

<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: <b>HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN</b> PHA Code: <b>PA 035</b> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <b>07/2011</b>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <b>748</b> Number of HCV units: <b>1,072</b>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> <b>Annual Plan Only</b> <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
	PHA 1:				PH      HCV
	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:  <i>Not Applicable this year.</i>				
<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.  <i>Not Applicable this year.</i>				
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  <b>1. Eligibility, Selection, Admissions Policies –</b>  HACD applied for 50 vouchers under the Family Unification Program in December 2010. Pending HUD approval of this application, HACD will comply with wait list management procedures for selecting applicants as outlined in its Memorandum of Understanding with Dauphin County Social Services for Children and Youth and its revised Fair Housing Policy. The Section 8 Administrative Plan has been updated to include new language for administration of these vouchers.  HACD received HUD approval for 10 vouchers for the non-elderly disabled transitioning from nursing homes and other health care institutions into the community. HACD will comply with wait list management procedures for selecting applicants as outlined in its Memorandum of Understanding with the Center for Independent Living of Central PA. The Section 8 Administrative Plan has been updated to include new language for administration of these vouchers.  The Section 8 Administrative Plan has been updated to include measures to be taken to reduce monthly HAP/UAP payments due to insufficient HUD funding. This change to the Section 8 Administrative Plan is included as <b>Attachment A</b>  <b>2. Financial Resources –</b>  Continuously changing. The financial resources table is included as <b>Attachment B</b>  <b>3. Rent Determinations –</b>  The Section 8 Administrative Plan has been revised to include new language related to debts owed to the Housing Authority and Repayment Agreements. These changes to the Section 8 Administrative Plan are included as <b>Attachment A</b>				

	<p><b>4. Operations and Management</b> – HACD plans to enter into Phase II of the Energy Performance Contract.</p> <p><b>5. Grievance Procedures</b> – No changes</p> <p><b>6. Designated Housing for Elderly and Disabled Families</b> –</p> <p>On January 28, 2009, the HACD received HUD approval for the designation of Hoy Towers as elderly-only for a five-year period. HACD will prepare and submit its request for a two-year extension of this designation approximately midway through the year of 2013</p> <p>HACD may apply for the designation of Bistline House and Latsha Towers as elderly-only housing. Details are provided in <u><b>Attachment C</b></u></p> <p><b>7. Community Service and Self-Sufficiency</b> – No changes</p> <p><b>8. Safety and Crime Prevention</b> – No changes</p> <p><b>9. Pets</b> – No changes</p> <p><b>10. Civil Rights Certification</b> – No changes</p> <p><b>11. Fiscal Year Audit</b> – No changes</p> <p><b>12. Asset Management</b> – No changes</p> <p><b>13. Violence Against Women Act (VAWA)</b> – No changes – See <u><b>Attachment D</b></u></p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p><b>Copies at the central office and the regional office at Laurel Hill, located at Autumn Drive and Maple Lane, Williamstown PA.</b></p>
7.0	<p><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></p> <p><i>HOPE VI</i> – Not Applicable</p> <p><i>Mixed-Finance Modernization or Development</i> –</p> <p>If circumstances warrant, HACD may become involved in mixed-finance development</p> <p><i>Demolition and/or Disposition</i> –</p> <p>HACD will consider applying for the disposition of one unit at PA 35-21, Scattered Sites. Details are in <u><b>Attachment E</b></u>.</p> <p><i>Conversion of Public Housing</i> – The HACD may convert some public housing units in accordance with HUD's new Transforming Rental Assistance Program.</p> <p><i>Section 8 Homeownership Program</i> – HACD is administering a Section 8 Homeownership Program. Details are in a Supporting Document available for review.</p> <p><i>Public Housing Homeownership Program</i> – HACD is administering a Public Housing Homeownership Program. Details are in a Supporting Document available for review.</p> <p><i>Project-Based Vouchers</i> – HACD may advertise the availability of Section 8 tenant-based vouchers to be allocated to project-based assistance upon receipt of HUD approval in accordance with 24 CFR 983.51, Owner Proposal Selection Procedures. The Housing Authority will be considering both new construction and existing developments. Further information is in a Supporting Document available for review.</p> <p><i>Other</i> – HACD may apply for new programs or incremental units if NOFAs are issued by HUD or other appropriate opportunities are presented.</p> <p>Contingent upon the availability of CFP funds HACD may convert additional 0-bedroom units into 1- and 2-bedroom units to increase their marketability.</p>

8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																																																																																																																																
8.1	<p><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.</p> <p><b>Attachment F – FY 2011 Capital Fund Program Annual Statement</b>  <b>Attachment G – FY 2010 Capital Fund Program Performance and Evaluation Report</b>  <b>Attachment H – FY 2009 ARRA Capital Fund Program Performance and Evaluation Report – Final Report</b>  <b>Attachment I – FY 2009 ARRA Competitive Grant Capital Fund Program Performance and Evaluation Report</b>  <b>Attachment J – FY 2009 Capital Fund Program Performance and Evaluation Report</b>  <b>Attachment K – FY 2008 Capital Fund Program Performance and Evaluation Report – Final Report</b></p>																																																																																																																																
8.2	<p><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.</p> <p><b>Attachment L – Capital Fund Program Five-Year Action Plan</b></p>																																																																																																																																
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> <p><i>Not applicable this fiscal year</i></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><b>A. Housing Needs of Families in the Jurisdiction/s Served by the PHA</b></p> <table border="1" data-bbox="272 1077 1430 1379"> <thead> <tr> <th colspan="8">Housing Needs of Families in the Jurisdiction by Family Type</th> </tr> <tr> <th>Family Type</th> <th>Overall</th> <th>Afford-ability</th> <th>Supply</th> <th>Quality</th> <th>Access-ibility</th> <th>Size</th> <th>Loca-tion</th> </tr> </thead> <tbody> <tr> <td>Income &lt;= 30% of AMI</td> <td>7,179</td> <td>4</td> <td>5</td> <td>4</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Income &gt;30% but &lt;=50% of AMI</td> <td>5,841</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>3</td> <td>2</td> </tr> <tr> <td>Income &gt;50% but &lt;80% of AMI</td> <td>8,669</td> <td>2</td> <td>3</td> <td>2</td> <td>4</td> <td>3</td> <td>1</td> </tr> <tr> <td>Elderly</td> <td>6,354</td> <td>4</td> <td>3</td> <td>3</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Families with Disabilities</td> <td>3,445</td> <td>4</td> <td>4</td> <td>3</td> <td>5</td> <td>3</td> <td>4</td> </tr> <tr> <td>Race/Ethnicity-Black</td> <td>8,985</td> <td>4</td> <td>3</td> <td>3</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Race/Ethnicity-Hispanic</td> <td>2,077</td> <td>4</td> <td>3</td> <td>3</td> <td>4</td> <td>3</td> <td>3</td> </tr> </tbody> </table> <p>What sources of information did the PHA use to conduct this analysis? (all materials must be made available for public inspection.)  <input checked="" type="checkbox"/> U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset (2000)</p> <p><b>B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists</b></p> <table border="1" data-bbox="272 1547 1430 1937"> <thead> <tr> <th colspan="4">Housing Needs of Families on the Waiting List- Section 8</th> </tr> <tr> <th></th> <th># of families</th> <th>% of total families</th> <th>Annual Turnover</th> </tr> </thead> <tbody> <tr> <td>Waiting list total</td> <td>3,698</td> <td></td> <td>45 vouchers</td> </tr> <tr> <td>Extremely low income &lt;=30% AMI</td> <td>2,334</td> <td>63%</td> <td></td> </tr> <tr> <td>Very low income (&gt;30% but &lt;=50% AMI)</td> <td>937</td> <td>25%</td> <td></td> </tr> <tr> <td>Low income (&gt;50% but &lt;80% AMI)</td> <td>376</td> <td>10%</td> <td></td> </tr> <tr> <td>Families with children</td> <td>1,512</td> <td>41%</td> <td></td> </tr> <tr> <td>Elderly families</td> <td>182</td> <td>5%</td> <td></td> </tr> <tr> <td>Families with Disabilities</td> <td>90</td> <td>2%</td> <td></td> </tr> <tr> <td>Race/ethnicity-White</td> <td>1,220</td> <td>33%</td> <td></td> </tr> <tr> <td>Race/ethnicity-Black</td> <td>2,330</td> <td>63%</td> <td></td> </tr> <tr> <td>Race/ethnicity-Hispanic</td> <td>26</td> <td>&gt;1%</td> <td></td> </tr> <tr> <td>Race/ethnicity-Native American</td> <td>0</td> <td>0%</td> <td></td> </tr> <tr> <td>Race/ethnicity-Asian/Pacific Is.</td> <td>80</td> <td>2%</td> <td></td> </tr> </tbody> </table>	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	7,179	4	5	4	4	3	3	Income >30% but <=50% of AMI	5,841	3	3	3	4	3	2	Income >50% but <80% of AMI	8,669	2	3	2	4	3	1	Elderly	6,354	4	3	3	4	3	3	Families with Disabilities	3,445	4	4	3	5	3	4	Race/Ethnicity-Black	8,985	4	3	3	4	3	3	Race/Ethnicity-Hispanic	2,077	4	3	3	4	3	3	Housing Needs of Families on the Waiting List- Section 8					# of families	% of total families	Annual Turnover	Waiting list total	3,698		45 vouchers	Extremely low income <=30% AMI	2,334	63%		Very low income (>30% but <=50% AMI)	937	25%		Low income (>50% but <80% AMI)	376	10%		Families with children	1,512	41%		Elderly families	182	5%		Families with Disabilities	90	2%		Race/ethnicity-White	1,220	33%		Race/ethnicity-Black	2,330	63%		Race/ethnicity-Hispanic	26	>1%		Race/ethnicity-Native American	0	0%		Race/ethnicity-Asian/Pacific Is.	80	2%	
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Is the waiting list closed (select one)?  No  Yes  
 If yes: How long has it been closed (# of months)? **8 months**  
 Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes  
 Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes

