

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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1.0	PHA Information PHA Name: <u>Knox County Housing Authority</u> PHA Code: <u>IL085</u> 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): <u>04/01/2014</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>418</u> Number of HCV units: <u>280</u>					
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input 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 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:					
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: The Knox County Housing Authority is a dynamic force in our community, providing high-quality affordable housing opportunities for individuals and families, while promoting self-sufficiency, empowerment, and a sense of community development. Further, we will partner with other agencies to implement programs and services designed to help our families develop and thrive. The KCHA will achieve this mission through effective management, and the wise stewardship of public funds.					
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. See Attachment 1.0					
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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. See Attachment 2.0					
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. See Attachment 3.0					
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. See Attachment 4.0					

8.2	<p>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.</p> <p>See Attachment 5.0</p>
8.3	<p>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.</p> <p>Not applicable to the Knox County Housing Authority</p>
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>See Attachment 6.0(1)</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>See Attachment 6.0(2)</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>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>See Attachment 7.0</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> <p>See Attachment 8.0</p>

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

(a) Hope VI or Mixed Finance Modernization or Development.

1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

(b) Demolition and/or Disposition.

With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm

Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

(c) Conversion of Public Housing.

With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

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

<http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

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

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

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

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

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

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

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

IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2014 – 03/31/2015 ANNUAL PLAN SUBMISSION
ATTACHMENT 1.0
HUD-50075 Section 5.2 – GOALS AND OBJECTIVES

1. Expand and/or maintain the supply of assisted housing opportunities through the implementation of the following objectives:
 - Maintain 98.0% - 100.0% occupancy level across public housing program
 - Leverage private or other public funds to create additional housing opportunities
 - Work with the Department of Housing and Urban Development on issues surrounding the housing of veterans and homeless families/individuals
 - Consideration of transition to Rental Assistance Demonstration (RAD) program
 - Increase active housing choice vouchers in Knox County to achieve 100% utilization (currently at 100% funding utilization)
 - Maximize outreach efforts to maintain adequate stock of potential housing choice voucher landlords

2. Improve the quality of assisted housing through the implementation of the following objectives:
 - Achieve PHAS High Performer status for FYE 03/31/2015 – previous PHAS score 88.0 (07/02/2012)
 - Concentrate on efforts to improve specific public housing management functions
 - Tenant Accounts Receivable
 - Occupancy
 - Achieve 100.0% SEMAP certification for FYE 03/31/2015
 - Effective management and enforcement of HQS processes to ensure quality housing opportunities for voucher program participants
 - Continued consideration and implementation of the voucher homeownership program
 - Continue to seek training and educational opportunities for staff knowledge and development
 - Deliver the ideal client experience

3. Provide an improved living environment through the implementation of the following objectives:
 - Continue consideration and implementation of security improvements in the public housing program
 - Effective stewardship of capital improvement funds to rehabilitate and modernize current public housing inventory
 - Consider measures to deconcentrate poverty through outreach designed to attract higher income public housing households into our developments

4. Promote self-sufficiency and asset development of assisted households through the implementation of the following objectives:
 - Increase the percentage of employed persons in assisted families
 - Work with area agencies through the Resident Opportunity and Self Sufficiency program (ROSS) to provide supportive services aimed at improving job readiness amongst the population we serve
 - Work with area agencies through the Resident Opportunity and Self Sufficiency program (ROSS) to provide supportive services to increase independence for participants with disabilities or elderly individuals
5. Ensure equal opportunity and affirmatively further fair housing through the implementation of the following objectives:
 - Carry out affirmative measures to ensure access to assisted housing regardless of race, religion, national origin, sexual orientation, familial status, or disability
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required

IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2014 – 03/31/2015 ANNUAL PLAN SUBMISSION
ATTACHMENT 2.0
HUD-50075 Section 6.0 – PHA Plan Update

- A. Identify all PHA Plan Elements that have been revised by the PHA since its last Annual Plan submission:

