

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Coshocton MHA</u> PHA Code: <u>OH 037</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2011</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>131</u> Number of HCV units: <u>252</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  Not applicable – this is not a 5 Year Plan update				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  Not applicable – this is not a 5 Year Plan update				
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  NONE other than the Capital Fund Plan section to add the budget for CFP 501-11 (Exhibit D )  (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  Copies of the 5 Year Plan and the Annual PHA Plan, as well as other plan elements are available at the main administrative offices of the Coshocton MHA, 823 Magnolia St., Coshocton OH 43812. See Posting Exhibit E for Statement of Financial Resources: Planned Sources and Uses.				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>  Coshocton MHA plans no such activities in the subject Plan period.				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.  See Performance & Evaluation Reports for CFP 501-09, ARRA grant 501-09 and CFP 501-10 (Exhibits A – C).				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.  See the 5 Year Rolling Plan for the period beginning 7/1/11 (See Posting Exhibit E)				

8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>See Statement of Housing Needs (Posting Exhibit F)</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>See Statement of Housing Needs (Posting Exhibit F)</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.  See Exhibit G</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”  See Posting Exhibit H</p> <p>(c) PHA Operating Budget for FYE 6/30/11  See Posting Exhibit K</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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

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

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

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

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I: Summary

PHA Name: Coshocton MHA  
 Grant Type and Number  
 Capital Fund Program Grant No: OH03750109  
 Replacement Housing Factor Grant No:  
 Date of CFFP:

FFY of Grant: 2009  
 FFY of Grant Approval: 2009

Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending: 12/31/10  
 Reserve for Disasters/Emergencies

Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	90,000	90,000	90,000	90,000
3	1408 Management Improvements	22,158	22,158	22,158	22,158
4	1410 Administration (may not exceed 10% of line 21)	19,158	19,158	19,158	19,158
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	5,000	5,000	5,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	50,265	55,265	55,265	55,265
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

*Joseph Green*  
*4/11/11*

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

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

<b>Part I: Summary</b>			
<b>PHA Name:</b> Coshoccon MHA	<b>Grant Type and Number</b> Capital Fund Program Grant No: OH03750109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
18a		1501 Collateralization or Debt Service paid by the PHA				
18ba		9000 Collateralization or Debt Service paid Via System of Direct Payment				
19		1502 Contingency (may not exceed 8% of line 20)				
20		Amount of Annual Grant: (sum of lines 2 - 19)	191,581	191,581	191,581	191,581
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 <i>James Paulson</i>			Date 4/11/11	Signature of Public Housing Director		Date

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











<b>Part II: Supporting Pages</b>								
PHA Name: Coshocton MHA			<b>Grant Type and Number</b> Capital Fund Program Grant No: OH03750110 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
ALL	Admin	1410		18,994				
	Operations	1406		37,988		15,784	15,784	
	Fees & Costs	1430		5,000				
	Technical Consulting	1408		18,994				
	Training & Policy Updates	1408		0				
ALL	Learning Center/Office Renovations	1470		73,724		30,097		
ALL	Maintenance Vehicle	1475		27,740		27,740		
ALL	Lawn Tractor	1475		4,500		4,500		
002	Landscaping Improvements	1450		1,000				
003	Landscaping Improvements	1450		1,000				
008	Landscaping Improvements	1450		1,000				

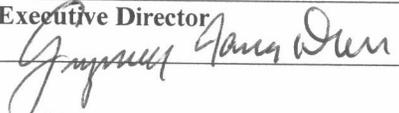
<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

*Gregory James Davis 4/1/11*

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Coshocton MHA		<b>Grant Type and Number</b> Capital Fund Program Grant No: OH03750110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	189,940		78,121	15,784	
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					
<b>Signature of Executive Director</b> 		<b>Date</b> 4/16/11	<b>Signature of Public Housing Director</b>  			<b>Date</b>  

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: Coshocton MHA		Grant Type and Number Capital Fund Program Grant No: OH03750110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	37,988		15,784	15,784	
3	1408 Management Improvements	18,994				
4	1410 Administration (may not exceed 10% of line 21)	18,994				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	5,000				
8	1440 Site Acquisition					
9	1450 Site Improvement	3,000				
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures	73,724		30,097		
13	1475 Non-dwelling Equipment	32,240		32,240		
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