**HACD received HUD approval for 10 vouchers for the non-elderly disabled transitioning from nursing homes and other health care institutions into the community. HACD will comply with wait list management procedures for selecting applicants as outlined in its Memorandum of Understanding with the Center for Independent Living of Central PA**

**HACD applied for 50 vouchers under the Family Unification Program in December 2010. Pending HUD approval of this application, HACD will comply with wait list management procedures for selecting applicants as outlined in its Memorandum of Understanding with Dauphin County Social Services for Children and Youth and its revised Fair Housing Policy**

<b>Housing Needs of Families on the Waiting List- Public Housing</b>			
	<b># of families</b>	<b>% of total families</b>	<b>Annual Turnover</b>
Waiting list total	3,406		82 units
Extremely low income <=30% AMI	2,167	64%	
Very low income (>30% but <=50% AMI)	772	23%	
Low income (>50% but <80% AMI)	405	12%	
Families with children	1,721	51%	
Elderly families	119	3%	
Families with Disabilities	84	21%	
Race/ethnicity-White	1,358	40%	
Race/ethnicity-Black	1,840	54%	
Race/ethnicity-Hispanic	23	<1%	
Race/ethnicity-Native American	0	0%	
Race/ethnicity-Asian/Pacific Is.	185	5%	
<b>Characteristics by Bedroom Size</b>			
0BR	1,428	42%	15 units
1BR	130	4%	40 units
2 BR	1,102	32 %	9 units
3 BR	641	19 %	12 units
4 BR	93	3%	6 units
5 BR	12	<1%	0 units

Is the waiting list closed (select one)?  No  Yes **See note below**  
 If yes: How long has it been closed (# of months)?  
 Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes  
 Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes

**Note:** The waiting list is partially closed. We are still accepting applications for the true-elderly (age 62 and older), those who are permanently disabled, and those who are interested in living in our buildings or developments in Northern Dauphin County. The waiting list has been partially closed since December 1, 2010. We expect to fully reopen it within our Plan year and we permit specific categories of families onto the waiting list, even if generally closed.

**9.1 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.**

To address the housing needs of families in the jurisdiction and on the waiting lists, some of the strategies the Housing Authority of the County of Dauphin will strive to include the following:

**Reduce turnaround time for vacant units**  
**Apply for additional section 8 units should they become available**  
**Pursue housing resources other than public housing or Section 8 tenant-based assistance should the opportunities arise**

Funding and staffing constraints as well as consultation with the Consolidated Plan Agency and the RAB will impact some of the above activities.

**10.0**

**Additional Information.** Describe the following, as well as any additional information HUD has requested.

(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.

The following table reflects the progress we have made in achieving our goals and objectives:

<b>Goal: EXPAND THE SUPPLY OF ASSISTED HOUSING</b>	
<b>Objective</b>	<b>Progress</b>
Apply for additional rental vouchers if appropriate NOFAs are issued.	PHA has applied for the Family Unification Program and two categories of vouchers for non-elderly persons with disabilities
Continue to reduce public housing vacancies (FYE 6/30/2009 occupancy rate = 95%)	This is an ongoing battle

<b>Goal: IMPROVE THE QUALITY OF ASSISTED HOUSING</b>	
<b>Objective</b>	<b>Progress</b>
Continue to improve public housing management (Most recent PHAS Score for FYE 6/30/2008 was 86)	Most recent PHAS Score for FYE 6/30/2009 was 89
Continue to improve voucher management (Most recent SEMAP Score for FYE 6/30/2009 was 97)	Most recent SEMAP Score for FYE 6/30/2009 was 99
Continue to renovate or modernize public housing units using available capital funds	Some major improvements over the past year include: reconfiguration of efficiency apartments at Bistline, Gratz Park Terrace makeover, and 2 separate solar systems, one a thermal system for heating water, the other a solar photovoltaic system

<b>Goal: PROVIDE AN IMPROVED LIVING ENVIRONMENT</b>	
<b>Objective</b>	<b>Progress</b>
Designate developments or buildings for particular resident groups (elderly, persons with disabilities): HACD will continue to operate under its existing Designated Housing Plan for Hoy Towers, which was approved by HUD on January 28, 2009 for a five-year period. HACD will submit an application for a two-year renewal of its Designated Housing Plan in 2013.	Designation as elderly only housing continues to be implemented at Hoy Tower
If circumstances warrant, HACD may apply for the designation of Bistline House and Latsha Towers as elderly-only housing.	HACD anticipates applying for the designation of Bistline by 6/30/2012

<b>Goal: PROMOTE SELF-SUFFICIENCY AND ASSET DEVELOPMENT OF ASSISTED HOUSEHOLDS.</b>	
<b>Objective</b>	<b>Progress</b>
Continue HACD's existing Family Self-Sufficiency Programs.	Current participation in the FSS Program is 68 families

<b>Goal: Continue compliance with provisions of the Violence Against Women Act (VAWA)</b>	
<b>Objective</b>	<b>Progress</b>
Continue to comply with the Violence Against Women Act (VAWA)	

<p><b>10.0</b></p>	<p><b>Continued</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p><b>The Housing Authority of the County of Dauphin has adopted a definition of substantial deviation and significant amendment or modification. That definition is:</b></p> <p style="padding-left: 40px;"><b>A. Substantial Deviation from the 5-year Plan:</b></p> <p style="padding-left: 80px;">A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.</p> <p style="padding-left: 40px;"><b>B. Significant Amendment or Modification to the Annual Plan:</b></p> <p><b>Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.</b></p>
<p><b>11.0</b></p>	<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 style="padding-left: 40px;"><b>See Attachment M – Resident Advisory Board Comments &amp; Housing Authority Responses</b></p> <p>(g) Challenged Elements – <b>See Attachment N – Challenged Elements</b></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>

**Attachment O – Certifications**

## **CHAPTER 14**

### **CONTRACT TERMINATIONS**

#### **E. HAP CONTRACT TERMINATIONS NECESSITATED BY LACK OF FUNDING**

##### **1. Measures to be taken to reduce monthly HAP/UAP payments because of lack of funding**

The Housing Authority monitors HAP/UAP expenditures every month. The number of participants to whom the Housing Authority can provide rental assistance is limited by HUD both in terms of the number of participants as well as the amount of funds provided for the Housing Choice Voucher Program. If the amount of funds provided by HUD is not sufficient to support the number of families in a leased-up status, measures will have to be taken to reduce the number of participants as follows:

- a. The issuance of new vouchers to applicants on the Section 8 waiting list will be suspended resulting in attrition over time.
- b. Termination of absorption of port-in vouchers from other Authorities (if applicable)
- c. Termination of vouchers previously issued to applicants, but not yet under a HAP Contract
- d. Disallowance of ports to higher cost areas
- e. Suspension of rental assistance to current HCV Program participants

Item 'e.' above would only be initiated if there were insufficient funding available through both the current monthly HAP subsidies provided by HUD and the Net Restricted Assets (NRA) account to support HAP/UAP payments in future months.