	Plan Element	Specific Change		
1.	Eligibility, Selection and Admission Policies, including Deconcentration and Wait List Procedures	No Change		
2.	Financial Resources (in millions)	PH Operating Fund: 2013 Capital Fund: S8 Annual Contributions: ROSS Grant: GCF Grant: PH Rental Income: PH Investments: Section 8 Investments: Other Income: Total Financial Resources:	\$1.044 \$0.585 \$1.085 \$0.106 \$0.010 \$0.665 \$0.618 \$0.248 \$0.009 \$4.370	PH Operations Modernization Rental Assistance Resident Services Resident Services PH Operations PH Operations S8 Operations PH Operations
3.	Rent Determination: Flat Rents charged per the following schedule (80% FMR)	<u>Apartment Size</u> Moon Towers – 0BR Moon Towers – 1BR Moon Towers – 2 BR Family Sites – 2BR Family Sites – 3BR Family Sites – 4BR Family Sites – 5BR Bluebell Tower – 1BR Bluebell Tower – 2BR	<u>Fair Market</u> \$303.00 \$392.00 \$467.00 \$516.00 \$592.00 \$643.00 \$739.00 \$393.00 \$680.00	<u>KCHA Flat Rent</u> \$242.00 \$314.00 \$374.00 \$413.00 \$474.00 \$514.00 \$591.00 \$314.00 \$544.00
4.	Operations and Management	No Change		
5.	Grievance Procedures	No Change		
6.	Designated Housing – Elderly/Disabled	No Change		
7.	Community Service and Self-Sufficiency	No Change		
8.	Safety and Crime	No Change		

	Prevention	
9.	Pets	No Change
10.	Civil Rights Certification	No Change
11.	Fiscal Year Audit	FYE 2013 Audit revealed one finding – tenant accounts receivable was too high. KCHA has taken corrective action to write-off outstanding uncollectible debts, and have instituted a quarterly write-off schedule.
12.	Asset Management	No Change
13.	Violence Against Women Act (VAWA)	No Change

B. Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan.

- Central Office Cost Center – 216 W. Simmons St. Galesburg, IL 61401
- Moon Towers – 255 W. Tompkins St. Galesburg, IL 61401
- Family Housing – 480 Iowa Ave. Galesburg, IL 61401
- Bluebell Tower – 300 N. Jefferson St. Abingdon, IL 61410
- Agency website: www.knoxcountyhousing.org

IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2014 – 03/31/2015 ANNUAL PLAN SUBMISSION
ATTACHMENT 3.0

HUD-50075 Section 7.0 – Hope VI, Mixed Finance, Demolition/Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

1. Hope VI
 - N/A
2. Mixed Finance Modernization or Development
 - N/A
3. Demolition and/or Disposition
 - N/A
4. Conversion of Public Housing
 - The Knox County Housing Authority will give consideration to the conversion of public housing units to the Rental Assistance Demonstration (RAD) program. This will be analyzed early in our fiscal year utilizing the tools available on the Department of Housing and Urban Development's RAD website.
5. Homeownership Programs
 - The Knox County Housing Authority currently administers a HCV Homeownership Program. The program has had as many as three active homeownership vouchers, though there are zero vouchers currently issued. The agency will continue to seek applicants and provide voucher holders the opportunity at first-time homeownership.
6. Project-based Vouchers
 - The Knox County Housing Authority will give consideration to working with developers on rehabbing, modernization, or new construction of distressed properties in Knox County by providing project-based vouchers. The goal is to maintain, improve, and increase the quality supply of affordable housing units that may be preserved for significant periods of time. Financing would be achieved primarily through tax credit applications to the State of Illinois.

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: Knox County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06-P085-50113 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2014 FFY of Grant Approval: 2014
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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	58498			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17500			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	424500			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	44478			
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: Knox County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06-P085-50113 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2014 FFY of Grant Approval: 2014
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)	584976			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		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: Knox County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06-P085-50113 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2014			
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	
Administration	Cost Center	1410	1	58498				
AMP 001	Operations	1406	1	15000				
Moon Towers	A & E. Services	1430		5000				
	Asbestos Abatement/new flooring	1460	5	30000				
	Paint unit interiors	1460	10	20000				
	Exterior shelter	1460	1	9000				
	Exterior signage	1460	1	3000				
	Replace intercom system	1460	1	12000				
	Appliances	1465	25	12500				
	Security cameras	1475	5	12000				
	Mtce. Program - Maintenance	1475		2500				
AMP 002	Operations	1406		15000				
Scattered Sites	A & E Services	1430		7500				
	Asbestos Abatement	1460	10	70000				
	Appliances	1465	40	20000				
	Replace water heaters	1465	97	100000				

