

board agenda



Knox County Housing Authority
Regular Meeting of the Board of Commissioners
Moon Towers Library
1/2/2025
4:00 PM

| | | |
|------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------|
| Opening | Roll Call | Chairperson Hawkinson |
| <input type="checkbox"/> LaToya Carson | Review/Approve Previous Meeting Minutes | Chairperson Hawkinson |
| <input type="checkbox"/> Jared Hawkinson | Review/Ratify 11-2024 Financial Reports | Chairperson Hawkinson |
| <input type="checkbox"/> Joey Range | Review/Ratify 11-2024 Claims and Bills | Chairperson Hawkinson |
| <input type="checkbox"/> Joseph Riley | COCC: | \$ 185,455.06 |
| <input type="checkbox"/> Sara Robison | Moon Towers: | \$ 84,793.74 |
| <input type="checkbox"/> Dena Simkins | Family: | \$ 117,561.02 |
| <input type="checkbox"/> Dena St. George | Bluebell: | \$ 25,266.91 |
| <u>Excused:</u> | HCV: | \$ 111,732.45 |
| | Brentwood: | \$ 31,397.35 |
| | Prairieland: | \$ 31,201.84 |
| <u>Others Present:</u> | Capital Fund 2020: | \$ 0.00 |
| | Capital Fund 2021: | \$ 0.00 |
| | Capital Fund 2022: | \$ 156,232.98 |
| | Capital Fund 2023: | \$ 11,306.23 |
| | Capital Fund 2024: | \$ 0.00 |
| Public Comment | Open | Chairperson Hawkinson |
| Old Business | None | |
| New Business | Review/Approve Resolution 2024-08 Adoption of LIPH Utility Allowance Schedule for FFY 2025 | Derek Antoine |
| | Review/Approve Resolution 2024-09 Adoption of HCVP Utility Allowance Schedule for FFY 2025 | Derek Antoine |
| | Review/Approve Resolution 2024-10 Adoption of Public Housing Flat Rent Schedule FFY 2025 | Derek Antoine |

board agenda

| | | |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| New Business | Review/Approve Resolution 2024-11 Adoption of Housing Choice Voucher Payment Standard Schedule FFY 2025 | Derek Antoine |
| | Review/Approve Resolution 2024-12 Adoption of Certifications of Compliance with PHA Annual Plan Submission for FYE 03/31/2025 | Derek Antoine |
| | Review/Approve Resolution 2024-13 Adoption of Certifications of Compliance with PHA Five-Year Plan Submission for FYE 03/31/2025 | Derek Antoine |
| | Review/Approve Group Medical Insurance Services & Rates for CY 2025 | Derek Antoine |
| | Review/Approve Pay Request #6 to MSI for the Lighting/Furnace Replacement Project | |
| | Review/Approve Change Order #3 to MSI for the Lighting/Furnace Replacement Project | |
| Reports | Executive Director's Report – NO REPORT | Derek Antoine |
| | KCHA Legal Counsel Report – 12/2024 | Jack Ball |
| Other Business | None | Chairperson Hawkinson |
| Adjournment | | |

**MINUTES OF THE MONTHLY MEETING
OF THE BOARD OF COMMISSIONERS
OF THE KNOX COUNTY HOUSING AUTHORITY
November 26, 2024**

The regular meeting of the Board of Commissioners of the Knox County Housing Authority was held at the Moon Towers Board Room. Roll call was taken, and the following Commissioners were present:

PRESENT: Jared Hawkinson
 Joseph Riley
 Sara Robison
 Dena Simkins

EXCUSED: LaToya Carson
 Joey Range
 Dena St. George

ABSENT:

Also, present were Derek Antoine, Executive Director; Cheryl Lefler, Assistant Director; Lee Lofing, Finance Coordinator; and Jack Ball, Legal Counsel.

Chairperson Hawkinson called the meeting to order at 4:10 p.m. and declared that a quorum was present.

Chairperson Hawkinson then asked if there were any additions or corrections to the previous meeting's minutes. Commissioner Riley made a motion to approve the previous meeting minutes as presented; Commissioner Robison seconded. Roll call was taken as follows:

Commissioner Hawkinson - aye
Commissioner Riley - aye
Commissioner Robison - aye
Commissioner Simkins - aye

Motion Carried, 4-0.

Chairperson Hawkinson then requested the Board review and ratify the October 2024 financial reports. After brief discussion, Commissioner Robison made a motion to ratify the financial reports for October 2024 as presented; Commissioner Riley seconded. Roll call was taken as follows:

Commissioner Hawkinson - aye
Commissioner Riley - aye
Commissioner Robison - aye
Commissioner Simkins - aye

Motion Carried, 4-0.

October 2024 claims against the HA Administration in the sum of \$1,223,614.88; Central Office Cost Center in the sum of \$143,631.33; Moon Towers in the sum of \$101,628.69; Family in the sum of \$99,312.33; Bluebell in the sum of \$25,001.27; Housing Choice Voucher Program in the sum of \$101,691.23; Brentwood (A.H.P.) in the sum of \$33,100.74; Prairieland (A.H.P.) in the sum of \$33,253.16; Capital Fund '20 in the sum of \$0.00; Capital Fund '21 in the sum of \$0.00; Capital Fund '22 in the sum of \$189,218.87; Capital Fund '23 in the sum of \$496,777.26; and Capital Fund '24 in the sum of \$0.00 were presented for approval. Commissioner Riley

made a motion to ratify the claims and bills for October 2024; Commissioner Riley seconded. Roll call was taken as follows:

Commissioner Hawkinson - aye

Commissioner Riley - aye

Commissioner Robison - aye

Commissioner Simkins - aye

Motion Carried, 4-0.

PUBLIC COMMENT

None.

OLD BUSINESS

None.

NEW BUSINESS

Mr. Antoine asked the Board to review and approve Pay Request #5 from Mechanical Services Inc. for Lighting and Furnace Replacement Project. Alliance Architects has reviewed and signed approval for pay request #5. After brief discussion, Commissioner Robison made a motion to approve Pay Request #5 from Mechanical Services Inc. for Lighting and Furnace Replacement Project in the amount of \$284,693.88; Commissioner Riley seconded. Roll call was taken as follows:

Commissioner Hawkinson - aye

Commissioner Riley - aye

Commissioner Robison - aye

Commissioner Simkins - aye

Motion Carried, 4-0.

Mr. Antoine asked the Board to review and approve Change Order #1 to Mechanical Services Inc for Lighting and Furnace Replacement Project. This change order reduces the General Requirements Allowance from \$65,000.00 to \$57,105.00 to cover HVAC work at the Head Start building. Alliance Architects has reviewed and approved this proposed revised change order. After brief discussion, Commissioner Robison made a motion to approve Change Order #1 Mechanical Services Inc. for Lighting and Furnace Replacement Project as outlined in the Board memo; Commissioner Simkins seconded. Roll call was taken as follows:

Commissioner Hawkinson - aye

Commissioner Riley - aye

Commissioner Robison - aye

Commissioner Simkins - aye

Motion Carried, 4-0.

Mr. Antoine asked the Board to review and approve Change Order #2 to Mechanical Services Inc for Lighting and Furnace Replacement Project. This change order reduces the General Requirements Allowance from \$57,105.00 to \$54,576.00 to cover HVAC work at the Head Start building and COCC. Alliance Architects has reviewed and approved this proposed revised change order. After brief discussion, Commissioner Riley made a motion to approve Change Order #2 Mechanical Services Inc. for Lighting and Furnace Replacement Project as outlined in the Board memo; Commissioner Robison seconded. Roll call was taken as follows:

Commissioner Hawkinson - aye

Commissioner Riley - aye

Commissioner Robison - aye
Commissioner Simkins - aye
Motion Carried, 4-0.

Mr. Antoine asked the Board to review and approve Group Medical Insurance Services and Rates for CY2025. Mr. Antoine provided an explanation of the health reimbursement account (HRA) and said that the agency is forecasting adding approximately \$75,000.00 to the account this year. Mr. Antoine asked the board to approve a health insurance plan at the Blue Cross Blue Shield renewal amount with the difference to go to the agency HRA. Additionally, Mr. Antoine asked the board to approve the employee coverage structure (employee-100%, employee + spouse-70%/30%, employee + child-70%/30% and family-70%/30%. After brief discussion, Commissioner Robison made a motion to approve Group Medical Insurance Services and Rates for CY2025 as outlined in the Board Memo; Commissioner Riley seconded. Roll call was taken as follows:

Commissioner Hawkinson - aye
Commissioner Riley - aye
Commissioner Robison - aye
Commissioner Simkins - aye
Motion Carried, 4-0.

As an informational only item, Mr. Antoine stated that dental and vision plans will be forthcoming for approval at the December 2024 meeting.

REPORTS

The Executive Director's Report was provided for October. Mr. Antoine reported that the agency will soon be in the midst of annual planning submissions.

Mr. Ball reviewed the Legal Counsel Report. There were no questions about the report.

OTHER BUSINESS

Chairperson Hawkinson mentioned that the agency would be participating in the Holly Days Parade on 12/08/2024. He also stated that the next scheduled date for the board meeting will be 12/31/2024, so it may be rescheduled to a different date.

Mr. Antoine referenced a social media article that contained misinformation about the agency and the steps taken to correct this.

ADJOURNMENT

Commissioner Riley made a motion to adjourn the meeting at 4:42 p.m.; Commissioner Simkins seconded. Roll call was taken as follows:

Commissioner Hawkinson - aye
Commissioner Riley - aye
Commissioner Robison - aye
Commissioner Simkins - aye
Motion Carried, 4-0.

Respectfully submitted,

Secretary

LOW RENT

COCC

| | <u>Nov-24</u> | <u>Current YTD</u> |
|----------------------------------|----------------------|----------------------|
| Operating Income | \$156,526.05 | \$1,174,494.26 |
| Operating Expenses | \$205,866.78 | \$1,229,837.57 |
| Net Revenue Income/(Loss) | (\$49,340.73) | (\$55,343.31) |

COCC - Cash, Investments, A/R, & A/P **\$896,696**

MOON TOWERS

| | <u>Nov-24</u> | <u>Current YTD</u> |
|----------------------------------|-------------------|----------------------|
| Operating Income | \$87,426.91 | \$766,767.21 |
| Operating Expenses | \$86,416.76 | \$791,415.86 |
| Net Revenue Income/(Loss) | \$1,010.15 | (\$24,648.65) |

Moon - Cash, Investments, A/R, & A/P \$ 679,968

Minimum Reserve Position \$ 395,708

Over/(Under) Minimum Reserve Position **\$284,260**

FAMILY SITES

| | <u>Nov-24</u> | <u>Current YTD</u> |
|----------------------------------|----------------------|--------------------|
| Operating Income | \$108,765.75 | \$901,986.06 |
| Operating Expenses | \$119,896.76 | \$870,669.34 |
| Net Revenue Income/(Loss) | (\$11,131.01) | \$31,316.72 |

Family - Cash, Investments, A/R, & A/P \$ 1,002,955

Minimum Reserve Position \$ 435,335

Over/(Under) Minimum Reserve Position **\$567,620**

BLUEBELL

| | <u>Nov-24</u> | <u>Current YTD</u> |
|----------------------------------|-----------------|--------------------|
| Operating Income | \$25,925.98 | \$212,276.97 |
| Operating Expenses | \$25,753.85 | \$193,519.05 |
| Net Revenue Income/(Loss) | \$172.13 | \$18,757.92 |

Bluebell - Cash, Investments, A/R, & A/P \$ 216,111

Minimum Reserve Position \$ 96,760

Over/(Under) Minimum Reserve Position **\$119,352**

Monthly Notes:

- For income: COCC billed out \$48,21 in maintenance labor charges and received \$72,243.22 from fees: \$41,987.22 from management fees, \$4,240 from asset management fees; \$5,822 for bookkeeping fees; \$6,732 each from safety/security fees, participant fees and from Mental Health Fees. COCC also recieved \$35,452.86 from Galesburg Community Foundation for shelter expenses.
- The properties received \$123,764 in subsidy from HUD with Moon receiving \$42,783; Family \$72,495; and Bluebell \$8,486.
- Expenses worth noting are that there was three payrolls in the month of November, new flooring installtd totaling \$13,100 at Moon and at Family, purchase of smoke dedectors for all three amps (\$21,840) and lighting fixtures for Bluebell.
- As for the month, Moon and Bluebell are in the black for the month with Moon and COCC being in the red year-to-date.

AHP

BRENTWOOD

| | <u>Nov-24</u> | <u>Current YTD</u> |
|----------------------------------|--------------------|--------------------|
| Operating Income | \$44,167.75 | \$323,528.71 |
| Operating Expenses | \$33,130.35 | \$254,794.42 |
| Net Revenue Income/(Loss) | \$11,037.40 | \$68,734.29 |

Brentwood's Cash, Investments, A/R, & A/P \$ 645,725.97
Restricted Cash (Sec. Dep. & Current Liabilities) \$ 327,116.33

BW's Available Cash \$ 318,609.64

PRAIRIELAND

| | <u>Nov-24</u> | <u>Current YTD</u> |
|----------------------------------|-------------------|--------------------|
| Operating Income | \$40,203.16 | \$294,647.51 |
| Operating Expenses | \$32,766.84 | \$245,351.63 |
| Net Revenue Income/(Loss) | \$7,436.32 | \$49,295.88 |

Prairieland's Cash, Investments, A/R, & A/P \$ (128,543.28)
Restricted Cash (Sec. Dep., Reserve, Receipts, liabs) \$ 323,624.80

PL's Available Cash \$195,081.52

Monthly Notes:

- For Income: Brentwood received \$43,523.50 in tenant income while Prairieland's received \$34,298.71 in tenant income.
- As for expenses there were the three payrolls as mentioned above otherwise it was a standard month for AHP.
- Both properties show in the black for the month and year-to-date.

HOUSING CHOICE VOUCHERS (HCV)

ADMINISTRATIVE

| | Nov-24 | Current YTD |
|----------------------------------|---------------------|----------------------|
| Operating Income | \$15,446.56 | \$116,251.17 |
| Operating Expenses | \$23,453.44 | \$150,228.67 |
| Net Revenue Income/(Loss) | (\$8,006.88) | (\$33,977.50) |

Unrestricted Net Position (UNP)

| | | |
|-----------------------------------------|-----------|------------|
| Prior Month Balance | \$ | - |
| Investment in Fixed Assets | \$ | - |
| Monthly HCV Admin Revenue - Gain/(Loss) | \$ | (8,006.88) |
| Transfer to NRP or Adjustment | \$ | - |
| UNP Ending Balance Per VMS | \$ | - |

Monthly Notes:

- HCV received \$15,438 in admin fee subsidy from HUD and shows an decrease in revenue of \$8,006.88 for the month with unrestricted net position having no balance.

HAP

| | Nov-24 | Current YTD |
|----------------------------------|-------------------|--------------------|
| Operating Income | \$88,013.00 | \$707,411.00 |
| Operating Expenses | \$88,315.00 | \$695,985.01 |
| Net Revenue Income/(Loss) | (\$302.00) | \$11,425.99 |

Restricted Net Position (RNP)

| | | |
|---------------------------------------|-----------|---------------|
| Prior Month Balance | \$ | 1,164.57 |
| Investment in Fixed Assets | \$ | - |
| Monthly HCV HAP Revenue - Gain/(Loss) | | (\$302.00) |
| Adjustment/Transfer from COCC or UNP | \$ | - |
| RNP Ending Balance per VMS | \$ | 862.57 |

Monthly Notes:

- HCV received \$88,013 in HAP subsidy and had a increase in revenue of \$302. Restricted Net Position shows a balance of \$862.57.

EMERGENCY HOUSING VOUCHERS (EHV)

ADMINISTRATIVE

| | Nov-24 | Current YTD |
|----------------------------------|-----------------|-----------------|
| Operating Income | \$ 787.00 | \$ 4,317.00 |
| Operating Expenses | \$ 341.40 | \$ 3,621.30 |
| Net Revenue Income/(Loss) | \$445.60 | \$695.70 |

EHV (UNP)

| | | |
|-----------------------------------------|-----------|--------------------|
| Prior Month Balance | \$ | 22,814.03 |
| Monthly EHV Admin Revenue - Gain/(Loss) | \$ | 445.60 |
| EHV UNP Ending Balance | \$ | \$23,259.63 |

Monthly Notes:

- EHV received \$787 in admin fee subsidy from HUD and an increase in revenue of \$445.60 for the month.

HAP

| | Nov-24 | Current YTD |
|----------------------------------|-------------------|-------------------|
| Operating Income | \$ 4,048.00 | \$ 46,550.00 |
| Operating Expenses | \$ 4,348.15 | \$ 42,273.15 |
| Net Revenue Income/(Loss) | (\$300.15) | \$4,276.85 |

EHV (RNP)

| | | |
|---------------------------------------|-----------|-------------------|
| Prior Month Balance | \$ | 3,392.00 |
| Monthly EHV HAP Revenue - Gain/(Loss) | \$ | (300.15) |
| RNP Ending Balance per VMS | \$ | \$3,091.85 |

Monthly Notes:

- EHV received \$4,048 in HAP subsidy and had an decrease in revenue of \$300.15.

MISCELLANEOUS

IDROP Bad Debt Submitted

| Property Sites | Nov-24 | Historical |
|------------------------|-------------|------------------------|
| Moon Towers | \$ - | \$ 312,657.13 |
| Family Sites | \$ - | \$ 28,019.41 |
| Bluebell | \$ - | \$ 38,289.74 |
| Brentwood | \$ - | \$ 49,416.18 |
| Prairieland | \$ - | \$ 46,560.20 |
| Housing Choice Voucher | \$ - | \$ 570,325.91 |
| Total | \$ - | \$ 1,045,268.57 |

IDROP Bad Debt Collected

| Property Sites | Nov-24 | Historical |
|------------------------|-----------------|----------------------|
| Moon Towers | \$ 75.00 | \$ 85,386.30 |
| Family Sites | \$ - | \$ 285.06 |
| Bluebell | \$ - | \$ 10,617.54 |
| Brentwood | \$ - | \$ 10,577.19 |
| Prairieland | \$ - | \$ 13,445.30 |
| Housing Choice Voucher | \$ - | \$ 130,452.16 |
| Total | \$ 75.00 | \$ 250,763.55 |

Tenant Online Payments

| Property Sites | Nov-24 | FYE 2024 |
|-------------------------------|---------------------|----------------------|
| Moon Towers | \$ 2,895.00 | \$ 48,552.43 |
| Family Sites | \$ 7,566.22 | \$ 34,324.71 |
| Bluebell | \$ 324.00 | \$ 21,504.00 |
| Brentwood | \$ 7,022.00 | \$ 41,080.00 |
| Prairieland | \$ 4,490.00 | \$ 21,065.00 |
| Housing Choice Voucher | \$ - | \$ 100,313.68 |
| Fiscal Year 2022 Total | \$ 22,297.22 | \$ 266,839.82 |

Monthly Bad Debt Reported

| | |
|---------------------------|----------------|
| Monthly Bad Debt Reported | \$0.00 |
| Historical Bad Debt | \$1,198,072.66 |

| | By IDROP | By Debtor |
|-------------------------------|---------------|--------------|
| Historical Bad Debt Collected | \$250,763.55 | \$ 33,573.99 |
| 23.73% | 20.93% | 2.80% |

Date:
Time:
11

Knox County Housing Authority
FDS Income Statement - COCC
November, 2024

Page: 1
Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|--------------------|--------------------|-------------------|----------------------|----------------------|----------------------|---------------|
| pum | 15.00 | 15.00 | 0.00 | 120.00 | 120.00 | 180.00 | 0.00 |
| REVENUE | | | | | | | |
| FEE REVENUE | | | | | | | |
| 70710 Management Fees | | | | | | | |
| 10-1-000-000-3810.000 Management Fee Inc | -41,987.22 | -42,476.00 | 488.78 | -339,808.00 | -336,485.37 | -509,712.00 | -33.99 |
| 10-1-000-000-3810.010 Mgmt Fees CFP | 0.00 | -12,624.75 | 12,624.75 | -100,998.00 | 0.00 | -151,497.00 | -100.00 |
| Total Line 70710 | -41,987.22 | -55,100.75 | 13,113.53 | -440,806.00 | -336,485.37 | -661,209.00 | -49.11 |
| 70720 Asset Management Fees | | | | | | | |
| 10-1-000-000-3820.000 Asset Mgmnt Fee Inc | -4,240.00 | -4,240.00 | 0.00 | -33,920.00 | -33,920.00 | -50,880.00 | -33.33 |
| Total Line 70720 | -4,240.00 | -4,240.00 | 0.00 | -33,920.00 | -33,920.00 | -50,880.00 | -33.33 |
| 70730 Book Keeping Fees | | | | | | | |
| 10-1-000-000-3830.000 Bookkeeping Fee Inc | -5,760.00 | -5,822.00 | 62.00 | -46,576.00 | -46,230.00 | -69,864.00 | -33.83 |
| Total Line 70730 | -5,760.00 | -5,822.00 | 62.00 | -46,576.00 | -46,230.00 | -69,864.00 | -33.83 |
| 70750 Other Fees | | | | | | | |
| 10-1-000-000-3840.000 Other Fee Inc | -60.00 | -50.00 | -10.00 | -400.00 | -660.00 | -600.00 | 10.00 |
| 10-1-000-000-3850.000 Inspection Income | 0.00 | -416.67 | 416.67 | -3,333.36 | 0.00 | -5,000.00 | -100.00 |
| 10-1-000-000-3850.001 Maint Labor Income | -48,212.00 | -57,439.00 | 9,227.00 | -459,512.00 | -478,968.50 | -689,268.00 | -30.51 |
| 10-1-000-000-3850.004 Admin Fee Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.005 Maint Fee Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.006 Safety/Security Fee Inc | -6,732.00 | -6,732.00 | 0.00 | -53,856.00 | -53,856.00 | -80,784.00 | -33.33 |
| 10-1-000-000-3850.007 Mental Health Fee Inc | -6,732.00 | -6,732.00 | 0.00 | -53,856.00 | -53,856.00 | -80,784.00 | -33.33 |
| 10-1-000-000-3850.008 Participant Fee Income | -6,732.00 | -6,732.00 | 0.00 | -53,856.00 | -53,856.00 | -80,784.00 | -33.33 |
| 10-1-000-000-3850.010 Garb & Trash Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.020 Htg & Cooling Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.030 Snow Removal Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.050 Landscape & Grds Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.060 Unit Turnaround Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.070 Electrical Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.080 Plumbing Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.090 Exterminator Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.100 Janitorial Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.110 Routine Maint Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-3850.120 Other Misc Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70750 | -68,468.00 | -78,101.67 | 9,633.67 | -624,813.36 | -641,196.50 | -937,220.00 | -31.59 |
| 70700 TOTAL FEE REVENUE | -120,455.22 | -143,264.42 | 22,809.20 | -1,146,115.36 | -1,057,831.87 | -1,719,173.00 | -38.47 |
| OTHER REVENUE | | | | | | | |
| 71100 Investment Income - Unrestricted | | | | | | | |
| 10-1-000-000-3610.000 Interest Income | -616.84 | -750.00 | 133.16 | -6,000.00 | -7,944.76 | -9,000.00 | -11.72 |
| 10-1-000-000-3610.023 Interest Income - HRA | -1.13 | -1.00 | -0.13 | -8.00 | -7.54 | -12.00 | -37.17 |
| Total Line 71100 | -617.97 | -751.00 | 133.03 | -6,008.00 | -7,952.30 | -9,012.00 | -11.76 |
| 71500 Other Revenue | | | | | | | |
| 10-1-000-000-3690.000 Other Income | 0.00 | -200.00 | 200.00 | -1,600.00 | 0.00 | -2,400.00 | -100.00 |
| 10-1-000-000-3690.300 T.S. Income - Grants | 0.00 | 0.00 | 0.00 | 0.00 | -20,000.00 | 0.00 | |
| 10-1-001-000-3690.180 Shelter Income | -35,452.86 | -20,875.00 | -14,577.86 | -167,000.00 | -88,710.09 | -250,500.00 | -64.59 |
| Total Line 71500 | -35,452.86 | -21,075.00 | -14,377.86 | -168,600.00 | -108,710.09 | -252,900.00 | -57.01 |
| TOTAL OTHER REVENUE | -36,070.83 | -21,826.00 | -14,244.83 | -174,608.00 | -116,662.39 | -261,912.00 | -55.46 |
| 70000 TOTAL REVENUE | -156,526.05 | -165,090.42 | 8,564.37 | -1,320,723.36 | -1,174,494.26 | -1,981,085.00 | -40.71 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - COCC
November, 2024

Page: 2

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|-------------|----------------|-----------|------------|-------------|------------|------------|
| EXPENSES | | | | | | | |
| ADMINISTRATIVE | | | | | | | |
| 91100 Administrative Salaries | | | | | | | |
| 10-1-000-000-4110.000 Admin Salaries | 54,438.03 | 39,258.00 | 15,180.03 | 314,064.00 | 314,759.18 | 471,096.00 | -33.19 |
| 10-1-001-000-4110.000 Warm Shelter Salaries | 20,282.00 | 15,000.00 | 5,282.00 | 120,000.00 | 115,426.03 | 180,000.00 | -35.87 |
| Total Line 91100 | 74,720.03 | 54,258.00 | 20,462.03 | 434,064.00 | 430,185.21 | 651,096.00 | -33.93 |
| 91200 Auditing Fees | | | | | | | |
| 10-1-000-000-4171.000 Audit Fee | 0.00 | 267.00 | -267.00 | 2,136.00 | 0.00 | 3,204.00 | -100.00 |
| Total Line 91200 | 0.00 | 267.00 | -267.00 | 2,136.00 | 0.00 | 3,204.00 | -100.00 |
| 91400 Advertising & Marketing | | | | | | | |
| 10-1-000-000-4190.650 Advertising | 0.00 | 83.33 | -83.33 | 666.64 | 500.34 | 1,000.00 | -49.97 |
| Total Line 91400 | 0.00 | 83.33 | -83.33 | 666.64 | 500.34 | 1,000.00 | -49.97 |
| 91500 Benefit Contributions - Admin | | | | | | | |
| 10-1-000-000-4110.500 Emp Benefit - Admin | 18,839.02 | 13,666.67 | 5,172.35 | 109,333.36 | 114,949.07 | 164,000.00 | -29.91 |
| 10-1-000-000-4110.550 Benefit - Life Ins. | 0.00 | 200.00 | -200.00 | 1,600.00 | 4,348.42 | 2,400.00 | 81.18 |
| 10-1-001-000-4110.500 Warm Shelter Benefits | 2,904.41 | 4,800.00 | -1,895.59 | 38,400.00 | 11,298.48 | 57,600.00 | -80.38 |
| Total Line 91500 | 21,743.43 | 18,666.67 | 3,076.76 | 149,333.36 | 130,595.97 | 224,000.00 | -41.70 |
| 91600 Office Expense | | | | | | | |
| 10-1-000-000-4140.000 Training - Staff | 232.84 | 833.33 | -600.49 | 6,666.64 | 8,486.84 | 10,000.00 | -15.13 |
| 10-1-000-000-4180.000 Telephone | 0.00 | 666.67 | -666.67 | 5,333.36 | 4,009.23 | 8,000.00 | -49.88 |
| 10-1-000-000-4190.000 Other Sundry | 0.00 | 416.67 | -416.67 | 3,333.36 | -216.20 | 5,000.00 | -104.32 |
| 10-1-000-000-4190.050 Office Rent Exp | 600.00 | 600.00 | 0.00 | 4,800.00 | 4,800.00 | 7,200.00 | -33.33 |
| 10-1-000-000-4190.100 Postage | -386.20 | 200.00 | -586.20 | 1,600.00 | 1,887.33 | 2,400.00 | -21.36 |
| 10-1-000-000-4190.200 Office Supplies | 0.00 | 166.67 | -166.67 | 1,333.36 | 668.53 | 2,000.00 | -66.57 |
| 10-1-000-000-4190.250 Office Furniture | 0.00 | 41.67 | -41.67 | 333.36 | -225.00 | 500.00 | -145.00 |
| 10-1-000-000-4190.300 Paper Supplies | 0.00 | 166.67 | -166.67 | 1,333.36 | 128.04 | 2,000.00 | -93.60 |
| 10-1-000-000-4190.400 Printing | 0.00 | 100.00 | -100.00 | 800.00 | 261.79 | 1,200.00 | -78.18 |
| 10-1-000-000-4190.401 Printing Supplies | 0.00 | 100.00 | -100.00 | 800.00 | 1,660.35 | 1,200.00 | 38.36 |
| 10-1-000-000-4190.500 Printer/Copier Sup Cont | 0.00 | 229.17 | -229.17 | 1,833.36 | 1,115.88 | 2,750.00 | -59.42 |
| 10-1-000-000-4190.550 Computers | 0.00 | 20.83 | -20.83 | 166.64 | 2,403.85 | 250.00 | 861.54 |
| 10-1-000-000-4190.600 Publications | 0.00 | 20.83 | -20.83 | 166.64 | 0.00 | 250.00 | -100.00 |
| 10-1-000-000-4190.700 Member Dues/Fees | 0.00 | 1,250.00 | -1,250.00 | 10,000.00 | 3,652.00 | 15,000.00 | -75.65 |
| 10-1-000-000-4190.800 Internet Services | 219.06 | 291.67 | -72.61 | 2,333.36 | 1,752.44 | 3,500.00 | -49.93 |
| 10-1-000-000-4190.850 IT Support | 0.00 | 416.67 | -416.67 | 3,333.36 | 2,290.50 | 5,000.00 | -54.19 |
| Total Line 91600 | 665.70 | 5,520.85 | -4,855.15 | 44,166.80 | 32,675.58 | 66,250.00 | -50.68 |
| 91700 Legal Expense | | | | | | | |
| 10-1-000-000-4130.000 Legal Expense | 800.00 | 800.00 | 0.00 | 6,400.00 | 5,600.00 | 9,600.00 | -41.67 |
| 10-1-000-000-4190.900 Court Costs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 91700 | 800.00 | 800.00 | 0.00 | 6,400.00 | 5,600.00 | 9,600.00 | -41.67 |
| 91800 Travel Expense | | | | | | | |
| 10-1-000-000-4150.000 Travel - Staff | 220.67 | 1,250.00 | -1,029.33 | 10,000.00 | 11,626.87 | 15,000.00 | -22.49 |
| 10-1-000-000-4150.010 Travel - Commissioners | 0.00 | 750.00 | -750.00 | 6,000.00 | 223.78 | 9,000.00 | -97.51 |
| 10-1-000-000-4150.100 Mileage - Admin | 0.00 | 125.00 | -125.00 | 1,000.00 | 706.92 | 1,500.00 | -52.87 |
| Total Line 91800 | 220.67 | 2,125.00 | -1,904.33 | 17,000.00 | 12,557.57 | 25,500.00 | -50.75 |
| 91900 Other Expense | | | | | | | |
| 10-1-000-000-4120.400 Fee for Service Exp | 315.78 | 500.00 | -184.22 | 4,000.00 | 2,524.39 | 6,000.00 | -57.93 |
| 10-1-000-000-4120.500 Other Fee Exp | 0.00 | 8.33 | -8.33 | 66.64 | 33.46 | 100.00 | -66.54 |
| 10-1-000-000-4140.010 Training - Commiss | 0.00 | 250.00 | -250.00 | 2,000.00 | 0.00 | 3,000.00 | -100.00 |
| 10-1-000-000-4160.000 Consulting Services | 1,063.17 | 1,350.00 | -286.83 | 10,800.00 | 8,960.36 | 16,200.00 | -44.69 |
| 10-1-000-000-4190.950 Background Verif | 0.00 | 20.00 | -20.00 | 160.00 | 63.10 | 240.00 | -73.71 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - COCC
November, 2024