In the event the Housing Authority must suspend HAP payments to current participants, the following procedures will be followed:

- \* The Authority will review the participant list and will not initially terminate the HAP contracts of any participant family in which the Head-of-Household is 62 years of age or older or in which the Head-of-Household has a permanent physical or mental disability.
- \* The Authority will then select participant families at random (by numerical lottery) until the monthly HAP payments are reduced to the amount of HUD monthly HAP payment subsidy provided.

- \* In the event that there are not enough non-elderly and non-disabled families to reduce the monthly HAP costs to the amount of monthly HUD HAP subsidy, elderly and disabled families will also be selected by random (numerical lottery) until the monthly HAP payments are reduced to the amount of HUD monthly HAP payment subsidy provided.
- \* All participant families selected for HAP payment suspension, as described above, shall receive no less than a 30 day written notification of the suspension of rental assistance. Such notice shall also be provided to the affected property owner.

Participant families whose rental assistance is suspended under this Section shall not be afforded the opportunity for an Informal Hearing.

Suspension of assistance to the participant under this Section shall result in the termination of the Housing Assistance Payments Contract with the property owner on the same date as assistance to the participant family is suspended. This would be done in accordance with Section 4. b. (5) of the Section 8 Housing Assistance Payments Contract (HAP Contract).

## **2. Restoration of Assistance**

Any participant family whose rental assistance was terminated through the method described in this policy, as a result of the lack of funds, may have such assistance restored at such time as HUD HAP/UAP funding permits. The restoration of rental assistance to these families would take precedence over the issuance of vouchers to applicants from the HCV-Section 8 waiting list or port-in families.

The sequence of reinstatement would be the same as the sequence of suspension of rental assistance as determined by random numbers (lottery). That is to say, the first person whose rental payment was terminated will be the first offered reinstatement and in that sequence until HAP payments approximate monthly HUD HAP/UAP subsidy. Funding may not allow all previously terminated tenants to be reinstated; however, natural attrition may allow gradual reinstatement to occur.

Reinstatement shall be available to any suspended participant family who, as of the date of the reinstatement offer, is not receiving rental assistance in any form from another entity. Such other subsidized rental assistance shall mean assistance calculated in a manner similar to the manner in which rental calculations are done in the Section 8 Program.

Reinstatement shall also be subject to a new criminal record check to assure that none of the suspended familys' members have engaged in any criminal activity since having their Section 8 rental assistance suspended. When offered the opportunity for reinstatement, suspended participant families will also have to follow the same procedures as an applicant, including, but not limited to issuance of a new voucher valid for 60 days, request for tenancy approval, housing HQS inspection, rent reasonableness and the execution of a HAP contract.

If sufficient HUD HAP funding were made available to offer reinstatement to previously suspended participant families, the Housing Authority shall in no way be liable for any HAP payments which would have been paid during the suspension period regardless of whether the tenant family is living in the same rental unit or not.

All suspended participant families shall be notified in writing of the offer of reinstatement. Such written notice will be sent to the last known mailing address provided by the participant. Failure of the suspended participant family to respond to the offer of reinstatement within 30 days of the date of the offer shall negate that family's eligibility for reinstatement.

### **3. Preference for Public Housing**

Any participant family subject to suspension of assistance as described in this Section shall be eligible to receive a preference for admission into the Authority's Public Housing Program. This preference will supercede all other Public Housing preferences. Applications of participants who have previous active Public Housing applications shall be updated to reflect the suspension preference. Participant families subjected to suspension who are not on the Public Housing waiting list at the time of the offer of reinstatement shall be invited to submit an application at that time. Admission into the Public Housing Program will be subject to the same admission and eligibility requirements in effect for all other Public Housing applicants.

### **4. Multiple Suspension Events**

In the event the Authority must suspend Section 8 assistance on more than one occasion, the same procedures in this Section will be followed; however, in no event will the same participant family be subject to more than one suspension.

### **5. New Program Admission - Income Targeting**

If a family is reinstated, such reinstatement shall not be considered a new admission for purposes of compliance with HUD's income targeting requirements.

## Chapter 18

### OWNER OR FAMILY DEBTS TO THE PHA

[24 CFR 982.552]

#### INTRODUCTION

This chapter describes the Authority's policies for the recovery of monies, which have been overpaid for families, and to owners. It describes the methods that will be utilized for collection of monies and the guidelines for different types of debts. It is the Authority's policy to meet the informational needs of owners and families, and to communicate the program rules in order to avoid owner and family debts. Before a debt is assessed against a family or owner, the file must contain documentation to support the Authority's claim that the debt is owed. The file must further contain written documentation of the method of calculation, in a clear format for review by the owner; the family or other interested parties.

When families or owners owe money to the Authority, the Authority will make every effort to collect it. The Authority will use a variety of collection tools to recover debts including, but not limited to:

- \* **Requests for lump sum payments**
- \* **Payment agreements**
- \* **Abatements**
- \* **Reductions in HAP to owner**
- \* **Collection agencies**
- \* **Credit bureaus**

#### A. PAYMENT AGREEMENT FOR FAMILIES [24 CFR 982.552 (c)(v-vii)]

*INSTRUCTION: The use of payment agreements for Authorities is optional.*

A Payment Agreement as used in this Plan is a document entered into between the Authority and a person who owes a debt to the Authority. It is similar to a promissory note, but contains more details regarding the nature of the debt, the terms of payment, any special provisions of the agreement, and the remedies available to the Authority upon default of the agreement.

- \* **The Authority will prescribe the terms of the payment agreement, including determining whether to enter into a payment agreement with the family based on the circumstances surrounding the debt to the Authority.**
- \* **There are some circumstances in which the Authority will not enter into a payment agreement. They are:**
  - \* **If the family already has a Payment Agreement in place.**
  - \* **If the Authority determines that the debt amount is larger than can be paid back by the family within 24 months. (And, if applicable, the family cannot repay the amount in excess of \$ 2,500.00 with a thirty day period.).**
- \* **The maximum amount for which the Authority will enter into a payment agreement with a family is [\$2,500.00]**
- \* **The maximum length of time the Authority will enter into a payment agreement with a family is [24 months].**
- \* **The minimum monthly amount of monthly payment for any payment agreement is [\$25.00].**

**Note: If the amount owed by the tenant exceeds \$ 2,500.00, the Authority has the option of accepting the amount owed in excess of \$ 2,500.00 within a thirty day period (the starting and ending date of which will be determined by the Authority) and then agreeing to enter into a repayment agreement for the \$ 2,500.00 balance of the amount owed.**

**Payment Schedule for Monies Owed to the Authority**

<u>(Downpayment</u>	<u>Amount Owed</u>	<u>Maximum Term</u>
10%	0 - \$500	6 months
10%	\$ 501 - \$ 1,000	12 months
10%	\$ 1,001 - \$ 2,500	24 months

**B. DEBTS OWED FOR CLAIMS [24 CFR 792.103, 982.552 (c)(v-vii)]**

If a family owes money to the Authority for claims paid to an owner:

- \* **The Authority will require the family to pay the amount in full.**
- \* **The Authority will review the circumstances resulting in the overpayment and decide whether the family must pay the full amount.**
- \* **The Authority [may] enter into a Payment Agreement.**

## **Late Payments**

A payment will be considered to be in arrears if:

- \* **The payment has not been received by the close of the business day on which the payment was due. If the due date is on a weekend or holiday, the due date will be at the close of the next business day.**

If the family's payment agreement is in arrears, and the family has not contacted or made arrangements with the Authority, the Authority will:

- \* See Section H, Repayment Agreement Procedures, of this Chapter.

If the family requests a move to another unit and has a payment agreement in place for the payment of an owner claim, and the payment agreement is not in arrears:

- \* **The family will be permitted to move.**

If the family requests a move to another unit and is in arrears on a payment agreement for the payment of an owner claim:

- \* **If the family pays the past due amount, they will be permitted to move.**

## **C. DEBTS DUE TO MISREPRESENTATIONS/NON-REPORTING OF INFORMATION** [24 CFR 982.163]

*INSTRUCTION: There are many ways in which Authorities differ in the treatment of the collection of monies due to misrepresentations and program fraud versus the collection of monies due to owner claims and the untimely reporting of increases in income. We are offering the option here of either treating all monies owed in the same manner, or treating them differently depending on the reason the money is owed.*

HUD's definition of program fraud and abuse is a single act or pattern of actions that:

Constitutes false statement, omission, or concealment of a substantive fact, made with intent to deceive or mislead, and that results in payment of Section 8 program funds in violation of Section 8 program requirements.

### Family Error/Late Reporting

- \* Families who owe money to the Authority due to the family's failure to report increases in income will be required to repay in accordance with the payment procedures for program fraud, below.