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

*Gregory James Dan*  
 4/11/11





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

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

<b>Part I: Summary</b>		<b>PHA Name: Coshocton MHA</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: OH16S037501-09 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:4 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	24,250	4,500	4,500	4,500
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6,503	31,125	31,125	31,125
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000	0	0	0
10	1460 Dwelling Structures	60,750	69,559	69,559	69,559
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	115,000	137,319	137,319	137,319
13	1475 Non-dwelling Equipment	6,000	0	0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

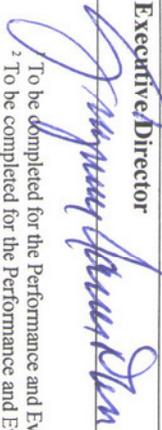
<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall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



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

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

<b>Part I: Summary</b>		FFY of Grant: 2009	
PHA Name: Coshocton MHA	Grant Type and Number Capital Fund Program Grant No: OH16S037501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2009	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
18a		1501 Collateralization or Debt Service paid by the PHA				
18ba		9000 Collateralization or Debt Service paid Via System of Direct Payment				
19		1502 Contingency (may not exceed 8% of line 20)				
20		Amount of Annual Grant:: (sum of lines 2 - 19)	242,503	242,503	242,503	242,503
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	60,750	74,447	74,447	74,447
Signature of Executive Director			Date		Signature of Public Housing Director	
			4/30/09			

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

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

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009				
PHA Name: Coshoccon MHA		Capital Fund Program Grant No: OH16S037501-09						
		CFPP (Yes/ No): 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		
ALL	A&E	1430		Original 6,503	Revised <sup>1</sup> 31,125	Funds Obligated <sup>2</sup> 31,125	Funds Expended <sup>2</sup> 31,125	
002	Window Replacement	1460		25,000				
003	Window Replacement	1460		20,750	69,559	69,559	69,559	
008	Window Replacement	1460		15,000				
Common Areas	Lawn Mowers	1475		6,000	0	0		
	Playground Equipment	1470		30,000	33,900	33,900	33,900	
	Central Office Renovations	1470		40,000	4,888	4,888	4,888	
	Learning Center Renovations	1470		40,000				
	Maintenance Barn/facility	1470		35,000	98,531	98,531	98,531	
ALL	Administration	1410		24,250	4,500	4,500	4,500	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

*Summary from the report*







<b>Part I: Summary</b>	
<b>PHA Name:</b> Coshocton MHA	<b>Grant Type and Number</b> Capital Fund Program Grant No: OH03750111 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	111,926			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	28,000			
10	1460 Dwelling Structures	29,750			
11	1465.1 Dwelling Equipment—Nonexpendable	10,264			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Coshocton MHA		<b>Grant Type and Number</b> Capital Fund Program Grant No: OH03750111 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2011</b> <b>FFY of Grant Approval: 2011</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	189,940				
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					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Coshocton MHA			<b>Grant Type and Number</b> Capital Fund Program Grant No: OH03750111 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
ALL								
	Operations	1406		111,926				
	A&E contract & associated printing/ads	1430		10,000				
002	Concrete Repairs	1450		5,000				
	HVAC	1460	1.5	2,500				
	Interior Improvements	1460	2	2,000				
	Kitchen Improvements	1460	5	7,500				
	Landscaping Improvements	1450		1,000				
003	HVAC	1460	3	5,000				
	Interior Improvements	1460	5	5,000				
	Plumbing Improvements	1460	2	3,000				
	Appliances	1465	8 sets	5,914				

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.







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

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

<b>Part I: Summary</b>						
PHA Name/Number Coshocton MHA		Locality (City/County & State)			<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY __2011__	Work Statement for Year 2 FFY __2012__	Work Statement for Year 3 FFY __2013__	Work Statement for Year 4 FFY __2014__	Work Statement for Year 5 FFY __2015__
	ALL					
B.	Physical Improvements Subtotal	Annual Statement	84,964	88,964	69,066	57,607
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		14,000	10,000	29,898	41,357
E.	Administration					
F.	Other		10,000	10,000	10,000	10,000
G.	Operations		80,976	80,976	80,976	80,976
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		189,940	189,940	189,940	189,940
L.	Total Non-CFP Funds					
M.	Grand Total	189,940	189,940	189,940	189,940	189,940