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 II: Supporting Pages								
PHA Name: Knox County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06-P085-50113 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2014			
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	
	Maintenance vehicle	1475	1	40000				
	Security Cameras	1475	10	25000				
	Mtce. Program - Equipment	1475		2500				
AMP 006	Operations	1406		10000				
Bluebell Tower	A& E Services	1430		5000				
	Renovate unit baths	1460	4	35000				
	Replace fire doors	1460	12	32000				
	Replace toilets	1460	51	25500				
	Replace intercom system	1460	1	4000				
	Exterior shelter	1460	1	9000				
	Appliances	1465	5	2500				
	Mtce. Program - Equipment	1475		2478				

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: Knox County Housing Authority				Federal FFY of Grant: 2013	
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	
Administration	06/30/2017		06/30/2019		
AMP 001	06/30/2017		06/30/2019		
AMP 002	06/30/2017		06/30/2019		
AMP003	06/30/2017		06/30/2019		

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.

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 Knox County Housing Authority			Locality (Galesburg/Knox & Illinois)		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No: 2
A.	Development Number and Name 085 Knox County Housing Authority	Work Statement for Year 1 FFY ____2014____	Work Statement for Year 2 FFY ____2015____	Work Statement for Year 3 FFY ____2016____	Work Statement for Year 4 FFY ____2017____	Work Statement for Year 5 FFY ____2018____
B.	Physical Improvements Subtotal		1028700	998700	2042200	2228970
C.	Management Improvements		60000			
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		58498	58498	58498	58498
F.	Other					
G.	Operations		40000	40000	40000	40000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1771198	1097198	2140698	2327468
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 II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ____2014____	Work Statement for Year ____2014____ FFY ____2015____			Work Statement for Year: ____2014____ FFY ____2016____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	85-1 Moon Towers					
				Exterior Lighting		11000
	Misc. Concrete Work		7500	Asbestos Abatement	10	30000
	Appliances	25	12500	Repl. Flooring/base	10	20000
	Repl Corridor lt fixtures	25	12500	Window treatment	400	113000
	Rpl. Corr. Ceil. Tile/grid		56600	Appliances	25	12500
	Rpl. Corr. ceil. tile/grid		56600	Ceil.fans/lt. combo	189	113500
	Paint Corridors	19	38000	Paint unit interiors	30	34200
	Asbestos Abatement	10	30000	Garage doors	3	24000
	Repl. Flooring/base	10	20000	Repl roof/ insul frt entry	1	92000
	Paint Unit Interiors	11	22000	Bath renovation	10	80000
				Paint Unit Interiors	11	22000
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		
		255700			552200	

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 II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ____2014____	Work Statement for Year ____2014____ FFY ____2017____			Work Statement for Year: ____2014____ FFY ____2018____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	85-1 Moon Towers					
				Insulate exterior walls	189	330000
	Unit entry doors	189	94500	Repl. Flooring/base	10	20000
	Bath renovation	10	80000	Asbestos Abatement	20	60000
	Carpet units	189	152000	Landscaping		10000
	Appliances	50	25000	Bath renovations	10	80000
	Paint units	30	34200	Appliances	50	25000
	Asbestos Abatement	20	60000	Replace parking lots	2	160000
	Repl. Flooring/base	10	20000			
	Mtce. Program	1	5000			
	Repl ceiling grid & tile	1	57000			
	Subtotal of Estimated Cost			527700	Subtotal of Estimated Cost	

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

[illegible]

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

[illegible]

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 II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ____2014____	Work Statement for Year ____2014____ FFY ____2015____			Work Statement for Year: ____2014____ FFY ____2016____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Sec Annual Statement	85-6 Bluebell Tower					
	Replace light fixtures	51 units	25500	Public restrooms	2	12000
	Replace light fixtures	Comm.. areas	10000	Paint units	20	23000
	Replace appliances	5	2500	Replace AC wall sleeves	51	51000
	Security cameras	15	20000	Replace appliances	5	2500
	Kitchen cabinets	51	178500	Storage bldg	1	15000
	Bath renovations	5	45000	Mtce. program		2500
	Mtce. program		2500	Walk in showers	6	60000
	Subtotal of Estimated Cost			\$ 284000	Subtotal of Estimated Cost \$ 166000	