### Program Fraud

- \* Families who owe money to the Authority due to program fraud will be required to pay in accordance with the payment procedures for program fraud, below; however, the Authority may also terminate the family's assistance, depending upon the circumstances of the situation, in addition to making attempt(s) to recover the amount owed.

If a family owes an amount that exceeds \$2,500.00 as a result of program fraud, the case may be referred to the Inspector General or, where appropriate, the Authority may refer the case for criminal prosecution.

### Payment Procedures for Program Fraud

- \* Families who commit program fraud [or untimely reporting of increases in income] will be subject to the following procedures:
- \* The family will be required to pre-pay 10% of the amount owed prior to or upon execution of the Payment Agreement.
- \* The amount of the monthly payment will be determined in accordance with the family's current income and the maximum terms as stipulated above.
- \* The maximum amount for which the Authority will enter into a payment agreement with a family is [\$2,500.00]
- \* The maximum length of time the Authority will enter into a payment agreement with a family is [24 months].
- \* The minimum monthly amount of monthly payment for any payment agreement is [\$25.00].

**Note: If the amount owed by the tenant exceeds \$ 2,500.00, the Authority has the option of accepting the amount owed in excess of \$ 2,500.00 within a thirty day period and then agreeing to enter into a repayment agreement for the \$ 2,500.00 balance of the amount owed. If the excess above \$ 2,500.00 is greater than \$ 250.00, the family will be not required to pay an additional downpayment. If the family cannot repay the amount of the debt exceeding \$ 2,500.00 within this thirty day period, the family will be terminated and the Authority may still pursue legal means to collect the amount owed.**

#### **D. DEBTS DUE TO MINIMUM RENT TEMPORARY HARDSHIP**

- \* **Minimum rent arrears that are less than [\$200.00] will be required to be paid in full the first month following the end of the minimum rent period.**
- \* **If the family goes into default on the payment agreement for back rent incurred during a minimum rent period, the Authority will reevaluate the family's financial situation and determine whether the family has the ability to pay the increased rent amount and if not, restructure the existing payment agreement.**

#### **E. GUIDELINES FOR PAYMENT AGREEMENTS [24 CFR 982.552(c)(v-vii)]**

- \* **Payment agreements will be executed between the Authority and the [head of household and spouse].**
- \* **The payment agreement must be executed by the Executive Director or his/her designee**
- \* **Payments may be made by cash, personal check, money order or cashier's check.**
- \* **Monthly payments may be decreased in cases of family hardship and if requested with reasonable notice from the family, verification of the hardship, and the approval of the [Section 8 Supervisor].**
- \* **No move will be approved until the debt is paid in full unless the move is the result of the following causes, and the payment agreement is current:**
  - \* **Family size exceeds the HQS maximum occupancy standards**
  - \* **The HAP contract is terminated due to owner non-compliance or opt-out**
  - \* **A natural disaster**

Additional Monies Owed: If the family already has a payment agreement in place and incurs an additional debt to the Authority:

- \* **The Authority [will not] enter into more than one payment agreement with the family.**
- \* **After entering one payment agreement for unreported income, if at a future date the family is found to owe money to the Authority for additional unreported income, the family will be terminated and the Authority may still take measures to recover the amounts owed.**

**F. OWNER DEBTS TO THE AUTHORITY [24 CFR 982.453(b)]**

If the Authority determines that an owner has retained housing assistance or claim payments the owner is not entitled to, the Authority may reclaim the amounts from future housing assistance or claim payments owed the owner for any units under contract.

If future housing assistance or claim payments are insufficient to reclaim the amounts owed, the Authority will:

- \* **Require the owner to pay the amount in full within [14] days.**
- \* **Enter into a payment agreement with the owner for the amount owed.**
- \* **Pursue collections through the local court system.**
- \* **Restrict the owner from future participation.**

**G. WRITING OFF DEBTS**

Debts will be written off if:

- \* **A determination is made that the debtor is judgment proof.**
- \* **The debtor is deceased.**
- \* **The debtor is confined to an institution indefinitely or for more than [10] years.**
- \* **The amount is less than [\$200.00] and the debtor cannot be located.**

## H. REPAYMENT AGREEMENT PROCEDURE

If a tenant owes an amount (back rent), the tenant must either pay the amount owed promptly (within ten calendar days) or enter into a Repayment Agreement satisfactory to the Housing Authority. (See policy for debts in excess of \$ 2,500.00.) In all cases, the amount owed to the Authority should be paid back in **as short a term as possible**. Whenever possible, the term should not exceed one year, although for amounts exceeding \$ 1,000.00, it may be necessary to extend the repayment period beyond a year depending upon the tenant family's fiscal circumstances. When the amount owed exceeds \$2,000.00, the situation must be discussed with the Executive Director or the Deputy Executive Director to determine the exact course of action including whether fraud (if applicable) should be reported to the Office of the Inspector General or whether charges should be filed with Dauphin County District Attorney.

The Repayment Agreement will contain, at a minimum, the name and address of the tenant family, the total amount owed, the date and amount of the first payment (downpayment), the monthly payment amount, the term or number of monthly payments to be made and the amount of the last payment. The Repayment Agreement must be signed by the Head of Household and co-Head of Household, whose signatures must be witnessed. Other adult members of the family with significant incomes should sign as well. A model repayment agreement is available to all staff members.

The Repayment Agreement is to be prepared by the Section 8 caseworkers for Section 8 tenants. Once the terms of the Repayment Agreement are determined, the adult family members sign the agreement form and it is then given to the Executive Director for his review and, if approvable, signature. A copy is then given to the family. The original is retained by the Authority for its records and should be kept in the family's file.

The Section 8 caseworker will take a copy of the executed Repayment Agreement to the Clerk-Bookkeeper in the Fiscal Department. The Clerk-Bookkeeper will log the Agreement in and set up a sub-account to record payments and current balances. Section 8 tenants with Repayment Agreements will have to come to the main office to pay on their accounts, or mail in a payment. When a Section 8 tenant makes a payment, the Clerk-Bookkeeper will make the appropriate receipt, give it to the tenant, and record the payment and new balance. If there is a missed payment, the Clerk-Bookkeeper will notify the respective caseworker, who will then remind the tenant family of the consequences of a missed payment (and penalty amount). The Clerk-Bookkeeper will notify the caseworker when the amount owed is paid in full. Each caseworker will keep a list of their tenants with Repayment Agreements who have balances owed.

If a tenant (or participant) misses a monthly payment, the tenant will be in default; however, the tenant will be able to be reinstated in a current standing by paying the missed payment plus a 10% penalty (10% of missed payment) before the next payment comes due. If the missed payment and the 10% penalty amount is not paid within the thirty-day period before the next payment comes due, the full amount of the debt will be due and payable within thirty days of the second missed payment. It is understood that if full payment is not made within this thirty (30) day period, rental assistance may be terminated.

Reserved

## Attachment B

### Housing Authority of the County of Dauphin

#### Annual Plan Fiscal Year 07/01/2011 – 06/30/2012

#### Financial Resources

<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	2,516,863	Program Operations
b) Public Housing Capital Fund	955,653	Capital Improvements
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	7,100,000	HAP & Admin Costs
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants (FSS)	103,600	FSS Coordinator
h) Community Development Block Grant	0	
i) HOME		
Other Federal Grants (list below)		
Shelter Plus Care	307,116	HAP & Admin Costs
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
FY 2010 CFP	465,875	Capital Improvements
<b>3. Public Housing Dwelling Rental Income</b>		
Dwelling Rent	1,709,942	P.H. Operations
Excess Utilities	18,044	P.H. Operations
<b>4. Other income (list below)</b>		
Interest	21,614	P.H. Operations
Misc.; Non-dwelling Rent	98,485	P.H. Operations
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	<b>13,297,192</b>	<b>Operations/Modernization/ Support</b>

## Attachment C

### Housing Authority of the County of Dauphin

#### Annual Plan

Fiscal Year 07/01/2011 – 06/30/2012

### Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

#### 2. Activity Description

Designation of Public Housing Activity Description
1a. Development name: <b>Hoy Towers,</b> 1b. Development (project) number: <b>PA035-004</b>
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) <b>Approved</b> ; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation <b>approved</b> , submitted, or planned for submission: <b>(01/28/2009)</b>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: <b>100</b> 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

**HACD will prepare its' request for a two-year extension of this designation approximately midway through the year of 2013**

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: <b>Bistline House</b>	
1b. Development (project) number: <b>PA035-005</b>	
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> <b>Planned application</b> <input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or <b>planned for submission:</b>	<b>(06/30/2012)</b>
5. If approved, will this designation constitute a (select one)	<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: <b>80</b>	
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: <b>Latsha Towers</b>	
1b. Development (project) number: <b>PA035-007</b>	
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> <b>Planned application</b> <input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or <b>planned for submission:</b>	<b>(06/30/2012)</b>
5. If approved, will this designation constitute a (select one)	<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: <b>75</b>	
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

## **Attachment D**

### **Housing Authority of the County of Dauphin**

#### **Five Year and Annual Plans Fiscal Year 07/01/2011 – 06/30/2012**

#### **Violence Against Women Act (VAWA) Report**

A goal of the Housing Authority of the County of Dauphin is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.