Page: 3

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|------------------|------------------|------------------|-------------------|-------------------|---------------------|---------------|
| 10-1-001-000-4120.400 Fee for Serv Exp - WS | 0.00 | 59.00 | -59.00 | 472.00 | -22.12 | 708.00 | -103.12 |
| 10-1-001-000-4190.000 Admin Supplies - WS | 273.22 | 1,016.00 | -742.78 | 8,128.00 | 7,052.53 | 12,192.00 | -42.15 |
| Total Line 91900 | 1,652.17 | 3,203.33 | -1,551.16 | 25,626.64 | 18,611.72 | 38,440.00 | -51.58 |
| 91000 TOTAL OPERATING EXPENSE - Admin | 99,802.00 | 84,924.18 | 14,877.82 | 679,393.44 | 630,726.39 | 1,019,090.00 | -38.11 |
| UTILITIES | | | | | | | |
| 93100 Water-200 Elect-300 Gas-600 Sewer | | | | | | | |
| 10-1-000-000-4310.000 Water | 20.41 | 30.00 | -9.59 | 240.00 | 148.41 | 360.00 | -58.78 |
| 10-1-000-000-4315.000 Sewer | 17.36 | 20.00 | -2.64 | 160.00 | 131.24 | 240.00 | -45.32 |
| 10-1-000-000-4320.000 Electric | 14.10 | 375.00 | -360.90 | 3,000.00 | 1,646.57 | 4,500.00 | -63.41 |
| 10-1-000-000-4330.000 Gas | 91.02 | 200.00 | -108.98 | 1,600.00 | 685.89 | 2,400.00 | -71.42 |
| 10-1-001-000-4310.000 Water - W.S. | 106.01 | 0.00 | 106.01 | 0.00 | 726.47 | 0.00 | |
| 10-1-001-000-4315.000 Sewer - W.S. | 143.77 | 0.00 | 143.77 | 0.00 | 960.57 | 0.00 | |
| 10-1-001-000-4320.000 Electric - W.S. | 0.00 | 0.00 | 0.00 | 0.00 | 2,698.20 | 0.00 | |
| 10-1-001-000-4330.000 Gas - W. S. | 0.00 | 0.00 | 0.00 | 0.00 | 651.44 | 0.00 | |
| Total Line 93100, 93200, 93300, 93600 | 392.67 | 625.00 | -232.33 | 5,000.00 | 7,648.79 | 7,500.00 | 1.98 |
| 93000 TOTAL UTILITIES EXPENSES | 392.67 | 625.00 | -232.33 | 5,000.00 | 7,648.79 | 7,500.00 | 1.98 |
| MAINTENANCE & OPERATIONS EXPENSE | | | | | | | |
| 94100 Maintenance - Labor | | | | | | | |
| 10-1-000-000-4410.000 Maint Labor | 61,850.11 | 43,833.00 | 18,017.11 | 350,664.00 | 347,002.66 | 525,996.00 | -34.03 |
| 10-1-000-000-4410.010 Maint Admin Salary | 250.77 | 175.00 | 75.77 | 1,400.00 | 1,962.24 | 2,100.00 | -6.56 |
| 10-1-000-000-4410.100 Maint Labor - OT | 1,136.51 | 810.00 | 326.51 | 6,480.00 | 6,734.49 | 9,720.00 | -30.72 |
| Total Line 94100 | 63,237.39 | 44,818.00 | 18,419.39 | 358,544.00 | 355,699.39 | 537,816.00 | -33.86 |
| 94200 Maintenance - Materials/Supplies | | | | | | | |
| 10-1-000-000-4420.010 Garbage&Trash Supp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4420.020 Htg & Cooling | 0.00 | 10.00 | -10.00 | 80.00 | 0.00 | 120.00 | -100.00 |
| 10-1-000-000-4420.030 Snow Removal Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4420.050 Landscape/Grounds Sup | 0.00 | 41.67 | -41.67 | 333.36 | 1,093.10 | 500.00 | 118.62 |
| 10-1-000-000-4420.070 Electrical Supplies | 0.00 | 10.00 | -10.00 | 80.00 | 0.00 | 120.00 | -100.00 |
| 10-1-000-000-4420.080 Plumbing Supplies | 39.60 | 10.00 | 29.60 | 80.00 | 39.60 | 120.00 | -67.00 |
| 10-1-000-000-4420.100 Janitorial Supplies | 0.00 | 83.33 | -83.33 | 666.64 | 84.84 | 1,000.00 | -91.52 |
| 10-1-000-000-4420.110 Routine Maint. Supplies | 0.00 | 20.83 | -20.83 | 166.64 | 5.99 | 250.00 | -97.60 |
| 10-1-000-000-4420.120 Other Misc Supply | 0.00 | 41.67 | -41.67 | 333.36 | 346.00 | 500.00 | -30.80 |
| 10-1-000-000-4420.125 Mileage | 0.00 | 20.83 | -20.83 | 166.64 | 17.95 | 250.00 | -92.82 |
| 10-1-000-000-4420.126 Vehicle Supplies | 0.00 | 62.50 | -62.50 | 500.00 | 393.87 | 750.00 | -47.48 |
| Total Line 94200 | 39.60 | 300.83 | -261.23 | 2,406.64 | 1,981.35 | 3,610.00 | -45.11 |
| 94300 Maintenance - Contracts | | | | | | | |
| 10-1-000-000-4430.010 Garbage & Trash Cont | 0.00 | 41.67 | -41.67 | 333.36 | 92.40 | 500.00 | -81.52 |
| 10-1-000-000-4430.020 Heating&Cooling Cont | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4430.030 Snow Removal Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4430.050 Landscape & Grds Cont | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4430.060 Unit Turnaround Cont | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4430.070 Electrical Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4430.080 Plumbing Contracts | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4430.090 Extermination Cont | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4430.100 Janitorial Contracts | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4430.110 Routine Maint Cont | 0.00 | 0.00 | 0.00 | 0.00 | -172.50 | 0.00 | |
| 10-1-000-000-4430.120 Other Misc Maint Cont | 356.40 | 20.83 | 335.57 | 166.64 | 356.40 | 250.00 | 42.56 |
| 10-1-000-000-4430.126 Vehicle Maint Cont | 6.00 | 41.67 | -35.67 | 333.36 | 341.38 | 500.00 | -31.72 |
| Total Line 94300 - (sub accts) | 362.40 | 104.17 | 258.23 | 833.36 | 617.68 | 1,250.00 | -50.59 |
| 94500 Maintenance - Ordinary/Benefits | | | | | | | |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - COCC
November, 2024

Page: 4

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|------------------------------------------------|-------------------|-------------------|------------------|---------------------|---------------------|---------------------|----------------|
| 10-1-000-000-4410.500 Maint Emp Benefit | 28,726.59 | 18,658.00 | 10,068.59 | 149,264.00 | 146,740.91 | 223,896.00 | -34.46 |
| 10-1-000-000-4410.510 Maint Admin Benefits | 121.70 | 186.00 | -64.30 | 1,488.00 | 1,761.19 | 2,232.00 | -21.09 |
| Total Line 94500 | 28,848.29 | 18,844.00 | 10,004.29 | 150,752.00 | 148,502.10 | 226,128.00 | -34.33 |
| 94000 TOTAL MAINTENANCE EXPENSE | 92,487.68 | 64,067.00 | 28,420.68 | 512,536.00 | 506,800.52 | 768,804.00 | -34.08 |
| TOTAL PROTECTIVE SERVICES EXPENSE | | | | | | | |
| 95100 Protective Services - Labor | | | | | | | |
| 10-1-000-000-4481.000 Safety/Security Salary | 6,104.25 | 4,431.00 | 1,673.25 | 35,448.00 | 35,037.30 | 53,172.00 | -34.11 |
| 10-1-000-000-4481.500 Safety/Security Benefits | 3,536.74 | 2,546.00 | 990.74 | 20,368.00 | 20,629.84 | 30,552.00 | -32.48 |
| Total Line 95100 | 9,640.99 | 6,977.00 | 2,663.99 | 55,816.00 | 55,667.14 | 83,724.00 | -33.51 |
| 95200 Protective Services - Contract | | | | | | | |
| 10-1-000-000-4480.000 Protective Service | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4480.100 ADT Contract | 73.98 | 200.00 | -126.02 | 1,600.00 | 974.10 | 2,400.00 | -59.41 |
| 10-1-000-000-4480.500 Other Security Contract | 0.00 | 83.33 | -83.33 | 666.64 | 0.00 | 1,000.00 | -100.00 |
| 10-1-001-000-4480.100 ADT Contract - W.S. | 0.00 | 0.00 | 0.00 | 0.00 | 264.95 | 0.00 | |
| Total Line 95200 | 73.98 | 283.33 | -209.35 | 2,266.64 | 1,239.05 | 3,400.00 | -63.56 |
| 95000 TOTAL PROTECTIVE SERVICES EXP | 9,714.97 | 7,260.33 | 2,454.64 | 58,082.64 | 56,906.19 | 87,124.00 | -34.68 |
| INSURANCE PREMIUMS EXPENSE | | | | | | | |
| 96110 120 130 - Property Liab Work Comp | | | | | | | |
| 10-1-000-000-4510.010 Property Insurance | 118.44 | 121.00 | -2.56 | 968.00 | 947.52 | 1,452.00 | -34.74 |
| 10-1-000-000-4510.020 Liability Insurance | 36.81 | 0.00 | 36.81 | 0.00 | 294.48 | 0.00 | |
| 10-1-000-000-4510.030 Work Comp Insurance | 2,561.73 | 2,613.00 | -51.27 | 20,904.00 | 20,493.84 | 31,356.00 | -34.64 |
| Total Line 96110, 96120, 96130 | 2,716.98 | 2,734.00 | -17.02 | 21,872.00 | 21,735.84 | 32,808.00 | -33.75 |
| 96140 All Other Insurance | | | | | | | |
| 10-1-000-000-4510.015 Equipment Insurance | 16.07 | 17.00 | -0.93 | 136.00 | 128.56 | 204.00 | -36.98 |
| 10-1-000-000-4510.025 PE & PO Insurance | 686.41 | 700.00 | -13.59 | 5,600.00 | 5,491.28 | 8,400.00 | -34.63 |
| 10-1-000-000-4510.035 Auto Insurance | 50.00 | 51.00 | -1.00 | 408.00 | 400.00 | 612.00 | -34.64 |
| 10-1-000-000-4510.040 Other Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96140 | 752.48 | 768.00 | -15.52 | 6,144.00 | 6,019.84 | 9,216.00 | -34.68 |
| 96100 TOTAL INSURANCE PREMIUM EXP | 3,469.46 | 3,502.00 | -32.54 | 28,016.00 | 27,755.68 | 42,024.00 | -33.95 |
| GENERAL EXPENSES | | | | | | | |
| 96200 Other General Expenses | | | | | | | |
| 10-1-000-000-4590.000 Other General | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96210 Compensated Absences | | | | | | | |
| 10-1-000-000-4110.001 Salaries Comp Absences | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4595.000 Compensated Absences | 0.00 | 416.67 | -416.67 | 3,333.36 | 0.00 | 5,000.00 | -100.00 |
| Total Line 96210 | 0.00 | 416.67 | -416.67 | 3,333.36 | 0.00 | 5,000.00 | -100.00 |
| 96000 TOTAL GENERAL EXPENSE | 0.00 | 416.67 | -416.67 | 3,333.36 | 0.00 | 5,000.00 | -100.00 |
| 96900 TOTAL OPERATING EXPENSE | 205,866.78 | 160,795.18 | 45,071.60 | 1,286,361.44 | 1,229,837.57 | 1,929,542.00 | -36.26 |
| 97000 NET REVENUE/EXPENSE - (GAIN)/LOSS | 49,340.73 | -4,295.24 | 53,635.97 | -34,361.92 | 55,343.31 | -51,543.00 | -207.37 |

Date:
Time:
11

Knox County Housing Authority
FDS Income Statement - COCC
November, 2024

Page: 5
Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-------------------------------------------------|---------------|------------------|-----------------|-------------------|-----------------|-------------------|----------------|
| MISCELLANEOUS EXPENSE | | | | | | | |
| 97100 Extraordinary Maintenance | | | | | | | |
| 10-1-000-000-4610.010 Extraordinary Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4610.020 Extraordinary Materials | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4610.030 Extraordinary Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97100 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97200 Casualty Losses - Non-capitalized | | | | | | | |
| 10-1-000-000-4620.010 Casualty Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4620.020 Casualty Materials | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-000-4620.030 Casualty Contract Costs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97400 Depreciation Expense | | | | | | | |
| 10-1-000-000-4800.000 Depreciation Exp COCC | 760.50 | 1,000.00 | -239.50 | 8,000.00 | 6,084.00 | 12,000.00 | -49.30 |
| Total Line 97400 | 760.50 | 1,000.00 | -239.50 | 8,000.00 | 6,084.00 | 12,000.00 | -49.30 |
| TOTAL MISCELLANEOUS EXPENSE | 760.50 | 1,000.00 | -239.50 | 8,000.00 | 6,084.00 | 12,000.00 | -49.30 |
| 90000 TOTAL EXPENSES | 206,627.28 | 161,795.18 | 44,832.10 | 1,294,361.44 | 1,235,921.57 | 1,941,542.00 | -36.34 |
| OTHER FINANCING SOURCES (USES) | | | | | | | |
| 10010 Operating Transfer In | | | | | | | |
| Total Line 10010 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10020 Operating Transfer Out | | | | | | | |
| Total Line 10020 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10093 Xfer-In between Program & Project | | | | | | | |
| 10-1-000-000-9111.000 Xfers In from Amps | 0.00 | -1,666.67 | 1,666.67 | -13,333.36 | 0.00 | -20,000.00 | -100.00 |
| Total Line 10093 | 0.00 | -1,666.67 | 1,666.67 | -13,333.36 | 0.00 | -20,000.00 | -100.00 |
| 10094 Xfer-Out between Program & Project | | | | | | | |
| 10-1-000-000-9111.100 Xfers Out from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 10094 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10100 TOTAL OTHER FINANCING SOURCES-USES | 0.00 | -1,666.67 | 1,666.67 | -13,333.36 | 0.00 | -20,000.00 | -100.00 |
| 10000 EXCESS REVENUE/EXPENSE GAIN/-LOSS | 50,101.23 | -4,961.91 | 55,063.14 | -39,695.28 | 61,427.31 | -59,543.00 | -203.16 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 1 Moon Towers
November, 2024

Page: 1

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|----------------------------------------------|-------------------|-------------------|------------------|--------------------|--------------------|----------------------|---------------|
| pum | 177.00 | 177.00 | 0.00 | 1,416.00 | 1,416.00 | 2,124.00 | 0.00 |
| REVENUE | | | | | | | |
| 70300 Net Tenant Rent Revenue | | | | | | | |
| 10-1-000-001-3110.000 Dwelling Rent | -40,696.00 | -33,416.67 | -7,279.33 | -267,333.36 | -312,082.00 | -401,000.00 | -22.17 |
| 10-1-000-001-3111.000 Utility Allowance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70300 | -40,696.00 | -33,416.67 | -7,279.33 | -267,333.36 | -312,082.00 | -401,000.00 | -22.17 |
| 70400 Tenant Revenue - Other | | | | | | | |
| 10-1-000-001-3120.000 Excess Utilities | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-3130.000 Cable TV Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-3190.000 Nondwell Rent | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-3690.000 Other Income | 209.84 | -250.00 | 459.84 | -2,000.00 | -62.10 | -3,000.00 | -97.93 |
| 10-1-000-001-3690.100 Late Fees | -1,200.00 | -500.00 | -700.00 | -4,000.00 | -4,967.00 | -6,000.00 | -17.22 |
| 10-1-000-001-3690.120 Violation Fees | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-3690.130 Court Cost Fees | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-3690.140 Returned Check Charge | 0.00 | -2.08 | 2.08 | -16.64 | -175.00 | -25.00 | 600.00 |
| 10-1-000-001-3690.150 Laundry Income | 0.00 | -1,000.00 | 1,000.00 | -8,000.00 | -8,301.95 | -12,000.00 | -30.82 |
| 10-1-000-001-3690.160 Vending Machine Inc | 0.00 | -100.00 | 100.00 | -800.00 | -679.57 | -1,200.00 | -43.37 |
| 10-1-000-001-3690.180 Labor | -1,531.42 | -1,000.00 | -531.42 | -8,000.00 | -8,467.42 | -12,000.00 | -29.44 |
| 10-1-000-001-3690.200 Materials | -322.75 | -208.33 | -114.42 | -1,666.64 | -1,938.95 | -2,500.00 | -22.44 |
| 10-1-000-001-3690.300 T.S. Income - Grants | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70400 | -2,844.33 | -3,060.41 | 216.08 | -24,483.28 | -24,591.99 | -36,725.00 | -33.04 |
| 70500 TOTAL TENANT REVENUE | -43,540.33 | -36,477.08 | -7,063.25 | -291,816.64 | -336,673.99 | -437,725.00 | -23.09 |
| 70600 HUD PHA Operating Grants | | | | | | | |
| 10-1-000-001-8020.000 Oper Sub - Curr Yr | -42,783.00 | -47,288.00 | 4,505.00 | -378,304.00 | -386,459.00 | -567,456.00 | -31.90 |
| 10-1-000-001-8021.000 Oper Sub - Prior Yr | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70600 | -42,783.00 | -47,288.00 | 4,505.00 | -378,304.00 | -386,459.00 | -567,456.00 | -31.90 |
| 10010 Operating Tranfers In - CFP | | | | | | | |
| 10-1-000-001-3404.010 Other Inc - Operations | 0.00 | -12,083.33 | 12,083.33 | -96,666.64 | 0.00 | -145,000.00 | -100.00 |
| Total Line 10010 | 0.00 | -12,083.33 | 12,083.33 | -96,666.64 | 0.00 | -145,000.00 | -100.00 |
| 70800 Other Government Grants | | | | | | | |
| 10-1-000-001-3404.000 Rev other gov grants | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70800 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 71100 Investment Income - Unrestricted | | | | | | | |
| 10-1-000-001-3610.000 Interest Income | -803.58 | -1,000.00 | 196.42 | -8,000.00 | -7,232.22 | -12,000.00 | -39.73 |
| Total Line 71100 | -803.58 | -1,000.00 | 196.42 | -8,000.00 | -7,232.22 | -12,000.00 | -39.73 |
| 71300 Proceeds from Disposition of Asset | | | | | | | |
| Total Line 71300 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 71500 Other Revenue | | | | | | | |
| 10-1-000-001-3190.050 Office Rent Income | -300.00 | -300.00 | 0.00 | -2,400.00 | -2,400.00 | -3,600.00 | -33.33 |
| 10-1-000-001-3190.100 Beauty Shop Rent | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-3195.000 Day Care Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-3850.000 Inspection Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-3850.004 Admin Fee Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-3850.005 Maint Fee Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-3850.120 Other Misc Inc. | 0.00 | 0.00 | 0.00 | 0.00 | -34,002.00 | 0.00 | |
| Total Line 71500 | -300.00 | -300.00 | 0.00 | -2,400.00 | -36,402.00 | -3,600.00 | 911.17 |
| 70000 TOTAL REVENUE | -87,426.91 | -97,148.41 | 9,721.50 | -777,187.28 | -766,767.21 | -1,165,781.00 | -34.23 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 1 Moon Towers
November, 2024

Page: 2

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|------------------|------------------|---------------|-------------------|-------------------|-------------------|---------------|
| EXPENSES | | | | | | | |
| ADMINISTRATIVE | | | | | | | |
| 91100 Administrative Salaries | | | | | | | |
| 10-1-000-001-4110.000 Admin Salaries | 8,918.91 | 6,630.00 | 2,288.91 | 53,040.00 | 52,645.19 | 79,560.00 | -33.83 |
| 10-1-000-001-4110.200 Admin Exp - Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 91100 | 8,918.91 | 6,630.00 | 2,288.91 | 53,040.00 | 52,645.19 | 79,560.00 | -33.83 |
| 91200 Auditing Fees | | | | | | | |
| 10-1-000-001-4171.000 Audit Fee | 0.00 | 267.00 | -267.00 | 2,136.00 | 0.00 | 3,204.00 | -100.00 |
| Total Line 91200 | 0.00 | 267.00 | -267.00 | 2,136.00 | 0.00 | 3,204.00 | -100.00 |
| 91300 Management Fee | | | | | | | |
| 10-1-000-001-4120.100 Management Fee Exp | 13,525.75 | 13,681.00 | -155.25 | 109,448.00 | 108,515.16 | 164,172.00 | -33.90 |
| Total Line 91300 | 13,525.75 | 13,681.00 | -155.25 | 109,448.00 | 108,515.16 | 164,172.00 | -33.90 |
| 91310 Book-keeping Fee | | | | | | | |
| 10-1-000-001-4120.300 Bookkeeping Fee Exp | 1,312.50 | 1,328.00 | -15.50 | 10,624.00 | 10,530.00 | 15,936.00 | -33.92 |
| Total Line 91310 | 1,312.50 | 1,328.00 | -15.50 | 10,624.00 | 10,530.00 | 15,936.00 | -33.92 |
| 91500 Benefit Contributions - Admin | | | | | | | |
| 10-1-000-001-4110.500 Admin Emp Benefit | 2,962.89 | 2,706.00 | 256.89 | 21,648.00 | 21,155.18 | 32,472.00 | -34.85 |
| Total Line 91500 | 2,962.89 | 2,706.00 | 256.89 | 21,648.00 | 21,155.18 | 32,472.00 | -34.85 |
| 91600 Office Expense | | | | | | | |
| 10-1-000-001-4140.000 Training - Staff | 0.00 | 163.83 | -163.83 | 1,310.64 | 950.00 | 1,966.00 | -51.68 |
| 10-1-000-001-4180.000 Telephone | 116.02 | 283.33 | -167.31 | 2,266.64 | 2,210.75 | 3,400.00 | -34.98 |
| 10-1-000-001-4190.100 Postage | 95.22 | 79.17 | 16.05 | 633.36 | 642.76 | 950.00 | -32.34 |
| 10-1-000-001-4190.200 Office Supplies | 0.00 | 66.67 | -66.67 | 533.36 | 163.37 | 800.00 | -79.58 |
| 10-1-000-001-4190.250 Office Furniture | 0.00 | 83.33 | -83.33 | 666.64 | 0.00 | 1,000.00 | -100.00 |
| 10-1-000-001-4190.300 Paper Supplies | 0.00 | 100.00 | -100.00 | 800.00 | 66.54 | 1,200.00 | -94.46 |
| 10-1-000-001-4190.400 Printing | 0.00 | 83.33 | -83.33 | 666.64 | 255.05 | 1,000.00 | -74.50 |
| 10-1-000-001-4190.401 Printing Supplies | 0.00 | 58.33 | -58.33 | 466.64 | 0.00 | 700.00 | -100.00 |
| 10-1-000-001-4190.500 Printer/Copier Sup Cont | 0.00 | 208.33 | -208.33 | 1,666.64 | 981.12 | 2,500.00 | -60.76 |
| 10-1-000-001-4190.550 Computers | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4190.700 Member Dues/Fees | 0.00 | 125.00 | -125.00 | 1,000.00 | 0.00 | 1,500.00 | -100.00 |
| 10-1-000-001-4190.800 Internet Services | 87.11 | 91.67 | -4.56 | 733.36 | 696.88 | 1,100.00 | -36.65 |
| 10-1-000-001-4190.850 IT Support | 0.00 | 83.33 | -83.33 | 666.64 | 537.75 | 1,000.00 | -46.23 |
| Total Line 91600 | 298.35 | 1,426.32 | -1,127.97 | 11,410.56 | 6,504.22 | 17,116.00 | -62.00 |
| 91700 Legal Expense | | | | | | | |
| Total Line 91700 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 91800 Travel Expense | | | | | | | |
| 10-1-000-001-4150.000 Travel - Staff | 0.00 | 97.50 | -97.50 | 780.00 | 1,986.93 | 1,170.00 | 69.82 |
| 10-1-000-001-4150.010 Travel - Commissioners | 0.00 | 0.00 | 0.00 | 0.00 | 513.65 | 0.00 | |
| 10-1-000-001-4150.100 Mileage - Admin | 0.00 | 8.33 | -8.33 | 66.64 | 0.00 | 100.00 | -100.00 |
| Total Line 91800 | 0.00 | 105.83 | -105.83 | 846.64 | 2,500.58 | 1,270.00 | 96.90 |
| 91900 Other Expense | | | | | | | |
| 10-1-000-001-4120.400 Fee for Service Exp | 23.18 | 125.00 | -101.82 | 1,000.00 | 180.55 | 1,500.00 | -87.96 |
| 10-1-000-001-4120.500 Other Fee Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4120.700 Mental Health Fee | 2,124.00 | 2,124.00 | 0.00 | 16,992.00 | 23,010.00 | 25,488.00 | -9.72 |
| 10-1-000-001-4120.800 Participant Fee | 2,124.00 | 2,124.00 | 0.00 | 16,992.00 | 12,744.00 | 25,488.00 | -50.00 |
| 10-1-000-001-4160.000 Consulting Services | 0.00 | 125.00 | -125.00 | 1,000.00 | 0.00 | 1,500.00 | -100.00 |
| 10-1-000-001-4190.000 Other Sundry | 0.00 | 16.67 | -16.67 | 133.36 | 50.68 | 200.00 | -74.66 |
| 10-1-000-001-4190.950 Background Verification | 0.00 | 708.33 | -708.33 | 5,666.64 | 2,314.56 | 8,500.00 | -72.77 |
| Total Line 91900 | 4,271.18 | 5,223.00 | -951.82 | 41,784.00 | 38,299.79 | 62,676.00 | -38.89 |
| 91000 TOTAL OPERATING EXPENSE - Admin | 31,289.58 | 31,367.15 | -77.57 | 250,937.20 | 240,150.12 | 376,406.00 | -36.20 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 1 Moon Towers
November, 2024

Page: 3

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|-----------------|------------------|------------------|-------------------|------------------|-------------------|---------------|
| ASSET MANAGEMENT FEE | | | | | | | |
| 92000 Asset Mangement Fee | | | | | | | |
| 10-1-000-001-4120.200 Asset Mngt Fee Exp | 1,770.00 | 1,770.00 | 0.00 | 14,160.00 | 14,160.00 | 21,240.00 | -33.33 |
| Total Line 92000 | 1,770.00 | 1,770.00 | 0.00 | 14,160.00 | 14,160.00 | 21,240.00 | -33.33 |
| 92000 TOTAL ASSET MANAGEMENT FEE | 1,770.00 | 1,770.00 | 0.00 | 14,160.00 | 14,160.00 | 21,240.00 | -33.33 |
| TENANT SERVICES | | | | | | | |
| 92400 Tenant Services - Other | | | | | | | |
| 10-1-000-001-4220.050 Ten Ser-Cable/TV Exp | 0.00 | 87.50 | -87.50 | 700.00 | 0.00 | 1,050.00 | -100.00 |
| 10-1-000-001-4220.100 Ten Ser-Supplies | 0.00 | 33.33 | -33.33 | 266.64 | 35.98 | 400.00 | -91.01 |
| 10-1-000-001-4220.110 Ten Ser-Recreation | 0.00 | 70.83 | -70.83 | 566.64 | 87.26 | 850.00 | -89.73 |
| 10-1-000-001-4220.120 Ten Ser-Education | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4220.125 Ten Ser-Other | 0.00 | 125.00 | -125.00 | 1,000.00 | 0.00 | 1,500.00 | -100.00 |
| 10-1-000-001-4220.175 Garden Program Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4220.300 T.S. - Grant Expenses | 0.00 | 0.00 | 0.00 | 0.00 | 1,053.08 | 0.00 | |
| Total Line 92400 | 0.00 | 316.66 | -316.66 | 2,533.28 | 1,176.32 | 3,800.00 | -69.04 |
| 92500 TOTAL TENANT SERVICES EXPENSE | 0.00 | 316.66 | -316.66 | 2,533.28 | 1,176.32 | 3,800.00 | -69.04 |
| UTILITIES | | | | | | | |
| 93100 Water-200 Elect-300 Gas-600 Sewer | | | | | | | |
| 10-1-000-001-4310.000 Water | 1,658.57 | 1,500.00 | 158.57 | 12,000.00 | 11,362.78 | 18,000.00 | -36.87 |
| 10-1-000-001-4315.000 Sewer | 4,976.89 | 4,208.33 | 768.56 | 33,666.64 | 34,390.94 | 50,500.00 | -31.90 |
| 10-1-000-001-4320.000 Electric | 31.74 | 2,750.00 | -2,718.26 | 22,000.00 | 8,468.15 | 33,000.00 | -74.34 |
| 10-1-000-001-4330.000 Gas | 0.00 | 5,833.33 | -5,833.33 | 46,666.64 | 12,313.32 | 70,000.00 | -82.41 |
| Total Line 93100, 93200, 93300, 93600 | 6,667.20 | 14,291.66 | -7,624.46 | 114,333.28 | 66,535.19 | 171,500.00 | -61.20 |
| 93000 TOTAL UTILITIES EXPENSES | 6,667.20 | 14,291.66 | -7,624.46 | 114,333.28 | 66,535.19 | 171,500.00 | -61.20 |
| MAINTENANCE & OPERATIONS EXPENSE | | | | | | | |
| 94100 Maintenance - Labor | | | | | | | |
| 10-1-000-001-4410.000 Maint Labor | 3,343.50 | 4,537.17 | -1,193.67 | 36,297.36 | 18,984.08 | 54,446.00 | -65.13 |
| 10-1-000-001-4410.100 Maint Labor - OT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4410.200 Maint Labor - Fee | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 94100 | 3,343.50 | 4,537.17 | -1,193.67 | 36,297.36 | 18,984.08 | 54,446.00 | -65.13 |
| 94200 Maintenance - Materials/Supplies | | | | | | | |
| 10-1-000-001-4420.010 Garbage&Trash Supp | 0.00 | 33.33 | -33.33 | 266.64 | 202.66 | 400.00 | -49.34 |
| 10-1-000-001-4420.020 Heating&Cooling Supp | 0.00 | 250.00 | -250.00 | 2,000.00 | 113.29 | 3,000.00 | -96.22 |
| 10-1-000-001-4420.030 Snow Removal Supplies | 0.00 | 41.67 | -41.67 | 333.36 | 0.00 | 500.00 | -100.00 |
| 10-1-000-001-4420.040 Elevator Maint Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4420.050 Landscape/Grounds Sup | 28.56 | 291.67 | -263.11 | 2,333.36 | 2,085.04 | 3,500.00 | -40.43 |
| 10-1-000-001-4420.070 Electrical Supplies | 5,212.00 | 100.00 | 5,112.00 | 800.00 | 8,436.91 | 1,200.00 | 603.08 |
| 10-1-000-001-4420.080 Plumbing Supplies | 83.88 | 208.33 | -124.45 | 1,666.64 | 1,774.55 | 2,500.00 | -29.02 |
| 10-1-000-001-4420.090 Extermination Supplies | 215.91 | 183.33 | 32.58 | 1,466.64 | 1,758.36 | 2,200.00 | -20.07 |
| 10-1-000-001-4420.100 Janitorial Supplies | 0.00 | 541.67 | -541.67 | 4,333.36 | 3,956.15 | 6,500.00 | -39.14 |
| 10-1-000-001-4420.110 Routine Maint. Supplies | 598.77 | 4,166.67 | -3,567.90 | 33,333.36 | 9,757.37 | 50,000.00 | -80.49 |
| 10-1-000-001-4420.120 Other Misc Supplies | 0.00 | 125.00 | -125.00 | 1,000.00 | 692.00 | 1,500.00 | -53.87 |
| 10-1-000-001-4420.121 Flooring Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 251.00 | 0.00 | |
| 10-1-000-001-4420.125 Mileage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4420.126 Vehicle Supplies | 143.63 | 208.33 | -64.70 | 1,666.64 | 1,125.91 | 2,500.00 | -54.96 |
| 10-1-000-001-4420.130 Securtiy Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 94200 | 6,282.75 | 6,150.00 | 132.75 | 49,200.00 | 30,153.24 | 73,800.00 | -59.14 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 1 Moon Towers
November, 2024