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ____ 2014 ____	Work Statement for Year ____ 2014 ____ FFY ____ 2017 ____			Work Statement for Year: ____ 2014 ____ FFY ____ 2018 ____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Sec Annual Statement	85-6 Bluebell Tower					
	Paint common areas			Paint common areas		7500
	Paint units	20	7500	Paint units	10	23000
	Replace appliances	5	23000	Replace appliances	5	2500
	Site work		2500	Site work		15000
	new furn.	1	15000	new furn.	1	5000
	Replace appliances	20	5000	Replace appliances	20	10000
	Elevator Upgrade	2	10000	Elevator Upgrade	2	250000
	Mtce. program		250000	Mtce. program		2500
			2500			
	Subtotal of Estimated Cost		\$	315500		

IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2014 – 03/31/2015 ANNUAL PLAN SUBMISSION
ATTACHMENT 6.0
HUD-50075 Section 9.0 – Housing Needs

1. Housing Needs of Families in Jurisdiction by Family Type
 - Based on U.S. Census Data (2010, 2011, 2012)
 - Households listed represent <80% area median income (AMI)
 - Needs scored on a scale of 1 (highest) to 5 (lowest)

Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income < 30% AMI	4,048	1	3	1	4	2	1
Income < 50% AMI	3,096	2	4	2	4	2	3
Income < 80% AMI	2,493	4	4	3	4	2	4
Elderly	1,789	2	5	5	5	5	5
Disabled	195	2	1	3	1	2	3
Ethnicity - Caucasian	8,590	1	1	2	5	4	5
Ethnicity - African American	745	1	1	2	5	4	5
Ethnicity - Hispanic	461	1	1	2	5	4	5
Ethnicity - Other	395	1	1	2	5	4	5

2. Housing Demographics of Families on Knox County Housing Authority Public Housing Program Waiting List by Family Type
 - Based on system data as of 12/17/2013

Family Type	# Families	%
Income < 30% AMI	345	82.5%
Income < 50% AMI	51	12.2%
Income < 80% AMI	22	5.3%
Elderly	12	2.9%
Disabled	47	11.2%
Ethnicity - Caucasian	179	42.8%
Ethnicity - African	301	72.0%
Ethnicity - Hispanic	8	1.9%
Ethnicity - Other	9	2.2%

Bedroom Size	# Families	%
0 BR	0	0.0%
1 BR	108	25.8%
2 BR	187	44.7%
3 BR	84	20.1%
4 BR	27	6.5%
5 BR	12	2.9%

3. Housing Demographics of Families on Knox County Housing Authority Section 8 Program Waiting List by Family Type

– Based on system data as of 12/17/2013

Family Type	# Families	%
Income < 30% AMI	44	67.7%
Income < 50% AMI	19	29.2%
Income < 80% AMI	2	3.1%
Elderly	0	0.0%
Disabled	6	9.2%
Ethnicity - Caucasian	15	23.1%
Ethnicity - African	58	89.2%
Ethnicity - Hispanic	1	1.5%
Ethnicity - Other	1	1.5%

Bedroom Size	# Families	%
0 BR	0	0.0%
1 BR	17	26.2%
2 BR	23	35.4%
3 BR	19	29.2%
4 BR	6	9.2%
5 BR	0	0.0%

4. Strategy for Addressing Housing Needs

- The Knox County Housing Authority will maximize the number of affordable units available within its current federal resources through:
 - Employing effective maintenance and management policies to minimize the number of public housing units off-line
 - Reduce turnover time for vacated public housing units
 - Reduce rehab/modernization time for public housing units
 - Undertake measures to ensure access to affordable housing among families assisted by the Knox County Housing Authority, regardless of unit size required
 - Maintain or increase housing choice voucher program lease-up rates by utilizing payment standards that enable families to rent throughout our jurisdiction
 - Increase housing choice voucher lease-up rates through conducting effective outreach to prospective landlords and owners, particularly those outside of areas of poverty or distressed concentration
- The Knox County Housing Authority currently owns and operates two properties within our jurisdiction with the intention of maintaining affordable housing outside of the public housing program and the Section 8 program. Brentwood Manor consists of 72 apartments and Prairieland Townhouse Apartments feature one, two and three bedroom units. Both properties are located outside areas of concentrated poverty and offer rents below FMR rates.
- Focus available assistance to the following classifications:
 - Families or individuals at or below 50% of area median income