The Housing Authority of the County of Dauphin provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking:

**Through cooperation with the local domestic violence agencies and local police departments, any cases of violence as described are referred for assistance. The local domestic violence agencies are:**

**YWCA of Greater Harrisburg  
Solais Inc.**

The Housing Authority of the County of Dauphin provides or offers the following activities, services, or programs that help child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing:

**Program staff at the local domestic violence agencies is aware of our housing programs and make client referrals to our office. Apparently eligible clients are placed on our waiting lists when those lists are on open enrollment. An applicant that is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission. The Housing Authority also has a local preference for victims of domestic violence for admissions to its public housing and Housing Choice Voucher programs.**

**For persons already living in a public housing or Housing Choice Voucher unit who become victims as described, these are referred to the above-listed domestic violence advocacy groups and the local police departments. A tenant or participant that is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate basis for termination of program assistance, if the tenant or participant is otherwise compliant with terms of assistance.**

The Housing Authority of the County of Dauphin provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families:

**The same methods as described herein are used, making referrals to the above-listed domestic violence advocacy groups for counseling and support services, and attempting to enforce orders of protection with the cooperation of Police Department personnel.**

The Housing Authority of the County of Dauphin has the following procedures in place to assure applicants, residents and participants are aware of their rights and responsibilities under the Violence Against Women Act:

**All residents and participants have been notified of their rights and responsibilities under the Violence Against Women Act.**

**The orientation for new residents and participants includes information on their rights and responsibilities under the Violence Against Women Act.**

**The Admissions & Continued Occupancy Policy (ACOP), the Public Housing Dwelling Lease, and the Section 8 Administrative Plan have been revised to include screening and termination language related to the Violence Against Women Act.**

**Attachment E**

**Housing Authority of the County of Dauphin**

**Annual Plan  
Fiscal Years 07/01/2011 – 06/30/2012**

**Demolition and Disposition**

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name: <b>Scattered Sites</b> 1b. Development (project) number <b>PA035-21</b>
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> <b>Planned application</b> <input checked="" type="checkbox"/>
4. Date application approved, submitted, or <u>planned</u> for submission: <b>(06/30/12)</b>
5. Number of units affected: <b>1</b>
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: <b>Upon application approval</b> b. Projected end date of activity: <b>6 months after application approval</b>

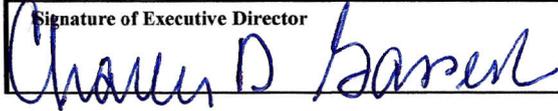
<b>Part I: Summary</b>					
<b>PHA Name:</b>  Housing Authority of the County of Dauphin	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26PO3550111      Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant:</b> 10/1/2011 <b>FFY of Grant Approval:</b> 10/1/2011	
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
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>				
3	1408 Management Improvements	55,000			
4	1410 Administration (may not exceed 10% of line 21)	95,137			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,516			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	450,000			
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	330,000			
19	1502 Contingency (may not exceeds 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)	955,653			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security - Soft Costs	0			
24	Amount of line 20 Related to Security - Hart Costs	0			
25	Amount of line 20 Related to Energy Conservation Measures	0			

<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.

Part I: Summary					
<b>PHA Name:</b>  Housing Authority of the County of Dauphin	<b>Grant Type and Number</b> Capital Fund Program Grant No:      PA26PO3550111      Replacement Housing Factor Grant No: Date of CFFP:                              N/A			<b>FFY of Grant:</b> 10/1/2011  <b>FFY of Grant Approval:</b> 10/1/2011	
<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					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		Original	Revised <sup>2</sup>	Obligated	
				Expended	
<b>Signature of Executive Director</b> 		<b>Date</b> 02-10-2011		<b>Signature of Public Housing Director</b>  	
				<b>Date</b>  	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number					Federal FFY of Grant:	
Housing Authority of the County of Dauphin		Capital Fund Program Grant No: PA26PO3550110			CFFP (Yes/No): No		10/1/2010	
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP #2	Modernize Elevators	1460	2	135,000				
PA035000002	Replace Hallway Carpeting	1460	3000 Sq Ft	15,000				
DEV 011	Design & Inspection	1430		8,506				
	Salaries	1410		22,198				
	Benefits	1410		6,343				
	Overhead	1410		3,171				
AMP #3	Debt Service	9000		330,000				
PA035000003								
DEV 003								
AMP #8	Modernize Elevators	1460	2	135,000				
PA035000008	Replace Hallway Carpeting	1460	3000 Sq Ft	15,000				
DEV 009	Design & Inspection	1430		8,505				
	Salaries	1410		22,198				
	Benefits	1410		6,343				
	Overhead	1410		3,172				

<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.





<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name:</b> Housing Authority of the County of Dauphin					<b>Federal FFY of Grant:</b> 10/1/2011
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PA035000002	7/15/2013		7/15/2015		
PA035000003	7/15/2013		7/15/2015		
PA035000008	7/15/2013		7/15/2015		
PA035000010	7/15/2013		7/15/2015		
Central Office	7/15/2013		7/15/2015		

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

<b>Part I: Summary</b>					
<b>PHA Name:</b>  Housing Authority of the County of Dauphin		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26PO3550110      Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant:</b> 10/1/2010 <b>FFY of Grant Approval:</b> 10/1/2010
<b>Type of Grant</b>					
<input type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 1 )</b>	
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> 12/31/2010		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
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>				
3	1408 Management Improvements	3,500	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	95,137	95,137	95,137	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000	50,000	18,700	18,700
8	1440 Site Acquisition				
9	1450 Site Improvement		15,000		
10	1460 Dwelling Structures	497,016	444,016	45,941	0
11	1465.1 Dwelling Equipment - Nonexpendable		21,500		
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>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	330,000	330,000	330,000	0
19	1502 Contingency (may not exceeds 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)	955,653	955,653	489,778	18,700
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security - Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security - Hart Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

<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>  Housing Authority of the County of Dauphin	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26PO3550110 Date of CFFP: N/A Replacement Housing Factor Grant No:			<b>FFY of Grant:</b> 10/1/2010 <b>FFY of Grant Approval:</b> 10/1/2010
<b>Type of Grant</b>				
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report		
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>
				<b>Expended</b>
	<b>Signature of Executive Director</b> <i>Charles D. Barwell</i>	<b>Date</b> 02-10-2011	<b>Signature of Public Housing Director</b>  <b>Date</b>	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number					Federal FFY of Grant:	
Housing Authority of the County of Dauphin		Capital Fund Program Grant No: PA26PO3550110		CFFP (Yes/No): No		10/1/2010		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP #2	Install Sprinklers	1460	40 Units	83,000	0	0	0	Moved to 2011 CFP
PA035000002	Salaries	1410		11,320	0	0	0	Deleted
DEV 011	Benefits	1410		3,230	0	0	0	Deleted
	Overhead	1410		1,620	0	0	0	Deleted
AMP #3	Debt Service	9000		330,000	330,000	330,000	0	Underway
PA035000003								
DEV 003								
AMP #5	Efficiency Apartment Reconfiguration	1460	62 Units	90,000	0	0	0	Deleted
PA035000005	Salaries	1410		11,988	0	0	0	Deleted
DEV 005	Benefits	1410		3,425	0	0	0	Deleted
	Overhead	1410		1,712	0	0	0	Deleted