Page: 4

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-------------------------------------------------|------------------|------------------|-------------------|-------------------|-------------------|-------------------|---------------|
| 94300 Maintenance - Contracts | | | | | | | |
| 10-1-000-001-4330.010 Refuse | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4430.000 Maint Labor Contract | 18,205.50 | 18,399.00 | -193.50 | 147,192.00 | 167,517.75 | 220,788.00 | -24.13 |
| 10-1-000-001-4430.010 Garbage & Trash Con | 0.00 | 791.67 | -791.67 | 6,333.36 | 5,010.64 | 9,500.00 | -47.26 |
| 10-1-000-001-4430.020 Heating & Cooling Cont | 0.00 | 708.33 | -708.33 | 5,666.64 | 1,035.00 | 8,500.00 | -87.82 |
| 10-1-000-001-4430.030 Snow Removal Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4430.040 Elevator Maint Cont | 0.00 | 1,750.00 | -1,750.00 | 14,000.00 | 42,890.65 | 21,000.00 | 104.24 |
| 10-1-000-001-4430.050 Landscape & Grds Cont | 0.00 | 1,250.00 | -1,250.00 | 10,000.00 | 603.00 | 15,000.00 | -95.98 |
| 10-1-000-001-4430.060 Unit Turnaround Cont | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4430.070 Electrical Contracts | 0.00 | 250.00 | -250.00 | 2,000.00 | 257.88 | 3,000.00 | -91.40 |
| 10-1-000-001-4430.080 Plumbing Contracts | 0.00 | 333.33 | -333.33 | 2,666.64 | 6,812.59 | 4,000.00 | 70.31 |
| 10-1-000-001-4430.090 Extermination Contracts | 0.00 | 3,750.00 | -3,750.00 | 30,000.00 | 41,712.00 | 45,000.00 | -7.31 |
| 10-1-000-001-4430.100 Janitorial Contracts | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4430.110 Routine Maint Cont | 0.00 | 833.33 | -833.33 | 6,666.64 | 4,173.40 | 10,000.00 | -58.27 |
| 10-1-000-001-4430.111 Flooring Contract | 2,425.00 | 666.67 | 1,758.33 | 5,333.36 | 29,255.00 | 8,000.00 | 265.69 |
| 10-1-000-001-4430.120 Other Misc Cont Cost | 0.00 | 208.33 | -208.33 | 1,666.64 | 2,922.30 | 2,500.00 | 16.89 |
| 10-1-000-001-4430.121 Laundry Equip Contract | 0.00 | 250.00 | -250.00 | 2,000.00 | 940.00 | 3,000.00 | -68.67 |
| 10-1-000-001-4430.126 Vehicle Maint Cont | 0.00 | 41.67 | -41.67 | 333.36 | 10.00 | 500.00 | -98.00 |
| 10-1-000-001-4431.000 Trash Removal | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 94300 | 20,630.50 | 29,232.33 | -8,601.83 | 233,858.64 | 303,140.21 | 350,788.00 | -13.58 |
| 94500 Maintenance - Ordinary/Benefits | | | | | | | |
| 10-1-000-001-4410.500 Maint Emp Benefit | 1,623.02 | 2,035.83 | -412.81 | 16,286.64 | 9,014.24 | 24,430.00 | -63.10 |
| Total Line 94500 | 1,623.02 | 2,035.83 | -412.81 | 16,286.64 | 9,014.24 | 24,430.00 | -63.10 |
| 94000 TOTAL MAINTENANCE EXPENSES | 31,879.77 | 41,955.33 | -10,075.56 | 335,642.64 | 361,291.77 | 503,464.00 | -28.24 |
| TOTAL PROTECTIVE SERVICES EXPENSE | | | | | | | |
| 95200 Protective Services - Contract | | | | | | | |
| 10-1-000-001-4480.000 Police Contract | 0.00 | 208.33 | -208.33 | 1,666.64 | 2,117.53 | 2,500.00 | -15.30 |
| 10-1-000-001-4480.006 Safety/Security Labor Fee | 2,124.00 | 2,124.00 | 0.00 | 16,992.00 | 15,222.00 | 25,488.00 | -40.28 |
| 10-1-000-001-4480.100 ADT Contract | 35.99 | 241.67 | -205.68 | 1,933.36 | 1,697.41 | 2,900.00 | -41.47 |
| 10-1-000-001-4480.500 Other Security Contract | 0.00 | 541.67 | -541.67 | 4,333.36 | 1,701.48 | 6,500.00 | -73.82 |
| Total Line 95200 | 2,159.99 | 3,115.67 | -955.68 | 24,925.36 | 20,738.42 | 37,388.00 | -44.53 |
| 95300 Protective Services - Other | | | | | | | |
| Total Line 95300 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 95000 TOTAL PROTECTIVE SERVICES EXP | 2,159.99 | 3,115.67 | -955.68 | 24,925.36 | 20,738.42 | 37,388.00 | -44.53 |
| INSURANCE PREMIUMS EXPENSE | | | | | | | |
| 96110 Property 120 Liab. 130 Work Comp | | | | | | | |
| 10-1-000-001-4510.010 Property | 4,867.72 | 4,966.00 | -98.28 | 39,728.00 | 38,941.76 | 59,592.00 | -34.65 |
| 10-1-000-001-4510.020 Liability Insurance | 434.74 | 444.00 | -9.26 | 3,552.00 | 3,477.92 | 5,328.00 | -34.72 |
| 10-1-000-001-4510.030 Work Comp Insurance | 215.00 | 216.00 | -1.00 | 1,728.00 | 1,720.00 | 2,592.00 | -33.64 |
| Total Line 96110, 96120, 96130 | 5,517.46 | 5,626.00 | -108.54 | 45,008.00 | 44,139.68 | 67,512.00 | -34.62 |
| 96140 All Other Insurance | | | | | | | |
| 10-1-000-001-4510.015 Equipment Insurance | 189.80 | 194.00 | -4.20 | 1,552.00 | 1,518.40 | 2,328.00 | -34.78 |
| 10-1-000-001-4510.025 PE & PO Insurance | 61.83 | 66.00 | -4.17 | 528.00 | 494.64 | 792.00 | -37.55 |
| 10-1-000-001-4510.035 Auto Insurance | 50.00 | 51.00 | -1.00 | 408.00 | 400.00 | 612.00 | -34.64 |
| 10-1-000-001-4510.040 Other Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96140 | 301.63 | 311.00 | -9.37 | 2,488.00 | 2,413.04 | 3,732.00 | -35.34 |
| 96100 TOTAL INSURANCE PREMIUMS EXP | 5,819.09 | 5,937.00 | -117.91 | 47,496.00 | 46,552.72 | 71,244.00 | -34.66 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 1 Moon Towers
November, 2024

Page: 5

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------|
| GENERAL EXPENSES | | | | | | | |
| 96200 Other General Expenses | | | | | | | |
| 10-1-000-001-4590.000 Other General | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96210 Compensated Absences | | | | | | | |
| 10-1-000-001-4110.001 Salaries Comp Absences | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4595.000 Compensated Absences | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96210 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96300 Payment In Lieu Of Taxes - PILOT | | | | | | | |
| 10-1-000-001-4520.000 Pay in lieu of Tax | 3,402.88 | 2,218.58 | 1,184.30 | 17,748.64 | 24,554.68 | 26,623.00 | -7.77 |
| Total Line 96300 | 3,402.88 | 2,218.58 | 1,184.30 | 17,748.64 | 24,554.68 | 26,623.00 | -7.77 |
| 96400 Bad Debt - Tenant Rents | | | | | | | |
| 10-1-000-001-4570.000 Collection Losses | 3,428.25 | 1,666.67 | 1,761.58 | 13,333.36 | 16,256.64 | 20,000.00 | -18.72 |
| Total Line 96400 | 3,428.25 | 1,666.67 | 1,761.58 | 13,333.36 | 16,256.64 | 20,000.00 | -18.72 |
| 96800 Severance Expense | | | | | | | |
| 10-1-000-001-4530.000 Term Leave Pay | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96800 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96000 TOTAL OTHER GENERAL EXPENSES | 6,831.13 | 3,885.25 | 2,945.88 | 31,082.00 | 40,811.32 | 46,623.00 | -12.47 |
| 96900 TOTAL OPERATING EXPENSE | 86,416.76 | 102,638.72 | -16,221.96 | 821,109.76 | 791,415.86 | 1,231,665.00 | -35.74 |
| 97000 NET REVENUE/EXPENSE (-Gain/Loss) | -1,010.15 | 5,490.31 | -6,500.46 | 43,922.48 | 24,648.65 | 65,884.00 | -62.59 |
| | | | | | | | |
| MISCELLANEOUS EXPENSE | | | | | | | |
| 97100 Extraordinary Maintenance | | | | | | | |
| 10-1-000-001-4610.010 Extraordinary Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4610.020 Extraordinary Materials | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4610.030 Extraordinary Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97100 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97200 Casualty Losses - Non-capitalized | | | | | | | |
| 10-1-000-001-4620.010 Casualty Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4620.020 Casualty Materials | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-001-4620.030 Casualty Contract Costs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97400 Depreciation Expense | | | | | | | |
| 10-1-000-001-4800.000 Depreciation Exp MT | 10,107.00 | 13,750.00 | -3,643.00 | 110,000.00 | 80,856.00 | 165,000.00 | -51.00 |
| Total Line 97400 | 10,107.00 | 13,750.00 | -3,643.00 | 110,000.00 | 80,856.00 | 165,000.00 | -51.00 |
| 97500 Fraud Losses | | | | | | | |
| Total Line 97500 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97800 Dwelling Units Rent Expense | | | | | | | |
| Total Line 97800 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 90000 TOTAL MISCELLANEOUS EXPENSE | 10,107.00 | 13,750.00 | -3,643.00 | 110,000.00 | 80,856.00 | 165,000.00 | -51.00 |

Date:
Time:
11

Knox County Housing Authority
FDS Income Statement - AMP 1 Moon Towers
November, 2024

Page: 6
Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-------------------------------------------------|-------------|----------------|-------------|-------------|-------------|-------------|------------|
| OTHER FINANCING SOURCES (USES) | | | | | | | |
| 10010 Operating Transfer In | | | | | | | |
| Total Line 10010 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10020 Operating Transfer Out | | | | | | | |
| Total Line 10020 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10030 Operating Xfers from/to Government | | | | | | | |
| Total Line 10030 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10040 Oper Xfers from/to Component Unit | | | | | | | |
| Total Line 10040 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10060 Proceeds Sale Property -gain/loss | | | | | | | |
| Total Line 10060 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10070 Extraordinary Items Net -Gain/Loss | | | | | | | |
| Total Line 10050 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10080 Special Items (Net -Gain/Loss) | | | | | | | |
| Total Line 10060 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10093 Xfers - In between Amps | | | | | | | |
| 10-1-000-001-9111.000 Xfers In from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 10093 Xfers - In from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10094 Xfer - Out between Amps | | | | | | | |
| 10-1-000-001-9111.100 Xfers Out from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 10094 Xfers - Out from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10100 TOTAL OTHER FINANCING SOURCES-USES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10000 EXCESS REVENUE/EXPENS (-Gain/Loss) | 9,096.85 | 19,240.31 | -10,143.46 | 153,922.48 | 105,504.65 | 230,884.00 | -54.30 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 2 Family Site
November, 2024

Page: 1

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|----------------------------------------------|--------------------|--------------------|-------------------|--------------------|--------------------|----------------------|---------------|
| pum | 196.00 | 177.00 | 0.00 | 1,416.00 | 1,568.00 | 2,124.00 | 0.00 |
| REVENUE | | | | | | | |
| 70300 Net Tenant Rent Revenue | | | | | | | |
| 10-1-000-002-3110.000 Dwelling Rent | -28,806.00 | -20,416.67 | -8,389.33 | -163,333.36 | -191,488.00 | -245,000.00 | -21.84 |
| 10-1-000-002-3111.000 Utility Allowance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70300 | -28,806.00 | -20,416.67 | -8,389.33 | -163,333.36 | -191,488.00 | -245,000.00 | -21.84 |
| 70400 Tenant Revenue - Other | | | | | | | |
| 10-1-000-002-3120.000 Excess Utilities | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-3130.000 Cable TV Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-3190.000 Nondwell Rent | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-3690.000 Other Income | 240.00 | -166.67 | 406.67 | -1,333.36 | -403.52 | -2,000.00 | -79.82 |
| 10-1-000-002-3690.100 Late Fees | -900.00 | -750.00 | -150.00 | -6,000.00 | -8,900.00 | -9,000.00 | -1.11 |
| 10-1-000-002-3690.120 Violation Fees | -2,715.00 | -833.33 | -1,881.67 | -6,666.64 | -9,540.00 | -10,000.00 | -4.60 |
| 10-1-000-002-3690.130 Court Cost Fees | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-3690.140 Returned Check Charge | 0.00 | -8.33 | 8.33 | -66.64 | -100.00 | -100.00 | 0.00 |
| 10-1-000-002-3690.150 Laundry Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-3690.160 Vending Machine Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-3690.180 Labor | -1,711.25 | -1,583.33 | -127.92 | -12,666.64 | -10,869.50 | -19,000.00 | -42.79 |
| 10-1-000-002-3690.200 Materials | -1,047.20 | -666.67 | -380.53 | -5,333.36 | -7,497.64 | -8,000.00 | -6.28 |
| 10-1-000-002-3690.300 T.S. Income - Grants | 0.00 | 0.00 | 0.00 | 0.00 | -300.00 | 0.00 | |
| Total Line 70400 | -6,133.45 | -4,008.33 | -2,125.12 | -32,066.64 | -37,610.66 | -48,100.00 | -21.81 |
| 70500 TOTAL TENANT REVENUE | -34,939.45 | -24,425.00 | -10,514.45 | -195,400.00 | -229,098.66 | -293,100.00 | -21.84 |
| 70600 HUD PHA Operating Grants | | | | | | | |
| 10-1-000-002-8020.000 Oper Sub - Curr Yr | -72,495.00 | -80,129.00 | 7,634.00 | -641,032.00 | -660,136.00 | -961,548.00 | -31.35 |
| 10-1-000-002-8021.000 Oper Sub - Prior Yr | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70600 | -72,495.00 | -80,129.00 | 7,634.00 | -641,032.00 | -660,136.00 | -961,548.00 | -31.35 |
| 10010 Operating Tranfers In - CFP | | | | | | | |
| 10-1-000-002-3404.010 Other Inc - Operations | 0.00 | -13,750.00 | 13,750.00 | -110,000.00 | 0.00 | -165,000.00 | -100.00 |
| Total Line 70610 | 0.00 | -13,750.00 | 13,750.00 | -110,000.00 | 0.00 | -165,000.00 | -100.00 |
| 70800 Other Government Grants | | | | | | | |
| 10-1-000-002-3404.000 Rev other gov grants | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70800 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 71100 Investment Income - Unrestricted | | | | | | | |
| 10-1-000-002-3610.000 Interest Income | -1,031.30 | -1,000.00 | -31.30 | -8,000.00 | -8,951.40 | -12,000.00 | -25.41 |
| Total Line 71100 | -1,031.30 | -1,000.00 | -31.30 | -8,000.00 | -8,951.40 | -12,000.00 | -25.41 |
| 71300 Proceeds from Disposition of Asset | | | | | | | |
| Total Line 71300 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 71500 Other Revenue | | | | | | | |
| 10-1-000-002-3190.050 Office Rent Income | -300.00 | -300.00 | 0.00 | -2,400.00 | -2,400.00 | -3,600.00 | -33.33 |
| 10-1-000-002-3190.100 Beauty Shop Rent | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-3195.000 Day Care Income | 0.00 | -200.00 | 200.00 | -1,600.00 | -1,400.00 | -2,400.00 | -41.67 |
| 10-1-000-002-3850.000 Inspection Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-3850.004 Admin Fee Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-3850.005 Maint Fee Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-3850.120 Other Misc Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 71500 | -300.00 | -500.00 | 200.00 | -4,000.00 | -3,800.00 | -6,000.00 | -36.67 |
| 70000 TOTAL REVENUE | -108,765.75 | -119,804.00 | 11,038.25 | -958,432.00 | -901,986.06 | -1,437,648.00 | -37.26 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 2 Family Site
November, 2024

Page: 2

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|------------------|------------------|----------------|-------------------|-------------------|-------------------|---------------|
| EXPENSES | | | | | | | |
| ADMINISTRATIVE | | | | | | | |
| 91100 Administrative Salaries | | | | | | | |
| 10-1-000-002-4110.000 Admin Salaries | 10,705.50 | 7,833.00 | 2,872.50 | 62,664.00 | 61,474.80 | 93,996.00 | -34.60 |
| 10-1-000-002-4110.200 Admin Exp - Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 91100 | 10,705.50 | 7,833.00 | 2,872.50 | 62,664.00 | 61,474.80 | 93,996.00 | -34.60 |
| 91200 Auditing Fees | | | | | | | |
| 10-1-000-002-4171.000 Audit Fee | 0.00 | 250.00 | -250.00 | 2,000.00 | 0.00 | 3,000.00 | -100.00 |
| Total Line 91200 | 0.00 | 250.00 | -250.00 | 2,000.00 | 0.00 | 3,000.00 | -100.00 |
| 91300 Management Fee | | | | | | | |
| 10-1-000-002-4120.100 Management Fee Exp | 14,839.68 | 15,149.00 | -309.32 | 121,192.00 | 119,335.76 | 181,788.00 | -34.35 |
| Total Line 91300 | 14,839.68 | 15,149.00 | -309.32 | 121,192.00 | 119,335.76 | 181,788.00 | -34.35 |
| 91310 Book-keeping Fee | | | | | | | |
| 10-1-000-002-4120.300 Bookkeeping Fee Exp | 1,440.00 | 1,470.00 | -30.00 | 11,760.00 | 11,580.00 | 17,640.00 | -34.35 |
| Total Line 91310 | 1,440.00 | 1,470.00 | -30.00 | 11,760.00 | 11,580.00 | 17,640.00 | -34.35 |
| 91500 Benefit Contributions - Admin | | | | | | | |
| 10-1-000-002-4110.500 Emp Benefit - Admin | 3,628.31 | 2,602.00 | 1,026.31 | 20,816.00 | 21,022.52 | 31,224.00 | -32.67 |
| Total Line 91500 | 3,628.31 | 2,602.00 | 1,026.31 | 20,816.00 | 21,022.52 | 31,224.00 | -32.67 |
| 91600 Office Expense | | | | | | | |
| 10-1-000-002-4140.000 Training - Staff | 0.00 | 250.00 | -250.00 | 2,000.00 | 950.00 | 3,000.00 | -68.33 |
| 10-1-000-002-4180.000 Telephone | 0.00 | 250.00 | -250.00 | 2,000.00 | 1,820.67 | 3,000.00 | -39.31 |
| 10-1-000-002-4190.100 Postage | 158.16 | 200.00 | -41.84 | 1,600.00 | 1,390.76 | 2,400.00 | -42.05 |
| 10-1-000-002-4190.200 Office Supplies | 279.72 | 100.00 | 179.72 | 800.00 | 497.89 | 1,200.00 | -58.51 |
| 10-1-000-002-4190.250 Office Furniture | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4190.300 Paper Supplies | 0.00 | 75.00 | -75.00 | 600.00 | 369.15 | 900.00 | -58.98 |
| 10-1-000-002-4190.400 Printing | 0.00 | 0.00 | 0.00 | 0.00 | 1,016.77 | 0.00 | |
| 10-1-000-002-4190.401 Printing Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4190.500 Printer/Copier Sup Cont | 148.88 | 125.00 | 23.88 | 1,000.00 | 1,066.28 | 1,500.00 | -28.91 |
| 10-1-000-002-4190.550 Computers | 0.00 | 20.83 | -20.83 | 166.64 | 0.00 | 250.00 | -100.00 |
| 10-1-000-002-4190.700 Member Dues/Fees | 0.00 | 166.67 | -166.67 | 1,333.36 | 0.00 | 2,000.00 | -100.00 |
| 10-1-000-002-4190.800 Internet Services | 408.34 | 600.00 | -191.66 | 4,800.00 | 4,581.64 | 7,200.00 | -36.37 |
| 10-1-000-002-4190.850 IT Support | 0.00 | 83.33 | -83.33 | 666.64 | 433.50 | 1,000.00 | -56.65 |
| Total Line 91600 | 995.10 | 1,870.83 | -875.73 | 14,966.64 | 12,126.66 | 22,450.00 | -45.98 |
| 91700 Legal Expense | | | | | | | |
| Total Line 91700 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 91800 Travel Expense | | | | | | | |
| 10-1-000-002-4150.000 Travel - Staff | 0.00 | 100.00 | -100.00 | 800.00 | 1,918.13 | 1,200.00 | 59.84 |
| 10-1-000-002-4150.010 Travel - Commissioners | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4150.100 Mileage - Admin | 162.01 | 75.00 | 87.01 | 600.00 | 711.55 | 900.00 | -20.94 |
| Total Line 91800 | 162.01 | 175.00 | -12.99 | 1,400.00 | 2,629.68 | 2,100.00 | 25.22 |
| 91900 Other Expense | | | | | | | |
| 10-1-000-002-4120.400 Fee for Service Exp | 22.98 | 100.00 | -77.02 | 800.00 | 180.56 | 1,200.00 | -84.95 |
| 10-1-000-002-4120.500 Other Fee Exp | 0.00 | 2,602.50 | -2,602.50 | 20,820.00 | 0.00 | 31,230.00 | -100.00 |
| 10-1-000-002-4120.700 Mental Health Fee | 2,352.00 | 2,352.00 | 0.00 | 18,816.00 | 25,480.00 | 28,224.00 | -9.72 |
| 10-1-000-002-4120.800 Participant Fee | 2,352.00 | 2,352.00 | 0.00 | 18,816.00 | 14,112.00 | 28,224.00 | -50.00 |
| 10-1-000-002-4160.000 Consulting Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4190.000 Other Sundry | 0.00 | 5.00 | -5.00 | 40.00 | 40.00 | 60.00 | -33.33 |
| 10-1-000-002-4190.950 Background Verification | 0.00 | 650.00 | -650.00 | 5,200.00 | 25.24 | 7,800.00 | -99.68 |
| Total Line 91900 | 4,726.98 | 8,061.50 | -3,334.52 | 64,492.00 | 39,837.80 | 96,738.00 | -58.82 |
| 91000 TOTAL OPERATING EXPENSE - Admin | 36,497.58 | 37,411.33 | -913.75 | 299,290.64 | 268,007.22 | 448,936.00 | -40.30 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 2 Family Site
November, 2024

Page: 3

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|-----------------|-----------------|------------------|------------------|------------------|------------------|---------------|
| ASSET MANAGEMENT FEE | | | | | | | |
| 92000 Asset Mangement Fee | | | | | | | |
| 10-1-000-002-4120.200 Asset Mgt Fee Exp | 1,960.00 | 1,960.00 | 0.00 | 15,680.00 | 15,680.00 | 23,520.00 | -33.33 |
| Total Line 92000 | 1,960.00 | 1,960.00 | 0.00 | 15,680.00 | 15,680.00 | 23,520.00 | -33.33 |
| 92000 TOTAL ASSET MANAGEMENT FEE | 1,960.00 | 1,960.00 | 0.00 | 15,680.00 | 15,680.00 | 23,520.00 | -33.33 |
| TENANT SERVICES | | | | | | | |
| 92400 Tenant Services - Other | | | | | | | |
| 10-1-000-002-4220.050 Ten Ser-Cable/TV Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4220.100 Ten Ser-Supplies | 0.00 | 16.67 | -16.67 | 133.36 | -237.32 | 200.00 | -218.66 |
| 10-1-000-002-4220.110 Ten Ser-Recreation | 0.00 | 100.00 | -100.00 | 800.00 | 913.62 | 1,200.00 | -23.87 |
| 10-1-000-002-4220.120 Ten Ser-Education | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4220.125 Ten Ser-Other | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4220.175 Garden Program Exp | 0.00 | 33.33 | -33.33 | 266.64 | 0.00 | 400.00 | -100.00 |
| 10-1-000-002-4220.300 T.S. - Grant Expenses | 1,376.63 | 0.00 | 1,376.63 | 0.00 | 6,207.33 | 0.00 | |
| Total Line 92400 | 1,376.63 | 150.00 | 1,226.63 | 1,200.00 | 6,883.63 | 1,800.00 | 282.42 |
| 92500 TOTAL TENANT SERVICES EXPENSE | 1,376.63 | 150.00 | 1,226.63 | 1,200.00 | 6,883.63 | 1,800.00 | 282.42 |
| UTILITIES | | | | | | | |
| 93100 Water-200 Elect-300 Gas-600 Sewer | | | | | | | |
| 10-1-000-002-4310.000 Water | 76.10 | 150.00 | -73.90 | 1,200.00 | 970.50 | 1,800.00 | -46.08 |
| 10-1-000-002-4315.000 Sewer | 59.72 | 75.00 | -15.28 | 600.00 | 519.08 | 900.00 | -42.32 |
| 10-1-000-002-4320.000 Electric | 262.11 | 1,291.67 | -1,029.56 | 10,333.36 | 5,288.25 | 15,500.00 | -65.88 |
| 10-1-000-002-4330.000 Gas | 61.45 | 1,250.00 | -1,188.55 | 10,000.00 | 1,839.79 | 15,000.00 | -87.73 |
| Total Line 93100 93200 93300 93600 | 459.38 | 2,766.67 | -2,307.29 | 22,133.36 | 8,617.62 | 33,200.00 | -74.04 |
| 93000 TOTAL UTILITIES EXPENSES | 459.38 | 2,766.67 | -2,307.29 | 22,133.36 | 8,617.62 | 33,200.00 | -74.04 |
| MAINTENANCE & OPERATIONS EXPENSE | | | | | | | |
| 94100 Maintenance - Labor | | | | | | | |
| 10-1-000-002-4410.000 Maint Labor | 3,761.43 | 5,217.00 | -1,455.57 | 41,736.00 | 21,357.09 | 62,604.00 | -65.89 |
| 10-1-000-002-4410.100 Maint Labor - OT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4410.200 Maint Labor - Other | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 94100 | 3,761.43 | 5,217.00 | -1,455.57 | 41,736.00 | 21,357.09 | 62,604.00 | -65.89 |
| 94200 Maintenance - Materials/Supplies | | | | | | | |
| 10-1-000-002-4420.010 Garbage&Trash Supp | 0.00 | 4.17 | -4.17 | 33.36 | 0.00 | 50.00 | -100.00 |
| 10-1-000-002-4420.020 Heating&Cooling Supp | 23.00 | 1,250.00 | -1,227.00 | 10,000.00 | -7,212.16 | 15,000.00 | -148.08 |
| 10-1-000-002-4420.030 Snow Removal Supplies | 0.00 | 16.67 | -16.67 | 133.36 | 0.00 | 200.00 | -100.00 |
| 10-1-000-002-4420.040 Elevator Maint Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4420.050 Landscape/Grounds Sup | 90.66 | 250.00 | -159.34 | 2,000.00 | 6,199.94 | 3,000.00 | 106.66 |
| 10-1-000-002-4420.070 Electrical Supplies | 14,024.94 | 625.00 | 13,399.94 | 5,000.00 | 16,152.13 | 7,500.00 | 115.36 |
| 10-1-000-002-4420.080 Plumbing Supplies | 412.60 | 1,250.00 | -837.40 | 10,000.00 | 6,557.78 | 15,000.00 | -56.28 |
| 10-1-000-002-4420.090 Extermination Supplies | 167.94 | 150.00 | 17.94 | 1,200.00 | 2,423.37 | 1,800.00 | 34.63 |
| 10-1-000-002-4420.100 Janitorial Supplies | 0.00 | 291.67 | -291.67 | 2,333.36 | 2,970.84 | 3,500.00 | -15.12 |
| 10-1-000-002-4420.110 Routine Maint. Supplies | 4,587.81 | 6,000.00 | -1,412.19 | 48,000.00 | 36,940.07 | 72,000.00 | -48.69 |
| 10-1-000-002-4420.120 Other Misc. Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 346.00 | 0.00 | |
| 10-1-000-002-4420.121 Flooring Supplies | 509.83 | 1,208.33 | -698.50 | 9,666.64 | 5,992.89 | 14,500.00 | -58.67 |
| 10-1-000-002-4420.125 Mileage | 0.00 | 8.33 | -8.33 | 66.64 | 0.00 | 100.00 | -100.00 |
| 10-1-000-002-4420.126 Vehicle Supplies | 433.28 | 750.00 | -316.72 | 6,000.00 | 5,802.78 | 9,000.00 | -35.52 |
| 10-1-000-002-4420.130 Security Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 94200 | 20,250.06 | 11,804.17 | 8,445.89 | 94,433.36 | 76,173.64 | 141,650.00 | -46.22 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 2 Family Site
November, 2024

Page: 4

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-------------------------------------------------|------------------|------------------|------------------|-------------------|-------------------|-------------------|---------------|
| 94300 Maintenance - Contracts | | | | | | | |
| 10-1-000-002-4330.010 Refuse | 0.00 | 0.00 | 0.00 | 0.00 | 77.12 | 0.00 | |
| 10-1-000-002-4430.000 Maint Labor Contract | 27,432.00 | 33,778.00 | -6,346.00 | 270,224.00 | 286,194.75 | 405,336.00 | -29.39 |
| 10-1-000-002-4430.010 Garbage&Trash Cont | 0.00 | 250.00 | -250.00 | 2,000.00 | 2,154.60 | 3,000.00 | -28.18 |
| 10-1-000-002-4430.020 Heating&Cooling Cont | 0.00 | 1,000.00 | -1,000.00 | 8,000.00 | 381.25 | 12,000.00 | -96.82 |
| 10-1-000-002-4430.030 Snow Removal Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4430.040 Elevator Maint Cont | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4430.050 Landscape & Grds Cont | 0.00 | 1,666.67 | -1,666.67 | 13,333.36 | 3,818.05 | 20,000.00 | -80.91 |
| 10-1-000-002-4430.060 Unit Turnaround Cont | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4430.070 Electrical Contracts | 0.00 | 25.00 | -25.00 | 200.00 | 2,374.48 | 300.00 | 691.49 |
| 10-1-000-002-4430.080 Plumbing Contracts | 0.00 | 1,166.67 | -1,166.67 | 9,333.36 | 11,439.06 | 14,000.00 | -18.29 |
| 10-1-000-002-4430.090 Extermination Contracts | 1,950.00 | 1,000.00 | 950.00 | 8,000.00 | 10,658.00 | 12,000.00 | -11.18 |
| 10-1-000-002-4430.100 Reg Contracts | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4430.110 Routine Maint Cont | 0.00 | 20.00 | -20.00 | 160.00 | 154.69 | 240.00 | -35.55 |
| 10-1-000-002-4430.111 Flooring Contract | 10,675.00 | 4,333.33 | 6,341.67 | 34,666.64 | 36,616.00 | 52,000.00 | -29.58 |
| 10-1-000-002-4430.120 Other Misc Cont Cost | 0.00 | 83.33 | -83.33 | 666.64 | 3,014.10 | 1,000.00 | 201.41 |
| 10-1-000-002-4430.121 Laundry Equip Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4430.126 Vehicle Maint Cont | 0.00 | 25.00 | -25.00 | 200.00 | 436.71 | 300.00 | 45.57 |
| 10-1-000-002-4431.000 Trash Removal | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 94300 | 40,057.00 | 43,348.00 | -3,291.00 | 346,784.00 | 357,318.81 | 520,176.00 | -31.31 |
| 94500 Maintenance - Ordinary/Benefits | | | | | | | |
| 10-1-000-002-4410.500 Emp Benefit - Maint | 1,825.91 | 2,273.00 | -447.09 | 18,184.00 | 10,141.08 | 27,276.00 | -62.82 |
| Total Line 94500 | 1,825.91 | 2,273.00 | -447.09 | 18,184.00 | 10,141.08 | 27,276.00 | -62.82 |
| 94000 TOTAL MAINTENANCE EXPENSES | 65,894.40 | 62,642.17 | 3,252.23 | 501,137.36 | 464,990.62 | 751,706.00 | -38.14 |
| TOTAL PROTECTIVE SERVICES EXPENSE | | | | | | | |
| 95200 Protective Services - Contract | | | | | | | |
| 10-1-000-002-4480.000 Police Contract | 0.00 | 250.00 | -250.00 | 2,000.00 | 2,344.82 | 3,000.00 | -21.84 |
| 10-1-000-002-4480.006 Safety/Security Labor Fee | 2,352.00 | 1,960.00 | 392.00 | 15,680.00 | 16,856.00 | 23,520.00 | -28.33 |
| 10-1-000-002-4480.100 ADT Contract | 129.21 | 241.67 | -112.46 | 1,933.36 | 2,135.53 | 2,900.00 | -26.36 |
| 10-1-000-002-4480.500 Other Security Contract | 0.00 | 1,250.00 | -1,250.00 | 10,000.00 | 1,059.60 | 15,000.00 | -92.94 |
| Total Line 95200 | 2,481.21 | 3,701.67 | -1,220.46 | 29,613.36 | 22,395.95 | 44,420.00 | -49.58 |
| 95300 Protective Services - Other | | | | | | | |
| Total Line 95300 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 95000 TOTAL PROTECTIVE SERVICES EXP | 2,481.21 | 3,701.67 | -1,220.46 | 29,613.36 | 22,395.95 | 44,420.00 | -49.58 |
| INSURANCE PREMIUMS EXPENSE | | | | | | | |
| 96110 Property 120 Liab. 130 Work Comp | | | | | | | |
| 10-1-000-002-4510.010 Property Ins | 5,135.68 | 5,239.00 | -103.32 | 41,912.00 | 41,085.44 | 62,868.00 | -34.65 |
| 10-1-000-002-4510.020 Liability Ins | 481.48 | 492.00 | -10.52 | 3,936.00 | 3,851.84 | 5,904.00 | -34.76 |
| 10-1-000-002-4510.030 Work Comp Insurance | 204.06 | 223.00 | -18.94 | 1,784.00 | 1,632.48 | 2,676.00 | -39.00 |
| Total Line 96110 96120 96130 | 5,821.22 | 5,954.00 | -132.78 | 47,632.00 | 46,569.76 | 71,448.00 | -34.82 |
| 96140 All Other Insurance | | | | | | | |
| 10-1-000-002-4510.015 Equipment Insurance | 210.21 | 215.00 | -4.79 | 1,720.00 | 1,681.68 | 2,580.00 | -34.82 |
| 10-1-000-002-4510.025 PE & PO Insurance | 68.64 | 73.00 | -4.36 | 584.00 | 549.12 | 876.00 | -37.32 |
| 10-1-000-002-4510.035 Auto Insurance | 200.00 | 204.00 | -4.00 | 1,632.00 | 1,600.00 | 2,448.00 | -34.64 |
| 10-1-000-002-4510.040 Other Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96140 | 478.85 | 492.00 | -13.15 | 3,936.00 | 3,830.80 | 5,904.00 | -35.12 |
| 96100 TOTAL INSURANCE PREMIUMS EXP | 6,300.07 | 6,446.00 | -145.93 | 51,568.00 | 50,400.56 | 77,352.00 | -34.84 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 2 Family Site
November, 2024