1. Adopt rent policies to support and encourage participant employment
 2. Utilize admission preference aimed at families who are currently employed
- Elderly or disabled populations
 1. Conduct effective outreach targeted at elderly or near-elderly individuals
 2. Work with agencies to assist elderly populations with “aging in place” at assisted units
 3. Carry out all necessary modifications necessary in public housing based on reasonable accommodations and Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act
 4. Assist potential voucher recipients in locating appropriate accessible housing
 5. Work with housing choice voucher landlords and owners to ensure appropriate modifications are made when presented with a need for reasonable accommodation
 - Affirmatively further fair housing within our jurisdiction

**IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2014 – 03/31/2015 ANNUAL PLAN SUBMISSION
ATTACHMENT 7.0
HUD-50075 Section 10.0 – ADDITIONAL INFORMATION**

A. Progress in meeting Mission and Goals

- Mission: The Knox County Housing Authority is a dynamic force in our community, providing high-quality affordable housing opportunities for individuals and families, while promoting self-sufficiency, empowerment, and a sense of community development. Further, we will partner with other agencies to implement programs and services designed to help our families develop and thrive. The KCHA will achieve this mission through effective management, and the wise stewardship of public funds.
 - *Providing Quality Affordable Housing Opportunities*
 - Public Housing Assessment Subsystem Scoring (As of July, 2012 for FYE 03/31/2012 – still awaiting score for FYE 03/31/2014)
 - Physical: 36/40
 - Financial: 24/25
 - Management Operations: 18/25
 - Capital Fund: 5/10
 - PHAS Total: 83/100 Standard Performer
 - Financial: Audit finding of discrepancy between general ledger and fixed asset schedule. Issue has since been resolved.
 - Management Operations: Issues with occupancy in the public housing program and tenant accounts receivable. As both continue to be a challenge, the agency has implemented the following measures to improve performance in this scoring factor:
 1. Monthly reconciliation of PIC data with housing inventory to ensure accuracy in reporting
 2. Aggressively collect tenant accounts while tenants in possession
 3. Write off bad debt/collection losses on quarterly basis
 - Capital Fund: Received zero points for the public housing occupancy rates
 - Section 8 Management Assessment Program (SEMAP)
 - The Knox County Housing Authority achieved 100% SEMAP certification for FYE 03/31/2013
 - Housing choice voucher operations continue to meet and/or exceed requirements regardless of cuts to administrative funding

- Capital Fund Progress
 - Moon Towers (IL085000001) experienced unforeseen problems with consistent hot water delivery to a number of units. It was determined the shower faucets, which were original to the building – were allowing a mixing of the hot and cold water. Revisions to the CFP 2012 and CFP 2013 were requested and approved through HUD, and replacement of 177 shower faucets commenced. Adding further complication, the valves were mortared in which required demolition. Subsequently, asbestos was discovered on the piping behind the mortar, which also required abatement. The completed work has resolved the initial problem, and is aesthetically pleasing.
 - Re-roofing was a priority at the Scattered Family Sites (IL085000002), though the project had initially been spread over three years. By rescheduling and completing the work in FYE 03/31/14, the KCHA was able to save approximately \$200,000.00 in hard/soft costs, as well as associated charges. In all, three sites – 190 dwelling apartment units, three community centers, 101 buildings – had roofs replaced.
 - Bluebell Tower (IL085000003) had exterior renovations completed during FYE 03/31/14, including sealing, tuck-pointing, re-caulking, and brick replacement. Analysis of the brick near the top of the building revealed substantial weather deterioration. The completed work has adequately sealed the affected portion of the building, and is aesthetically pleasing.
- Revamped website at www.knoxcountyhousing.org
 - More interactive and user friendly
 - Information about staff, board, properties, programs
 - Streamlined waiting list resource
 - Online access to applications
 - Policies/Procedures posted
- Ongoing consideration is given to process improvement
 - Working with other agencies to achieve same objectives
 - Apply for administrative relief when appropriate (Notice PIH 2013-3 and PIH-2013-4)
 - Continually evaluate effectiveness of our Admissions and Continued Occupancy Plan and Section 8 Administrative Plan
 - Streamline administrative functions where applicable
- Moving in a “Green” direction
 - Conduct a green physical needs assessment (GPNA) in FYE 03/31/2015 to address physical needs of the agency’s housing stock in an environmentally sound manner