<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.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number					Federal FFY of Grant:	
Housing Authority of the County of Daupin		Capital Fund Program Grant No: PA26PO3550110		CFFP (Yes/No): No		10/1/2010		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP #8	Install Sprinklers	1460	40 Units	83,000	0	0	0	Moved to 2011 CFP
PA035000008	Salaries	1410		11,320	0	0	0	Deleted
DEV 009	Benefits	1410		3,230	0	0	0	Deleted
	Overhead	1410		1,620	0	0	0	Deleted
AMP #10	Install Sprinklers	1460	37 Units	83,000	0	0	0	Moved to 2011 CFP
PA035000010	Salaries	1410		11,320	0	0	0	Deleted
DEV 010	Benefits	1410		3,230	0	0	0	Deleted
	Overhead	1410		1,620	0	0	0	Deleted
AMP #10	Building Envelope & Insulation	1460	1100 Sq Ft	25,043	25,949	25,949	0	Underway
PA035000023	Windows	1460	250 Sq Ft	21,054	0	0	0	Deleted
DEV 023	Metal Roof	1460	1830 Sq Ft	19,992	19,992	19,992	0	Underway
	Solar PV Panels	1460	27 Sq Ft	11,930	0	0	0	Deleted
	Thermal Entrance	1460	12 Sq Ft	3,245	0	0	0	Deleted
	Salaries	1410		9,990	0	0	0	Deleted
	Benefits	1410		2,860	0	0	0	Deleted
	Overhead	1410		1,432	0	0	0	Deleted

<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.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number					Federal FFY of Grant:	
Housing Authority of the County of Dauphin		Capital Fund Program Grant No: PA26P03550110			CFPP (Yes/No): No		10/1/2010	
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP #6	Replace Roof	1460	25,000 Sq Ft	0	92,075	0	0	Planning
PA035000006	Gutters & Downspouts	1460	1,200 L Ft	0	15,000	0	0	Planning
DEV 006	Remodel Bathrooms	1460	43 Units	86,752	225,000	0	0	Planning
	Repair Sidewalks	1450	1,000 Sq Ft	0	15,000	0	0	Planning
	Upgrade Kitchen Lighting	1460	43 Units	0	35,000	0	0	Planning
	Additional Insulation	1460	43 Units	0	20,000	0	0	Planning
	Replace Rear Window	1460	43 Units	0	11,000	0	0	Planning
	Replace Electric Ranges	1465	43 Units	0	21,500	0	0	Planning
	Architectural & Engineering	1430		0	31,300	0	0	Underway
	Salaries	1410		10,650	66,590	66,590	0	Underway
	Benefits	1410		3,045	19,030	19,030	0	Underway
	Overhead	1410		1,525	9,517	9,517	0	Underway
Central Office	Energy Audit	1430	10 AMPS	20,000	18,700	18,700	18,700	Complete
	Management Improvements	1408		3,500	0	0	0	Deleted

<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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the County of Dauphin					Federal FFY of Grant: 10/1/2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PA035000002	7/15/2012		7/15/2014		
PA035000003	7/15/2012		7/15/2014		
PA035000005	7/15/2012		7/15/2014		
PA035000006	7/15/2012		7/15/2014		
PA035000008	7/15/2012		7/15/2014		
PA035000010	7/15/2012		7/15/2014		
Central Office	7/15/2012		7/15/2014		

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

<b>Part I: Summary</b>					
<b>PHA Name:</b>  Housing Authority of the County of Dauphin		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26SO3550109 Date of CFFP: N/A Replacement Housing Factor Grant No:			<b>FFY of Grant:</b> 2009 ARRA <b>FFY of Grant Approval:</b> 2009 ARRA
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input checked="" 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>				
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	109,763	100,049	100,049	100,049
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,084,068	1,105,343	1,105,343	1,105,343
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	21,011	9,450	9,450	9,450
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceeds 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)	1,214,842	1,214,842	1,214,842	1,214,842
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	48,594	48,594	48,594
23	Amount of line 20 Related to Security - Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security - Hart Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

<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.

Part I: Summary				
<b>PHA Name:</b>  Housing Authority of the County of Dauphin	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26SO3550109      Replacement Housing Factor Grant No: Date of CFFP: N/A	<b>FFY of Grant:</b> 2009 ARRA  <b>FFY of Grant Approval:</b> 2009 ARRA		
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input checked="" type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>
		Original	Revised <sup>2</sup>	Obligated
	Signature of Executive Director	Date	Signature of Public Housing Director	Date
	<i>Charles D. Barzell</i>	<i>02-10-2011</i>		









<b>Part I: Summary</b>					
<b>PHA Name:</b>  Housing Authority of the County of Dauphin		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA03500001009R      Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant:</b> 2009 ARRA  <b>FFY of Grant Approval:</b> 2009 ARRA
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <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>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	50,000	4,479	4,479	4,479
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	175,000	182,500	182,500	170,170
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	765,000	1,053,021	1,053,021	782,770
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	250,000	0	0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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 exceeds 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)	1,240,000	1,240,000	1,240,000	957,419
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Activities	0		0	0
23	Amount of line 20 Related to Security - Soft Costs	0		0	0
24	Amount of line 20 Related to Security - Hart Costs	0		0	0
25	Amount of line 20 Related to Energy Conservation Measures	1,190,000	1,235,521	1,235,521	952,940

<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.

Part I: Summary				
<b>PHA Name:</b>  Housing Authority of the County of Dauphin	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA03500001009R      Replacement Housing Factor Grant No: Date of CFFP: N/A	<b>FFY of Grant:</b> 2009 ARRA  <b>FFY of Grant Approval:</b> 2009 ARRA		
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		Original	Revised <sup>2</sup>	Obligated
Signature of Executive Director		Date	Signature of Public Housing Director	Date
		02-10-2011		

Part II: Supporting Pages								
PHA Name:		Grant Type and Number					Federal FFY of Grant:	
Housing Authority of the County of Dauphin		Capital Fund Program Grant No: PA03500001009R			CFPP (Yes/No): No		2009 ARRA	
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP #10	Fiber Cement Siding & Insulation	1460	13,000 Sq Ft	293,740	294,000	294,000	294,000	Complete
PA035000010	Energy Star Windows	1460	2,100 Sq Ft	176,480	108,000	108,000	108,000	Complete
DEV 23	Thermal Front Entrance	1460	100 Sq Ft	27,200	27,200	27,200		Underway
Gratz Park Terrace	Metal Roof	1460	14,800 Sq Ft	167,580	117,000	117,000	117,000	Complete
	Masonry & Exterior Wall Repairs	1460	12,000 Sq Ft		100,021	100,021	100,021	Complete
	Roof Top Solar (Hot Water System)	1460	800 Sq Ft	100,000	100,000	100,000	100,000	Complete
	Roof Top Solar (Photo Voltaic)	1460	15,000 Sq Ft		260,000	260,000	23,749	Underway
	Rear & Side Porches	1460	3		40,000	40,000	40,000	Complete
	Lightning Protection System	1460	1		6,800	6,800		Underway
	Windmill & Turbine	1475	1	250,000				Deleted
	Archectiectural & Engineering	1430		175,000	182,500	182,500	170,170	Underway
	Administration	1410		50,000	4,479	4,479	4,479	Complete

<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.







<b>Part I: Summary</b>					
<b>PHA Name:</b>  Housing Authority of the County of Dauphin		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26PO3550109      Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant:</b> 10/1/2009 <b>FFY of Grant Approval:</b> 10/1/2009
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<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>				
3	1408 Management Improvements	59,000	11,215	11,215	11,215
4	1410 Administration (may not exceed 10% of line 21)	95,137	95,246	95,246	77,879
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	60,000	48,925	48,925	26,895
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	373,637	447,575	406,700	377,603
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	41,127	26,049	26,049	26,049
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	330,000	329,891	329,891	329,891
19	1502 Contingency (may not exceeds 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)	958,901	958,901	918,026	849,532
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security - Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security - Hart Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

<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.

Part I: Summary					
<b>PHA Name:</b>  Housing Authority of the County of Dauphin		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26PO3550109 Date of CFFP: N/A		<b>FFY of Grant:</b> 10/1/2009 <b>FFY of Grant Approval:</b> 10/1/2009	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<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
Signature of Executive Director <i>Charles D Bassett</i>		Date 02-10-2011		Signature of Public Housing Director  Date	

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
Housing Authority of the County of Dauphin		Capital Fund Program Grant No: PA26PO3550109		CFFP (Yes/No): No		10/1/2009		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP #1	Purchase Vehicle	1475	1	18,127	18,177	18,177	18,177	Complete
PA035000001	Salaries	1410		2,702	2,702	2,702	2,189	Underway
DEV 001	Benefits	1410		837	837	837	678	Underway
	Overhead	1410		266	266	266	175	Underway
AMP #3	Debt Service	9000		330,000	329,891	329,891	329,891	Complete
PA035000003								
DEV 003								
AMP #5	Efficiency Apt Reconfiguration	1460	17 units	282,137	375,250	375,200	349,253	Underway
PA035000005	Replace Carpeting	1460	64 units	31,500	72,325	31,500	28,350	Underway
DEV 005	Salaries	1410		55,728	63,028	63,028	51,822	Underway
	Benefits	1410		17,268	18,728	18,728	15,170	Underway
	Overhead	1410		5,492	6,581	6,581	5,331	Underway
AMP #6	Design Services	1430		17,400	17,400	17,400	3,325	Underway
PA035000006								
DEV 006								

<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.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number					Federal FFY of Grant:	
Housing Authority of the County of Daupin		Capital Fund Program Grant No:	PA26PO3550109	CFFP (Yes/No):	No	10/1/2009		
		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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP #10	Re-Surface Building Exterior	1460	15000 Sq Ft	60,000	0	0	0	2009 ARRA Grant
PA035000010	Design Services	1430		14,775	14,775	14,775	14,775	Complete
DEV 023	Salaries	1410		9,119	2,216	2,216	1,795	Underway
	Benefits	1410		2,826	740	740	599	Underway
	Overhead	1410		899	148	148	120	Underway
Central Office	Computer Hardware	1475	2 Servers	23,000	7,872	7,872	7,872	Complete
	Feasibility Study	1430		27,825	16,750	16,750	8,795	Underway
	Computer Software	1408		55,000	11,215	11,215	11,215	Complete
	Management Improvements	1408		4,000	0	0	0	Deleted

<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.



Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the County of Dauphin					Federal FFY of Grant: 10/1/2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PA035000001	9/15/2011	12/31/2009	9/15/2013		
PA035000003	9/15/2011	12/31/2009	9/15/2013	12/31/2010	
PA035000005	9/15/2011	12/31/2009	9/15/2013		
PA035000006	9/15/2011	12/31/2009	9/15/2013		
PA035000010	9/15/2011	12/31/2009	9/15/2013		
Central Office	9/15/2011	12/31/2009	9/15/2013		

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

Part I: Summary					
<b>PHA Name:</b>  Housing Authority of the County of Dauphin	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26PO3550108      Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant:</b> 10/1/2008  <b>FFY of Grant Approval:</b> 10/1/2008	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input checked="" 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>				
3	1408 Management Improvements	3,145	3,145	3,145	3,145
4	1410 Administration (may not exceed 10% of line 21)	95,332	91,973	91,973	91,973
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21,080	21,680	21,680	21,680
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	510,293	513,052	513,052	513,052
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	329,891	329,891	329,891	329,891
19	1502 Contingency (may not exceeds 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)	959,741	959,741	959,741	959,741
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security - Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security - Hart Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	108,807	108,807	108,807	108,807

<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>  Housing Authority of the County of Dauphin	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26PO3550108 Date of CFFP: N/A Replacement Housing Factor Grant No:	<b>FFY of Grant:</b> 10/1/2008  <b>FFY of Grant Approval:</b> 10/1/2008			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		Original	Revised <sup>2</sup>	Obligated	Expended
	Signature of Executive Director	Date	Signature of Public Housing Director		Date
	<i>Charles D. Pasorek</i>	02-10-2011			

Part II: Supporting Pages								
PHA Name:		Grant Type and Number					Federal FFY of Grant:	
Housing Authority of the County of Dauphin		Capital Fund Program Grant No:	PA26PO3550108	CFFP (Yes/No):	No	10/1/2008		
		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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP #2	Replace Emergency Generator	1460	1	90,000	90,000	90,000	90,000	Complete
PA035000011	Architectural & Engineering	1430		7,026	7,226	7,226	7,226	Complete
DEV 011	Salaries	1410		11,273	11,273	11,273	11,273	Complete
	Benefits	1410		3,426	3,426	3,426	3,426	Complete
	Overhead	1410		979	979	979	979	Complete
	Management Improvements	1408		561	561	561	561	Complete
AMP #3	Roof Repairs	1460	1000 Sq Ft	6,800	6,800	6,800	6,800	Complete
PA065000003	Salaries	1410		1,904	1,904	1,904	1,904	Complete
DEV 003	Benefits	1410		411	411	411	411	Complete
	Overhead	1410		103	103	103	103	Complete
	Management Improvements	1408		217	217	217	217	Complete
	Debt Service	9000		329,891	329,891	329,891	329,891	Complete
AMP #8	Replace Carpeting	1460	3600 Sq Ft	12,847	12,847	12,847	12,847	Complete
PA035000008	Salaries	1410		2,102	2,102	2,102	2,102	Complete
DEV 008	Benefits	1410		605	605	605	605	Complete
	Overhead	1410		173	173	173	173	Complete
	Management Improvements	1408		94	94	94	94	Complete

<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.

Part II: Supporting Pages								
PHA Name:  Housing Authority of the County of Dauphin		Grant Type and Number Capital Fund Program Grant No: PA26PO3550108 CFFP (Yes/No): No Replacement Housing Factor Grant No:					Federal FFY of Grant: 10/1/2008	
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP #4	Replace Hot Water System	1460	1	108,807	108,807	108,807	108,807	Complete
PA035000004	Replace Carpeting & Tile	1460	6000 Sq Ft	36,468	36,468	36,468	36,468	Complete
DEV 004	Salaries	1410		18,204	14,845	14,845	14,845	Complete
	Benefits	1410		5,240	5,240	5,240	5,240	Complete
	Overhead	1410		1,497	1,497	1,497	1,497	Complete
	Management Improvements	1408		810	810	810	810	Complete
AMP #7	Replace Carpeting	1460	5000 Sq Ft	24,130	24,130	24,130	24,130	Complete
PA035000007	Salaries	1410		2,802	2,802	2,802	2,802	Complete
DEV 007	Benefits	1410		806	806	806	806	Complete
	Overhead	1410		230	230	230	230	Complete
	Management Improvements	1408		124	124	124	124	Complete

<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.

Part II: Supporting Pages								
PHA Name: Housing Authority of the County of Dauphin		Grant Type and Number Capital Fund Program Grant No: PA26PO3550108 CFFP (Yes/No): No Replacement Housing Factor Grant No:					Federal FFY of Grant: 10/1/2008	
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP #8	Replace Generator	1460	1	87,000	87,000	87,000	87,000	Complete
PA035000009	Architectural & Engineering	1430		7,026	7,226	7,226	7,226	Complete
DEV 009	Salaries	1410		11,915	11,915	11,915	11,915	Complete
	Benefits	1410		3,426	3,426	3,426	3,426	Complete
	Overhead	1410		979	979	979	979	Complete
	Management Improvements	1408		530	530	530	530	Complete
AMP #10	Replace Generator	1460	1	87,000	87,000	87,000	87,000	Complete
PA035000010	Repair Roof	1460	7000 Sq Ft	35,000	35,000	35,000	35,000	Complete
DEV 010	Architectural & Engineering	1430		7,028	7,228	7,228	7,228	Complete
	Salaries	1410		16,316	16,316	16,316	16,316	Complete
	Benefits	1410		4,829	4,829	4,829	4,829	Complete
	Overhead	1410		1,394	1,394	1,394	1,394	Complete
	Management Improvements	1408		592	592	592	592	Complete
DEV 023	Hallway HVAC	1460	1st & 2nd Floor	22,241	25,000	25,000	25,000	Complete
	Salaries	1410		4,904	4,904	4,904	4,904	Complete
	Benefits	1410		1,411	1,411	1,411	1,411	Complete
	Overhead	1410		403	403	403	403	Complete
	Managements Improvements	1408		217	217	217	217	Complete

<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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the County of Dauphin					Federal FFY of Grant: 10/1/2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PA035000003	6/13/2010	2/28/2009	6/13/2012	12/31/2010	
PA035000004	6/13/2010	2/28/2009	6/13/2012	12/31/2010	
PA035000007	6/13/2010	2/28/2009	6/13/2012	12/31/2010	
PA035000008	6/13/2010	2/28/2009	6/13/2012	12/31/2010	
PA035000009	6/13/2010	2/28/2009	6/13/2012	12/31/2010	
PA035000010	6/13/2010	2/28/2009	6/13/2012	12/31/2010	
PA035000011	6/13/2010	2/28/2009	6/13/2012	12/31/2010	
PA035000023	6/13/2010	12/31/2010	6/13/2012	12/31/2010	

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

# Capital Fund Program - Five Year Action Plan

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

<b>Part I: Summary</b>						
PHA Name/Number <b>Dauphin County Housing Authority</b>		Locality (City/County & State) <b>Dauphin County , Pennsylvania</b>			<input checked="" type="checkbox"/> Original 5-Year Plan	Revision No:
A.	Development Number and Name <b>AMP 1 thru 10, COCC</b>	Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FFY <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>
B.	Physical Improvements Subtotal	Annual Statement	530,516	530,516	530,505	530,505
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		95,137	95,137	95,148	95,148
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service		330,000	330,000	330,000	330,000
K.	Total CFP Funds		955,653	955,653	955,653	955,653
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		955,653	955,653	955,653	955,653