Page: 5

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|-------------------|-------------------|------------------|-------------------|-------------------|---------------------|---------------|
| GENERAL EXPENSES | | | | | | | |
| 96200 Other General Expenses | | | | | | | |
| 10-1-000-002-4590.000 Other General | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96210 Compensated Absences | | | | | | | |
| 10-1-000-002-4110.001 Salaries Comp Absences | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4595.000 Compensated Absences | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96210 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96300 Payment In Lieu Of Taxes - PILOT | | | | | | | |
| 10-1-000-002-4520.000 Pay in lieu of Tax | 2,834.67 | 2,165.83 | 668.84 | 17,326.64 | 18,279.33 | 25,990.00 | -29.67 |
| Total Line 96300 | 2,834.67 | 2,165.83 | 668.84 | 17,326.64 | 18,279.33 | 25,990.00 | -29.67 |
| 96400 Bad Debt - Tenant Rents | | | | | | | |
| 10-1-000-002-4570.000 Collection Losses | 2,092.82 | 0.00 | 2,092.82 | 0.00 | 15,414.41 | 0.00 | |
| Total Line 96400 | 2,092.82 | 0.00 | 2,092.82 | 0.00 | 15,414.41 | 0.00 | |
| 96800 Severance Expense | | | | | | | |
| 10-1-000-002-4530.000 Term Leave Pay | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96800 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96000 TOTAL OTHER GENERAL EXPENSES | 4,927.49 | 2,165.83 | 2,761.66 | 17,326.64 | 33,693.74 | 25,990.00 | 29.64 |
| 96900 TOTAL OPERATING EXPENSE | 119,896.76 | 117,243.67 | 2,653.09 | 937,949.36 | 870,669.34 | 1,406,924.00 | -38.12 |
| 97000 NET REVENUE/EXPENSE (-Gain/Loss) | 11,131.01 | -2,560.33 | 13,691.34 | -20,482.64 | -31,316.72 | -30,724.00 | 1.93 |
| MISCELLANEOUS EXPENSE | | | | | | | |
| 97100 Extraordinary Maintenance | | | | | | | |
| 10-1-000-002-4610.010 Extraordinary Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4610.020 Extraordinary Materials | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4610.030 Extraordinary Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97100 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97200 Casualty Losses - Non-capitalized | | | | | | | |
| 10-1-000-002-4620.010 Casualty Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4620.020 Casualty Materials | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-002-4620.030 Casualty Contract Costs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97400 Depreciation Expense | | | | | | | |
| 10-1-000-002-4800.000 Depreciation Exp Fam | 22,203.00 | 31,250.00 | -9,047.00 | 250,000.00 | 177,624.00 | 375,000.00 | -52.63 |
| Total Line 97400 | 22,203.00 | 31,250.00 | -9,047.00 | 250,000.00 | 177,624.00 | 375,000.00 | -52.63 |
| 97500 Fraud Losses | | | | | | | |
| Total Line 97500 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97800 Dwelling Units Rent Expense | | | | | | | |
| Total Line 97800 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 90000 TOTAL MISCELLANEOUS EXPENSE | 22,203.00 | 31,250.00 | -9,047.00 | 250,000.00 | 177,624.00 | 375,000.00 | -52.63 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 2 Family Site
November, 2024

Page: 6

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-------------------------------------------------|-------------|----------------|-------------|-------------|-------------|-------------|------------|
| OTHER FINANCING SOURCES (USES) | | | | | | | |
| 10010 Operating Transfer In | | | | | | | |
| Total Line 10010 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10020 Operating Transfer Out | | | | | | | |
| Total Line 10020 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10030 Operating Xfers from/to Government | | | | | | | |
| Total Line 10030 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10040 Oper Xfers from/to Component Unit | | | | | | | |
| Total Line 10040 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10060 Proceeds Sale Property -gain/loss | | | | | | | |
| Total Line 10060 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10070 Extraordinary Items Net -Gain/Loss | | | | | | | |
| Total Line 10050 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10080 Special Items (Net -Gain/Loss) | | | | | | | |
| Total Line 10060 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10093 Xfers - In between Amps | | | | | | | |
| 10-1-000-002-9111.000 Xfers In from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 10093 Xfers - In from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10094 Xfer - Out between Amps | | | | | | | |
| 10-1-000-002-9111.100 Xfers Out from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 10094 Xfers - Out from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10100 TOTAL OTHER FINANCING SOURCES-USES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10000 EXCESS REVENUE/EXPENS (-Gain/Loss) | 33,334.01 | 28,689.67 | 4,644.34 | 229,517.36 | 146,307.28 | 344,276.00 | -57.50 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 3 Bluebell
November, 2024

Page: 1

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|----------------------------------------------|-------------------|-------------------|------------------|--------------------|--------------------|--------------------|---------------|
| pum | 51.00 | 177.00 | 0.00 | 1,416.00 | 408.00 | 2,124.00 | 0.00 |
| REVENUE | | | | | | | |
| 70300 Net Tenant Rent Revenue | | | | | | | |
| 10-1-000-006-3110.000 Dwelling Rent | -16,761.00 | -14,583.33 | -2,177.67 | -116,666.64 | -127,227.00 | -175,000.00 | -27.30 |
| 10-1-000-006-3111.000 Utility Allowance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70300 | -16,761.00 | -14,583.33 | -2,177.67 | -116,666.64 | -127,227.00 | -175,000.00 | -27.30 |
| 70400 Tenant Revenue - Other | | | | | | | |
| 10-1-000-006-3120.000 Excess Utilities | 0.00 | -6.25 | 6.25 | -50.00 | -50.00 | -75.00 | -33.33 |
| 10-1-000-006-3130.000 Cable TV Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-3190.000 Nondwell Rent | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-3690.000 Other Income | 0.00 | -7.50 | 7.50 | -60.00 | 569.00 | -90.00 | -732.22 |
| 10-1-000-006-3690.100 Late Fees | -200.00 | -83.33 | -116.67 | -666.64 | -875.00 | -1,000.00 | -12.50 |
| 10-1-000-006-3690.120 Violation Fees | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-3690.130 Court Cost Fees | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-3690.140 Returned Check Charge | 0.00 | -2.08 | 2.08 | -16.64 | -75.00 | -25.00 | 200.00 |
| 10-1-000-006-3690.150 Laundry Income | 0.00 | -541.67 | 541.67 | -4,333.36 | -3,893.25 | -6,500.00 | -40.10 |
| 10-1-000-006-3690.160 Vending Machine Inc | -38.68 | -33.33 | -5.35 | -266.64 | -251.88 | -400.00 | -37.03 |
| 10-1-000-006-3690.180 Labor | -77.25 | -125.00 | 47.75 | -1,000.00 | -139.75 | -1,500.00 | -90.68 |
| 10-1-000-006-3690.200 Materials | -6.75 | -33.33 | 26.58 | -266.64 | -44.50 | -400.00 | -88.88 |
| 10-1-000-006-3690.300 T.S. Income - Grants | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70400 | -322.68 | -832.49 | 509.81 | -6,659.92 | -4,760.38 | -9,990.00 | -52.35 |
| 70500 TOTAL TENANT REVENUE | -17,083.68 | -15,415.82 | -1,667.86 | -123,326.56 | -131,987.38 | -184,990.00 | -28.65 |
| 70600 HUD PHA Operating Grants | | | | | | | |
| 10-1-000-006-8020.000 Oper Sub - Curr Yr | -8,486.00 | -9,379.25 | 893.25 | -75,034.00 | -77,165.00 | -112,551.00 | -31.44 |
| 10-1-000-006-8021.000 Oper Sub - Prior Yr | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70600 | -8,486.00 | -9,379.25 | 893.25 | -75,034.00 | -77,165.00 | -112,551.00 | -31.44 |
| 10010 Operating Tranfers In - CFP | | | | | | | |
| 10-1-000-006-3404.010 Other Inc - Operations | 0.00 | -3,333.33 | 3,333.33 | -26,666.64 | 0.00 | -40,000.00 | -100.00 |
| Total Line 70610 | 0.00 | -3,333.33 | 3,333.33 | -26,666.64 | 0.00 | -40,000.00 | -100.00 |
| 70800 Other Government Grants | | | | | | | |
| 10-1-000-006-3404.000 Rev other gov grants | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70800 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 71100 Investment Income - Unrestricted | | | | | | | |
| 10-1-000-006-3610.000 Interest Income | -356.30 | -229.17 | -127.13 | -1,833.36 | -3,124.59 | -2,750.00 | 13.62 |
| Total Line 71100 | -356.30 | -229.17 | -127.13 | -1,833.36 | -3,124.59 | -2,750.00 | 13.62 |
| 71300 Proceeds from Disposition of Asset | | | | | | | |
| Total Line 71300 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 71500 Other Revenue | | | | | | | |
| 10-1-000-006-3190.050 Office Rent Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-3190.100 Beauty Shop Rent | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-3195.000 Day Care Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-3850.000 Inspection Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-3850.004 Admin Fee Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-3850.005 Maint Fee Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-3850.120 Other Misc Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 71500 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 70000 TOTAL REVENUE | -25,925.98 | -28,357.57 | 2,431.59 | -226,860.56 | -212,276.97 | -340,291.00 | -37.62 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 3 Bluebell
November, 2024

Page: 2

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|-------------|----------------|----------|------------|-------------|-----------|------------|
| EXPENSES | | | | | | | |
| ADMINISTRATIVE | | | | | | | |
| 91100 Administrative Salaries | | | | | | | |
| 10-1-000-006-4110.000 Admin Salaries | 2,515.59 | 1,870.00 | 645.59 | 14,960.00 | 14,731.51 | 22,440.00 | -34.35 |
| 10-1-000-006-4110.200 Admin Exp - Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 91100 | 2,515.59 | 1,870.00 | 645.59 | 14,960.00 | 14,731.51 | 22,440.00 | -34.35 |
| 91200 Auditing Fees | | | | | | | |
| 10-1-000-006-4171.000 Audit Fee | 0.00 | 100.00 | -100.00 | 800.00 | 0.00 | 1,200.00 | -100.00 |
| Total Line 91200 | 0.00 | 100.00 | -100.00 | 800.00 | 0.00 | 1,200.00 | -100.00 |
| 91300 Management Fee | | | | | | | |
| 10-1-000-006-4120.100 Management Fee Exp | 3,941.79 | 3,942.00 | -0.21 | 31,536.00 | 31,302.45 | 47,304.00 | -33.83 |
| Total Line 91300 | 3,941.79 | 3,942.00 | -0.21 | 31,536.00 | 31,302.45 | 47,304.00 | -33.83 |
| 91310 Book-keeping Fee | | | | | | | |
| 10-1-000-006-4120.300 Bookkeeping Exp | 382.50 | 383.00 | -0.50 | 3,064.00 | 3,037.50 | 4,596.00 | -33.91 |
| Total Line 91310 | 382.50 | 383.00 | -0.50 | 3,064.00 | 3,037.50 | 4,596.00 | -33.91 |
| 91500 Benefit Contributions - Admin | | | | | | | |
| 10-1-000-006-4110.500 Emp Benefit - Admin | 835.70 | 764.00 | 71.70 | 6,112.00 | 5,916.05 | 9,168.00 | -35.47 |
| Total Line 91500 | 835.70 | 764.00 | 71.70 | 6,112.00 | 5,916.05 | 9,168.00 | -35.47 |
| 91600 Office Expense | | | | | | | |
| 10-1-000-006-4140.000 Training - Staff | 0.00 | 46.17 | -46.17 | 369.36 | 0.00 | 554.00 | -100.00 |
| 10-1-000-006-4180.000 Telephone | 0.00 | 383.33 | -383.33 | 3,066.64 | 3,188.98 | 4,600.00 | -30.67 |
| 10-1-000-006-4190.100 Postage | 4.14 | 8.33 | -4.19 | 66.64 | 42.51 | 100.00 | -57.49 |
| 10-1-000-006-4190.200 Office Supplies | 0.00 | 6.25 | -6.25 | 50.00 | 213.20 | 75.00 | 184.27 |
| 10-1-000-006-4190.250 Office Furniture | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4190.300 Paper Supplies | 0.00 | 16.67 | -16.67 | 133.36 | 311.23 | 200.00 | 55.62 |
| 10-1-000-006-4190.400 Printing | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4190.401 Printing Supplies | 0.00 | 8.33 | -8.33 | 66.64 | 167.67 | 100.00 | 67.67 |
| 10-1-000-006-4190.500 Printer/Copier | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Supply/Cont | | | | | | | |
| 10-1-000-006-4190.550 Computers | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4190.700 Member Dues/Fees | 0.00 | 83.33 | -83.33 | 666.64 | 0.00 | 1,000.00 | -100.00 |
| 10-1-000-006-4190.800 Internet Services | 0.00 | 237.50 | -237.50 | 1,900.00 | 1,659.61 | 2,850.00 | -41.77 |
| 10-1-000-006-4190.850 IT Support | 0.00 | 41.67 | -41.67 | 333.36 | 180.00 | 500.00 | -64.00 |
| Total Line 91600 | 4.14 | 831.58 | -827.44 | 6,652.64 | 5,763.20 | 9,979.00 | -42.25 |
| 91700 Legal Expense | | | | | | | |
| Total Line 91700 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 91800 Travel Expense | | | | | | | |
| 10-1-000-006-4150.000 Travel - Staff | 0.00 | 27.50 | -27.50 | 220.00 | 14.74 | 330.00 | -95.53 |
| 10-1-000-006-4150.010 Travel - Commissioners | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4150.100 Mileage - Admin | 0.00 | 4.17 | -4.17 | 33.36 | 0.00 | 50.00 | -100.00 |
| Total Line 91800 | 0.00 | 31.67 | -31.67 | 253.36 | 14.74 | 380.00 | -96.12 |
| 91900 Other Expense | | | | | | | |
| 10-1-000-006-4120.400 Fee for Service Exp | 6.73 | 45.83 | -39.10 | 366.64 | 56.84 | 550.00 | -89.67 |
| 10-1-000-006-4120.500 Other Fee Exp | 0.00 | 764.00 | -764.00 | 6,112.00 | 0.00 | 9,168.00 | -100.00 |
| 10-1-000-006-4120.700 Mental Health Fee | 612.00 | 612.00 | 0.00 | 4,896.00 | 6,630.00 | 7,344.00 | -9.72 |
| 10-1-000-006-4120.800 Participant Fee | 612.00 | 612.00 | 0.00 | 4,896.00 | 3,672.00 | 7,344.00 | -50.00 |
| 10-1-000-006-4160.000 Consulting Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4190.000 Other Sundry | 0.00 | 8.33 | -8.33 | 66.64 | 46.51 | 100.00 | -53.49 |
| 10-1-000-006-4190.950 Background Verification | 0.00 | 16.67 | -16.67 | 133.36 | 50.48 | 200.00 | -74.76 |
| Total Line 91900 | 1,230.73 | 2,058.83 | -828.10 | 16,470.64 | 10,455.83 | 24,706.00 | -57.68 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 3 Bluebell
November, 2024

Page: 3

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|-----------------|-----------------|------------------|------------------|------------------|-------------------|---------------|
| 91000 TOTAL OPERATING EXPENSE - Admin | 8,910.45 | 9,981.08 | -1,070.63 | 79,848.64 | 71,221.28 | 119,773.00 | -40.54 |
| ASSET MANAGEMENT FEE | | | | | | | |
| 92000 Asset Mangement Fee | | | | | | | |
| 10-1-000-006-4120.200 Asset Mngt Fee Exp | 510.00 | 510.00 | 0.00 | 4,080.00 | 4,080.00 | 6,120.00 | -33.33 |
| Total Line 92000 | 510.00 | 510.00 | 0.00 | 4,080.00 | 4,080.00 | 6,120.00 | -33.33 |
| 92000 TOTAL ASSET MANAGEMENT FEE | 510.00 | 510.00 | 0.00 | 4,080.00 | 4,080.00 | 6,120.00 | -33.33 |
| TENANT SERVICES | | | | | | | |
| 92400 Tenant Services - Other | | | | | | | |
| 10-1-000-006-4220.050 Ten Ser-Cable/TV Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4220.100 Ten Ser-Supplies | 0.00 | 458.33 | -458.33 | 3,666.64 | 0.00 | 5,500.00 | -100.00 |
| 10-1-000-006-4220.110 Ten Ser-Recreation | 0.00 | 41.67 | -41.67 | 333.36 | 66.45 | 500.00 | -86.71 |
| 10-1-000-006-4220.120 Ten Ser-Education | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4220.125 Ten Ser-Other | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4220.175 Garden Program Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 92400 | 0.00 | 500.00 | -500.00 | 4,000.00 | 66.45 | 6,000.00 | -98.89 |
| 92500 TOTAL TENANT SERVICES EXPENSE | 0.00 | 500.00 | -500.00 | 4,000.00 | 66.45 | 6,000.00 | -98.89 |
| UTILITIES | | | | | | | |
| 93100 Water-200 Elect-300 Gas-600 Sewer | | | | | | | |
| 10-1-000-006-4310.000 Water | 362.28 | 375.00 | -12.72 | 3,000.00 | 2,294.76 | 4,500.00 | -49.01 |
| 10-1-000-006-4315.000 Sewer | 291.13 | 291.67 | -0.54 | 2,333.36 | 1,864.96 | 3,500.00 | -46.72 |
| 10-1-000-006-4320.000 Electric | 1,370.58 | 1,166.67 | 203.91 | 9,333.36 | 6,113.02 | 14,000.00 | -56.34 |
| 10-1-000-006-4330.000 Gas | 160.97 | 1,250.00 | -1,089.03 | 10,000.00 | 2,071.02 | 15,000.00 | -86.19 |
| Total Line 93100 93200 93300 93600 | 2,184.96 | 3,083.34 | -898.38 | 24,666.72 | 12,343.76 | 37,000.00 | -66.64 |
| 93000 TOTAL UTILITIES EXPENSES | 2,184.96 | 3,083.34 | -898.38 | 24,666.72 | 12,343.76 | 37,000.00 | -66.64 |
| MAINTENANCE & OPERATIONS EXPENSE | | | | | | | |
| 94100 Maintenance - Labor | | | | | | | |
| 10-1-000-006-4410.000 Maint Labor | 1,003.05 | 1,361.00 | -357.95 | 10,888.00 | 5,695.25 | 16,332.00 | -65.13 |
| 10-1-000-006-4410.100 Maint Labor - OT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4410.200 Maint Labor - Other | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 94100 | 1,003.05 | 1,361.00 | -357.95 | 10,888.00 | 5,695.25 | 16,332.00 | -65.13 |
| 94200 Maintenance - Materials/Supplies | | | | | | | |
| 10-1-000-006-4420.010 Garbage&Trash Supp | 0.00 | 20.83 | -20.83 | 166.64 | 0.00 | 250.00 | -100.00 |
| 10-1-000-006-4420.020 Heating&Cooling Supp | 0.00 | 83.33 | -83.33 | 666.64 | 0.00 | 1,000.00 | -100.00 |
| 10-1-000-006-4420.030 Snow Removal Supplies | 0.00 | 8.33 | -8.33 | 66.64 | 0.00 | 100.00 | -100.00 |
| 10-1-000-006-4420.040 Elevator Maint Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4420.050 Landscape/Grounds Sup | 0.00 | 83.33 | -83.33 | 666.64 | 1,362.56 | 1,000.00 | 36.26 |
| 10-1-000-006-4420.070 Electrical Supplies | 4,899.42 | 41.67 | 4,857.75 | 333.36 | 4,820.18 | 500.00 | 864.04 |
| 10-1-000-006-4420.080 Plumbing Supplies | 16.07 | 45.83 | -29.76 | 366.64 | 1,929.62 | 550.00 | 250.84 |
| 10-1-000-006-4420.090 Extermination Supplies | 0.00 | 16.67 | -16.67 | 133.36 | 0.00 | 200.00 | -100.00 |
| 10-1-000-006-4420.100 Janitorial Supplies | 0.00 | 208.33 | -208.33 | 1,666.64 | 512.64 | 2,500.00 | -79.49 |
| 10-1-000-006-4420.110 Routine Maint.Supplies | 0.00 | 1,625.00 | -1,625.00 | 13,000.00 | 1,460.70 | 19,500.00 | -92.51 |
| 10-1-000-006-4420.120 Other Misc Supplies | 0.00 | 250.00 | -250.00 | 2,000.00 | 0.00 | 3,000.00 | -100.00 |
| 10-1-000-006-4420.121 Flooring Supplies | 0.00 | 16.67 | -16.67 | 133.36 | 138.00 | 200.00 | -31.00 |
| 10-1-000-006-4420.125 Mileage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4420.126 Vehicle Supplies | 113.67 | 54.17 | 59.50 | 433.36 | 657.99 | 650.00 | 1.23 |
| 10-1-000-006-4420.130 Security Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 94200 | 5,029.16 | 2,454.16 | 2,575.00 | 19,633.28 | 10,881.69 | 29,450.00 | -63.05 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 3 Bluebell
November, 2024

Page: 4

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-------------------------------------------------|-----------------|------------------|------------------|-------------------|------------------|-------------------|---------------|
| 94300 Maintenance - Contracts | | | | | | | |
| 10-1-000-006-4330.010 Refuse | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4430.000 Maint Labor Contract | 2,504.50 | 5,262.00 | -2,757.50 | 42,096.00 | 24,853.50 | 63,144.00 | -60.64 |
| 10-1-000-006-4430.010 Garbage & Trash Cont | 0.00 | 333.33 | -333.33 | 2,666.64 | 2,600.89 | 4,000.00 | -34.98 |
| 10-1-000-006-4430.020 Heating & Cooling Cont | 0.00 | 3,750.00 | -3,750.00 | 30,000.00 | 0.00 | 45,000.00 | -100.00 |
| 10-1-000-006-4430.030 Snow Removal Contract | 0.00 | 41.67 | -41.67 | 333.36 | 0.00 | 500.00 | -100.00 |
| 10-1-000-006-4430.040 Elevator Maint Cont | 0.00 | 208.33 | -208.33 | 1,666.64 | 720.00 | 2,500.00 | -71.20 |
| 10-1-000-006-4430.050 Landscape & Grds Cont | 0.00 | 208.33 | -208.33 | 1,666.64 | 294.00 | 2,500.00 | -88.24 |
| 10-1-000-006-4430.060 Unit Turnaround Cont | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4430.070 Electrical Contracts | 8.02 | 83.33 | -75.31 | 666.64 | 118.02 | 1,000.00 | -88.20 |
| 10-1-000-006-4430.080 Plumbing Contracts | 0.00 | 333.33 | -333.33 | 2,666.64 | 2,274.00 | 4,000.00 | -43.15 |
| 10-1-000-006-4430.090 Extermination Contracts | 0.00 | 208.33 | -208.33 | 1,666.64 | 8,500.00 | 2,500.00 | 240.00 |
| 10-1-000-006-4430.100 Janitorial Contracts | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4430.110 Routine Maint Cont | 0.00 | 583.33 | -583.33 | 4,666.64 | 618.40 | 7,000.00 | -91.17 |
| 10-1-000-006-4430.111 Flooring Contract | 0.00 | 666.67 | -666.67 | 5,333.36 | 8,486.76 | 8,000.00 | 6.08 |
| 10-1-000-006-4430.120 Other Misc. Cont Cost | 0.00 | 0.00 | 0.00 | 0.00 | 780.30 | 0.00 | |
| 10-1-000-006-4430.121 Laundry Equip Contract | 0.00 | 166.67 | -166.67 | 1,333.36 | 190.00 | 2,000.00 | -90.50 |
| 10-1-000-006-4430.126 Vehicle Maint Cont | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4431.000 Trash Removal | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 94300 | 2,512.52 | 11,845.32 | -9,332.80 | 94,762.56 | 49,435.87 | 142,144.00 | -65.22 |
| 94500 Maintenance - Ordinary/Benefits | | | | | | | |
| 10-1-000-006-4410.500 Maint Emp Benefit | 486.94 | 593.00 | -106.06 | 4,744.00 | 2,704.38 | 7,116.00 | -62.00 |
| Total Line 94500 | 486.94 | 593.00 | -106.06 | 4,744.00 | 2,704.38 | 7,116.00 | -62.00 |
| 94000 TOTAL MAINTENANCE EXPENSES | 9,031.67 | 16,253.48 | -7,221.81 | 130,027.84 | 68,717.19 | 195,042.00 | -64.77 |
| TOTAL PROTECTIVE SERVICES EXPENSE | | | | | | | |
| 95200 Protective Services - Contract | | | | | | | |
| 10-1-000-006-4480.000 Police Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4480.006 Safety/Security Labor Fee | 612.00 | 510.00 | 102.00 | 4,080.00 | 4,386.00 | 6,120.00 | -28.33 |
| 10-1-000-006-4480.100 ADT Contract | 35.99 | 150.00 | -114.01 | 1,200.00 | 3,540.06 | 1,800.00 | 96.67 |
| 10-1-000-006-4480.500 Other Security Contract | 0.00 | 333.33 | -333.33 | 2,666.64 | 1,603.19 | 4,000.00 | -59.92 |
| Total Line 95200 | 647.99 | 993.33 | -345.34 | 7,946.64 | 9,529.25 | 11,920.00 | -20.06 |
| 95300 Protective Services - Other | | | | | | | |
| Total Line 95300 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 95000 TOTAL PROTECTIVE SERVICES EXP | 647.99 | 993.33 | -345.34 | 7,946.64 | 9,529.25 | 11,920.00 | -20.06 |
| INSURANCE PREMIUMS EXPENSE | | | | | | | |
| 96110 Property 120 Liab. 130 Work Comp | | | | | | | |
| 10-1-000-006-4510.010 Property Insurance | 1,567.80 | 1,600.00 | -32.20 | 12,800.00 | 12,542.40 | 19,200.00 | -34.68 |
| 10-1-000-006-4510.020 Liability Insurance | 126.03 | 129.00 | -2.97 | 1,032.00 | 1,008.24 | 1,548.00 | -34.87 |
| 10-1-000-006-4510.030 Work Comp | 23.69 | 29.00 | -5.31 | 232.00 | 189.52 | 348.00 | -45.54 |
| Total Line 96110 96120 96130 | 1,717.52 | 1,758.00 | -40.48 | 14,064.00 | 13,740.16 | 21,096.00 | -34.87 |
| 96140 All Other Insurance | | | | | | | |
| 10-1-000-006-4510.015 Equipment Insurance | 55.02 | 57.00 | -1.98 | 456.00 | 440.16 | 684.00 | -35.65 |
| 10-1-000-006-4510.025 PE & PO Insurance | 6.92 | 8.00 | -1.08 | 64.00 | 55.36 | 96.00 | -42.33 |
| 10-1-000-006-4510.035 Auto Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4510.040 Other Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96140 | 61.94 | 65.00 | -3.06 | 520.00 | 495.52 | 780.00 | -36.47 |
| 96100 TOTAL INSURANCE PREMIUMS EXP | 1,779.46 | 1,823.00 | -43.54 | 14,584.00 | 14,235.68 | 21,876.00 | -34.93 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - AMP 3 Bluebell
November, 2024

Page: 5

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|------------------|------------------|------------------|-------------------|-------------------|-------------------|----------------|
| GENERAL EXPENSES | | | | | | | |
| 96200 Other General Expenses | | | | | | | |
| 10-1-000-006-4590.000 Other General | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96210 Compensated Absences | | | | | | | |
| 10-1-000-006-4110.001 Salaries Comp Absences | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4595.000 Compensated Absences | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96210 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96300 Payment In Lieu Of Taxes - PILOT | | | | | | | |
| 10-1-000-006-4520.000 Pay in lieu of Tax | 1,457.60 | 1,233.25 | 224.35 | 9,866.00 | 11,488.32 | 14,799.00 | -22.37 |
| Total Line 96300 | 1,457.60 | 1,233.25 | 224.35 | 9,866.00 | 11,488.32 | 14,799.00 | -22.37 |
| 96400 Bad Debt - Tenant Rents | | | | | | | |
| 10-1-000-006-4570.000 Collection Losses | 1,231.72 | 0.00 | 1,231.72 | 0.00 | 1,837.12 | 0.00 | |
| Total Line 96400 | 1,231.72 | 0.00 | 1,231.72 | 0.00 | 1,837.12 | 0.00 | |
| 96800 Severance Expense | | | | | | | |
| 10-1-000-006-4530.000 Term Leave Pay | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96800 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96000 TOTAL OTHER GENERAL EXPENSES | 2,689.32 | 1,233.25 | 1,456.07 | 9,866.00 | 13,325.44 | 14,799.00 | -9.96 |
| 96900 TOTAL OPERATING EXPENSE | 25,753.85 | 34,377.48 | -8,623.63 | 275,019.84 | 193,519.05 | 412,530.00 | -53.09 |
| 97000 NET REVENUE/EXPENSE (-Gain/Loss) | -172.13 | 6,019.91 | -6,192.04 | 48,159.28 | -18,757.92 | 72,239.00 | -125.97 |
| MISCELLANEOUS EXPENSE | | | | | | | |
| 97100 Extraordinary Maintenance | | | | | | | |
| 10-1-000-006-4610.010 Extraordinary Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4610.020 Extraordinary Materials | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4610.030 Extraordinary Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97100 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97200 Casualty Losses - Non-capitalized | | | | | | | |
| 10-1-000-006-4620.010 Casualty Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4620.020 Casualty Materials | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10-1-000-006-4620.030 Casualty Contract Costs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97400 Depreciation Expense | | | | | | | |
| 10-1-000-006-4800.000 Depreciation Exp BB | 3,575.00 | 0.00 | 3,575.00 | 0.00 | 28,600.00 | 0.00 | |
| Total Line 97400 | 3,575.00 | 0.00 | 3,575.00 | 0.00 | 28,600.00 | 0.00 | |
| 97500 Fraud Losses | | | | | | | |
| Total Line 97500 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97800 Dwelling Units Rent Expense | | | | | | | |
| Total Line 97800 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 90000 TOTAL MISCELLANEOUS EXPENSE | 3,575.00 | 0.00 | 3,575.00 | 0.00 | 28,600.00 | 0.00 | |

Date:
Time:
11

Knox County Housing Authority
FDS Income Statement - AMP 3 Bluebell
November, 2024

Page: 6
Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-------------------------------------------------|-------------|----------------|-------------|-------------|-------------|-------------|------------|
| OTHER FINANCING SOURCES (USES) | | | | | | | |
| 10010 Operating Transfer In | | | | | | | |
| Total Line 10010 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10020 Operating Transfer Out | | | | | | | |
| Total Line 10020 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10030 Operating Xfers from/to Government | | | | | | | |
| Total Line 10030 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10040 Oper Xfers from/to Component Unit | | | | | | | |
| Total Line 10040 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10060 Proceeds Sale Property -gain/loss | | | | | | | |
| Total Line 10060 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10070 Extraordinary Items Net -Gain/Loss | | | | | | | |
| Total Line 10050 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10080 Special Items (Net -Gain/Loss) | | | | | | | |
| Total Line 10060 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10093 Xfers - In between Amps | | | | | | | |
| 10-1-000-006-9111.000 Xfers In from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 10093 Xfers - In from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10094 Xfer - Out between Amps | | | | | | | |
| 10-1-000-006-9111.100 Xfers Out from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 10094 Xfers - Out from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10100 TOTAL OTHER FINANCING SOURCES-USES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10000 EXCESS REVENUE/EXPENS (-Gain/Loss) | 3,402.87 | 6,019.91 | -2,617.04 | 48,159.28 | 9,842.08 | 72,239.00 | -86.38 |