- Partner with various sectors and funding sources to help develop energy-efficiency initiatives
 - Give consideration to energy efficient systems, appliances, and design in our capital improvement plans
 - Encourage conservation of energy by residents, staff, and entities doing business at KCHA properties
- *Promoting Self-Sufficiency, Empowerment, and a Sense of Community*
 - Through the Resident Opportunity and Self-Sufficiency grants, the Knox County Housing Authority engages several tenant initiatives to help our families thrive and succeed:
 - Develop our families' abilities to seek and gain employment through job readiness programming (resume building, interviewing strategies, communication)
 - Attain a higher quality of life through educational programs such as our after-school program, summer programming, GED curriculum, budgeting, money management, and social issues)
 - Promote health and wellness across all programs including medical, nutrition, and fitness (health fairs, food drives, exercise groups)
 - Continue to enhance site security
 - Additional digital surveillance cameras planned as part of ongoing capital improvements
 - Surveillance system currently in place with approximately 125 cameras in place
 - Partnership with Galesburg Police Department allows GDP access to video 24/7
 - Additional lighting planned as part of ongoing capital improvements
 - Partner with the Galesburg Police Department
 - GPD assigns officer as "Housing Officer" liaison for the agency
 - Background checks and report review for compliance and suitability
 - Dedicated, focused patrols in high crime areas/times
 - Encourage community involvement through in-place programs such as Neighborhood Watch and CrimeStoppers
 - Connect victims of domestic violence with the area resources they need to escape from potentially dangerous situations

B. Significant Amendment and Substantial Deviation/Modification

- The Knox County Housing Authority will amend or modify its agency plan upon the occurrence of any of the following events during the term of an approved plan:
 - A change in federal law takes effect and, in the opinion of KCHA, it creates substantial obligations or administrative burdens beyond the programs under administration, excluding changes made necessary due to insufficient revenue, funding or appropriations, funding reallocations resulting from modifications made to the annual or five-year capital plan or due to the terms of a judicial decree
 - Any other event that the KCHA determines to be a significant amendment or modification of an approved annual plan
- All amendments, deviations, or modifications to the agency plan which fundamentally alter the mission, goals, objectives or plans of the KCHA will require formal approval from the Board of Commissioners
- Discretionary or administrative amendments consistent with the KCHA's stated overall mission and objectives will not be considered substantial deviations or modifications

PHA Certifications of Compliance with PHA Plans and Related R e g u l a t i o n s

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/30/2011

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 ___ Annual PHA Plan for the PHA fiscal year beginning, 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.

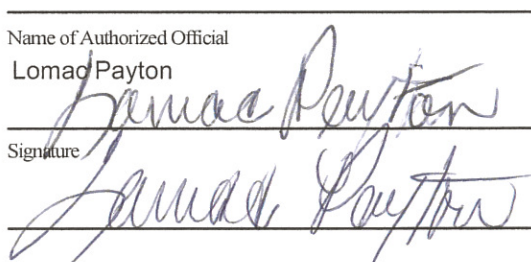
Knox County Housing Authority
PHA Name

IL085
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Years 20 - 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 Lomax Payton	Title Board Chairperson, Knox County Housing Authority
Signature 	Date 12/31/2013

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 08/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

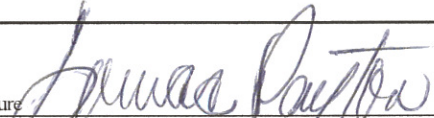
Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency 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, and will affirmatively further fair housing.

Knox County Housing Authority
PHA Name

IL085
PHA Number/HA Code

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 Lomac Payton		Title Chairperson, Board of Commissioners KCHA	
Signature 		Date 12/31/2013	

form HUD-50077-CR (1/2009)

OMB Approval No. 2577-0226

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Knox County Housing Authority IL085

Program/Activity Receiving Federal Grant Funding

Public Housing Program, Housing Choice Voucher Program, ROSS Coordinator, Capital Fund Program

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 Federal agency 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.)