**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		Locality (City/county & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY ___2012__	Work Statement for Year 3 FFY ___2013___	Work Statement for Year 4 FFY ___2014___	Work Statement for Year 5 FFY ___2015___
		Annual Statement				
	ALL – Operations		80,976	80,976	80,976	80,976
	ALL – A&E and associated printing/ads		10,000	10,000	10,000	10,000
	002 – Improvements		25,500	19,699	15,801	4,000
	003 – Improvements		62,714	73,765	78,603	82,964
	008 – Improvements		10,750	5,500	4,560	12,000

**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**

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year <u>2</u> FFY <u>2012</u>			Work Statement for Year: <u>3</u> FFY <u>2013</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	002 HVAC		5,000	002 HVAC		15,699
	002 Parking Lots		5,000	002 Interiors		2,000
	002 Interiors		2,000	002 Concrete		1,000
	002 Concrete			002 Landscaping		1,000
	002 Landscaping		1,000	003 HVAC		16,765
	002 Kitchens		12,500	003 Interiors		10,000
	003 HVAC		19,628	003 Parking Lots		5,000
	003 Interiors		10,000	003 Concrete		1,000
	003 Parking Lots		5,000	003 Plumbing		5,000
	003 Concrete		1,000	003 Appliances		35,000
	003 Plumbing		2,000	003 Landscaping		1,000
	003 Appliances		24,086	008 Interiors		2,500
	003 Landscaping		1,000	008 Plumbing		2,000
	008 HVAC		5,000	008 Landscaping		1,000
	008 Appliances		1,250			
	008 Interiors		2,500			
	008 Plumbing		1,000			
	008 Landscaping		1,000			
	Subtotal of Estimated Cost		\$ 98,964	Subtotal of Estimated Cost		\$ 98,964







**Coshocton MHA**  
**PHA Plan for Year Beginning 7/1/11**

**oh037f01**

**Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

**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.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	905	5	5	2	2	5	3
Income >30% but <=50% of AMI	308	5	5	2	2	5	3
Income >50% but <80% of AMI	54	4	2	2	2	2	2
Elderly	245	5	4	2	3	5	3
Families with Disabilities	INA	5	5	2	2	5	3
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

INA – Info not available

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
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)  
2000 US Census Bureau American Fact Finder Fact Sheet

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

<b>Housing Needs of Families on the Waiting List</b>			
As of 2/9/11			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	32		70
Extremely low income <=30% AMI	32	100%	
Very low income (>30% but <=50% AMI)	0	0%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	17	53%	
Elderly families	2	6%	
Families with Disabilities	5	16%	
Race/ethnicity	32 White	100%	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	10	31%	
2 BR	13	41%	

<b>Housing Needs of Families on the Waiting List</b>			
As of 2/9/11			
3 BR	9	28%	
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

<b>Housing Needs of Families on the Waiting List</b>			
As of 2/3/11			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> `Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	97		85
Extremely low income <=30% AMI	97	100%	
Very low income (>30% but <=50% AMI)	0	0%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	57	59%	
Elderly families	6	6%	
Families with Disabilities	0	0%	
Race/ethnicity/white	97	100%	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			

INA – Info not available

### C. 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 – continue ongoing commitment
- 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 – No improvements needed
- 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)

Progress in Meeting Goals Set Forth in previous 5 Year Plan (goals set in the 5 Year Plan Beginning 7/1/10)

Goal Identified: Improve the quality of assisted housing by:

- (1) Improve the financial position of the agency.  
Progress: The necessary improvement has been realized by the agency but the agency is still currently classed as a Financially Troubled agency, only because the agency is awaiting a scoring of its most recent audited financial submission. It is expected once REAC next provides a FASS scoring for the agency, the agency will lose the Financially Troubled agency label.
- (2) Continue ongoing efforts to renovate and modernize public housing units.  
Progress: With continuing funding of CFP by HUD, this objective is being adequately addressed.

Goal Identified: Increase assisted housing choices by:

- (1) Conducting landlord outreach for the Housing Choice Voucher program.  
Progress: The targeted improvement expressed by the statement of the goal has been realized, however, the current PHA Plan recognizes and emphasizes the need for ongoing monitoring of the situation and ongoing preparedness to address any problems that surface.
- (2) Increase Housing Choice Voucher Program Rent Payment Standards.  
Progress: The targeted improvement expressed by the statement of the goal has been realized, however, the current PHA Plan recognizes that the need for improvement is virtually constant.
- (3) Implement a Housing Choice Voucher Homeownership Program.  
Progress: This goal has yet to be achieved.