Date:
Time:
11

Knox County Housing Authority
FDS Income Statement - Brentwood
November, 2024

Page: 1
Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|----------------------------------------------|-------------------|-------------------|------------------|--------------------|--------------------|--------------------|---------------|
| pum | 72.00 | 72.00 | 0.00 | 576.00 | 576.00 | 864.00 | 0.00 |
| REVENUE | | | | | | | |
| 70300 Net Tenant Rent Revenue | | | | | | | |
| 60-1-000-000-5120.000 Rent - Brentwood | -31,499.00 | -28,909.33 | -2,589.67 | -231,274.64 | -231,385.00 | -346,912.00 | -33.30 |
| 60-1-000-000-5125.000 PHA Rent | -9,636.00 | -11,000.00 | 1,364.00 | -88,000.00 | -75,809.00 | -132,000.00 | -42.57 |
| 60-1-000-000-5220.000 Vacancies - BW | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-5320.000 Rent Adjustments | 0.00 | 0.00 | 0.00 | 0.00 | -815.00 | 0.00 | |
| 60-1-000-000-5970.000 Excess Rent | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-5971.000 Excess Rent to HUD | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70300 | -41,135.00 | -39,909.33 | -1,225.67 | -319,274.64 | -308,009.00 | -478,912.00 | -35.69 |
| 70400 Tenant Revenue - Other | | | | | | | |
| 60-1-000-000-5910.000 Laundry Income | -532.50 | -625.00 | 92.50 | -5,000.00 | -4,847.25 | -7,500.00 | -35.37 |
| 60-1-000-000-5920.000 Bad Check Charges | 0.00 | -3.33 | 3.33 | -26.64 | -65.00 | -40.00 | 62.50 |
| 60-1-000-000-5920.100 Deposits Forfeited | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-5922.000 Labor & Materials | -1,656.00 | -600.00 | -1,056.00 | -4,800.00 | -5,497.26 | -7,200.00 | -23.65 |
| 60-1-000-000-5923.000 Misc Charges | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-5925.000 Late Charges | -200.00 | -60.00 | -140.00 | -480.00 | -1,132.00 | -720.00 | 57.22 |
| 60-1-000-000-5926.000 Violation Charges | 0.00 | -40.42 | 40.42 | -323.36 | -500.00 | -485.00 | 3.09 |
| 60-1-000-000-5930.000 Retained HAP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70400 | -2,388.50 | -1,328.75 | -1,059.75 | -10,630.00 | -12,041.51 | -15,945.00 | -24.48 |
| 70500 TOTAL TENANT REVENUE | -43,523.50 | -41,238.08 | -2,285.42 | -329,904.64 | -320,050.51 | -494,857.00 | -35.32 |
| 70600 HUD PHA Operating Grants | | | | | | | |
| 60-1-000-000-5126.000 HAP - Brentwood S8 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-5500.000 HUD Interest Payment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70600 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 70800 Other Government Grants | | | | | | | |
| 60-1-000-000-5990.000 Income from Grants | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70800 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 71100 Investment Income - Unrestricted | | | | | | | |
| 60-1-000-000-5410.000 Interest Income | -643.69 | -700.00 | 56.31 | -5,600.00 | -3,427.70 | -8,400.00 | -59.19 |
| 60-1-000-000-5410.025 Interest Inc - Sec Dep | -0.56 | -0.58 | 0.02 | -4.64 | -4.50 | -7.00 | -35.71 |
| Total Line 71100 | -644.25 | -700.58 | 56.33 | -5,604.64 | -3,432.20 | -8,407.00 | -59.17 |
| 71400 Fraud Recovery | | | | | | | |
| Total Line 71400 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 71500 Other Revenue | | | | | | | |
| 60-1-000-000-5127.000 Office Rent Receipt | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-5900.000 Other Income | 0.00 | -16.67 | 16.67 | -133.36 | -46.00 | -200.00 | -77.00 |
| 60-1-000-000-5901.000 Income - LR Amps | 0.00 | -83.33 | 83.33 | -666.64 | 0.00 | -1,000.00 | -100.00 |
| Total Line 71500 | 0.00 | -100.00 | 100.00 | -800.00 | -46.00 | -1,200.00 | -96.17 |
| 72000 Investment Income - Restricted | | | | | | | |
| 60-1-000-000-5440.000 Rep Res Interest | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-5450.000 Residual Res Int Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 72000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 70000 TOTAL REVENUE | -44,167.75 | -42,038.66 | -2,129.09 | -336,309.28 | -323,528.71 | -504,464.00 | -35.87 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - Brentwood
November, 2024

Page: 2

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|----------------------------------------------|------------------|------------------|-----------------|-------------------|------------------|-------------------|---------------|
| EXPENSES | | | | | | | |
| ADMINISTRATIVE | | | | | | | |
| 91100 Administrative Salaries | | | | | | | |
| 60-1-000-000-6310.000 Admin Salaries | 2,075.61 | 1,507.00 | 568.61 | 12,056.00 | 8,826.24 | 18,084.00 | -51.19 |
| 60-1-000-000-6330.000 Manager Salaries | 4,364.16 | 2,875.00 | 1,489.16 | 23,000.00 | 23,249.96 | 34,500.00 | -32.61 |
| Total Line 91100 | 6,439.77 | 4,382.00 | 2,057.77 | 35,056.00 | 32,076.20 | 52,584.00 | -39.00 |
| 91200 Auditing Fees | | | | | | | |
| 60-1-000-000-6350.000 Audit | 0.00 | 117.00 | -117.00 | 936.00 | 0.00 | 1,404.00 | -100.00 |
| Total Line 91200 | 0.00 | 117.00 | -117.00 | 936.00 | 0.00 | 1,404.00 | -100.00 |
| 91300 Management Fee | | | | | | | |
| 60-1-000-000-6320.000 Management Fees | 3,744.00 | 3,744.00 | 0.00 | 29,952.00 | 29,640.00 | 44,928.00 | -34.03 |
| Total Line 91300 | 3,744.00 | 3,744.00 | 0.00 | 29,952.00 | 29,640.00 | 44,928.00 | -34.03 |
| 91310 Book-keeping Fee | | | | | | | |
| 60-1-000-000-6351.000 Bookkeeping Fees | 540.00 | 540.00 | 0.00 | 4,320.00 | 4,275.00 | 6,480.00 | -34.03 |
| Total Line 91310 | 540.00 | 540.00 | 0.00 | 4,320.00 | 4,275.00 | 6,480.00 | -34.03 |
| 91400 Advertising & Marketing | | | | | | | |
| 60-1-000-000-6210.000 Advertising | 0.00 | 30.00 | -30.00 | 240.00 | 0.00 | 360.00 | -100.00 |
| Total Line 91400 | 0.00 | 30.00 | -30.00 | 240.00 | 0.00 | 360.00 | -100.00 |
| 91500 Benefit Contributions - Admin | | | | | | | |
| 60-1-000-000-6310.500 Admin Benefits | 492.65 | 374.00 | 118.65 | 2,992.00 | 2,152.59 | 4,488.00 | -52.04 |
| 60-1-000-000-6330.500 Manager's Benefits | 1,549.91 | 1,033.00 | 516.91 | 8,264.00 | 8,331.08 | 12,396.00 | -32.79 |
| Total Line 91500 | 2,042.56 | 1,407.00 | 635.56 | 11,256.00 | 10,483.67 | 16,884.00 | -37.91 |
| 91600 Office Expense | | | | | | | |
| 60-1-000-000-6250.000 Misc Rent Expense | 0.00 | 125.00 | -125.00 | 1,000.00 | 325.72 | 1,500.00 | -78.29 |
| 60-1-000-000-6311.000 Office Exp - BW | 3.80 | 202.50 | -198.70 | 1,620.00 | 2,150.44 | 2,430.00 | -11.50 |
| 60-1-000-000-6311.050 Office Rental Exp | 243.00 | 271.50 | -28.50 | 2,172.00 | 1,944.00 | 3,258.00 | -40.33 |
| 60-1-000-000-6311.100 Phone/Internet Exp | 35.98 | 116.67 | -80.69 | 933.36 | 682.70 | 1,400.00 | -51.24 |
| 60-1-000-000-6311.150 IT Support | 0.00 | 166.67 | -166.67 | 1,333.36 | 901.79 | 2,000.00 | -54.91 |
| 60-1-000-000-6311.200 Office Furniture | 0.00 | 16.67 | -16.67 | 133.36 | 0.00 | 200.00 | -100.00 |
| Total Line 91600 | 282.78 | 899.01 | -616.23 | 7,192.08 | 6,004.65 | 10,788.00 | -44.34 |
| 91700 Legal Expense | | | | | | | |
| 60-1-000-000-6340.000 Legal | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 91700 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 91800 Travel Expense | | | | | | | |
| 60-1-000-000-6365.000 Travel - Staff | 0.00 | 100.00 | -100.00 | 800.00 | 259.47 | 1,200.00 | -78.38 |
| 60-1-000-000-6365.010 Travel - Commissioners | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6365.100 Mileage, Staff - BW | 130.93 | 110.00 | 20.93 | 880.00 | 922.66 | 1,320.00 | -30.10 |
| Total Line 91800 | 130.93 | 210.00 | -79.07 | 1,680.00 | 1,182.13 | 2,520.00 | -53.09 |
| 91900 Other Expense | | | | | | | |
| 60-1-000-000-6350.700 Mental Health Fee | 864.00 | 864.00 | 0.00 | 6,912.00 | 6,912.00 | 10,368.00 | -33.33 |
| 60-1-000-000-6350.800 Participant Fee | 864.00 | 864.00 | 0.00 | 6,912.00 | 6,912.00 | 10,368.00 | -33.33 |
| 60-1-000-000-6352.500 Other Fee Exp | 5.00 | 1.67 | 3.33 | 13.36 | 5.00 | 20.00 | -75.00 |
| 60-1-000-000-6360.000 Training - Staff | 0.00 | 166.67 | -166.67 | 1,333.36 | 437.50 | 2,000.00 | -78.13 |
| 60-1-000-000-6360.010 Training - Commiss | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6380.000 Consulting Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6380.100 Inspection Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6380.500 Translating Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6390.000 Fee for Service Exp | 26.98 | 50.00 | -23.02 | 400.00 | 186.59 | 600.00 | -68.90 |
| 60-1-000-000-6399.000 Other Administrative | 0.00 | 83.33 | -83.33 | 666.64 | 32.50 | 1,000.00 | -96.75 |
| Total Line 91900 | 1,759.98 | 2,029.67 | -269.69 | 16,237.36 | 14,485.59 | 24,356.00 | -40.53 |
| 91000 TOTAL OPERATING EXPENSE - Admin | 14,940.02 | 13,358.68 | 1,581.34 | 106,869.44 | 98,147.24 | 160,304.00 | -38.77 |

11

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|-------------|----------------|-----------|------------|-------------|------------|------------|
| UTILITIES | | | | | | | |
| 93100 Water,200 Elect,300 Gas,600 Sewer | | | | | | | |
| 60-1-000-000-6450.000 Utilites - Electric | 0.00 | 425.00 | -425.00 | 3,400.00 | 3,139.87 | 5,100.00 | -38.43 |
| 60-1-000-000-6451.000 Utilities - Water | 864.01 | 900.00 | -35.99 | 7,200.00 | 8,374.87 | 10,800.00 | -22.45 |
| 60-1-000-000-6452.000 Utilities - Gas | 0.00 | 125.00 | -125.00 | 1,000.00 | 563.31 | 1,500.00 | -62.45 |
| 60-1-000-000-6453.000 Utilities - Sewer | 2,159.26 | 1,800.00 | 359.26 | 14,400.00 | 19,198.88 | 21,600.00 | -11.12 |
| Total Line 93100, 93200, 93300, 93600 | 3,023.27 | 3,250.00 | -226.73 | 26,000.00 | 31,276.93 | 39,000.00 | -19.80 |
| 93000 TOTAL UTILITIES EXPENSES | 3,023.27 | 3,250.00 | -226.73 | 26,000.00 | 31,276.93 | 39,000.00 | -19.80 |
| MAINTENANCE & OPERATIONS EXPENSE | | | | | | | |
| 94100 Maintenance - Labor | | | | | | | |
| 60-1-000-000-6510.000 Maint Salaries | 5,839.20 | 4,141.67 | 1,697.53 | 33,133.36 | 33,532.88 | 49,700.00 | -32.53 |
| 60-1-000-000-6510.100 OT Maintenance | 96.88 | 200.00 | -103.12 | 1,600.00 | 434.72 | 2,400.00 | -81.89 |
| 60-1-000-000-6510.200 Maint from Amps | 70.00 | 166.67 | -96.67 | 1,333.36 | 402.50 | 2,000.00 | -79.88 |
| Total Line 94100 | 6,006.08 | 4,508.34 | 1,497.74 | 36,066.72 | 34,370.10 | 54,100.00 | -36.47 |
| 94200 Maintenance - Materials/Supplies | | | | | | | |
| 60-1-000-000-6515.010 Garbage/Trash Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6515.020 Heat/Cool Supplies | 0.00 | 166.67 | -166.67 | 1,333.36 | 361.00 | 2,000.00 | -81.95 |
| 60-1-000-000-6515.030 Snow Removal Supplies | 0.00 | 58.33 | -58.33 | 466.64 | 0.00 | 700.00 | -100.00 |
| 60-1-000-000-6515.040 Roofing Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6515.050 Lndscape/Grnd Supplies | 0.00 | 250.00 | -250.00 | 2,000.00 | 381.65 | 3,000.00 | -87.28 |
| 60-1-000-000-6515.070 Electrical Supplies | 0.00 | 135.00 | -135.00 | 1,080.00 | 649.90 | 1,620.00 | -59.88 |
| 60-1-000-000-6515.080 Plumbing Supplies | 0.00 | 400.00 | -400.00 | 3,200.00 | 1,430.13 | 4,800.00 | -70.21 |
| 60-1-000-000-6515.090 Extermination Supplies | 0.00 | 16.67 | -16.67 | 133.36 | 0.00 | 200.00 | -100.00 |
| 60-1-000-000-6515.100 Janitorial Supplies | 0.00 | 150.00 | -150.00 | 1,200.00 | 355.85 | 1,800.00 | -80.23 |
| 60-1-000-000-6515.110 Routine Maint. Supplies | 0.00 | 983.33 | -983.33 | 7,866.64 | 2,417.26 | 11,800.00 | -79.51 |
| 60-1-000-000-6515.114 Painting Supplies - BW | 0.00 | 140.00 | -140.00 | 1,120.00 | 1,205.47 | 1,680.00 | -28.25 |
| 60-1-000-000-6515.115 Refrigerators | 0.00 | 275.00 | -275.00 | 2,200.00 | 1,240.00 | 3,300.00 | -62.42 |
| 60-1-000-000-6515.116 Stoves | 0.00 | 150.00 | -150.00 | 1,200.00 | 0.00 | 1,800.00 | -100.00 |
| 60-1-000-000-6515.120 Misc. Other Supplies | 0.00 | 62.50 | -62.50 | 500.00 | 19.40 | 750.00 | -97.41 |
| 60-1-000-000-6515.500 Small Tools/Equipment | 0.00 | 16.67 | -16.67 | 133.36 | 79.99 | 200.00 | -60.01 |
| Total Line 94200 | 0.00 | 2,804.17 | -2,804.17 | 22,433.36 | 8,140.65 | 33,650.00 | -75.81 |
| 94300 Maintenance - Contracts | | | | | | | |
| 60-1-000-000-6520.010 Garbage/Trash Contract | 0.00 | 1,183.33 | -1,183.33 | 9,466.64 | 7,066.40 | 14,200.00 | -50.24 |
| 60-1-000-000-6520.020 Heat/Cool Contract | 0.00 | 291.67 | -291.67 | 2,333.36 | 0.00 | 3,500.00 | -100.00 |
| 60-1-000-000-6520.030 Snow Removal Contract | 0.00 | 166.67 | -166.67 | 1,333.36 | 0.00 | 2,000.00 | -100.00 |
| 60-1-000-000-6520.040 Roofing Contracts | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6520.050 Landscape&Grds Cont | 0.00 | 916.67 | -916.67 | 7,333.36 | 887.00 | 11,000.00 | -91.94 |
| 60-1-000-000-6520.060 Unit Turn Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6520.070 Electrical Contract | 0.00 | 65.00 | -65.00 | 520.00 | 0.00 | 780.00 | -100.00 |
| 60-1-000-000-6520.080 Plumbing Contract | 0.00 | 666.67 | -666.67 | 5,333.36 | 1,195.43 | 8,000.00 | -85.06 |
| 60-1-000-000-6520.090 Extermination Contract | 0.00 | 485.00 | -485.00 | 3,880.00 | 3,776.00 | 5,820.00 | -35.12 |
| 60-1-000-000-6520.100 Janitorial Contract | 225.00 | 97.92 | 127.08 | 783.36 | 675.00 | 1,175.00 | -42.55 |
| 60-1-000-000-6520.110 Routine Maint. Contract | 0.00 | 1,491.67 | -1,491.67 | 11,933.36 | 1,586.76 | 17,900.00 | -91.14 |
| 60-1-000-000-6520.111 Carpet Repr/Repl Cont. | 0.00 | 1,383.33 | -1,383.33 | 11,066.64 | 3,188.00 | 16,600.00 | -80.80 |
| 60-1-000-000-6520.120 Misc. Other Contracts | 0.00 | 1,766.67 | -1,766.67 | 14,133.36 | 0.00 | 21,200.00 | -100.00 |
| Total Line 94300 - (sub acct) | 225.00 | 8,514.60 | -8,289.60 | 68,116.80 | 18,374.59 | 102,175.00 | -82.02 |
| 94500 Maintenance - Ordinary/Benefits | | | | | | | |
| 60-1-000-000-6510.500 Maint. Employee Ben. | 2,460.92 | 1,666.67 | 794.25 | 13,333.36 | 14,072.90 | 20,000.00 | -29.64 |
| Total Line 94500 | 2,460.92 | 1,666.67 | 794.25 | 13,333.36 | 14,072.90 | 20,000.00 | -29.64 |
| 94000 TOTAL MAINTENANCE EXPENSES | 8,692.00 | 17,493.78 | -8,801.78 | 139,950.24 | 74,958.24 | 209,925.00 | -64.29 |
| TOTAL PROTECTIVE SERVICES EXPENSE | | | | | | | |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - Brentwood
November, 2024

Page: 4

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-------------------------------------------------|-------------------|------------------|-------------------|-------------------|-------------------|-------------------|---------------|
| 95100 Protective Services - Labor | | | | | | | |
| Total Line 95100 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 95200 Protective Services - Contract | | | | | | | |
| 60-1-000-000-6580.006 Safety/Sec Labor Fee | 864.00 | 720.00 | 144.00 | 5,760.00 | 6,912.00 | 8,640.00 | -20.00 |
| 60-1-000-000-6580.100 ADT Contract | 75.23 | 99.00 | -23.77 | 792.00 | 760.83 | 1,188.00 | -35.96 |
| 60-1-000-000-6580.500 Other Safety Contracts | 0.00 | 61.67 | -61.67 | 493.36 | 295.50 | 740.00 | -60.07 |
| Total Line 95200 | 939.23 | 880.67 | 58.56 | 7,045.36 | 7,968.33 | 10,568.00 | -24.60 |
| 95300 Protective Services - Other | | | | | | | |
| Total Line 95300 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 95000 TOTAL PROTECTIVE SERVICES EXP | 939.23 | 880.67 | 58.56 | 7,045.36 | 7,968.33 | 10,568.00 | -24.60 |
| INSURANCE PREMIUMS EXPENSE | | | | | | | |
| 96110 Property Insurance | | | | | | | |
| 60-1-000-000-6720.000 Property Insurance | 1,551.51 | 1,583.00 | -31.49 | 12,664.00 | 12,412.08 | 18,996.00 | -34.66 |
| Total Line 96110 | 1,551.51 | 1,583.00 | -31.49 | 12,664.00 | 12,412.08 | 18,996.00 | -34.66 |
| 96120 Liability Insurance | | | | | | | |
| 60-1-000-000-6721.000 Liability Insurance | 177.01 | 181.00 | -3.99 | 1,448.00 | 1,416.08 | 2,172.00 | -34.80 |
| Total Line 96120 | 177.01 | 181.00 | -3.99 | 1,448.00 | 1,416.08 | 2,172.00 | -34.80 |
| 96130 Workmen's Compensation | | | | | | | |
| 60-1-000-000-6722.000 Work Comp Insurance | 231.39 | 302.00 | -70.61 | 2,416.00 | 1,851.12 | 3,624.00 | -48.92 |
| Total Line 96130 | 231.39 | 302.00 | -70.61 | 2,416.00 | 1,851.12 | 3,624.00 | -48.92 |
| 96140 All Other Insurance | | | | | | | |
| 60-1-000-000-6720.500 Equipment Insurance | 77.28 | 79.00 | -1.72 | 632.00 | 618.24 | 948.00 | -34.78 |
| 60-1-000-000-6721.500 PE & PO Insurance | 85.77 | 91.00 | -5.23 | 728.00 | 686.16 | 1,092.00 | -37.16 |
| 60-1-000-000-6724.000 Other Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96140 | 163.05 | 170.00 | -6.95 | 1,360.00 | 1,304.40 | 2,040.00 | -36.06 |
| 96100 TOTAL INSURANCE PREMIUMS EXP | 2,122.96 | 2,236.00 | -113.04 | 17,888.00 | 16,983.68 | 26,832.00 | -36.70 |
| GENERAL EXPENSES | | | | | | | |
| 96200 Other General Expenses | | | | | | | |
| 60-1-000-000-6790.000 Other General Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96210 Compensated Absences | | | | | | | |
| 60-1-000-000-6795.000 Compensated Absences | 0.00 | 41.67 | -41.67 | 333.36 | 0.00 | 500.00 | -100.00 |
| Total Line 96210 | 0.00 | 41.67 | -41.67 | 333.36 | 0.00 | 500.00 | -100.00 |
| 96300 Payment In Lieu Of Taxes - PILOT | | | | | | | |
| 60-1-000-000-6710.000 PILOT - Real Estate Tax | 1,690.54 | 2,264.42 | -573.88 | 18,115.36 | 13,836.60 | 27,173.00 | -49.08 |
| Total Line 96300 | 1,690.54 | 2,264.42 | -573.88 | 18,115.36 | 13,836.60 | 27,173.00 | -49.08 |
| 96400 Bad Debt - Tenant Rents | | | | | | | |
| 60-1-000-000-6370.000 Bad Debt | 445.80 | 266.67 | 179.13 | 2,133.36 | 1,134.37 | 3,200.00 | -64.55 |
| Total Line 96400 | 445.80 | 266.67 | 179.13 | 2,133.36 | 1,134.37 | 3,200.00 | -64.55 |
| 96000 TOTAL OTHER GENERAL EXPENSES | 2,136.34 | 2,572.76 | -436.42 | 20,582.08 | 14,970.97 | 30,873.00 | -51.51 |
| INTEREST & AMORTIZATION EXPENSE | | | | | | | |
| 96710 Interest of Mortgage/Bond Payable | | | | | | | |
| 60-1-000-000-6810.000 Interest Exp Payable | 1,276.53 | 1,440.00 | -163.47 | 11,520.00 | 10,489.03 | 17,280.00 | -39.30 |
| 60-1-000-000-6860.000 Security Deposit Interest | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96710 | 1,276.53 | 1,440.00 | -163.47 | 11,520.00 | 10,489.03 | 17,280.00 | -39.30 |
| 96700 TOTAL INTEREST EXP & AMORT | 1,276.53 | 1,440.00 | -163.47 | 11,520.00 | 10,489.03 | 17,280.00 | -39.30 |
| 96900 TOTAL OPERATING EXPENSE | 33,130.35 | 41,231.89 | -8,101.54 | 329,855.12 | 254,794.42 | 494,782.00 | -48.50 |
| 97000 NET REVENUE/EXPENSE (GAIN/-LOSS) | -11,037.40 | -806.77 | -10,230.63 | -6,454.16 | -68,734.29 | -9,682.00 | 609.92 |

Date:
Time:
11

Knox County Housing Authority
FDS Income Statement - Brentwood
November, 2024

Page: 5
Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|-----------------|-----------------|------------------|------------------|------------------|-------------------|----------------|
| MISCELLANEOUS EXPENSE | | | | | | | |
| 97100 Extraordinary Maintenance | | | | | | | |
| 60-1-000-000-6910.010 Extraordinary Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6910.020 Extraordinary Materials | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6910.030 Extraordinary Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97100 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97200 Casualty Losses - Non-capitalized | | | | | | | |
| 60-1-000-000-6920.010 Casualty Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6920.020 Casualty Materials | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-000-6920.030 Casualty Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97400 Depreciation Expense | | | | | | | |
| 60-1-000-000-6600.000 Depreciation Exp - BW | 9,873.00 | 8,333.33 | 1,539.67 | 66,666.64 | 78,984.00 | 100,000.00 | -21.02 |
| Total Line 97400 | 9,873.00 | 8,333.33 | 1,539.67 | 66,666.64 | 78,984.00 | 100,000.00 | -21.02 |
| TOTAL MISCELLANEOUS EXPENSES | 9,873.00 | 8,333.33 | 1,539.67 | 66,666.64 | 78,984.00 | 100,000.00 | -21.02 |
| 90000 TOTAL EXPENSES | 43,003.35 | 49,565.22 | -6,561.87 | 396,521.76 | 333,778.42 | 594,782.00 | -43.88 |
| OTHER FINANCING SOURCES (USES) | | | | | | | |
| 10093 Xfers | | | | | | | |
| 60-1-000-000-9111.000 Xfers In from Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 10093 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 10094 | | | | | | | |
| 60-1-000-000-9111.100 Xfers Out from Amps | 0.00 | 1,814.83 | -1,814.83 | 14,518.64 | 0.00 | 21,778.00 | -100.00 |
| Total Line 10094 | 0.00 | 1,814.83 | -1,814.83 | 14,518.64 | 0.00 | 21,778.00 | -100.00 |
| 10100 TOTAL OTHER FINANCING SOURCES | 0.00 | 1,814.83 | -1,814.83 | 14,518.64 | 0.00 | 21,778.00 | -100.00 |
| 10000 EXCESS REVENUE/EXPENSE GAIN/-LOSS | -1,164.40 | 11,156.22 | -12,320.62 | 89,249.76 | 10,249.71 | 133,874.00 | -92.34 |

MEMO ACCOUNT INFORMATION

| | | | | | | | |
|----------------------------------------|------|------|------|------|------|------|--|
| 11020 Req'd Annual Debt Principal Pmts | | | | | | | |
| Total 2130.000 accts on BS's | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

Date:
Time:
11

**Knox County Housing Authority
FDS Income Statement - Prairieland
November, 2024**

Page: 1
Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|----------------------------------------------|-------------------|-------------------|------------------|--------------------|--------------------|--------------------|---------------|
| pum | 65.00 | 72.00 | 0.00 | 576.00 | 520.00 | 864.00 | 0.00 |
| REVENUE | | | | | | | |
| 70300 Net Tenant Rent Revenue | | | | | | | |
| 60-1-000-001-5120.000 Rent - Prairieland | -28,064.00 | -28,277.00 | 213.00 | -226,216.00 | -210,673.00 | -339,324.00 | -37.91 |
| 60-1-000-001-5125.000 PHA Rent | -3,950.00 | -3,083.00 | -867.00 | -24,664.00 | -26,612.00 | -36,996.00 | -28.07 |
| 60-1-000-001-5220.000 Vacancies - PL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-5320.000 Rent Adjustments | -608.00 | 0.00 | -608.00 | 0.00 | 1,470.00 | 0.00 | |
| 60-1-000-001-5970.000 Excess Rent | 36.00 | -400.00 | 436.00 | -3,200.00 | -4,924.00 | -4,800.00 | 2.58 |
| 60-1-000-001-5971.000 Excess Rent to HUD | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70300 | -32,586.00 | -31,760.00 | -826.00 | -254,080.00 | -240,739.00 | -381,120.00 | -36.83 |
| 70400 Tenant Revenue - Other | | | | | | | |
| 60-1-000-001-5910.000 Laundry Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-5920.000 Bad Check Charges | 0.00 | -3.33 | 3.33 | -26.64 | -65.00 | -40.00 | 62.50 |
| 60-1-000-001-5920.100 Deposits Forfeited | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-5922.000 Labor & Materials | -917.71 | -625.00 | -292.71 | -5,000.00 | -3,153.71 | -7,500.00 | -57.95 |
| 60-1-000-001-5923.000 Misc Charges | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-5925.000 Late Charges | -200.00 | -100.00 | -100.00 | -800.00 | -1,775.00 | -1,200.00 | 47.92 |
| 60-1-000-001-5926.000 Violation Charges | -595.00 | -42.50 | -552.50 | -340.00 | -595.00 | -510.00 | 16.67 |
| 60-1-000-001-5930.000 Retained HAP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70400 | -1,712.71 | -770.83 | -941.88 | -6,166.64 | -5,588.71 | -9,250.00 | -39.58 |
| 70500 TOTAL TENANT REVENUE | -34,298.71 | -32,530.83 | -1,767.88 | -260,246.64 | -246,327.71 | -390,370.00 | -36.90 |
| 70600 HUD PHA Operating Grants | | | | | | | |
| 60-1-000-001-5126.000 HAP - Prairie S8 | -5,661.00 | -4,600.00 | -1,061.00 | -36,800.00 | -44,637.00 | -55,200.00 | -19.14 |
| 60-1-000-001-5500.000 HUD Interest Payment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70600 | -5,661.00 | -4,600.00 | -1,061.00 | -36,800.00 | -44,637.00 | -55,200.00 | -19.14 |
| 70800 Other Government Grants | | | | | | | |
| 60-1-000-001-5990.000 Income from Grants | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 70800 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 71100 Investment Income - Unrestricted | | | | | | | |
| 60-1-000-001-5410.000 Interest Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-5410.025 Interest Inc - Sec Dep | -0.45 | -0.42 | -0.03 | -3.36 | -3.62 | -5.00 | -27.60 |
| Total Line 71100 | -0.45 | -0.42 | -0.03 | -3.36 | -3.62 | -5.00 | -27.60 |
| 71400 Fraud Recovery | | | | | | | |
| Total Line 71400 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 71500 Other Revenue | | | | | | | |
| 60-1-000-001-5127.000 Office Rent Receipt | -243.00 | -271.50 | 28.50 | -2,172.00 | -1,944.00 | -3,258.00 | -40.33 |
| 60-1-000-001-5900.000 Other Income | 0.00 | 0.00 | 0.00 | 0.00 | -389.00 | 0.00 | |
| 60-1-000-001-5901.000 Income - LR Amps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 71500 | -243.00 | -271.50 | 28.50 | -2,172.00 | -2,333.00 | -3,258.00 | -28.39 |
| 72000 Investment Income - Restricted | | | | | | | |
| 60-1-000-001-5440.000 Rep Res Interest | 0.00 | -178.00 | 178.00 | -1,424.00 | -1,343.45 | -2,136.00 | -37.10 |
| 60-1-000-001-5450.000 Residual Res Int Inc | 0.00 | -4.50 | 4.50 | -36.00 | -2.73 | -54.00 | -94.94 |
| Total Line 72000 | 0.00 | -182.50 | 182.50 | -1,460.00 | -1,346.18 | -2,190.00 | -38.53 |
| 70000 TOTAL REVENUE | -40,203.16 | -37,585.25 | -2,617.91 | -300,682.00 | -294,647.51 | -451,023.00 | -34.67 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - Prairieland
November, 2024

