

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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2011

ANNUAL PLAN

FOR

McKEAN COUNTY HOUSING AUTHORITY

September 8, 2011

Version 2

1.0	PHA Information PHA Name: <u>HOUSING AUTHORITY OF THE COUNTY OF McKEAN</u> PHA Code: <u>PA080</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2011</u>														
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>216</u> Number of HCV units: <u>356</u>														
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only														
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)														
	Participating PHAs PHA 1: PHA 2: PHA 3:	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	<table border="1"> <thead> <tr> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	No. of Units in Each Program		PH	HCV						
No. of Units in Each Program															
PH	HCV														
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.														
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:														
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.														
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Public Housing Lease Addendum No. 7 – attached, see pa080. (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. 410 E. Water Street, Smethport, PA 16749														
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable</i>														
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.														
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.														
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.														
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.														
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The McKean County Housing Authority currently has 248 individuals on the Public Housing waiting list and 123 individuals on the Housing Choice Voucher waiting list. The majority of the waiting lists at this time are families with children, 54% of the Public Housing list and 56% of the Housing Choice Voucher waiting list. Of the individuals on these lists, 69% of the Public Housing and 77% of the Housing Choice Voucher waiting list fall into the extremely low income category.</p> <p>Section 8 applicants continue to have difficulty locating affordable, quality housing units within the County. As the Marcellus Shale activity moves into the region, the Housing Authority anticipates that this issue will only get worse. Housing Authority staff works diligently with landlords to maintain those who currently participate with the Section 8 Program as well as attempting to recruit new landlords. This is extremely difficult now when landlords can get twice the amount from oil and gas workers that they could get from a Section 8 participant, not to mention the HQS inspections.</p> <p>Currently all public housing units operated by the Housing Authority have a waiting list. The 504 work has been completed but there is not a great demand for these units at this time. Accessibility is not an issue for the Section 8 Program.</p> <p>The Authority's need at this time is housing stock and additional Section 8 Funding as we are currently at our funding maximum and have been spending down our net restricted asset balance to serve more individuals.</p>														

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>In an effort to meet the housing needs of McKean County Residents, the Housing Authority is considering developing additional housing. The Executive Director is arranging training for the Board on housing development. The Housing Authority has attempted to attract new landlords through advertisements in the local newspapers but these efforts have not been successful. Therefore the Housing Authority is looking to develop housing through our non-profit, A Partnership In Housing, Inc.</p> <p>The Executive Director has been working closely with local social service agencies to identify the housing needs in the county. The Housing Authority will collaborate with these agencies as we move forward to ensure that we are meeting the needs of our community.</p> <p>We anticipate that this effort will take place over the next few years so that we can ensure proper planning.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Housing Authority is always looking for ways to upgrade our housing units. We are currently 100% compliant with 504 requirements, last year we upgraded 106 kitchens in family and elderly units, added automatic sliding doors at Riley Road Apartments and improved the drainage at our Mt. Jewett family units and Riley Road/Fosterview Apartments. This year the housing authority is working on upgrading lighting fixtures in our 80-1 and 80-3 units to make them more energy efficient and aesthetically pleasing. We will also be replacing concrete PHA wide.</p> <p>The Authority has municipality-based waiting lists.</p> <p>The Authority works closely with local social service agencies to ensure that the needs of elderly and disabled are being met so that they can maintain their housing.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>The McKean County Housing Authority defines “significant amendment” and “substantial deviation/modification” as any change to our plans that requires prior HUD approval.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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