Goal Identified: Promote self-sufficiency of assisted households by:

- (1) Continue to support the programming carried out in the Learning Center on the site of the Meadows Apts in conjunction with the Coshocton Jobs & Family Services and Coshocton Behavioral Health Agency.  
Progress: The targeted improvement expressed by the statement of the goal has been realized. The programming at the Learning Center is as good as it has ever been. Use surveys indicate parents feel good about their children being involved in activities carried out at the Learning Center, students are doing better in school as evidenced by the number of children making the honor roll, and the children possess greater computer literacy and computer skills base. In addition, Adult program participation is increasing. Adults participating in the programming offered report improved skills, earning GEDs, and using skills developed to pursue employment opportunities.

- (2) Implement a Family Self-Sufficiency Program within the Housing Choice Voucher Program.

Progress: This goal has yet to be achieved.

Goal Identified: Ensure Equal Opportunity by continuing the ongoing commitment to this effort.

Progress: The targeted improvement expressed by the statement of the goal has been realized, however, the current PHA Plan recognizes and emphasizes the need for ongoing monitoring of the situation and ongoing preparedness to address any problems that surface.

RE: Definition of Significant Amendment, Significant Deviation and Significant Modification

The definition of a Significant Amendment is an amendment made to incorporate a Significant Modification to or address a Significant Deviation from the Plan previously adopted/approved for the subject Plan period.

The definition of a Significant Modification is a modification to the Plan intended to include implementation and/or operation of a new program or new programs not identified in the Plan previously adopted/approved for the subject plan period, the cost to administer of which would exceed \$25,000 annually.

The definition of a Significant Deviation from the Plan is a deviation caused by the implementation and/or operation of a new program or new programs not identified in the Plan previously adopted/approved for the subject plan period, the cost to administer of which would exceed \$25,000 annually.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2011 grants)</b>		
a) Public Housing Operating Fund	401,787	401,787
b) Public Housing Capital Fund	189,940	189,940
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	902,090	902,090
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
Section 8 Project Based Assistance	0	0
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	137,672	137,672
<b>4. Other income (list below)</b>		
Other income	12,372	12,372
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	<b>1,643,861</b>	<b>1,643,861</b>

## Coshocton Metropolitan Housing Authority

### Attachment to J (oh037j01) PHA Plan - for Fiscal Year Beginning 7/1/2011

Coshocton Metropolitan Housing Authority has a joint venture relationship with First Step, a division of Coshocton Behavioral Health Center which all applicants, victims and families related thereto, are given disclosure of our joint relationship. Below illustrates their Mission Statement and programming that are offered within the guidelines of VAWA.

#### First Step, Family Violence Intervention Services, Inc.

##### MISSION STATEMENT

To promote safety to victims of violence through education counseling, and advocacy and shelter when needed to any person suffering the effects of family violence and/or sexual assault. To promote non-violent behavior by educating the perpetrators of violence.

First Step, Family Violence Intervention Services, Inc., was established in September 1992 with a weekly support group for victims of Domestic Violence. In February 1993, the Muskingum Area Board of Alcohol, Drug Addiction and Mental Health Services funded the program through the Coshocton County Drug and Alcohol Council. To meet the merging needs of the Community, services expanded in September, 1994, a much needed and requested weekly support group for children victimized by family violence between the ages of 6 to 12 years old. In November 1994, a nine member Board was selected as the Board of Control. First Step, F.V.I.S., Inc. was incorporated on April 1, 1995, as a private, non-profit agency and gained its 501© 3 status on August 16, 1995. The ultimate goal is accomplished on December 16, 1996 with the opening of the Coshocton County Shelter for Abused Women.

**Since 1995, First Step, F.V.I.S., Inc., has served victims; children, elderly, developmentally disabled, teens, and currently provides and will provide the following services to meet the needs of the residents in Coshocton County and surrounding communities:**

#### VICTIMS PROGRAMS

SHELTER FOR VICTIMS AND CHILDREN OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT

ON-CALL EMERGENCY SERVICES

SUPPORT GROUP FOR VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT

24 HOUR ON-CALL ADVOCATE

INDIVIDUAL SERVICES/SESSIONS

COURT ADVOCACY

SHELTER FOR PETS

24 HOUR HELPLINE

#### COMMUNITY EDUCATION/TRAINING

COMMUNITY EDUCATION/PRESENTATION

SELF-DEFENSE PROGRAM

JR HIGH/SR HIGH SCHOOL PRESENTATION/EDUCATION PROGRAMS

#### PERPETRATOR PROGRAMS

MALE PERPETRATOR EDUCATION GROUP

WOMEN WHO RESORT TO VIOLENCE

ADULT DOMESTIC VIOLENCE DIVERSIONARY PROGRAM

Description	Public Housing 6/30/10					Section 8 - Admin * 6/30/10				Parkview North 6/30/10			
	6/30/11 Budget	6/30/11 PUM	Initial Budget	6/30/10 YTD **	6/30/09 Budget	6/30/11 Budget	Initial Budget	6/30/10 YTD **	6/30/09 Budget	6/30/11 Budget	Initial Budget	6/30/10 YTD **	6/30/09 Budget
Dwelling Rental	153,144	97.42	125,124	125,704	106,740	-	-	-	-	74,825	71,237	54,997	66,545
Other Income	4,800	3.05	4,728	14,263	4,728	-	-	1,067	-	2,000	2,000	1,727	1,600
Interest Income	-	-	-	21	-	-	-	19	-	350	350	84	500
Admin Fee	-	-	-	-	-	122,316	127,404	113,664	121,968	-	-	-	-
Operating Subsidy	401,134	255.17	351,575	410,464	338,945	-	-	-	-	-	-	16,992	-
CFP for Operations	37,988	24.17	90,000	70,000	99,979	-	-	-	-	-	-	-	-
<b>TOTAL OPERATING INCOME</b>	<b>597,066</b>	<b>379.81</b>	<b>571,427</b>	<b>620,452</b>	<b>550,392</b>	<b>122,316</b>	<b>127,404</b>	<b>114,750</b>	<b>121,968</b>	<b>77,175</b>	<b>73,587</b>	<b>73,800</b>	<b>68,645</b>
Admin Salaries	118,726	75.53	139,276	129,328	134,689	58,435	59,685	61,275	58,569	17,100	16,430	17,053	12,914
Temporary Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Advertising	500	0.32	500	-	500	-	-	-	-	150	150	-	150
Legal	10,000	6.36	2,100	4,491	2,100	2,100	2,100	-	2,100	500	500	-	-
Travel/Training	1,500	0.95	1,500	5,667	1,500	500	500	1,464	500	1,000	-	-	-
Accounting Fees	7,000	4.45	7,000	5,643	7,000	7,000	7,000	-	7,000	2,250	2,250	2,251	2,250
Audit Costs	5,000	3.18	5,000	331	6,000	3,000	3,000	-	2,000	-	-	-	-
Publications	450	0.29	450	-	450	100	100	-	100	-	-	-	-
Telephone	5,000	3.18	5,500	-	5,500	4,000	4,520	-	4,520	1,000	1,000	935	650
Dues & Fees	2,100	1.34	2,400	-	2,400	500	500	-	500	-	-	-	-
Service Contracts/copier	18,500	11.77	4,056	-	4,056	7,500	2,500	-	2,500	-	-	-	-
Supplies & Postage	12,000	7.63	16,000	-	13,963	5,000	10,000	-	8,000	-	-	-	430
Other	2,000	1.27	3,000	28,663	2,000	-	-	9,592	-	2,800	2,150	5,076	3,958
Total Admin Sundry	40,050	25.48	31,406	28,663	28,369	17,100	17,620	9,592	15,620	3,800	3,150	6,011	5,038
<b>TOTAL ADMIN EXPENSE</b>	<b>182,776</b>	<b>116.27</b>	<b>186,782</b>	<b>174,123</b>	<b>180,158</b>	<b>88,135</b>	<b>89,905</b>	<b>72,331</b>	<b>85,789</b>	<b>24,800</b>	<b>22,480</b>	<b>25,315</b>	<b>20,352</b>
Tenant Services (Learning Ctr & Patrols)	10,200	6.49	6,000	7,823	3,000	-	-	-	-	-	-	-	-
Water	77,000	48.98	80,692	76,976	62,500	-	-	-	-	6,000	5,000	6,179	5,000
Electricity	16,000	10.18	12,353	15,945	11,700	-	-	-	-	4,000	3,700	4,753	3,690 1/
Gas	9,000	5.73	9,510	8,712	9,434	-	-	-	-	500	720	-	-
<b>TOTAL UTILITIES EXPENSE</b>	<b>102,000</b>	<b>64.89</b>	<b>102,555</b>	<b>101,633</b>	<b>83,634</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,500</b>	<b>9,420</b>	<b>10,932</b>	<b>8,690</b>