Page: 2

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|----------------------------------------------|------------------|------------------|---------------|-------------------|------------------|-------------------|---------------|
| EXPENSES | | | | | | | |
| ADMINISTRATIVE | | | | | | | |
| 91100 Administrative Salaries | | | | | | | |
| 60-1-000-001-6310.000 Admin Salaries | 2,075.64 | 1,507.00 | 568.64 | 12,056.00 | 8,826.36 | 18,084.00 | -51.19 |
| 60-1-000-001-6330.000 Manager's Salaries | 4,364.13 | 2,875.00 | 1,489.13 | 23,000.00 | 23,249.78 | 34,500.00 | -32.61 |
| Total Line 91100 | 6,439.77 | 4,382.00 | 2,057.77 | 35,056.00 | 32,076.14 | 52,584.00 | -39.00 |
| 91200 Auditing Fees | | | | | | | |
| 60-1-000-001-6350.000 Audit | 0.00 | 650.00 | -650.00 | 5,200.00 | 0.00 | 7,800.00 | -100.00 |
| Total Line 91200 | 0.00 | 650.00 | -650.00 | 5,200.00 | 0.00 | 7,800.00 | -100.00 |
| 91300 Management Fee | | | | | | | |
| 60-1-000-001-6320.000 Management Fees | 3,380.00 | 3,380.00 | 0.00 | 27,040.00 | 27,040.00 | 40,560.00 | -33.33 |
| Total Line 91300 | 3,380.00 | 3,380.00 | 0.00 | 27,040.00 | 27,040.00 | 40,560.00 | -33.33 |
| 91310 Book-keeping Fee | | | | | | | |
| 60-1-000-001-6351.000 Bookkeeping Fees | 487.50 | 488.00 | -0.50 | 3,904.00 | 3,900.00 | 5,856.00 | -33.40 |
| Total Line 91310 | 487.50 | 488.00 | -0.50 | 3,904.00 | 3,900.00 | 5,856.00 | -33.40 |
| 91400 Advertising & Marketing | | | | | | | |
| 60-1-000-001-6210.000 Advertising | 0.00 | 33.33 | -33.33 | 266.64 | 0.00 | 400.00 | -100.00 |
| Total Line 91400 | 0.00 | 33.33 | -33.33 | 266.64 | 0.00 | 400.00 | -100.00 |
| 91500 Benefit Contributions - Admin | | | | | | | |
| 60-1-000-001-6310.500 Admin Benefits | 492.68 | 374.00 | 118.68 | 2,992.00 | 2,152.72 | 4,488.00 | -52.03 |
| 60-1-000-001-6330.500 Manager's Benefits | 1,549.88 | 1,033.00 | 516.88 | 8,264.00 | 8,330.92 | 12,396.00 | -32.79 |
| Total Line 91500 | 2,042.56 | 1,407.00 | 635.56 | 11,256.00 | 10,483.64 | 16,884.00 | -37.91 |
| 91600 Office Expense | | | | | | | |
| 60-1-000-001-6250.000 Misc. Rent Expense | 0.00 | 108.33 | -108.33 | 866.64 | 378.01 | 1,300.00 | -70.92 |
| 60-1-000-001-6311.000 Office Exp - PL | 3.79 | 202.50 | -198.71 | 1,620.00 | 2,112.65 | 2,430.00 | -13.06 |
| 60-1-000-001-6311.050 Office Rental Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6311.100 Phone/Internet Exp | 35.97 | 116.67 | -80.70 | 933.36 | 682.52 | 1,400.00 | -51.25 |
| 60-1-000-001-6311.150 IT Support | 0.00 | 166.67 | -166.67 | 1,333.36 | 901.71 | 2,000.00 | -54.91 |
| 60-1-000-001-6311.200 Office Furniture | 0.00 | 16.67 | -16.67 | 133.36 | 0.00 | 200.00 | -100.00 |
| Total Line 91600 | 39.76 | 610.84 | -571.08 | 4,886.72 | 4,074.89 | 7,330.00 | -44.41 |
| 91700 Legal Expense | | | | | | | |
| 60-1-000-001-6340.000 Legal | 0.00 | 117.00 | -117.00 | 936.00 | 0.00 | 1,404.00 | -100.00 |
| Total Line 91700 | 0.00 | 117.00 | -117.00 | 936.00 | 0.00 | 1,404.00 | -100.00 |
| 91800 Travel Expense | | | | | | | |
| 60-1-000-001-6365.000 Travel - Staff | 0.00 | 100.00 | -100.00 | 800.00 | 259.47 | 1,200.00 | -78.38 |
| 60-1-000-001-6365.010 Travel - Commissioners | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6365.100 Mileage, Staff - PL | 164.64 | 100.00 | 64.64 | 800.00 | 1,197.77 | 1,200.00 | -0.19 |
| Total Line 91800 | 164.64 | 200.00 | -35.36 | 1,600.00 | 1,457.24 | 2,400.00 | -39.28 |
| 91900 Other Expense | | | | | | | |
| 60-1-000-001-6350.700 Mental Health Fee | 780.00 | 780.00 | 0.00 | 6,240.00 | 6,240.00 | 9,360.00 | -33.33 |
| 60-1-000-001-6350.800 Participant Fee | 780.00 | 780.00 | 0.00 | 6,240.00 | 6,240.00 | 9,360.00 | -33.33 |
| 60-1-000-001-6352.500 Other Fee Exp | 5.00 | 1.67 | 3.33 | 13.36 | 5.00 | 20.00 | -75.00 |
| 60-1-000-001-6360.000 Training - Staff | 0.00 | 166.67 | -166.67 | 1,333.36 | 437.50 | 2,000.00 | -78.13 |
| 60-1-000-001-6360.010 Training - Commiss | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6380.000 Consulting Services | 0.00 | 83.33 | -83.33 | 666.64 | 0.00 | 1,000.00 | -100.00 |
| 60-1-000-001-6380.100 Inspection Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6380.500 Translating Services | 0.00 | 116.67 | -116.67 | 933.36 | 0.00 | 1,400.00 | -100.00 |
| 60-1-000-001-6390.000 Fee for Service Exp | 22.70 | 45.83 | -23.13 | 366.64 | 154.49 | 550.00 | -71.91 |
| 60-1-000-001-6399.000 Other Administrative | 61.57 | 0.00 | 61.57 | 0.00 | 2,585.92 | 0.00 | |
| Total Line 91900 | 1,649.27 | 1,974.17 | -324.90 | 15,793.36 | 15,662.91 | 23,690.00 | -33.88 |
| 91000 TOTAL OPERATING EXPENSE - Admin | 14,203.50 | 13,242.34 | 961.16 | 105,938.72 | 94,694.82 | 158,908.00 | -40.41 |

Date:

Time:

11

Knox County Housing Authority
FDS Income Statement - Prairieland
November, 2024

Page: 3

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|-----------------|------------------|------------------|-------------------|------------------|-------------------|---------------|
| UTILITIES | | | | | | | |
| 93100 Water,200 Elect,300 Gas,600 Sewer | | | | | | | |
| 60-1-000-001-6450.000 Utilities Electric | 0.00 | 310.00 | -310.00 | 2,480.00 | 2,718.41 | 3,720.00 | -26.92 |
| 60-1-000-001-6451.000 Utilities Water | 1,081.57 | 1,035.00 | 46.57 | 8,280.00 | 8,762.09 | 12,420.00 | -29.45 |
| 60-1-000-001-6452.000 Utilities Gas | 0.00 | 140.00 | -140.00 | 1,120.00 | 749.67 | 1,680.00 | -55.38 |
| 60-1-000-001-6453.000 Utilities Sewer | 2,594.77 | 2,200.00 | 394.77 | 17,600.00 | 20,254.04 | 26,400.00 | -23.28 |
| Total Line 93100, 93200, 93300, 93600 | 3,676.34 | 3,685.00 | -8.66 | 29,480.00 | 32,484.21 | 44,220.00 | -26.54 |
| 93000 TOTAL UTILITIES EXPENSES | 3,676.34 | 3,685.00 | -8.66 | 29,480.00 | 32,484.21 | 44,220.00 | -26.54 |
| MAINTENANCE & OPERATIONS EXPENSE | | | | | | | |
| 94100 Maintenance - Labor | | | | | | | |
| 60-1-000-001-6510.000 Maintenance Salaries | 5,839.20 | 4,141.67 | 1,697.53 | 33,133.36 | 33,532.88 | 49,700.00 | -32.53 |
| 60-1-000-001-6510.100 OT Maintenance | 96.89 | 200.00 | -103.11 | 1,600.00 | 434.74 | 2,400.00 | -81.89 |
| 60-1-000-001-6510.200 Maint from Amps | 0.00 | 166.67 | -166.67 | 1,333.36 | 0.00 | 2,000.00 | -100.00 |
| Total Line 94100 | 5,936.09 | 4,508.34 | 1,427.75 | 36,066.72 | 33,967.62 | 54,100.00 | -37.21 |
| 94200 Maintenance - Materials/Supplies | | | | | | | |
| 60-1-000-001-6515.010 Garbage/Trash Supples | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6515.020 Heat/Cool Supplies | 49.40 | 185.00 | -135.60 | 1,480.00 | 818.59 | 2,220.00 | -63.13 |
| 60-1-000-001-6515.030 Snow Removal Supplies | 0.00 | 58.33 | -58.33 | 466.64 | 0.00 | 700.00 | -100.00 |
| 60-1-000-001-6515.040 Roofing Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6515.050 Lndscape/Grnd Supplies | 0.00 | 450.00 | -450.00 | 3,600.00 | 2,654.80 | 5,400.00 | -50.84 |
| 60-1-000-001-6515.070 Electrical Supplies | 7.99 | 100.00 | -92.01 | 800.00 | 621.84 | 1,200.00 | -48.18 |
| 60-1-000-001-6515.080 Plumbing Supplies | 195.86 | 656.67 | -460.81 | 5,253.36 | 1,768.97 | 7,880.00 | -77.55 |
| 60-1-000-001-6515.090 Extermination Supplies | 0.00 | 25.00 | -25.00 | 200.00 | 0.00 | 300.00 | -100.00 |
| 60-1-000-001-6515.100 Janitorial Supplies | 0.00 | 60.00 | -60.00 | 480.00 | 447.20 | 720.00 | -37.89 |
| 60-1-000-001-6515.110 Routine Maint. Supplies | 35.57 | 666.67 | -631.10 | 5,333.36 | 3,648.35 | 8,000.00 | -54.40 |
| 60-1-000-001-6515.114 Painting Supplies - PL | 122.85 | 185.00 | -62.15 | 1,480.00 | 751.39 | 2,220.00 | -66.15 |
| 60-1-000-001-6515.115 Refrigerators | 0.00 | 275.00 | -275.00 | 2,200.00 | 0.00 | 3,300.00 | -100.00 |
| 60-1-000-001-6515.116 Stoves | 0.00 | 225.00 | -225.00 | 1,800.00 | 0.00 | 2,700.00 | -100.00 |
| 60-1-000-001-6515.120 Other Misc. Supplies | 0.00 | 83.33 | -83.33 | 666.64 | 190.39 | 1,000.00 | -80.96 |
| 60-1-000-001-6515.500 Small Tools/Equipment | 0.00 | 33.33 | -33.33 | 266.64 | 0.00 | 400.00 | -100.00 |
| Total Line 94200 | 411.67 | 3,003.33 | -2,591.66 | 24,026.64 | 10,901.53 | 36,040.00 | -69.75 |
| 94300 Maintenance - Contracts | | | | | | | |
| 60-1-000-001-6520.010 Garbage/Trash Contract | 0.00 | 725.00 | -725.00 | 5,800.00 | 4,850.15 | 8,700.00 | -44.25 |
| 60-1-000-001-6520.020 Heat/Cool Contract | 0.00 | 375.00 | -375.00 | 3,000.00 | 1,464.90 | 4,500.00 | -67.45 |
| 60-1-000-001-6520.030 Snow Removal Contract | 0.00 | 166.67 | -166.67 | 1,333.36 | 0.00 | 2,000.00 | -100.00 |
| 60-1-000-001-6520.040 Roofing Contracts | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6520.050 Landscape&Grnds Cont | 0.00 | 1,341.67 | -1,341.67 | 10,733.36 | 3,000.00 | 16,100.00 | -81.37 |
| 60-1-000-001-6520.060 Unit Turn Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6520.070 Electrical Contract | 0.00 | 16.67 | -16.67 | 133.36 | 0.00 | 200.00 | -100.00 |
| 60-1-000-001-6520.080 Plumbing Contract | 0.00 | 550.00 | -550.00 | 4,400.00 | 205.19 | 6,600.00 | -96.89 |
| 60-1-000-001-6520.090 Extermin Contract | 0.00 | 283.33 | -283.33 | 2,266.64 | 1,071.00 | 3,400.00 | -68.50 |
| 60-1-000-001-6520.100 Janitorial | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6520.110 Routine Main. Contract | 0.00 | 75.00 | -75.00 | 600.00 | 51.24 | 900.00 | -94.31 |
| 60-1-000-001-6520.111 Carpet Repr/Repl Cont. | 0.00 | 1,118.33 | -1,118.33 | 8,946.64 | 0.00 | 13,420.00 | -100.00 |
| 60-1-000-001-6520.120 Other Misc. Contracts | 0.00 | 1,333.33 | -1,333.33 | 10,666.64 | 0.00 | 16,000.00 | -100.00 |
| Total Line 94300 - (sub acct) | 0.00 | 5,985.00 | -5,985.00 | 47,880.00 | 10,642.48 | 71,820.00 | -85.18 |
| 94500 Maintenance - Ordinary/Benefits | | | | | | | |
| 60-1-000-001-6510.500 Maint.Benefits | 2,461.00 | 1,666.67 | 794.33 | 13,333.36 | 14,073.33 | 20,000.00 | -29.63 |
| Total Line 94500 | 2,461.00 | 1,666.67 | 794.33 | 13,333.36 | 14,073.33 | 20,000.00 | -29.63 |
| 94000 TOTAL MAINTENANCE EXPENSES | 8,808.76 | 15,163.34 | -6,354.58 | 121,306.72 | 69,584.96 | 181,960.00 | -61.76 |
| TOTAL PROTECTIVE SERVICES EXPENSE | | | | | | | |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - Prairieland
November, 2024

Page: 4

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|------------------|------------------|------------------|-------------------|-------------------|-------------------|------------------|
| 95100 Protective Services - Labor | | | | | | | |
| Total Line 95100 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 95200 Protective Services - Contract | | | | | | | |
| 60-1-000-001-6580.006 Safety/Sec Labor Fee | 780.00 | 780.00 | 0.00 | 6,240.00 | 6,240.00 | 9,360.00 | -33.33 |
| 60-1-000-001-6580.100 ADT Contract | 75.22 | 98.00 | -22.78 | 784.00 | 760.71 | 1,176.00 | -35.31 |
| 60-1-000-001-6580.500 Other Safety Contracts | 0.00 | 30.00 | -30.00 | 240.00 | 143.25 | 360.00 | -60.21 |
| Total Line 95200 | 855.22 | 908.00 | -52.78 | 7,264.00 | 7,143.96 | 10,896.00 | -34.44 |
| 95300 Protective Services - Other | | | | | | | |
| Total Line 95300 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 95000 TOTAL PROTECTIVE SERVICES EXP | 855.22 | 908.00 | -52.78 | 7,264.00 | 7,143.96 | 10,896.00 | -34.44 |
| INSURANCE PREMIUMS EXPENSE | | | | | | | |
| 96110 Property Insurance | | | | | | | |
| 60-1-000-001-6720.000 Prpoerty Insurance | 1,563.36 | 1,250.00 | 313.36 | 10,000.00 | 12,506.88 | 15,000.00 | -16.62 |
| Total LIne 96110 | 1,563.36 | 1,250.00 | 313.36 | 10,000.00 | 12,506.88 | 15,000.00 | -16.62 |
| 96120 Liability Insurance | | | | | | | |
| 60-1-000-001-6721.000 Liability Insurance | 160.03 | 165.00 | -4.97 | 1,320.00 | 1,280.24 | 1,980.00 | -35.34 |
| Total Line 96120 | 160.03 | 165.00 | -4.97 | 1,320.00 | 1,280.24 | 1,980.00 | -35.34 |
| 96130 Workmen's Compensation | | | | | | | |
| 60-1-000-001-6722.000 Work Comp Insurance | 231.39 | 291.67 | -60.28 | 2,333.36 | 1,851.12 | 3,500.00 | -47.11 |
| Total Line 96130 | 231.39 | 291.67 | -60.28 | 2,333.36 | 1,851.12 | 3,500.00 | -47.11 |
| 96140 All Other Insurance | | | | | | | |
| 60-1-000-001-6720.500 Equipment Insurance | 69.86 | 66.67 | 3.19 | 533.36 | 558.88 | 800.00 | -30.14 |
| 60-1-000-001-6721.500 PE & PO Insuranace | 85.77 | 91.00 | -5.23 | 728.00 | 686.16 | 1,092.00 | -37.16 |
| 60-1-000-001-6724.000 Other Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96140 | 155.63 | 157.67 | -2.04 | 1,261.36 | 1,245.04 | 1,892.00 | -34.19 |
| 96100 TOTAL INSURANCE PREMIUMS EXP | 2,110.41 | 1,864.34 | 246.07 | 14,914.72 | 16,883.28 | 22,372.00 | -24.53 |
| GENERAL EXPENSES | | | | | | | |
| 96200 Other General Expenses | | | | | | | |
| 60-1-000-001-6790.000 Other General Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96210 Compensated Absenses | | | | | | | |
| 60-1-000-001-6795.000 Comp Absences | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96210 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 96300 Payment In Lieu Of Taxes - PILOT | | | | | | | |
| 60-1-000-001-6710.000 PILOT - Real Estate Tax | 1,454.83 | 1,440.25 | 14.58 | 11,522.00 | 12,495.59 | 17,283.00 | -27.70 |
| Total Line 96300 | 1,454.83 | 1,440.25 | 14.58 | 11,522.00 | 12,495.59 | 17,283.00 | -27.70 |
| 96400 Bad Debt - Tenant Rents | | | | | | | |
| 60-1-000-001-6370.000 Bad Debt | 381.25 | 87.50 | 293.75 | 700.00 | 1,575.82 | 1,050.00 | 50.08 |
| Total Line 96400 | 381.25 | 87.50 | 293.75 | 700.00 | 1,575.82 | 1,050.00 | 50.08 |
| 96000 TOTAL OTHER GENERAL EXPENSES | 1,836.08 | 1,527.75 | 308.33 | 12,222.00 | 14,071.41 | 18,333.00 | -23.25 |
| INTEREST & AMORTIZATION EXPENSE | | | | | | | |
| 96710 Interest of Mortgage/Bond Payable | | | | | | | |
| 60-1-000-001-6810.000 Interest Exp Payable | 1,276.53 | 1,500.00 | -223.47 | 12,000.00 | 10,488.99 | 18,000.00 | -41.73 |
| 60-1-000-001-6860.000 Sec Dep Int | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 96710 | 1,276.53 | 1,500.00 | -223.47 | 12,000.00 | 10,488.99 | 18,000.00 | -41.73 |
| 96700 TOTAL INTEREST EXP & AMORT | 1,276.53 | 1,500.00 | -223.47 | 12,000.00 | 10,488.99 | 18,000.00 | -41.73 |
| 96900 TOTAL OPERATING EXPENSE | 32,766.84 | 37,890.77 | -5,123.93 | 303,126.16 | 245,351.63 | 454,689.00 | -46.04 |
| 97000 NET REVENUE/EXPENSE (GAIN/-LOSS) | -7,436.32 | 305.52 | -7,741.84 | 2,444.16 | -49,295.88 | 3,666.00 | -1,444.68 |

Date:
Time:
11

Knox County Housing Authority
FDS Income Statement - Prairieland
November, 2024

Page: 5
Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|-----------------|-----------------|---------------|------------------|------------------|------------------|----------------|
| MISCELLANEOUS EXPENSE | | | | | | | |
| 97100 Extraordinary Maintenance | | | | | | | |
| 60-1-000-001-6910.010 Extraordinary Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6910.020 Extraordinary Materials | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6910.030 Extraordinary Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97100 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97200 Casualty Losses - Non-capitalized | | | | | | | |
| 60-1-000-001-6920.010 Casualty Labor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6920.020 Casualty Material | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 60-1-000-001-6920.030 Casualty Contract | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Line 97200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 97400 Depreciation Expense | | | | | | | |
| 60-1-000-001-6600.000 Depreciation Exp - PL | 7,235.00 | 7,210.50 | 24.50 | 57,684.00 | 57,880.00 | 86,526.00 | -33.11 |
| Total Line 97400 | 7,235.00 | 7,210.50 | 24.50 | 57,684.00 | 57,880.00 | 86,526.00 | -33.11 |
| TOTAL MISCELLANEOUS EXPENSES | 7,235.00 | 7,210.50 | 24.50 | 57,684.00 | 57,880.00 | 86,526.00 | -33.11 |
| 90000 TOTAL EXPENSES | 40,001.84 | 45,101.27 | -5,099.43 | 360,810.16 | 303,231.63 | 541,215.00 | -43.97 |
| OTHER FINANCING SOURCES (USES) | | | | | | | |
| 10093 Xfers | | | | | | | |
| 60-1-000-001-9111.000 Xfers In from Amps | 0.00 | -1,814.83 | 1,814.83 | -14,518.64 | 0.00 | -21,778.00 | -100.00 |
| Total Line 10093 | 0.00 | -1,814.83 | 1,814.83 | -14,518.64 | 0.00 | -21,778.00 | -100.00 |
| 10094 | | | | | | | |
| 60-1-000-001-9111.100 Xfers Out from Amps | 0.00 | 1,666.67 | -1,666.67 | 13,333.36 | 0.00 | 20,000.00 | -100.00 |
| Total Line 10094 | 0.00 | 1,666.67 | -1,666.67 | 13,333.36 | 0.00 | 20,000.00 | -100.00 |
| 10100 TOTAL OTHER FINANCING SOURCES | 0.00 | -148.16 | 148.16 | -1,185.28 | 0.00 | -1,778.00 | -100.00 |
| 10000 EXCESS REVENUE/EXPENSE GAIN/-LOSS | -201.32 | 7,219.70 | -7,421.02 | 57,757.60 | 8,584.12 | 86,636.00 | -90.09 |

MEMO ACCOUNT INFORMATION

| | | | | | | | |
|----------------------------------------|------|------|------|------|------|------|--|
| 11020 Req'd Annual Debt Principal Pmts | | | | | | | |
| Total 2130.000 accts on BS's | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - HCV (ADMIN & HAP)
November, 2024

Page: 1

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|----------------------------------------------|-------------------|-------------------|------------------|--------------------|--------------------|--------------------|---------------|
| Total PUM (including Port Outs) | 280.00 | 280.00 | 0.00 | 2,240.00 | 2,240.00 | 3,360.00 | 0.00 |
| ADMIN REVENUE | | | | | | | |
| ADMIN OPERATING INCOME | | | | | | | |
| Admin Fee Subsidy | | | | | | | |
| 30-1-000-000-8026.500 Admin Fee Sub - Cur Yr | -15,438.00 | -12,496.17 | -2,941.83 | -99,969.36 | -113,821.00 | -149,954.00 | -24.10 |
| Total Admin Fee Subsidy | -15,438.00 | -12,496.17 | -2,941.83 | -99,969.36 | -113,821.00 | -149,954.00 | -24.10 |
| Interest Income | | | | | | | |
| 30-1-000-000-3300.000 Int Reserve | -8.56 | -5.00 | -3.56 | -40.00 | -54.17 | -60.00 | -9.72 |
| Surplus-Admin | | | | | | | |
| 30-1-000-000-3610.000 Interest Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Interest Income | -8.56 | -5.00 | -3.56 | -40.00 | -54.17 | -60.00 | -9.72 |
| Other Income | | | | | | | |
| 30-1-000-000-3300.010 Inc - Portable | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-3300.100 Fraud Recovery - Admin | 0.00 | -140.00 | 140.00 | -1,120.00 | -2,376.00 | -1,680.00 | 41.43 |
| 30-1-000-000-3300.170 Admin Fees Port | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-3690.000 Other Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-3690.100 Other Income - Admin | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Other Income | 0.00 | -140.00 | 140.00 | -1,120.00 | -2,376.00 | -1,680.00 | 41.43 |
| TOTAL ADMIN OPERATING INCOME | -15,446.56 | -12,641.17 | -2,805.39 | -101,129.36 | -116,251.17 | -151,694.00 | -23.36 |
| ADMIN EXPENSES | | | | | | | |
| ADMIN OPERATING EXPENSE | | | | | | | |
| Admin Salaries | | | | | | | |
| 30-1-000-000-4110.000 Admin Salaries | 12,098.93 | 9,266.00 | 2,832.93 | 74,128.00 | 69,822.00 | 111,192.00 | -37.21 |
| Total Admin Salaries | 12,098.93 | 9,266.00 | 2,832.93 | 74,128.00 | 69,822.00 | 111,192.00 | -37.21 |
| Audit Fee Expense | | | | | | | |
| 30-1-000-000-4171.000 Audit Fee | 0.00 | 200.00 | -200.00 | 1,600.00 | 0.00 | 2,400.00 | -100.00 |
| Total Audit Fee Expense | 0.00 | 200.00 | -200.00 | 1,600.00 | 0.00 | 2,400.00 | -100.00 |
| Fee Expense | | | | | | | |
| 30-1-000-000-4120.100 Management Fees | 2,460.00 | 2,460.00 | 0.00 | 19,680.00 | 19,776.00 | 29,520.00 | -33.01 |
| 30-1-000-000-4120.300 Bookkeep. Fees | 1,537.50 | 1,538.00 | -0.50 | 12,304.00 | 12,360.00 | 18,456.00 | -33.03 |
| Total Fees Expense | 3,997.50 | 3,998.00 | -0.50 | 31,984.00 | 32,136.00 | 47,976.00 | -33.02 |
| Benefit Contribution Expense | | | | | | | |
| 30-1-000-000-4110.500 Emp Benefit - Admin | 6,147.98 | 3,713.00 | 2,434.98 | 29,704.00 | 35,770.71 | 44,556.00 | -19.72 |
| Total Benefit Contribution Exp | 6,147.98 | 3,713.00 | 2,434.98 | 29,704.00 | 35,770.71 | 44,556.00 | -19.72 |
| Office Expense | | | | | | | |
| 30-1-000-000-4180.000 Telephone | 0.00 | 96.17 | -96.17 | 769.36 | 755.20 | 1,154.00 | -34.56 |
| 30-1-000-000-4190.100 Postage | 171.09 | 166.67 | 4.42 | 1,333.36 | 1,398.90 | 2,000.00 | -30.06 |
| 30-1-000-000-4190.250 Office Furniture | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-4190.400 Printing | 0.00 | 25.00 | -25.00 | 200.00 | 113.80 | 300.00 | -62.07 |
| 30-1-000-000-4190.401 Printing Supplies | 0.00 | 16.67 | -16.67 | 133.36 | 0.00 | 200.00 | -100.00 |
| 30-1-000-000-4190.550 Computers | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-4190.850 IT Support | 0.00 | 41.67 | -41.67 | 333.36 | 1,268.00 | 500.00 | 153.60 |
| Total Office Expense | 171.09 | 346.18 | -175.09 | 2,769.44 | 3,535.90 | 4,154.00 | -14.88 |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - HCV (ADMIN & HAP)
November, 2024

Page: 2

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-------------------------------------------------|------------------|------------------|-----------------|-------------------|-------------------|-------------------|---------------|
| Legal & Travel Expense | | | | | | | |
| 30-1-000-000-4130.000 Legal Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-4150.000 Travel - Staff | 0.00 | 100.00 | -100.00 | 800.00 | 829.45 | 1,200.00 | -30.88 |
| Total Legal & Travel Expense | 0.00 | 100.00 | -100.00 | 800.00 | 829.45 | 1,200.00 | -30.88 |
| Other Expense | | | | | | | |
| 30-1-000-000-4120.400 Fee for Service Fee | 16.00 | 16.00 | 0.00 | 128.00 | 129.00 | 192.00 | -32.81 |
| 30-1-000-000-4120.700 Mental Health Fee | 0.00 | 0.00 | 0.00 | 0.00 | 280.00 | 0.00 | |
| 30-1-000-000-4140.000 Training - Staff | 0.00 | 166.67 | -166.67 | 1,333.36 | 814.00 | 2,000.00 | -59.30 |
| 30-1-000-000-4160.000 Publications | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-4160.300 Consulting Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-4160.500 Translating/Interp Serv. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-4190.000 Other Sundry | 0.00 | 166.67 | -166.67 | 1,333.36 | 126.47 | 2,000.00 | -93.68 |
| 30-1-000-000-4190.200 Inspection Exp | 0.00 | 416.67 | -416.67 | 3,333.36 | 0.00 | 5,000.00 | -100.00 |
| 30-1-000-000-4190.700 Member Dues/Fees | 0.00 | 83.33 | -83.33 | 666.64 | 0.00 | 1,000.00 | -100.00 |
| 30-1-000-000-4190.950 Background Verification | 0.00 | 20.83 | -20.83 | 166.64 | 2,887.57 | 250.00 | 1,055.03 |
| 30-1-000-000-4480.006 Safety/Security Labor Fee | 0.00 | 0.00 | 0.00 | 0.00 | -280.00 | 0.00 | |
| 30-1-000-000-4480.100 ADT Contract | 35.99 | 35.92 | 0.07 | 287.36 | 287.92 | 431.00 | -33.20 |
| Total Other Expense | 51.99 | 906.09 | -854.10 | 7,248.72 | 4,244.96 | 10,873.00 | -60.96 |
| Maintenance Expense | | | | | | | |
| 30-1-000-000-4420.126 Vehicle Supplies | 0.00 | 8.33 | -8.33 | 66.64 | 127.13 | 100.00 | 27.13 |
| 30-1-000-000-4430.126 Vehicle Maint Cont | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Maintenance Expense | 0.00 | 8.33 | -8.33 | 66.64 | 127.13 | 100.00 | 27.13 |
| TOTAL ADMIN EXPENSE | 22,467.49 | 18,537.60 | 3,929.89 | 148,300.80 | 146,466.15 | 222,451.00 | -34.16 |
| Insurance Premiums Expense | | | | | | | |
| 30-1-000-000-4510.025 PE & PO Insurance | 103.02 | 55.00 | 48.02 | 440.00 | 824.16 | 660.00 | 24.87 |
| 30-1-000-000-4510.030 Work Comp Insurance | 176.73 | 200.00 | -23.27 | 1,600.00 | 1,413.84 | 2,400.00 | -41.09 |
| 30-1-000-000-4510.035 Auto Insurance | 50.00 | 51.00 | -1.00 | 408.00 | 400.00 | 612.00 | -34.64 |
| Total Insurance Premium Expenses | 329.75 | 306.00 | 23.75 | 2,448.00 | 2,638.00 | 3,672.00 | -28.16 |
| TOTAL INSURANCE EXPENSE | 329.75 | 306.00 | 23.75 | 2,448.00 | 2,638.00 | 3,672.00 | -28.16 |
| General Expense | | | | | | | |
| 30-1-000-000-4110.001 Salaries Comp Absences | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-4570.100 Collection Loss Admin | 0.00 | 0.00 | 0.00 | 0.00 | -1,138.79 | 0.00 | |
| 30-1-000-000-4580.000 Sec Dep Pmt Exp | 570.00 | 0.00 | 570.00 | 0.00 | 1,264.00 | 0.00 | |
| 30-1-000-000-4590.010 Admin Gen Exp-Port | 86.20 | 250.00 | -163.80 | 2,000.00 | 999.31 | 3,000.00 | -66.69 |
| Total General Expense | 656.20 | 250.00 | 406.20 | 2,000.00 | 1,124.52 | 3,000.00 | -62.52 |
| TOTAL GENERAL EXPENSE | 656.20 | 250.00 | 406.20 | 2,000.00 | 1,124.52 | 3,000.00 | -62.52 |
| TOTAL EXPENSES - ADMIN | 23,453.44 | 19,093.60 | 4,359.84 | 152,748.80 | 150,228.67 | 229,123.00 | -34.43 |
| ADMIN (Profit)/Loss | 8,006.88 | 6,452.43 | 1,554.45 | 51,619.44 | 33,977.50 | 77,429.00 | -56.12 |
| MISCELLANEOUS EXPENSE | | | | | | | |
| Depreciation Expense | | | | | | | |
| 30-1-000-000-4800.000 Dpreciation Expense | 464.00 | 465.00 | -1.00 | 3,720.00 | 3,712.00 | 5,580.00 | -33.48 |
| Total Depreciation Expense | 464.00 | 465.00 | -1.00 | 3,720.00 | 3,712.00 | 5,580.00 | -33.48 |
| TOTAL MISC EXPENSE | 464.00 | 465.00 | -1.00 | 3,720.00 | 3,712.00 | 5,580.00 | -33.48 |
| TOTAL ADMIN EXPENSES w/ DEPR EXP | 23,347.44 | 19,558.60 | 3,788.84 | 156,468.80 | 152,676.67 | 234,703.00 | -34.95 |
| ADMIN (Profit)/Loss w/ Depreciation | 8,470.88 | 6,917.43 | 1,553.45 | 55,339.44 | 37,689.50 | 83,009.00 | -54.60 |
| HAP REVENUE | | | | | | | |

Date:

Time:

ll

Knox County Housing Authority
FDS Income Statement - HCV (ADMIN & HAP)
November, 2024