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

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

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/2011 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	10,000.00	11,340.00		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		40,000.00		
10	1460 Dwelling Structures	285,682.00	165,187.00	45,801.00	45,801.00
11	1465.1 Dwelling Equipment—Nonexpendable	27,500.00	74,350.00	42,090.00	42,090.00
12	1470 Non-dwelling Structures	9,000.00	-0-		
13	1475 Non-dwelling Equipment	10,000.00	51,305.00	21,305.00	21,305.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: McKean County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P080501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2011			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$342,182.00	\$342,182.00	\$109,196.00	\$109,196.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures		\$193,655.00	\$ 63,395.00	\$ 63,395.00	
Signature of Executive Director Dusti Dennis		Date 07/13/2011		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: McKean County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA28P080501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Operations	1406		10,000.00	11,340.00			
	Computer/Office Equipment	1475		10,000.00	5,593.00	5,593.00	5,593.00	Complete 12/10
	Concrete	1450		20,000.00				from 2008
	Vehicle	1475		30,000.00				from 2013
	Washers (front load)	1475		7,302.00	7,302.00	7,302.00	7,302.00	from 2011
	Dryers (electric)	1475		8,410.00	8,410.00	8,410.00	8,410.00	from 2011
80-1	Cabinets & Countertops	1460		189,882.00	45,801.00	45,801.00	45,801.00	Complete 10/10
	Common Lighting	1460		7,800.00	10,000.00			from 2007
	Fence - Medberry	1450		10,000.00				from 2007
	Garbage Racks/roofs	1450		10,000.00				from 2008
	Ranges (ALL) 100	1465		27,500.00	29,148.00	29,148.00	29,148.00	Complete 2/10
	Gazebos	1470		9,000.00	-0-			moved to 2011
	Boiler Replacements	1460						moved to 2011
80-2	Appliances	1465			33,802.00	12,942.00	12,942.00	from 2008
	Furnace Replacement	1460		65,000.00	65,000.00			
80-3	Boiler Replacements (RR)	1460		23,000.00	23,000.00			7000 from 2011
80-4	Fascia & Soffit	1460			15,722.00			from 2008
	Gutters & Downspouts	1460			5,664.00			from 2008
80-19	Appliances	1465			11,400.00			from 2008

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: McKean County Housing Authority					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	09/2011		09/2013		
80-1	09/2011		09/2013		
80-2	09/2011		09/2013		
80-3	09/2011		09/2013		
80-4			09/2013		FROM 2008
80-19			09/2013		FROM 2008

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

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

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/2011 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	11,681.00		.00	.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00		.00	.00
10	1460 Dwelling Structures	250,000.00		.00	.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	70,000.00		.00	.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: McKean County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P080501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2011			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$341,681.00	.00	.00	.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	\$170,000.00				
Signature of Executive Director Dusti Dennis		Date 07/13/2011		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: McKean County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P080501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Operations	1406		11,681.00				
	Energy Efficiency Replacements	1460		170,000.00				
	Vehicles (2)	1475		70,000.00				
80-1	Roof Replacements - family units	1460		80,000.00				
80-2	Garbage Rack Roofs	1450		10,000.00				
				\$341,681.00				

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

² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary	
PHA Name: McKean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P080501-11 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2011 FFY of Grant Approval:	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	10,000.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	25,000.00			
10	1460 Dwelling Structures	166,850.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	9,000.00			
13	1475 Non-dwelling Equipment	149,600.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: McKean County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA28P080501-11 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2011 FFY of Grant Approval:	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$360,450.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	84,600.00				
Signature of Executive Director Dusti Dennis		Date 07/13/2011		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: McKean County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA28P080501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	OPERATIONS			10,000.00				
PHA-WIDE	CONCRETE REPLACEMENT	1406		25,000.00				
PHA-WIDE	WASHERS/DRYERS	1450		9,600.00				
PHA-WIDE	4 VEHICLES	1475		140,000.00				
PHA-WIDE	BATHROOM EXHAUSTS	1460		29,250.00				
80-1	BOILER REPLACEMENTS	1460		60,000.00				
80-1	GAZEBOS	1470		9,000.00				
80-1	UNIT LIGHTING	1460		15,000.00				
80-2	TILE REPLACEMENTS	1460		29,400.00				
80-3	PORCH REPLACEMENTS	1460		25,000.00				
80-3	TILE REPLACEMENTS	1460		8,200.00				
				360,450.00				

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

² To be completed for the Performance and Evaluation Report.

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: McKean County Housing Authority				Federal FFY of Grant: 2011	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	09/13		09/15		
80-1	09/13		09/15		
80-2	09/13		09/15		
80-3	09/13		09/15		

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

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number		Locality (City/County & State)			<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <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	\$ 355,000	\$ 300,000	\$ 165,000	\$ 300,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment			\$ 50,000	150,000	
E.	Administration				25,000	25,000
F.	Other					
G.	Operations		15,000	\$ 10,000	10,000	10,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$ 370,000	\$ 360,000	\$ 350,000	\$ 300,000
L.	Total Non-CFP Funds					
M.	Grand Total					

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary (Continuation)

PHA Name/Number		Locality (City/county & State)				<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY <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>	
		Annual Statement					

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

RESIDENT ADVISORY COMMITTEE

Ms. Virginia Stanton - Center Hall Apartments, 7 School Street, Apt. 4, Smethport, PA 16749

Ms. Rebecca McLaughlin – Jenny L Manor, 7 Edson Street, P.O. Box 492, Eldred, PA 16731

Mrs. Mary Lou Stidd – Mt. Jewett Housing - #13, P. O. Box 66, Mt. Jewett, PA 16740

Mr. Vernon Shaffer – Brooklynside Apartments – 11B, 230 N. Brooklynside Dr., Port Allegany,
PA 16743

Ms. Dixie McGavisk – Dickinson Manor #19, 420 E. Water Street, Smethport, PA 16749

RESIDENT ADVISORY COMMITTEE MEETING

JUNE 7, 2011

10:00 A.M.