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

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 (Continuation)</b>						
PHA Name/Number <b>Dauphin County Housing Authority</b>		Locality (City/County & State) <b>Dauphin County , Pennsylvania</b>			<input checked="" type="checkbox"/> Original 5-Year Plan	Revision No:
A.	Development Number and Name <b>AMP 1 thru 10, COCC</b>	Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FFY <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>
B.	Central Office	Annual Statement		100,227		294,728
C.	PA035000001					
D.	PA035000002			146,880	208,551	70,965
E.	PA035000003		330,000	330,000	330,000	330,000
F.	PA035000004		165,253			259,960
G.	PA035000005		141,880	63,217		
H.	PA035000006					
I.	PA035000007		141,880			
J.	PA035000008		176,640	146,880	208,551	
K.	PA035000009			21,569		
L.	PA035000010			146,880	208,551	
M.	Total		955,653	955,653	955,653	955,653







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

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

<b>Part III: Supporting Pages - Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year <u>4</u> FFY		Work Statement for Year <u>5</u> FFY	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
<b>See</b>				
<b>Annual Statement</b>				
	Subtotal of Estimated Cost	\$0	Subtotal of Estimated Cost	\$0

## Attachment M

### Housing Authority of the County of Dauphin

#### Annual Plan

Fiscal Year 07/01/2011 – 06/30/2012

#### Resident Comments and Housing Authority Response

Comment 1 - A resident asked about replacement of ranges for Rattling Creek. The resident commented that last year it was indicated that ranges were to be put back into the Capital Fund Plan.

Response to Comment 1 - Authority explained that as the Plan is put together many times things are prioritized and in the process of prioritizing things and looking at the dollars sometimes things in the Plan get dropped off, then they are brought back in another year. Authority indicated that ranges are certainly a possibility.

Comment 2 - A resident mentioned that some tenants are having trouble with their burners.

Response to Comment 2 - Authority explained that if you have a bad burner on a stove, we get HUD inspections, this would be an inspection item we would get a deduction on with regard to our score. An item like this needs to be reported. Authority furthered explained there are four areas in the HUD inspection that we do not want tenants to have a problem with. They are appliances, electrical, plumbing and any kind of emergency system in the unit.

Comment 3 - A resident asked specifically what the upgrade to the elevators will include.

Response to Comment 3 - Authority responded that we do not know yet because we are having surveys done which will report what the scope of work should be. Authority indicated that the plan is to make major renovations, not just cosmetic improvements. Authority indicated that most of the improvements are expected to be mechanical to make sure they are safe and state-of-the-art. Authority indicated that there is nothing we can do to make the elevator any bigger. Authority pointed out that this was investigated years ago when we made major renovations to Latsha Towers.

Comment 4 - A resident commented there could be a problem with the amount of weight the elevator carries at times in addition to wear and tear.

Response to Comment 4 - Authority responded that this is not really a problem. Authority indicated their capacity is adequate and occasionally a load test is performed by our elevator service company.

Comment 5 - A resident asked what work we have planned for Latsha Towers.

Response to Comment 5 - Authority explained that the Housing Authority has to maintain 16 sites with 748 units having a value of approximately 150 million dollars. Authority pointed out that we get a little less than one million dollars a year to make improvements to those properties. Authority pointed out that we try to address issues at each site as best we can with the money we have available. Authority pointed out we have made a lot of improvements to Lathsa Towers over the last ten years. Authority

indicated that there are some sites we have not given much attention to, one of which is Genesis Court.

Comment 6 - A resident asked if consideration has been given to the laundry facilities.

Response to Comment 6 - Authority responded that we are aware there are issues with the laundry. Authority pointed out that we started to experience more problems when the front end loaders were put in because some residents still do not understand the concept of a front end loader. Authority indicated that it does not work like a top load washer. Authority pointed out that there is less water in the washing machine, you can't overload it and put a lot of detergent in because they have a lot less water. Authority mentioned that the front load washers use a lot less water and are more energy efficient.

Comment 7 - A resident asked what effect does occupancy have on the budget.

Response to Comment 7 - Authority indicated it has a big effect. The resident went on to say it seems like the apartments remain vacant for a long period before they are rented. Authority responded that one of our primary objectives right now is to lease up our units to full occupancy and we are making a lot of progress on that. Authority indicated that the Public Housing Waiting List is partially closed. Authority mentioned that closing the waiting list like this gives us the opportunity to devote more time to leasing.

Comment 8 - A resident asked why don't we just replace the elevators instead of upgrading them.

Response to Comment 8 - Authority responded that when the Authority speaks of upgrade, it means basically a rebuild. The resident then asked why rebuild, why not replace. Authority responded that anything you do with elevators is very expensive. Authority indicated that a rebuild is pretty much a replacement. Authority indicated that the only thing that may not get replaced is the car itself, but we may dress up the car and make it look better. Authority indicated that all the machinery associated with the elevator would be replaced such as the cabling, the motors, the electrical, etc.

Comment 9 - A resident inquired as to how the funding cuts will affect the 5-year Plan.

Response to Comment 9 - Authority explained that the Authority can make adjustments by moving work items around in the 5-year Plan, as well as push work items farther out in the future, in order to adjust for potential funding cuts.

Comment 10 - A resident inquired as to whether or not security devices, such as bars, could be installed on certain windows at Hoy Towers in order to provide more security.

Response to Comment 10 - Authority responded that we would look into it.



Charles Gassert, Executive Director  
Housing Authority of the County of Dauphin

April 13, 2011

**Attachment N**  
**Housing Authority of the County of Dauphin**  
**Annual Plan**  
**Fiscal Years 07/01/2011 – 06/30/2012**  
**Challenged Elements**

There were no challenged elements to the Housing Authority's Annual Agency Plan.

  
Charles Gassert, Executive Director  
Housing Authority of the County of Dauphin

April 13, 2011

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 7/1/11, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

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

Housing Authority of the  
County of Dauphin

PA035

PHA Name

PHA Number/HA Code

       5-Year PHA Plan for Fiscal Years 20       - 20      

  X   Annual PHA Plan for Fiscal Years 20  11   - 20      

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official  William Pettigrew, Sr.	Title  Chairman
Signature 	Date  April 13, 2011

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   N/A Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b>  HUD PHA Plan CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>  N/A	<b>9. Award Amount, if known:</b>  \$ N/A	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  N/A	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  N/A	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Charles D Gassert</u> Print Name: <u>Charles D. Gassert</u> Title: <u>Executive Director</u> Telephone No.: <u>717-939-9301</u> Date: <u>4/13/11</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the County of Dauphin

Program/Activity Receiving Federal Grant Funding

HUD PHA Plan (Operating Fund/Capital Fund/Section 8 Programs)

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

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

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

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

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

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

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

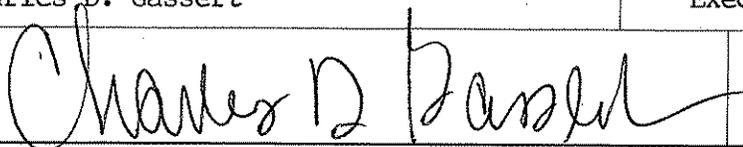
Name of Authorized Official

Charles D. Gassert

Title

Executive Director

Signature



Date (mm/dd/yyyy)

April 13, 2011

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the County of Dauphin

Program/Activity Receiving Federal Grant Funding

HUD PHA Plan (Operating Fund/Capital Fund/Section 8 Programs)

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

**2. Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here  if there are workplaces on file that are not identified on the attached sheets.

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

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

Name of Authorized Official

Charles D. Gassert

Title

Executive Director

Signature

X

Date

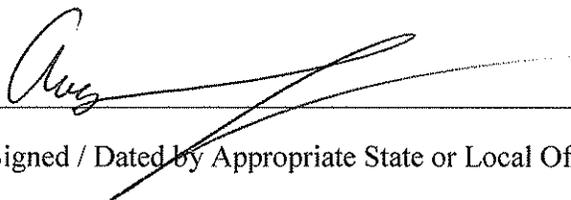
April 13, 2011

**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan**

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

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, August Memmi the Director D.C. DCED certify that the Five Year and  
Annual PHA Plan of the Housing Authority of the County of Dauphin is consistent with the Consolidated Plan of  
Dauphin County prepared pursuant to 24 CFR Part 91.



4/1/11

Signed / Dated by Appropriate State or Local Official