Description	Public Housing					Section 8 - Admin *				Parkview North			
	6/30/11 Budget	6/30/11 PUM	6/30/10 Initial Budget	6/30/10 YTD **	6/30/09 Budget	6/30/11 Budget	6/30/10 Initial Budget	6/30/10 YTD **	6/30/09 Budget	6/30/11 Budget	6/30/10 Initial Budget	6/30/10 YTD **	6/30/09 Budget
Maint Salaries	69,680	44.33	68,442	71,453	77,944	-	-	-	-	9,000	14,600	9,025	14,290
Maint Materials	40,000	25.45	30,000	39,043	28,000	-	-	-	-	3,000	1,300	-	-
<b>Total Maint Contracts</b>	<b>22,600</b>	<b>14.38</b>	<b>22,600</b>	<b>22,484</b>	<b>22,900</b>	<b>1,500</b>	<b>1,500</b>	<b>-</b>	<b>1,400</b>	<b>2,490</b>	<b>2,980</b>	<b>5,309</b>	<b>5,030</b> 2/
<b>TOTAL ORDINARY MAINT</b>	<b>132,280</b>	<b>84.15</b>	<b>121,042</b>	<b>132,980</b>	<b>128,844</b>	<b>1,500</b>	<b>1,500</b>	<b>-</b>	<b>1,400</b>	<b>14,490</b>	<b>18,880</b>	<b>14,334</b>	<b>19,320</b>
Insurance (SHARP, BWC, OBES)	22,100	14.06	29,200	22,639	28,680	8,000	9,950	7,115	9,880	4,600	4,600	4,177	5,360
PILOT	5,114	3.25	2,257	2,884	2,311	-	-	-	-	4,391	4,160	4,448	4,500
Severance	-	-	-	-	-	-	-	-	-	-	-	-	-
Employee Benefits	76,458	48.64	87,228	75,680	83,690	13,970	19,341	23,511	16,704	10,500	12,360	9,893	10,451
Collection Loss	10,000	6.36	10,000	7,956	18,000	-	-	-	-	-	-	-	-
Other General	-	-	-	577.00	-	-	-	-	-	-	-	-	-
<b>TOTAL GENERAL EXPENSES</b>	<b>113,672</b>	<b>72.31</b>	<b>128,685</b>	<b>109,736</b>	<b>132,681</b>	<b>21,970</b>	<b>29,291</b>	<b>30,626</b>	<b>26,584</b>	<b>19,491</b>	<b>21,120</b>	<b>18,518</b>	<b>20,311</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>540,928</b>	<b>344.10</b>	<b>545,064</b>	<b>526,295</b>	<b>528,317</b>	<b>111,605</b>	<b>120,696</b>	<b>102,957</b>	<b>113,773</b>	<b>69,281</b>	<b>71,900</b>	<b>69,099</b>	<b>68,673</b>
<b>NET OPERATING INC/(LOSS)</b>	<b>56,138</b>	<b>35.71</b>	<b>26,363</b>	<b>94,157</b>	<b>22,075</b>	<b>10,711</b>	<b>6,708</b>	<b>11,793</b>	<b>8,195</b>	<b>7,894</b>	<b>1,687</b>	<b>4,701</b>	<b>(28)</b>

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\* - reflected is only admin revenues and expenses. HAP revenues and expenses not reported here. The budget for HAP is always to expend 100% of funds provided.

\*\* - YTD amounts reflected ar annualized YTD balances as of 3/31/10.

\*\*\* - not reflected in YTD amounts is property betterments reported on the quarterly reports. These are capitalized costs and as such they truly do not represent operating costs but were presented on the quarterly reports to provide additional information.

1/ - is Gas & Electric - that's how USDA groups the expense

2/ - is maint supplies and contracts - that's how USDA groups the expense

Coshocton MHA  
PHA Plan Year Beginning 7/2011

Oh037101 – Comment to the PHA Plan Offered by the Resident Advisory Board

The residents at the public meeting expressed their desire to see included in the CFP Annual Plan funding for a Service Coordinator for the Computer Learning Center. This is an issue getting their attention because of a recent announcement by the local source providing funding for the Coordinator up to this point that they will not be able to provide the funding for that position in the coming period.

In response to this comment management added the work item to the Annual CFP Plan for the CFP 501-11.

Coshocton MHA  
PHA Plan Year Beginning 07/2011

oh037m01 – Challenged Items

There are no challenged items.