Central Office Cost Center - 216 W. Simmons St. Galesburg, IL 61401

Moon Towers IL085000001 - 255 W. Tompkins St. Galesburg, IL 61401

Family Sites IL085000002 - 480 Iowa Ave; 1598 McKnight St.; 1064 W. South St. Galesburg, IL 61401

Bluebell Tower IL085000003 - 300 N. Jefferson St. Abingdon, IL 61410

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

Derek B. Antoine

Title

Executive Director, Knox County Housing Authority

Signature

X 

Date

12/19/2013

Certification of Payments to Influence Federal Transactions

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

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Applicant Name

Knox County Housing Authority IL085

Program/Activity Receiving Federal Grant Funding

Public Housing Program, Housing Choice Voucher Program, ROSS Coordinator, Capital Fund Program

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 sub recipients 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)

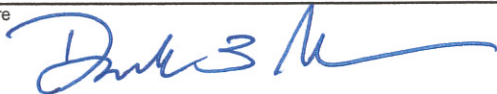
Name of Authorized Official

Derek B. Antoine

Title

Executive Director, KCHA

Signature



Date (mm/dd/yyyy)

12/19/2013

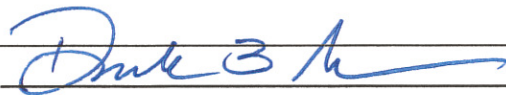
DISCLOSURE OF LOBBYING ACTIVITIES

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

(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

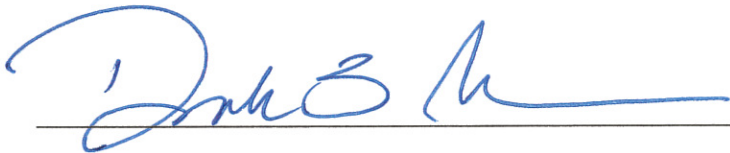
1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: Illinois 17			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency: Knox County Housing Authority			7. Federal Program Name/Description: Capital Fund CFDA Number, if applicable: _____		
8. Federal Action Number, if known: N/A			9. Award Amount, if known: \$ N/A		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): NO LOBBYING ACTIVITIES TO DISCLOSE			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A		
11. 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:  Print Name: Derek B. Antoine Title: Executive Director, Knox County Housing Authority Telephone No.: (309) 342-8129 x223 Date: 12/19/2013		
Federal Use Only:			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

**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
OMB# 2577-0226
Expires 08/30/2011

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

I, Derek Antoine the Executive Director certify that the Five Year and
Annual PHA Plan of the Knox County Housing Authority is consistent with the Consolidated Plan of
Knox County prepared pursuant to 24 CFR Part 91.

A handwritten signature in blue ink, appearing to read "Derek Antoine", is written over a horizontal line.

Signed / Dated by Appropriate State or Local Official

**MINUTES OF THE SPECIAL MEETING
OF THE RESIDENT ADVISORY BOARD
OF THE KNOX COUNTY HOUSING AUTHORITY
November 21, 2013**

The meeting of the Resident Advisory of the Knox County Housing Authority was held in the community room at Whispering Hollow. The following persons were in attendance at the meeting:

PRESENT: Deanna Fernander, Moon Towers
 Michael Herriford, Moon Towers
 Cindy Collins, Moon Towers
 Dale Parsons, Moon Towers
 John Cage, Bluebell Tower
 Doug Morrison, Bluebell Tower
 Rose Palmer, Bluebell Tower
 Floyd Palmer, Bluebell Tower
 Tiffany Kearse, Cedar Creek Place
 Jose Rodriguez, Cedar Creek Place

ALSO PRESENT: Derek Antoine, Executive Director
 Cheryl Lefler, Assistant Director
 Jenny Stegall, Property Manager-Bluebell Tower
 Kati Gray, Property Manager-Family Sites
 Brandi Watkins, Property Manager-Moon Towers

The meeting opened with introductions as each attendee gave name, address and length of residency.

Then, Mr. Antoine explained the purpose of the meeting was so that the Resident Advisory Board could review the proposed projects and make recommendations to the KCHA's Annual and Five-Year Plans. Mr. Antoine explained that the KCHA receives operating funds and capital funds of which the latter are designated for modernization and site enhancements. The capital funds have been reduced over the years, and now deeper cuts are anticipated due to sequestration. KCHA received \$584,976 for the 2013 Capital Fund Program.

Mr. Antoine then turned the meeting over to Ms. Lefler to summarize the proposed projects for the capital fund program. Ms. Lefler distributed copies of the Annual and Five-Year Plan proposed expenditures and highlighted action items for each property.