Page: 3

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|-------------------|-------------------|-----------------|--------------------|--------------------|----------------------|---------------|
| HAP Income | | | | | | | |
| 30-1-000-000-3300.200 Fraud Recovery - HAP | 0.00 | -140.00 | 140.00 | -1,120.00 | -2,376.00 | -1,680.00 | 41.43 |
| 30-1-000-000-3300.500 Int Reserve Surplus-HAP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-8026.000 HAP Subsidy - Cur Yr | -88,013.00 | -88,348.33 | 335.33 | -706,786.64 | -705,035.00 | -1,060,180.00 | -33.50 |
| 30-1-000-000-8027.000 Ann Contr - Pr Yr | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Income | -88,013.00 | -88,488.33 | 475.33 | -707,906.64 | -707,411.00 | -1,061,860.00 | -33.38 |
| TOTAL HAP INCOME | -88,013.00 | -88,488.33 | 475.33 | -707,906.64 | -707,411.00 | -1,061,860.00 | -33.38 |
| HAP EXPENSES | | | | | | | |
| HAP Expenses | | | | | | | |
| 30-1-000-000-4715.010 HAP Tenant Pmts | 84,496.00 | 76,875.00 | 7,621.00 | 615,000.00 | 653,491.00 | 922,500.00 | -29.16 |
| 30-1-000-000-4715.015 HAP Mid-month Pmt | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-4715.030 HAP Port In Pmts | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-4715.040 HAP Utility Pmts | 1,966.00 | 108.33 | 1,857.67 | 866.64 | 18,642.00 | 1,300.00 | 1,334.00 |
| 30-1-000-000-4715.050 HAP Homeownership | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-000-4715.070 HAP Port Out Pmts | 1,853.00 | 6,000.00 | -4,147.00 | 48,000.00 | 23,644.00 | 72,000.00 | -67.16 |
| Total HAP Expenses | 88,315.00 | 82,983.33 | 5,331.67 | 663,866.64 | 695,777.00 | 995,800.00 | -30.13 |
| TOTAL HAP EXPENSE | 88,315.00 | 82,983.33 | 5,331.67 | 663,866.64 | 695,777.00 | 995,800.00 | -30.13 |
| General HAP Expenses | | | | | | | |
| 30-1-000-000-4570.200 Collection Loss HUD | 0.00 | 24.17 | -24.17 | 193.36 | 208.01 | 290.00 | -28.27 |
| Total General HAP Expenses | 0.00 | 24.17 | -24.17 | 193.36 | 208.01 | 290.00 | -28.27 |
| TOTAL GENERAL HAP EXPENSES | 0.00 | 24.17 | -24.17 | 193.36 | 208.01 | 290.00 | -28.27 |
| Prior Year Adj - HAP | | | | | | | |
| 30-1-000-000-6010.010 Prior Year Adj HAP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Prior Year Adj HAP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL HAP EXPENSES | 88,315.00 | 83,007.50 | 5,307.50 | 664,060.00 | 695,985.01 | 996,090.00 | -30.13 |
| Remaining HAP (to)/from Reserve | 302.00 | -5,480.83 | 5,782.83 | -43,846.64 | -11,425.99 | -65,770.00 | -82.63 |

Date:

Time:

ll

Knox County Housing Authority
INCOME STATEMENT - EHV (HAP & ADMIN)
November, 2024

Page: 1

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|------------------|------------------|----------------|-------------------|-------------------|-------------------|---------------|
| Total PUM (including Port Outs) | 15.00 | 0.00 | 0.00 | 0.00 | 120.00 | 0.00 | 0.00 |
| EHV - HAP INCOME STATEMENT | | | | | | | |
| <u>EHV - HAP INCOME</u> | | | | | | | |
| HAP Income | | | | | | | |
| 30-1-000-001-8026.000 EHV HAP Subsidy Inc | -4,048.00 | -4,507.08 | 459.08 | -36,056.64 | -46,550.00 | -54,085.00 | -13.93 |
| Total HAP Income | -4,048.00 | -4,507.08 | 459.08 | -36,056.64 | -46,550.00 | -54,085.00 | -13.93 |
| TOTAL HAP INCOME | -4,048.00 | -4,507.08 | 459.08 | -36,056.64 | -46,550.00 | -54,085.00 | -13.93 |
| <u>EHV - HAP EXPENSE</u> | | | | | | | |
| HAP Expenses | | | | | | | |
| 30-1-000-001-4715.010 EHV HAP Tenant Pmts | 3,422.00 | 4,000.00 | -578.00 | 32,000.00 | 38,986.00 | 48,000.00 | -18.78 |
| 30-1-000-001-4715.040 EHV HAP Utility Pmts | 169.00 | 507.08 | -338.08 | 4,056.64 | 2,530.00 | 6,085.00 | -58.42 |
| 30-1-000-001-4715.070 EHV HAP Port Out Pmts | 757.15 | 0.00 | 757.15 | 0.00 | 757.15 | 0.00 | |
| Total HAP Expense | 4,348.15 | 4,507.08 | -158.93 | 36,056.64 | 42,273.15 | 54,085.00 | -21.84 |
| TOTAL HAP EXPENSE | 4,348.15 | 4,507.08 | -158.93 | 36,056.64 | 42,273.15 | 54,085.00 | -21.84 |
| EHV HAP (to)/from Reserve | 300.15 | 0.00 | 300.15 | 0.00 | -4,276.85 | 0.00 | |
| EHV - ADMIN INCOME STATEMENT | | | | | | | |
| ADMIN INCOME - EHV | | | | | | | |
| <u>EHV - ADMIN INCOME</u> | | | | | | | |
| Admin Fee Subsidy | | | | | | | |
| 30-1-000-001-8026.500 EHV Ongo Admin Sub | -787.00 | -1,363.83 | 576.83 | -10,910.64 | -4,317.00 | -16,366.00 | -73.62 |
| 30-1-000-001-8026.501 EHV Preliminary Fee Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-001-8026.502 EHV Service Fee Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-001-8026.503 EHV Placement Fee Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-001-8026.504 EHV Issuance Fee Inc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Admin Fee Subsidy | -787.00 | -1,363.83 | 576.83 | -10,910.64 | -4,317.00 | -16,366.00 | -73.62 |
| Interest Income | | | | | | | |
| Total Interest Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Other Income | | | | | | | |
| Total Other Income | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL EHV ADMIN INCOME | -787.00 | -1,363.83 | 576.83 | -10,910.64 | -4,317.00 | -16,366.00 | -73.62 |

Date:

Time:

ll

Knox County Housing Authority
INCOME STATEMENT - EHV (HAP & ADMIN)
November, 2024

Page: 2

Rpt File: F:\HMS\REPORTS\KNOXOS.QRP

| | Monthly Amt | Monthly Budget | Variance | YTD Budget | Current YTD | Budget | Variance % |
|-----------------------------------------------|----------------|----------------|----------------|------------------|------------------|------------------|---------------|
| ADMIN EXPENSES - EHV | | | | | | | |
| <u>PRELIMINARY FEE EXPENSES</u> | | | | | | | |
| Preliminary Fee Expenses | | | | | | | |
| 30-1-000-001-4130.100 EHV Preliminary Exps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 30-1-000-001-4190.200 Inspection Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Preliminary Fee Expenses | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL PRELIMINARY FEE EXPENSES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| <u>PLACEMENT/ISSUANCE EXPENSES</u> | | | | | | | |
| Admin Placement/Issuance Fee Exp | | | | | | | |
| Total Placement/Issuance Fee Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL PLACEMENT/ISSUANCE EXPENSES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| <u>ONGOING ADMINISTRATIVE EXPENSES</u> | | | | | | | |
| Ongoing Admin Expenses | | | | | | | |
| 30-1-000-001-4110.000 EHV Salary Exp | 78.75 | 158.33 | -79.58 | 1,266.64 | 643.15 | 1,900.00 | -66.15 |
| 30-1-000-001-4110.200 Admin Exp - Amps | 0.00 | 125.00 | -125.00 | 1,000.00 | 0.00 | 1,500.00 | -100.00 |
| 30-1-000-001-4110.500 EHV Emp Benefit Exp | 46.65 | 100.00 | -53.35 | 800.00 | 381.00 | 1,200.00 | -68.25 |
| 30-1-000-001-4120.100 EHV Management Fee | 96.00 | 132.00 | -36.00 | 1,056.00 | 876.00 | 1,584.00 | -44.70 |
| 30-1-000-001-4120.300 EHV Bookkeeping Fee | 60.00 | 82.50 | -22.50 | 660.00 | 547.50 | 990.00 | -44.70 |
| 30-1-000-001-4130.200 EHV Other Ongoing | 60.00 | 0.00 | 60.00 | 0.00 | 660.00 | 0.00 | |
| Total Ongoing Admin Expenses | 341.40 | 597.83 | -256.43 | 4,782.64 | 3,107.65 | 7,174.00 | -56.68 |
| TOTAL ONGOING ADMIN EXPENSES | 341.40 | 597.83 | -256.43 | 4,782.64 | 3,107.65 | 7,174.00 | -56.68 |
| <u>SERVICE FEE EXPENSES</u> | | | | | | | |
| Housing Search Assistance Exps | | | | | | | |
| Total Housing Search Assistance Exps | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Security/Utility/Holding Deposits | | | | | | | |
| 30-1-000-001-4130.300 EHV Deposit Expenses | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Security/Utility/Holding Deposits | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Owner Incentive Expense | | | | | | | |
| 30-1-000-001-4130.320 EHV Owner Incentive Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Owner Incentive Expenses | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Other Eligible Expenses | | | | | | | |
| 30-1-000-001-4130.330 EHV Other Service Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Other Eligible Expenses | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL SERVICE FEE EXPENSES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL EHV ADMIN EXPENSES | 341.40 | 597.83 | -256.43 | 4,782.64 | 3,107.65 | 7,174.00 | -56.68 |
| EHV ADMINI (Profit)/Loss | -445.60 | -766.00 | 320.40 | -6,128.00 | -1,209.35 | -9,192.00 | -86.84 |

Knox County Housing Authority
BOARD - COCC CASH FLOW STATEMENT
November 30, 2024

| | Current Period | Period Budget | Variance | Current Year | Year Budget | Variance Percent |
|------------------------------------------------|-------------------|-------------------|-------------------|---------------------|---------------------|------------------|
| COCC - OPERATING STATEMENT | | | | | | |
| | | | | | | |
| OPERATING INCOME | | | | | | |
| Total Operating Income | 156,526.05 | 165,090.42 | -8,564.37 | 1,174,494.26 | 1,981,085.00 | -40.71 |
| TOTAL OPERATING INCOME | <u>156,526.05</u> | <u>165,090.42</u> | <u>-8,564.37</u> | <u>1,174,494.26</u> | <u>1,981,085.00</u> | <u>-40.71</u> |
| | | | | | | |
| OPERATING EXPENSE | | | | | | |
| Total Administration Expenses | 99,802.00 | 84,924.18 | 14,877.82 | 630,726.39 | 1,019,090.00 | -38.11 |
| Total Tenant Service Expenses | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Utility Expenses | 392.67 | 625.00 | -232.33 | 7,648.79 | 7,500.00 | 1.98 |
| Total Maintenance Expenses | 92,487.68 | 64,067.00 | 28,420.68 | 506,800.52 | 768,804.00 | -34.08 |
| Total Protective Expenses | 9,714.97 | 7,260.33 | 2,454.64 | 56,906.19 | 87,124.00 | -34.68 |
| General Expenses | 3,469.46 | 3,918.67 | -449.21 | 27,755.68 | 47,024.00 | -40.98 |
| TOTAL ROUTINE OPERATING EXPENSES | <u>205,866.78</u> | <u>160,795.18</u> | <u>45,071.60</u> | <u>1,229,837.57</u> | <u>1,929,542.00</u> | <u>-36.26</u> |
| | | | | | | |
| Total Non-Routine Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Other Credit & Charges | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Surplus Adjustments | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Prov. for Operating Reserve | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Capital Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Vandalism Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL OPERATING EXPENSES | <u>205,866.78</u> | <u>160,795.18</u> | <u>45,071.60</u> | <u>1,229,837.57</u> | <u>1,929,542.00</u> | <u>-36.26</u> |
| | | | | | | |
| NET REVENUE/-EXPENSE PROFIT/-LOSS | <u>-49,340.73</u> | <u>4,295.24</u> | <u>-53,635.97</u> | <u>-55,343.31</u> | <u>51,543.00</u> | <u>-207.37</u> |
| | | | | | | |
| Total Depreciation Expense | 760.50 | 1,000.00 | -239.50 | 6,084.00 | 12,000.00 | -49.30 |
| NET REVENUE W/DEPRECIATION PROFIT/-LOSS | <u>-50,101.23</u> | <u>3,295.24</u> | <u>-53,396.47</u> | <u>-61,427.31</u> | <u>39,543.00</u> | <u>-255.34</u> |

Knox County Housing Authority
BOARD - AMP001 CASH FLOW STATEMENT
November 30, 2024

| | Current Period | Period Budget | Variance | Current Year | Year Budget | Variance Percent |
|------------------------------------------------|------------------|-------------------|-------------------|--------------------|---------------------|------------------|
| MOON TOWERS - OPERATING STATEMENT | | | | | | |
| | | | | | | |
| OPERATING INCOME | | | | | | |
| Total Operating Income | 87,426.91 | 97,148.41 | -9,721.50 | 766,767.21 | 1,165,781.00 | -34.23 |
| TOTAL OPERATING INCOME | <u>87,426.91</u> | <u>97,148.41</u> | <u>-9,721.50</u> | <u>766,767.21</u> | <u>1,165,781.00</u> | <u>-34.23</u> |
| | | | | | | |
| OPERATING EXPENSE | | | | | | |
| Total Administration Expenses | 33,059.58 | 33,137.15 | -77.57 | 254,310.12 | 397,646.00 | -36.05 |
| Total Tenant Service Expenses | 0.00 | 316.66 | -316.66 | 1,176.32 | 3,800.00 | -69.04 |
| Total Utility Expenses | 6,667.20 | 14,291.66 | -7,624.46 | 66,535.19 | 171,500.00 | -61.20 |
| Total Maintenance Expenses | 31,879.77 | 41,955.33 | -10,075.56 | 361,291.77 | 503,464.00 | -28.24 |
| Total Protective Service Expenses | 2,159.99 | 3,115.67 | -955.68 | 20,738.42 | 37,388.00 | -44.53 |
| General Expenses | 12,650.22 | 9,822.25 | 2,827.97 | 87,364.04 | 117,867.00 | -25.88 |
| TOTAL ROUTINE OPERATING EXPENSES | <u>86,416.76</u> | <u>102,638.72</u> | <u>-16,221.96</u> | <u>791,415.86</u> | <u>1,231,665.00</u> | <u>-35.74</u> |
| | | | | | | |
| Total Non-Routine Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Other Credit & Charges | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Surplus Adjustments | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Prov. for Operating Reserve | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Capital Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Vandalism Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL OPERATING EXPENSES | <u>86,416.76</u> | <u>102,638.72</u> | <u>-16,221.96</u> | <u>791,415.86</u> | <u>1,231,665.00</u> | <u>-35.74</u> |
| | | | | | | |
| NET REVENUE/EXPENSE PROFIT/-LOSS | <u>1,010.15</u> | <u>-5,490.31</u> | <u>6,500.46</u> | <u>-24,648.65</u> | <u>-65,884.00</u> | <u>-62.59</u> |
| | | | | | | |
| Total Depreciation Expense | 10,107.00 | 13,750.00 | -3,643.00 | 80,856.00 | 165,000.00 | -51.00 |
| NET REVENUE W/DEPRECIATION PROFIT/-LOSS | <u>-9,096.85</u> | <u>-19,240.31</u> | <u>10,143.46</u> | <u>-105,504.65</u> | <u>-230,884.00</u> | <u>-54.30</u> |

Knox County Housing Authority
BOARD - AMP002 CASH FLOW STATEMENT
November 30, 2024

| | Current Period | Period Budget | Variance | Current Year | Year Budget | Variance Percent |
|------------------------------------------------|-------------------|-------------------|-------------------|--------------------|---------------------|------------------|
| FAMILY - OPERATING STATEMENT | | | | | | |
| | | | | | | |
| OPERATING INCOME | | | | | | |
| Total Operating Income | 108,765.75 | 119,804.00 | -11,038.25 | 901,986.06 | 1,437,648.00 | -37.26 |
| TOTAL OPERATING INCOME | <u>108,765.75</u> | <u>119,804.00</u> | <u>-11,038.25</u> | <u>901,986.06</u> | <u>1,437,648.00</u> | <u>-37.26</u> |
| | | | | | | |
| OPERATING EXPENSE | | | | | | |
| Total Administration Expenses | 38,457.58 | 39,371.33 | -913.75 | 283,687.22 | 472,456.00 | -39.95 |
| Total Tenant Service Expenses | 1,376.63 | 150.00 | 1,226.63 | 6,883.63 | 1,800.00 | 282.42 |
| Total Utility Expenses | 459.38 | 2,766.67 | -2,307.29 | 8,694.74 | 33,200.00 | -73.81 |
| Total Maintenance Expenses | 65,894.40 | 62,642.17 | 3,252.23 | 464,913.50 | 751,706.00 | -38.15 |
| Total Protective Service Expenses | 2,481.21 | 3,701.67 | -1,220.46 | 22,395.95 | 44,420.00 | -49.58 |
| General Expenses | 11,227.56 | 8,611.83 | 2,615.73 | 84,094.30 | 103,342.00 | -18.63 |
| TOTAL ROUTINE OPERATING EXPENSES | <u>119,896.76</u> | <u>117,243.67</u> | <u>2,653.09</u> | <u>870,669.34</u> | <u>1,406,924.00</u> | <u>-38.12</u> |
| | | | | | | |
| Total Non-Routine Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Other Credit & Charges | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Surplus Adjustments | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Prov. for Operating Reserve | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Capital Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Vandalism Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL OPERATING EXPENSES | <u>119,896.76</u> | <u>117,243.67</u> | <u>2,653.09</u> | <u>870,669.34</u> | <u>1,406,924.00</u> | <u>-38.12</u> |
| | | | | | | |
| NET REVENUE/EXPENSE PROFIT/-LOSS | <u>-11,131.01</u> | <u>2,560.33</u> | <u>-13,691.34</u> | <u>31,316.72</u> | <u>30,724.00</u> | <u>1.93</u> |
| | | | | | | |
| Total Depreciation Expense | 22,203.00 | 31,250.00 | -9,047.00 | 177,624.00 | 375,000.00 | -52.63 |
| NET REVENUE W/DEPRECIATION PROFIT/-LOSS | <u>-33,334.01</u> | <u>-28,689.67</u> | <u>-4,644.34</u> | <u>-146,307.28</u> | <u>-344,276.00</u> | <u>-57.50</u> |

Knox County Housing Authority
BOARD - AMP003 CASH FLOW STATEMENT
November 30, 2024

| | Current Period | Period Budget | Variance | Current Year | Year Budget | Variance Percent |
|------------------------------------------------|------------------|------------------|------------------|-------------------|-------------------|------------------|
| BLUEBELL - OPERATING STATEMENT | | | | | | |
| | | | | | | |
| OPERATING INCOME | | | | | | |
| Total Operating Income | 25,925.98 | 28,357.57 | -2,431.59 | 212,276.97 | 340,291.00 | -37.62 |
| TOTAL OPERATING INCOME | <u>25,925.98</u> | <u>28,357.57</u> | <u>-2,431.59</u> | <u>212,276.97</u> | <u>340,291.00</u> | <u>-37.62</u> |
| | | | | | | |
| OPERATING EXPENSE | | | | | | |
| Total Administration Expenses | 9,420.45 | 10,491.08 | -1,070.63 | 75,301.28 | 125,893.00 | -40.19 |
| Total Tenant Service Expenses | 0.00 | 500.00 | -500.00 | 66.45 | 6,000.00 | -98.89 |
| Total Utility Expenses | 2,184.96 | 3,083.34 | -898.38 | 12,343.76 | 37,000.00 | -66.64 |
| Total Maintenance Expenses | 9,031.67 | 16,253.48 | -7,221.81 | 68,717.19 | 195,042.00 | -64.77 |
| Total Protective Service Expenses | 647.99 | 993.33 | -345.34 | 9,529.25 | 11,920.00 | -20.06 |
| General Expenses | 4,468.78 | 3,056.25 | 1,412.53 | 27,561.12 | 36,675.00 | -24.85 |
| TOTAL ROUTINE OPERATING EXPENSES | <u>25,753.85</u> | <u>34,377.48</u> | <u>-8,623.63</u> | <u>193,519.05</u> | <u>412,530.00</u> | <u>-53.09</u> |
| | | | | | | |
| Total Non-Routine Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Other Credit & Charges | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Surplus Adjustments | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Prov. for Operating Reserve | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Capital Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Vandalism Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL OPERATING EXPENSES | <u>25,753.85</u> | <u>34,377.48</u> | <u>-8,623.63</u> | <u>193,519.05</u> | <u>412,530.00</u> | <u>-53.09</u> |
| | | | | | | |
| NET REVENUE/EXPENSE PROFIT/-LOSS | <u>172.13</u> | <u>-6,019.91</u> | <u>6,192.04</u> | <u>18,757.92</u> | <u>-72,239.00</u> | <u>-125.97</u> |
| | | | | | | |
| Total Depreciation Expense | 3,575.00 | 0.00 | 3,575.00 | 28,600.00 | 0.00 | |
| NET REVENUE W/DEPRECIATION PROFIT/-LOSS | <u>-3,402.87</u> | <u>-6,019.91</u> | <u>2,617.04</u> | <u>-9,842.08</u> | <u>-72,239.00</u> | <u>-86.38</u> |

Knox County Housing Authority
BOARD - HCV CASH FLOW STATEMENT
November 30, 2024

| | Current Period | Period Budget | Variance | Current Year | Year Budget | Variance Percent |
|-------------------------------------------------|------------------|------------------|-----------------|-------------------|-------------------|------------------|
| HCV - OPERATING STATEMENT | | | | | | |
| ADMIN OPERATING INCOME | | | | | | |
| Total Admin Operating Income | 15,446.56 | 12,641.17 | 2,805.39 | 116,251.17 | 151,694.00 | -23.36 |
| TOTAL ADMIN OPERATING INCOME | 15,446.56 | 12,641.17 | 2,805.39 | 116,251.17 | 151,694.00 | -23.36 |
| OPERATING EXPENSES | | | | | | |
| Total Admin Expenses | 18,418.00 | 14,279.35 | 4,138.65 | 113,786.10 | 171,352.00 | -33.60 |
| Total Fees Expenses | 4,013.50 | 4,214.00 | -200.50 | 32,545.00 | 50,568.00 | -35.64 |
| Total General Expenses | 451.94 | 600.25 | -148.31 | 2,633.57 | 7,203.00 | -63.44 |
| TOTAL OPERATING EXPENSES | 22,883.44 | 19,093.60 | 3,789.84 | 148,964.67 | 229,123.00 | -34.98 |
| Total Surplus Adjustments | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Provision for Reserve | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Capital Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL EXPENSES | 22,883.44 | 19,093.60 | 3,789.84 | 148,964.67 | 229,123.00 | -34.98 |
| NET REVENUE PROFIT/-LOSS | -7,436.88 | -6,452.43 | -984.45 | -32,713.50 | -77,429.00 | -57.75 |
| Total Depreciation Expense | 464.00 | 465.00 | -1.00 | 3,712.00 | 5,580.00 | -33.48 |
| NET REVENUE w/Deprecitation PROFIT/-LOSS | -7,900.88 | -6,917.43 | -983.45 | -36,425.50 | -83,009.00 | -56.12 |

HAP - OPERATING STATEMENT

| | | | | | | |
|-------------------------------------------|------------------|------------------|------------------|-------------------|---------------------|---------------|
| HAP INCOME | | | | | | |
| Total Income | 88,013.00 | 88,488.33 | -475.33 | 707,411.00 | 1,061,860.00 | -33.38 |
| TOTAL HAP INCOME | 88,013.00 | 88,488.33 | -475.33 | 707,411.00 | 1,061,860.00 | -33.38 |
| HAP EXPENSES | | | | | | |
| Total HAP Expenses | 88,315.00 | 82,983.33 | 5,331.67 | 695,777.00 | 995,800.00 | -30.13 |
| Total General HAP Expenses | 0.00 | 24.17 | -24.17 | 208.01 | 290.00 | -28.27 |
| TOTAL HAP EXPENSES | 88,315.00 | 83,007.50 | 5,307.50 | 695,985.01 | 996,090.00 | -30.13 |
| Total Prior Year Adj HAP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| REMAINING HAP from RESERVE +/-LOSS | -302.00 | 5,480.83 | -5,782.83 | 11,425.99 | 65,770.00 | -82.63 |

Knox County Housing Authority
BOARD - BRENTWOOD CASH FLOW STATEMENT
November 30, 2024

| | Current Period | Period Budget | Variance | Current Year | Year Budget | Variance Percent |
|------------------------------------------------|------------------|------------------|------------------|-------------------|-------------------|------------------|
| BRENTWOOD - OPERATING STATEMENT | | | | | | |
| | | | | | | |
| OPERATING INCOME | | | | | | |
| Total Operating Income | 44,167.75 | 42,038.66 | 2,129.09 | 323,528.71 | 504,464.00 | -35.87 |
| TOTAL OPERATING INCOME | <u>44,167.75</u> | <u>42,038.66</u> | <u>2,129.09</u> | <u>323,528.71</u> | <u>504,464.00</u> | <u>-35.87</u> |
| | | | | | | |
| OPERATING EXPENSE | | | | | | |
| Total Administration Expenses | 11,096.82 | 9,339.68 | 1,757.14 | 65,361.61 | 112,076.00 | -41.68 |
| Total Fee Expenses | 4,289.00 | 4,285.67 | 3.33 | 33,920.00 | 51,428.00 | -34.04 |
| Total Utilities Expenses | 3,023.27 | 3,250.00 | -226.73 | 31,276.93 | 39,000.00 | -19.80 |
| Total Maintenance Expenses | 9,631.23 | 18,374.45 | -8,743.22 | 82,926.57 | 220,493.00 | -62.39 |
| Total Taxes & Insurance Expense | 3,813.50 | 4,542.09 | -728.59 | 30,820.28 | 54,505.00 | -43.45 |
| Total Financial Expenses | 1,276.53 | 1,440.00 | -163.47 | 10,489.03 | 17,280.00 | -39.30 |
| TOTAL ROUTINE OPERATING EXPENSE | <u>33,130.35</u> | <u>41,231.89</u> | <u>-8,101.54</u> | <u>254,794.42</u> | <u>494,782.00</u> | <u>-48.50</u> |
| | | | | | | |
| Total Amortization Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Provision for Reserve | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Capital Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Vandalism Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Transfers In/Out | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL ALL EXPENSES BEFORE DEPRECIATION | <u>33,130.35</u> | <u>41,231.89</u> | <u>-8,101.54</u> | <u>254,794.42</u> | <u>494,782.00</u> | <u>-48.50</u> |
| | | | | | | |
| NET REVENUE PROFIT/-LOSS | <u>11,037.40</u> | <u>806.77</u> | <u>10,230.63</u> | <u>68,734.29</u> | <u>9,682.00</u> | <u>609.92</u> |
| | | | | | | |
| Total Depreciation Expense | 9,873.00 | 8,333.33 | 1,539.67 | 78,984.00 | 100,000.00 | -21.02 |
| NET REVENUE w/Depreciation PROFIT/-LOSS | <u>1,164.40</u> | <u>-7,526.56</u> | <u>8,690.96</u> | <u>-10,249.71</u> | <u>-90,318.00</u> | <u>-88.65</u> |

Knox County Housing Authority
BOARD - PRAIRIELAND CASH FLOW STATEMENT
November 30, 2024

| | Current Period | Period Budget | Variance | Current Year | Year Budget | Variance Percent |
|------------------------------------------------|------------------|------------------|------------------|-------------------|-------------------|------------------|
| PRAIRIELAND - OPERATING STATEMENT | | | | | | |
| | | | | | | |
| OPERATING INCOME | | | | | | |
| Total Opetating Income | 40,203.16 | 37,585.25 | 2,617.91 | 294,647.51 | 451,023.00 | -34.67 |
| TOTAL OPERATING INCOME | <u>40,203.16</u> | <u>37,585.25</u> | <u>2,617.91</u> | <u>294,647.51</u> | <u>451,023.00</u> | <u>-34.67</u> |
| | | | | | | |
| OPERATING EXPENSE | | | | | | |
| Total Administration Expenses | 10,712.25 | 9,460.17 | 1,252.08 | 65,325.64 | 113,522.00 | -42.46 |
| Total Fee Expenses | 3,872.50 | 3,869.67 | 2.83 | 30,945.00 | 46,436.00 | -33.36 |
| Total Utilities Expenses | 3,676.34 | 3,685.00 | -8.66 | 32,484.21 | 44,220.00 | -26.54 |
| Total Maintenance Expenses | 9,663.98 | 16,071.34 | -6,407.36 | 76,728.92 | 192,856.00 | -60.21 |
| Total Taxes & Insurance Expense | 3,565.24 | 3,304.59 | 260.65 | 29,378.87 | 39,655.00 | -25.91 |
| Total Financial Expenses | 1,276.53 | 1,500.00 | -223.47 | 10,488.99 | 18,000.00 | -41.73 |
| TOTAL ROUTINE OPERATING EXPENSE | <u>32,766.84</u> | <u>37,890.77</u> | <u>-5,123.93</u> | <u>245,351.63</u> | <u>454,689.00</u> | <u>-46.04</u> |
| | | | | | | |
| Total Amortization Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Provision for Reserve | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Capital Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Vandalism Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Transfers In/Out | 0.00 | -1,814.83 | 1,814.83 | 0.00 | -21,778.00 | -100.00 |
| TOTAL ALL EXPENSES BEFORE DEPRECIATION | <u>32,766.84</u> | <u>36,075.94</u> | <u>-3,309.10</u> | <u>245,351.63</u> | <u>432,911.00</u> | <u>-43.33</u> |
| | | | | | | |
| NET REVENUE PROFIT/-LOSS | <u>7,436.32</u> | <u>1,509.31</u> | <u>5,927.01</u> | <u>49,295.88</u> | <u>18,112.00</u> | <u>172.17</u> |
| | | | | | | |
| Total Depreciation Expense | 7,235.00 | 7,210.50 | 24.50 | 57,880.00 | 86,526.00 | -33.11 |
| NET REVENUE w/Depreciation PROFIT/-LOSS | <u>201.32</u> | <u>-5,701.19</u> | <u>5,902.51</u> | <u>-8,584.12</u> | <u>-68,414.00</u> | <u>-87.45</u> |

Knox County Housing Authority
BOARD - LOW RENT CASH FLOW STATEMENT
November 30, 2024

| COCC, MT, FAMILY, BB COMBINED OS | Current Period | Period Budget | Variance | Current Year | Year Budget | Variance Percent |
|------------------------------------------------|--------------------|-------------------|-------------------|---------------------|---------------------|------------------|
| | | | | | | |
| OPERATING INCOME | | | | | | |
| Total Operating Income | 343,191.83 | 389,525.40 | -46,333.57 | 2,966,814.41 | 4,674,305.00 | -36.53 |
| TOTAL OPERATING INCOME | <u>343,191.83</u> | <u>389,525.40</u> | <u>-46,333.57</u> | <u>2,966,814.41</u> | <u>4,674,305.00</u> | <u>-36.53</u> |
| | | | | | | |
| OPERATING EXPENSE | | | | | | |
| Total Administration Expenses | 157,279.98 | 147,048.74 | 10,231.24 | 1,110,270.09 | 1,764,585.00 | -37.08 |
| Total Tenant Service Expenses | 1,376.63 | 966.66 | 409.97 | 8,126.40 | 11,600.00 | -29.94 |
| Total Utility Expenses | 9,454.43 | 20,766.67 | -11,312.24 | 90,185.80 | 249,200.00 | -63.81 |
| Total Maintenance Expenses | 199,293.52 | 184,917.98 | 14,375.54 | 1,401,722.98 | 2,219,016.00 | -36.83 |
| Total Protective Service Expenses | 15,004.16 | 15,071.00 | -66.84 | 109,304.86 | 180,852.00 | -39.56 |
| General Expenses | 31,816.02 | 25,409.00 | 6,407.02 | 226,775.14 | 304,908.00 | -25.63 |
| TOTAL ROUTINE OPERATING EXPENSES | <u>414,224.74</u> | <u>394,180.05</u> | <u>20,044.69</u> | <u>2,946,385.27</u> | <u>4,730,161.00</u> | <u>-37.71</u> |
| | | | | | | |
| Total Non-Routine Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Other Credit & Charges | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Surplus Adjustments | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Prov. for Operating Reserve | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Capital Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Vandalism Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| TOTAL OPERATING EXPENSES | <u>414,224.74</u> | <u>394,180.05</u> | <u>20,044.69</u> | <u>2,946,385.27</u> | <u>4,730,161.00</u> | <u>-37.71</u> |
| | | | | | | |
| NET REVENUE/EXPENSE PROFIT/-LOSS | <u>-71,032.91</u> | <u>-4,654.65</u> | <u>-66,378.26</u> | <u>20,429.14</u> | <u>-55,856.00</u> | <u>-136.57</u> |
| | | | | | | |
| Total Depreciation Expense | 36,645.50 | 46,000.00 | -9,354.50 | 293,164.00 | 552,000.00 | -46.89 |
| NET REVENUE W/DEPRECIATION PROFIT/-LOSS | <u>-107,678.41</u> | <u>-50,654.65</u> | <u>-57,023.76</u> | <u>-272,734.86</u> | <u>-607,856.00</u> | <u>-55.13</u> |