The Resident Advisory Committee meeting was called to order at 10:00 a.m. Present were, Dixie McGavisk, Dickinson Manor, Smethport; Mary Lou Stidd, Mt. Jewett Housing, Mt. Jewett; Becky McLaughlin, Jenny L Manor, Eldred; Virginia Stanton, Center Hall, Smethport; Tammy Emerson, Carl Jones and Cathy Mitchell. Dusti Dennis, Executive Director arrived shortly after the meeting had begun.

Ms. Mitchell opened the meeting and thanked the attendees for coming. She reviewed the purpose of the committee meeting was for input for the Annual Plan which has to be in HUD on July 15, 2011. Ms. Mitchell went over a list of projects that the Authority is working on this year. She then went over the items listed in the 2010 and 2011 Capital Fund Budgets that will be done in the near future.

The committee reviewed the 5-year plan for projects which consisted of the current year through 2015. The committee was asked if they had any objections or suggestions for the 2015 project list. They did not have anything to add or subtract.

The Committee was then asked if they had anything that they felt they would like to discuss. Becky McLaughlin reported that for the most part the cleaning folks are doing a decent job, but they still go too fast and sometimes will miss things. She stated that some broken glass was in the lobby area that they missed. Management explained that something like that should not be left until the cleaning people come, whoever broke the glass or sees broken glass should sweep it up immediately so that no one gets hurt and it is not tracked through the building. Dixie McGavisk stated that they often miss refilling the soap bottles in the public restrooms. This will be brought up with the cleaning people.

Mrs. Stidd said that there is a concrete block sinking on her sidewalk. Mrs. Dennis assured her that his will be taken care of with the concrete work this summer.

Virginia Stanton said that the rails in front of Center Hall are rough and the front gutters need cleaned out. Maintenance will check on these items.

ADDENDUM NO. 7

LEASE ADDENDUM FOR SMOKING POLICY

This agreement made and entered into between the McKean County Housing Authority, and

Resident

Resident currently resides at:

_____, Unit # _____
Street Address

_____, PA _____
City Zip Code

Resident has received and reviewed the Smoking Policy of the McKean County Housing Authority. Resident understands that effective March 1, 2011; smoking is prohibited in any building owned by the McKean County Housing Authority as stated in the Smoking Policy.

Any violation of this policy could result in the resident being evicted. Resident also understands that he/she is responsible for ensuring that their visitors also comply with this policy.

This addendum is incorporated into and is part of the Rental Agreement/Lease to which it is attached.

The undersigned Resident(s) acknowledge(s) having read and understood the foregoing, and receipt of a duplicate original.

Date

Resident

Date

Resident

Date

Owner

MCKEAN COUNTY HOUSING AUTHORITY

VIOLENCE AGAINST WOMEN ACT POLICY

In response to the Federal Register Notice published on March 16, 2007, the McKean County Housing Authority is adopting the following procedures to recognize the rights of tenants under the Violence Against Women Act (VAWA). The goal of VAWA is to reduce violence against women and to protect women who are victims of abuse. In order to better meet the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking the McKean County Housing Authority will follow these procedures:

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 25 77-0226
 Expires 4/30/2011

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$342,182.00	\$342,182.00	\$109,196.00	\$109,196.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures		\$193,655.00	\$ 63,395.00	\$ 63,395.00

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

Signature of Executive Director: **Dusti Dennis**
 Date: **07/13/2011**
 Signature of Public Housing Director: _____
 Date: _____

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

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

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

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

Line	Type of Grant	Performance and Evaluation Report for Period Ending: 03/31/2011	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)		\$341,681.00	.00	.00	.00
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures		\$170,000.00			
Signature of Executive Director: Dusti Dennis 			Date	Signature of Public Housing Director		Date
			07/13/2011			

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2011	
PHA Name: Mckean County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA28P080501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18Ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$360,450.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures	84,600.00				
Signature of Executive Director Busi Dennis 		Date 07/13/2011	Signature of Public Housing Director			Date

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.