Open discussion from the residents included the following items:

- Installing bathroom cabinets at Moon Towers;
- Installing ceiling fans in the gazebo at Moon Towers;
- Putting in a dog park at Moon Towers;
- Insulating around the air conditioners at Moon Towers;
- Installing new community room floor at Bluebell Tower;
- Renovate bathrooms at Moon Towers and Bluebell Tower;
- Replace intercom system at Moon Towers and Bluebell Tower; and
- Provide education on disaster safety

Hearing no further discussion, Mr. Antoine declared the meeting adjourned at 1:00 p.m.




















Respectfully submitted,

Cheryl Lefler
Assistant Director

List of Supporting Documents Available for Local Review

(Applicable to All PHA Plan Types)























Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

Applicable & On Display	Supporting Document	Applicable Plan Component
	Form HUD-50077, <i>Standard PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual PHA Plans.</i>	Standard 5-Year and Annual Plans Streamlined 5-Year Plans
	Form HUD-50076, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual PHA Plan</i> , including required PHA certification and assurances for policy and program changes since last Annual Plan.	Streamlined Annual Plans NOT APPLICABLE
	State/Local Government Certification of Consistency with the Consolidated Plan	5-Year and Annual Plans 5-Year Streamlined Plans
	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5-Year and Annual Plans
	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments (AI) to Fair Housing Choice); and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Streamlined Annual Plan: Housing Needs
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan (TSAP) and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the methodology for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in the Section 8 Administrative Plan.	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
	Results of latest Public Housing Assessment System (PHAS) assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-Up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary). NOT APPLICABLE	Annual Plan: Operations and Maintenance and Community Service and Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP).	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Management and Operations

List of Supporting Documents Available for Local Review

(Applicable to All PHA Plan Types)

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

Applicable & On Display	Supporting Document	Applicable Plan Component
	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement/Performance and Evaluation Report (form HUD-52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (form HUD-52825) for any active CIAP grant	Annual Plan: Capital Needs NOT APPLICABLE
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs NOT APPLICABLE
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See Notice 99-52 (HA).	
	Approved or submitted applications for demolition and/or disposition of public housing NOT APPLICABLE	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans) NOT APPLICABLE	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the U.S. Housing Act of 1937, or Section 33 of the U.S. Housing Act of 1937.	Annual Plan: Conversion of Public Housing NOT APPLICABLE
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion. NOT APPLICABLE	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans NOT APPLICABLE	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section ___ of the Section 8 Administrative Plan).	Annual Plan: Homeownership
	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8. NOT APPLICABLE	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	
	Most recent self-sufficiency (ED/SS, TOP, or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	
	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA’s response to any findings	Annual Plan: Annual Audit
	Consortium agreements and certifications that agreements are in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection. NOT APPLICABLE	Joint PHA Plans for Consortia
	Troubled PHAs: MOA/Recovery Plan NOT APPLICABLE	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



NOTICE OF PUBLIC HEARING
ANNUAL PUBLIC HOUSING AUTHORITY (PHA) PLAN
KNOX COUNTY HOUSING AUTHORITY

The Knox County Housing Authority (KCHA) will hold a Public Hearing regarding the proposed CY 2014 Annual Public Housing Authority (PHA) Plan in compliance with Section 903.17 of Title 24 of the Code of Federal Regulations. The Public Hearing will take place on the following date, time, and location:

DATE: Friday, December 27th, 2013
TIME: 10:00 a.m.
LOCATION: Knox County Housing Authority
Moon Towers Conference Room 101
255 W. Tompkins St.
Galesburg, IL 61401

Plan documents will be available as of 12/20/2013. The general public may obtain additional information or a copy of the proposed CY 2014 Annual PHA Plan prior to the hearing on the KCHA's web site or by contacting the person listed below between 8:00 a.m. and 4:30 p.m. Monday through Friday.

The general public is invited to present either written or oral comments on the proposed CY 2014 Annual PHA Plan. Persons who do not attend the hearing may also submit written comments to the address mentioned below by 4:30 p.m. Friday, January 3, 2014.

Derek Antoine, Executive Director
Knox County Housing Authority
PHA Plan Public Hearing Request
216 W. Simmons St.
Galesburg, IL 61401
(309) 342-8129, extension 223
dantoine@knoxhousing.org
www.knoxcountyhousing.org

Persons with disabilities requiring a reasonable accommodation to effectively participate in this Public Hearing should contact Cheryl Lefler, Assistant Director, KCHA at (309) 342-8129, extension 214 at least seven (7) days prior to the meeting.

