevant employment, child care, transportation, training and education programs available in our area of operation and that implementation of such services and activities will continue to be coordinated, not only to maximize their effectiveness but also in order to avoid duplication of services and activities.

Optional Additional Information:

Housing Authority of the County of Lake’s FSS program reserves the right to make addendums to this Action Plan as situations, regulations, and funding sources change, but such changes will be made in compliance with HUD regulations.

Authorized Signature:

David A. Northern, Sr.
Executive Director

Attachment S

PHA Plan 2010 Attachment Index

il056av01	Section 5.0 Goals and Objectives Statement
il056bv01	Section 6.0 PHA Plan Elements
il056cv01	Section 6.0 (1) Low Rent ACOP Changes
il056dv01	Section 6.0 (1) Section 8 Administrative Plan Changes
il056ev01	Section 8.1 Annual Statement/Performance & Evaluation Report 2011
il056fv01	Section 8.1 Annual Statement/Performance & Evaluation Report 2010
il056gv01	Section 8.1 Annual Statement/Performance & Evaluation Report 2009
il056hv01	Section 8.1 Annual Statement/Performance & Evaluation Report 2009-ARRA
il056iv01	Section 8.1 Annual Statement/Performance & Evaluation Report 2008
il056jv01	Section 8.2 Capital Fund Program – Five Year Action Plan
il056kv01	Section 9.0 Statement of Housing Needs
il056lv01	Section 9.1 Strategy for Addressing Needs
il056mv01	Section 10.0 (a) Statement of Progress
il056nv01	Section 10.0 (b) Significant Amendment & Substantial Definition Definitions
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