Knox County Housing Authority
BOARD - AHP CASH FLOW STATEMENT
November 30, 2024

| BRENTWOOD & PRAIRIELAND COMBINED | Current Period | Period Budget | Variance | Current Year | Year Budget | Variance Percent |
|------------------------------------------------|------------------|-------------------|-------------------|-------------------|--------------------|------------------|
| | | | | | | |
| OPERATING INCOME | | | | | | |
| Total Operating Income | 84,370.91 | 79,623.91 | 4,747.00 | 618,176.22 | 955,487.00 | -35.30 |
| TOTAL OPERATING INCOME | 84,370.91 | 79,623.91 | 4,747.00 | 618,176.22 | 955,487.00 | -35.30 |
| | | | | | | |
| OPERATING EXPENSE | | | | | | |
| Total Administration Expenses | 21,809.07 | 18,799.85 | 3,009.22 | 130,687.25 | 225,598.00 | -42.07 |
| Total Fee Expenses | 8,161.50 | 8,155.34 | 6.16 | 64,865.00 | 97,864.00 | -33.72 |
| Total Utilities Expenses | 6,699.61 | 6,935.00 | -235.39 | 63,761.14 | 83,220.00 | -23.38 |
| Total Maintenance Expenses | 19,295.21 | 34,445.79 | -15,150.58 | 159,655.49 | 413,349.00 | -61.38 |
| Total Taxes & Insurance Expense | 7,378.74 | 7,846.68 | -467.94 | 60,199.15 | 94,160.00 | -36.07 |
| Total Financial Expenses | 2,553.06 | 2,940.00 | -386.94 | 20,978.02 | 35,280.00 | -40.54 |
| TOTAL ROUTINE OPERATING EXPENSE | 65,897.19 | 79,122.66 | -13,225.47 | 500,146.05 | 949,471.00 | -47.32 |
| | | | | | | |
| Total Amortization Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Provision for Reserve | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Capital Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Vandalism Expenditures | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Total Transfers In/Out | 0.00 | -1,814.83 | 1,814.83 | 0.00 | -21,778.00 | -100.00 |
| TOTAL ALL EXPENSES BEFORE DEPRECIATION | 65,897.19 | 77,307.83 | -11,410.64 | 500,146.05 | 927,693.00 | -46.09 |
| | | | | | | |
| NET REVENUE PROFIT/-LOSS | 18,473.72 | 2,316.08 | 16,157.64 | 118,030.17 | 27,794.00 | 324.66 |
| | | | | | | |
| Total Depreciation Expense | 17,108.00 | 15,543.83 | 1,564.17 | 136,864.00 | 186,526.00 | -26.62 |
| NET REVENUE w/Depreciation PROFIT/-LOSS | 1,365.72 | -13,227.75 | 14,593.47 | -18,833.83 | -158,732.00 | -88.13 |

Knox County Housing Authority
CLAIMS REPORT - LOW RENT
November, 2024

| | Current Period | Last Year Same | Variance | Current Year |
|------------------------------------------------|-------------------|-------------------|------------------|---------------------|
| AMP001 - MOON TOWERS | | | | |
| Salaries | 15,225.30 | 9,663.70 | 5,561.60 | 92,784.45 |
| Employee W/H Payments | 0.00 | 0.00 | 0.00 | 0.00 |
| Fee Expenses | 20,879.43 | 18,131.37 | 2,748.06 | 169,139.71 |
| Administrative Expenses | 298.35 | 1,751.68 | -1,453.33 | 11,370.04 |
| Teneant Services | 0.00 | 62.10 | -62.10 | 1,176.32 |
| Utilities | 6,667.20 | 7,477.25 | -810.05 | 66,535.19 |
| Maint/Protective Serv - Supplies/Conts | 29,073.24 | 41,954.73 | -12,881.49 | 353,780.87 |
| Mileage | 0.00 | 0.00 | 0.00 | 0.00 |
| Insurance & General Expenses | 12,650.22 | 7,918.53 | 4,731.69 | 87,364.04 |
| Non-Routine Expense | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL MOON TOWERS CLAIMS | 84,793.74 | 86,959.36 | -2,165.62 | 782,150.62 |
| AMP002 - FAMILY | | | | |
| Salaries | 18,095.24 | 9,244.08 | 8,851.16 | 103,854.41 |
| Employee W/H Payments | 0.00 | 0.00 | 0.00 | 0.00 |
| Fee Expenses | 22,966.66 | 20,207.17 | 2,759.49 | 186,368.32 |
| Administrative Expenses | 1,157.11 | 1,843.80 | -686.69 | 14,821.58 |
| Teneant Services | 1,376.63 | 34.95 | 1,341.68 | 6,883.63 |
| Utilities | 459.38 | 741.71 | -282.33 | 8,694.74 |
| Maint/Protective Serv - Supplies/Conts | 62,278.44 | 53,978.03 | 8,300.41 | 449,818.39 |
| Mileage | 0.00 | 0.00 | 0.00 | 0.00 |
| Insurance & General Expenses | 11,227.56 | 6,248.36 | 4,979.20 | 84,094.30 |
| Non-Routine Expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL FAMILY CLAIMS | 117,561.02 | 92,298.10 | 25,262.92 | 854,535.37 |
| AMP003 - BLUEBELL | | | | |
| Salaries | 4,354.34 | 1,073.78 | 3,280.56 | 26,342.81 |
| Employee W/H Payments | 0.00 | 0.00 | 0.00 | 0.00 |
| Fee Expenses | 6,065.02 | 5,347.50 | 717.52 | 48,778.79 |
| Administrative Expenses | 4.14 | 657.85 | -653.71 | 5,874.93 |
| Teneant Services | 0.00 | 0.00 | 0.00 | 66.45 |
| Utilities | 2,184.96 | 357.12 | 1,827.84 | 12,343.76 |
| Maint/Protective Serv - Supplies/Conts | 8,189.67 | 9,775.12 | -1,585.45 | 69,708.81 |
| Mileage | 0.00 | 0.00 | 0.00 | 0.00 |
| Insurance & General Expenses | 4,468.78 | 3,186.97 | 1,281.81 | 27,561.12 |
| Non-Routine Expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL BLUEBELL CLAIMS | 25,266.91 | 20,398.34 | 4,868.57 | 190,676.67 |
| COCC | | | | |
| Salaries | 188,549.14 | 117,459.79 | 71,089.35 | 1,064,982.67 |
| Employee W/H Payments | -10,520.95 | 465.20 | -10,986.15 | -13,996.17 |
| Fee Expenses | 315.78 | 892.66 | -576.88 | 2,502.27 |
| Administrative Expenses | 3,022.76 | 16,930.05 | -13,907.29 | 67,442.94 |
| Teneant Services | 0.00 | 0.00 | 0.00 | 0.00 |
| Utilities | 142.89 | 105.34 | 37.55 | 2,612.11 |
| Maint/Protective Serv - Supplies/Conts | 475.98 | 132.97 | 343.01 | 3,555.18 |
| Mileage | 0.00 | 0.00 | 0.00 | 17.95 |
| Insurance & General Expenses | 3,469.46 | 3,232.65 | 236.81 | 27,755.68 |
| Non-Routine Expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL COCC CLAIMS | 185,455.06 | 139,218.66 | 46,236.40 | 1,154,872.63 |
| COMBINED - AMP1, AMP2, AMP3, & COCC | | | | |
| Salaries | 230,159.89 | 137,441.35 | 92,718.54 | 1,309,824.04 |
| Employee W/H Payments | -10,520.95 | 465.20 | -10,986.15 | -13,996.17 |
| Fee Expenses | 50,226.89 | 44,578.70 | 5,648.19 | 406,822.55 |
| Administrative Expenses | 54,709.25 | 65,762.08 | -11,052.83 | 506,298.58 |
| Teneant Services | 1,376.63 | 97.05 | 1,279.58 | 8,126.40 |
| Utilities | 9,704.21 | 8,681.42 | 1,022.79 | 95,222.48 |
| Maint/Protective Serv - Supplies/Conts | 100,017.33 | 105,840.85 | -5,823.52 | 877,128.20 |
| Mileage | 0.00 | 0.00 | 0.00 | 17.95 |
| Insurance & General Expenses | 31,816.02 | 20,586.51 | 11,229.51 | 226,775.14 |
| Non-Routine Expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL LOW RENT CLAIMS | 467,489.27 | 383,453.16 | 84,036.11 | 3,416,219.17 |

Knox County Housing Authority
CLAIMS REPORT - AHP / HCV
November, 2024

| | Current Period | Last Year Same Period | Variance |
|------------------------------------------|-------------------|-----------------------|-----------------|
| BRENTWOOD | | | |
| Salaries | 16,949.33 | 11,524.33 | 5,425.00 |
| Employee W/H Payments | 0.00 | 0.00 | 0.00 |
| Management Fees | 4,284.00 | 4,284.00 | 0.00 |
| Administrative Expenses | 886.49 | 255.87 | 630.62 |
| Utilities | 3,023.27 | 1,793.64 | 1,229.63 |
| Maintenance Supplies/Contracts | 225.00 | 3,114.08 | -2,889.08 |
| Security, Tax, & Insurance Expenses | 4,752.73 | 4,317.07 | 435.66 |
| Finacial Expenses | 1,276.53 | 1,447.11 | -170.58 |
| TOTAL BRENTWOOD CLAIMS | 31,397.35 | 26,736.10 | 4,661.25 |
| PRAIRIELAND | | | |
| Salaries | 16,879.42 | 10,776.36 | 6,103.06 |
| Employee W/H Payments | 0.00 | 0.00 | 0.00 |
| Management Fees | 3,867.50 | 3,808.00 | 59.50 |
| Administrative Expenses | 669.92 | 359.94 | 309.98 |
| Utilities | 3,676.34 | 3,946.20 | -269.86 |
| Maintenance Supplies/Contracts | 411.67 | 4,803.54 | -4,391.87 |
| Security, Taxes, & Insurance Expenses | 4,420.46 | 3,898.47 | 521.99 |
| Financial Expenses | 1,276.53 | 1,447.11 | -170.58 |
| TOTAL PRAIRIELAND CLAIMS | 31,201.84 | 29,039.62 | 2,162.22 |
| AHP - BRENTWOOD & PRAIRIELAND | | | |
| Salaries | 33,828.75 | 22,300.69 | 11,528.06 |
| Employee W/H Payments | 0.00 | 0.00 | 0.00 |
| Management Fees | 8,151.50 | 8,092.00 | 59.50 |
| Administrative Expenses | 1,556.41 | 615.81 | 940.60 |
| Utilities | 6,699.61 | 5,739.84 | 959.77 |
| Maintenance Supplies | 636.67 | 7,917.62 | -7,280.95 |
| Security, Tax, & Insurance Expenses | 9,173.19 | 8,215.54 | 957.65 |
| Financial Expenses | 2,553.06 | 2,894.22 | -341.16 |
| TOTAL AHP CLAIMS | 62,599.19 | 55,775.72 | 6,823.47 |
| HOUSING CHOICE VOUCHER - HCV | | | |
| Salaries | 18,246.91 | 12,781.31 | 5,465.60 |
| Employee W/H Payments | 0.00 | 0.00 | 0.00 |
| Management Fees | 4,013.50 | 4,596.50 | -583.00 |
| Administrative Expenses | 171.09 | 1,286.75 | -1,115.66 |
| General Expense-Admin | 985.95 | 566.18 | 419.77 |
| Total HCV Expenses | 23,417.45 | 19,230.74 | 4,186.71 |
| HAP Expenses | 88,315.00 | 88,267.00 | 48.00 |
| General Expenses | 0.00 | 0.00 | 0.00 |
| Total HAP Expenses | 88,315.00 | 88,267.00 | 48.00 |
| TOTAL HCV CLAIMS | 111,732.45 | 107,497.74 | 4,234.71 |

Date: 12/20/2024

Time: 12:25:03 PM

ll

Knox County Housing Authority
CLAIMS REPORT - GRANT PROGRAMS
November, 2024

Page: 1
Rpt File: F:\HMS\REPO

| | Current Period | Last Year Same | Current Year | Cumulative |
|----------------------------------|-------------------|-------------------|---------------------|---------------------|
| | | | | |
| CFG 2024 - | | | | |
| Admin / Operations | 0.00 | 0.00 | 0.00 | 0.00 |
| General CFP Activity | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL CFG 2024 CLAIMS | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | |
| CFG 2023 - \$1,514,974 | | | | |
| Admin / Operations | 0.00 | 0.00 | 0.00 | 350,000.00 |
| General CFP Activity | 11,306.23 | 0.00 | 704,341.28 | 704,341.28 |
| TOTAL CFG 2023 CLAIMS | 11,306.23 | 0.00 | 704,341.28 | 1,054,341.28 |
| | | | | |
| CFG 2022 - \$1,467,361 | | | | |
| Admin. / Operations | 0.00 | 0.00 | 0.00 | 300,000.00 |
| General CFP Activity | 156,232.98 | 28,583.00 | 488,135.79 | 1,016,930.28 |
| TOTAL CFG 2022 CLAIMS | 156,232.98 | 28,583.00 | 488,135.79 | 1,316,930.28 |
| | | | | |
| CFG 2021 - \$1,209,310 | | | | |
| Admin / Operations | 0.00 | 0.00 | 0.00 | 300,000.00 |
| General CFP Activity | 0.00 | 469,415.25 | 0.00 | 909,310.00 |
| TOTAL CFG 2021 CLAIMS | 0.00 | 469,415.25 | 0.00 | 1,209,310.00 |
| | | | | |
| CFG 2020 - \$1,168,267 | | | | |
| Admin. / Operations | 0.00 | 0.00 | 0.00 | 300,000.00 |
| General CFP Activity | 0.00 | 31,490.50 | 0.00 | 740,212.65 |
| TOTAL CFG 2020 CLAIMS | 0.00 | 31,490.50 | 0.00 | 1,040,212.65 |
| | | | | |
| CFG 2019 - \$1,083,874 | | | | |
| Admin. / Operations | 0.00 | 0.00 | 0.00 | 300,000.00 |
| General CFP Activity | 0.00 | 0.00 | 0.00 | 783,874.00 |
| TOTAL CFG 2019 CLAIMS | 0.00 | 0.00 | 0.00 | 1,083,874.00 |
| | | | | |
| TOTAL CFG GRANT(S) CLAIMS | 167,539.21 | 529,488.75 | 1,192,477.07 | 5,704,668.21 |

Date: 12/20/2024
Time: 12:25:07 PM
ll

Knox County Housing Authority
CLAIMS REPORT TOTALS
November, 2024

Page: 1
Rpt File: F:\HMS\REPO

| | Current Period | Last Year Same | Variance | Current Year |
|--------------------------------------------|-------------------|-------------------|--------------------|---------------------|
| TOTALS | | | | |
| | | | | |
| <u>LOW RENT</u> | | | | |
| AMP001 - MOON TOWERS | 86,416.76 | 86,959.36 | -542.60 | 791,415.86 |
| AMP002 - FAMILY | 119,896.76 | 92,298.10 | 27,598.66 | 870,669.34 |
| AMP003 - BLUEBELL | 25,753.85 | 20,398.34 | 5,355.51 | 193,519.05 |
| COCC | 195,345.83 | 145,449.10 | 49,896.73 | 1,215,841.40 |
| TOTAL LOW RENT | 427,413.20 | 345,104.90 | 82,308.30 | 3,071,445.65 |
| | | | | |
| <u>A.H.P.</u> | | | | |
| BRENTWOOD | 33,130.35 | 27,456.10 | 5,674.25 | 254,794.42 |
| PRAIRIELAND | 32,766.84 | 29,689.62 | 3,077.22 | 245,351.63 |
| TOTAL A.H.P. | 65,897.19 | 57,145.72 | 8,751.47 | 500,146.05 |
| | | | | |
| <u>HOUSING CHOICE VOUCHER - HCV</u> | | | | |
| HCV (Administrative Only) | 23,417.45 | 19,230.74 | 4,186.71 | 149,813.62 |
| TOTAL HCV | 23,417.45 | 19,230.74 | 4,186.71 | 149,813.62 |
| | | | | |
| <u>GRANTS</u> | | | | |
| CAPITAL FUND GRANT 2024 | 0.00 | 0.00 | 0.00 | 0.00 |
| CAPITAL FUND GRANT 2023 | 11,306.23 | 0.00 | 11,306.23 | 704,341.28 |
| CAPITAL FUND GRANT 2022 | 156,232.98 | 28,583.00 | 127,649.98 | 488,135.79 |
| CAPITAL FUND GRANT 2021 | 0.00 | 469,415.25 | -469,415.25 | 0.00 |
| CAPITAL FUND GRANT 2020 | 0.00 | 31,490.50 | -31,490.50 | 0.00 |
| CAPITAL FUND GRANT 2019 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL GRANTS | 167,539.21 | 529,488.75 | -361,949.54 | 1,192,477.07 |
| | | | | |
| TOTAL CLAIMS FOR MONTH | 684,267.05 | 950,970.11 | -266,703.06 | 4,913,882.39 |

RESOLUTION 2024-08

December 31, 2024
Board of Commissioners

Derek Antoine, Executive Director

RE: Adoption of Public Housing Utility Allowance Schedule FFY 09/30/25

Article I. Background

Public Housing Authorities (PHAs) are governed by the Code of Federal Regulations, which sets forth the guidelines, policies, and procedures by which a PHA is required to follow in the administration federal assistance funding. 24 CFR §965.502(a) states "PHAs shall establish allowances for PHA-furnished utilities for all metered utilities and allowances for resident-purchased utilities for all utilities purchased directly by residents from the utilities suppliers." Additionally, 24 CFR §965.502(b) explains "The PHA shall maintain a record that documents the basis on which allowances and scheduled surcharges, and revisions thereof, are established and revised. Such record shall be available for inspection by residents." 24 CFR §965.505(b) clarifies "Allowances for both PHA-furnished and resident-purchased utilities shall be designed to include such reasonable consumption for major equipment or for utility functions furnished by the PHA for all residents (e.g., heating furnace, hot water heater), for essential equipment whether or not furnished by the PHA (e.g., range and refrigerator), and for minor items of equipment (such as toasters and radios) furnished by residents."

24 CFR §965.507(a) stipulates "PHA shall review at least annually the basis on which utility allowances have been established and, if reasonably required in order to continue adherence to the standards stated in § 965.505, shall establish revised allowances." Further, 24 CFR §965.507(b) explains "PHA may revise its allowances for resident-purchased utilities between annual reviews if there is a rate change (including fuel adjustments) and shall be required to do so if such change, by itself or together with prior rate changes not adjusted for, results in a change of 10 percent or more from the rates on which such allowances were based."

To that end, the KCHA, within the construct and purvey of its consortium partnership with the Nelrod Company, requested a Utility Allowance study be conducted for rental units in Knox County, Illinois. The objective of the study and subsequent analysis was to update the current Public Housing utility allowances with current utility supplier's rates and charges for electric, natural gas, water, sewer and trash collection for the agency's three PH properties – Moon Towers, Family Sites (Woodland Bend, Cedar Creek Place, Whispering Hollow), and Bluebell Tower.

To complete the utility rate analysis, the Nelrod Company obtained current rates for electricity, natural gas, bottle gas/propane, water and sewer rates, and trash collection charges from the various providers of Knox County, Illinois. Once the data was collected, comparisons were made to the previously applied rates and charges.

Based on the data obtained during the comparability study, **the Nelrod Company has recommended a revision to the KCHA Public Housing Program Utility Allowance Schedule due to changes in rates for electric, water, sewer, and trash/refuse collection.** The Nelrod Company has provided support documentation for its analysis and recommendation.

Changes shall be effective immediately for tenants whose rents declined as a result of increased utility allowances, and effective on **10/01/2024** for tenants who experienced a rental increase resulting from decreased utility allowances. Public Notice was provided through a posting and comment period, commencing on **12/01/2024** and ending **12/31/2024**. No public comments were received pertaining to the proposed schedule.

Article II. Recommendation

It is the recommendation of the Executive Director to adopt the proposed Public Housing Utility Allowance schedule prepared by the Nelrod Company, effective for the federal fiscal year ending 09/30/2025.



KNOX COUNTY HOUSING AUTHORITY, IL

PUBLIC HOUSING

PROPOSED MONTHLY UTILITY ALLOWANCES

Chart 1

UPDATE 2024

Building Type: High Rise Apartment

| | | | | | | |
|-------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|------------|------------|------------|
| Moon Towers, Blue Bell Tower IL-085-001, 003 (Boiler Heat & WH) (EE Equip: Win,WS) | 0BR | 1BR | 2BR | 3BR | 4BR | 5BR |
| Electricity (L&A,C) | \$45.00 | \$45.00 | \$51.00 | | | |

Building Type: Semi-Detached/Duplex

| | | | | | | |
|------------------------------------------------------------------------------|------------|------------|-----------------|-----------------|-----------------|-----------------|
| Scattered Sites Family IL-085-002 (EE Equip: Win,WH,Ins,WS) | 0BR | 1BR | 2BR | 3BR | 4BR | 5BR |
| Electricity (L&A) | | | \$44.00 | \$50.00 | \$57.00 | \$63.00 |
| Natural Gas (H,WH,C) | | | \$72.00 | \$81.00 | \$88.00 | \$94.00 |
| Water | | | \$31.00 | \$36.00 | \$42.00 | \$48.00 |
| Sewer | | | \$35.00 | \$45.00 | \$55.00 | \$65.00 |
| Trash Collection | | | \$25.00 | \$25.00 | \$25.00 | \$25.00 |
| Totals | | | \$207.00 | \$237.00 | \$267.00 | \$295.00 |

A monthly average cost of the summer and winter adjustments were used for the electric & natural gas costs.

L&A= Lights & Appliances

H= Space Heating

WH= Water Heating

C= Cooking

EE Equip= Energy Efficient Equipment

Win= Windows

Ins= Insulation

WS= Water Saving Appliances

Note: Public Housing utility allowances are calculated similar to method of utility providers. These allowances are not calculated by end use (like Section 8), but by total usage for each utility type.



REVIEW AND COMMENT

PUBLIC HOUSING UTILITY ALLOWANCE SCHEDULE

EFFECTIVE 01/01/2025

12/04/2024: 24 CFR 965.502 requires that PHAs shall establish allowances for PHA-furnished utilities for all check metered utilities and allowances for resident-purchased utilities for all utilities purchased directly by residents from the utilities suppliers. 24 CFR 965.507 stipulates that PHAs shall review at least annually the basis on which utility allowances have been established and shall establish revised allowances. Further, the regulations state that PHAs may revise allowances for resident-purchased utilities between annual reviews if there is a rate change (including fuel adjustments) and shall be required to do so if such change, by itself or together with prior rate changes not adjusted for, results in a change of 10 percent or more from the rates on which such allowances were based.

The Knox County Housing Authority, IL, Public Housing (Conventional) utility allowances were calculated with updated Customization & Energy Efficiency Measures criteria and current utility rates and charges, for electric, natural gas, water, sewer, and trash collection utilities. New climate data did change from previous analysis. The Agency has 424 dwelling units at 3 developments where utility allowances are developed by structure type and unit size, for resident-paid utilities. Additionally, all the developments have one or more of the following energy efficient items: windows, water heaters, insulation, and water saving appliances. Once the data was collected, comparisons were made to the previously applied rates and charges. Based on the results of the utility study, the Nelrod Company has recommended a revision to the KCHA Public Housing Program Utility Allowance Schedule. The Nelrod Company has provided support documentation for its analysis and recommendation.

The Knox County Housing Authority PH Utility Allowance schedule shall be presented to the Board of Commissioners for adoption on 01/02/2025, effective 01/01/2025.

Please submit all questions or comments regarding the changes in flat rent to us in writing to:

Knox County Housing Authority
Flat Rent Review and Comment
Attn: Derek Antoine
216 W. Simmons St.
Galesburg, IL 61401
309.342.8129 EXT. 223
309.342.7206 FAX
dantoine@knoxhousing.org

RESOLUTION 2024-08

December 31, 2024
Board of Commissioners

Derek Antoine, Executive Director

Adoption of Public Housing Utility Allowance Schedule FFY 09/30/25

WHEREAS, 24 CFR §965.502, 24 CFR §965.505, and 24 CFR §965.507 in various parts requires public housing authorities to annually review the schedule of utility allowances for the Public Housing program and establish an appropriate utility allowance schedule arrived at through a reasonable methodology; and

WHEREAS, public housing authorities must establish Utility Allowance Schedules based upon the typical cost of utilities and services paid by energy conservative households that occupy housing of similar size and type in the same locality; and

WHEREAS, public housing authorities must appropriately classify utilities and services into categories defined by HUD; and

WHEREAS, public housing authorities must revise any allowance for a utility category if there has been a change of ten percent (10%) or more in the utility rate since the previous Utility Allowance Schedule revision; and

WHEREAS, the Knox County Housing Authority, to meet federal guidelines and requirements, contracts with The Nelrod Company to conduct a comparative analysis of utility rates and consumption data for Knox County, Illinois, and provide adequate and compliant documentation for agency record retention; and

WHEREAS, The Nelrod Company having completed the utility comparison analysis in accordance with federal regulations and requirements, and having provided appropriate supporting documentation to the Knox County Housing Authority; and

WHEREAS, based on a comparative analysis, the Nelrod Company has recommended and proposed a revision to the previously adopted Knox County Housing Authority PH Utility Allowance Schedule; and

WHEREAS, Regulations established by the Department of Housing and Urban Development (HUD) require a resolution certifying the approval of the Public Housing Program Utility Allowance Schedule.

\\

\\

\\

\\

\\

\\

\\

\\

\\

\\

RESOLUTION 2024-08

December 31, 2024
Board of Commissioners

Derek Antoine, Executive Director

Adoption of Public Housing Utility Allowance Schedule FFY 09/30/25

NOW, THEREFORE, BE IT RESOLVED BY THE KNOX COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS (BOARD) THAT:

1. The above recitals are true and correct, and together with the report from the Executive Director, form the Board's actions as set forth in this Resolution.
2. The Board of Commissioners of the Knox County Housing Authority adopts the Public Housing Program Utility Allowance Schedule for FFY **09/30/2025**.
3. The methodology used in compiling and presenting utility data for Knox County, Illinois is compliant with requirements set forth in the Code of Federal Regulations and HUD guidance regarding preparation and submission of such assessments.
4. This Resolution shall be carried out in accordance with agency policy, procedures, and federal regulations and shall be effective 01/01/2025.

RESOLVED: January 2, 2025

Jared Hawkinson, Chairperson

Sara Robison, Vice-Chairperson

Derek Antoine, Secretary/Executive Director (Attest)

RESOLUTION 2024-09

December 31, 2024
Board of Commissioners
Derek Antoine, Executive Director

RE: Adoption of Section 8 Housing Choice Voucher Utility Allowance Schedule FFY 2025

Article I. Background

Public Housing Authorities (PHAs) are governed by the Code of Federal Regulations, which sets forth the guidelines, policies, and procedures by which a PHA is required to follow in the administration federal assistance funding. 24 CFR §982.517(a)(1) establishes that PHAs must "maintain a utility allowance schedule for all tenant-paid utilities (except telephone), for cost of tenant-supplied refrigerators and ranges, and for other tenant-paid housing services." 24 CFR §982.517(b)(1) explains "The utility allowance schedule must be determined based on the typical cost of utilities and services paid by energy-conservative households that occupy housing of similar size and type in the same locality. In developing the schedule, the PHA must use normal patterns of consumption for the community as a whole and current utility rates." 24 CFR §982.517(b)(2)(ii) clarifies "In the utility allowance schedule, the PHA must classify utilities and other housing services according to the following general categories: space heating; air conditioning; cooking; water heating; water; sewer; trash collection (disposal of waste and refuse); other electric; refrigerator (cost of tenant-supplied refrigerator); range (cost of tenant-supplied range); and other specified housing services."

24 CFR §982.517(c)(1) stipulates "a PHA must review its schedule of utility allowances each year, and must revise its allowance for a utility category if there PHAs been a change of 10 percent or more in the utility rate since the last time the utility allowance schedule was revised. The PHA must maintain information supporting its annual review of utility allowances and any revisions made in its utility allowance schedule."

To that end, the KCHA, within the construct and purvey of its consortium partnership with the Nelrod Company, requested a Utility Allowance study be conducted for rental units in Knox County, Illinois. The objective of the study and subsequent analysis was to update the current Housing Choice Voucher Program utility allowance schedules with current utility supplier's rates and charges for electric, natural gas, water, sewer and trash collection for each utility provider and - if necessary - adjust the base consumptions from HUD's Utility Schedule Model for Section 8 due to climatic changes.

To complete the utility rate analysis, the Nelrod Company obtained current rates for electricity, natural gas, bottle gas/propane, water and sewer rates, and trash collection charges from the various providers of Knox County, Illinois. Once the data was collected, comparisons were made to the previously applied rates and charges. Further, HUD's Utility Schedule Model for Section 8 was utilized for the development of consumption averages by unit size.

Based on the results of the utility study, **the Nelrod Company has recommended a revision to the KCHA Housing Choice Voucher Program Utility Allowance Schedule.** The revisions are required under 24 CFR §982.517(c)(1), as several categorical rate changes exceed the minimum 10% variance. The Nelrod Company has provided support documentation for its analysis and recommendation.

Changes shall be effective immediately for participants whose rents declined as a result of increased utility allowances, and effective on **01/01/2025** for participants who experienced a rental increase resulting from decreased utility allowances. Public Notice was provided through a posting and comment period, commencing on **12/01/2024** and ending **12/31/2024**. No public comments were received pertaining to the proposed schedule.

Article II. Recommendation

It is the recommendation of the Executive Director to adopt the proposed Housing Choice Voucher Program Utility Allowance schedule prepared by the Nelrod Company, effective for the federal fiscal year ending 09/30/2025.

Utility Allowance Schedule

See Public Reporting and Instructions on back.

U.S. Department of Housing and Urban
Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 04/30/2026)

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

| Locality/PHA Knox County Housing Authority, IL | | Unit Type: Apartment | | | | Date (mm/dd/yyyy) | |
|-------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------|---------|---------|---------------------------|-------------------|----------|
| Utility of Service | Fuel Type | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | Natural Gas <i>(avg)</i> | \$18.00 | \$20.00 | \$24.00 | \$27.00 | \$31.00 | \$35.00 |
| | Bottle Gas | \$55.00 | \$65.00 | \$75.00 | \$87.00 | \$99.00 | \$110.00 |
| | Electric <i>(avg)</i> | \$26.00 | \$30.00 | \$41.00 | \$52.00 | \$63.00 | \$74.00 |
| | Electric Heat Pump <i>(avg)</i> | \$23.00 | \$27.00 | \$32.00 | \$36.00 | \$40.00 | \$44.00 |
| | Fuel Oil | | | | | | |
| Cooking | Natural Gas <i>(avg)</i> | \$2.00 | \$2.00 | \$3.00 | \$4.00 | \$5.00 | \$6.00 |
| | Bottle Gas | \$6.00 | \$6.00 | \$10.00 | \$14.00 | \$18.00 | \$20.00 |
| | Electric <i>(avg)</i> | \$6.00 | \$7.00 | \$10.00 | \$14.00 | \$17.00 | \$20.00 |
| Other Electric | <i>(avg)</i> | \$23.00 | \$27.00 | \$38.00 | \$48.00 | \$59.00 | \$70.00 |
| Air Conditioning | <i>(avg)</i> | \$6.00 | \$7.00 | \$10.00 | \$12.00 | \$15.00 | \$18.00 |
| Water Heating | Natural Gas <i>(avg)</i> | \$5.00 | \$5.00 | \$8.00 | \$10.00 | \$13.00 | \$15.00 |
| | Bottle Gas | \$16.00 | \$18.00 | \$26.00 | \$32.00 | \$41.00 | \$47.00 |
| | Electric <i>(avg)</i> | \$16.00 | \$19.00 | \$24.00 | \$29.00 | \$35.00 | \$40.00 |
| | Fuel Oil | | | | | | |
| Water | | See Attached Water, Sewer, & Trash Collection Schedule | | | | | |
| Sewer | | | | | | | |
| Trash Collection | | | | | | | |
| Other specify: Electric Charge \$22.31 (avg) | | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 |
| Other specify: Natural Gas Charge \$22.33 (avg) | | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 |
| Range/Microwave | | \$11.00 | \$11.00 | \$11.00 | \$11.00 | \$11.00 | \$11.00 |
| Refrigerator | | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$12.00 |
| Actual Family Allowances -May be used by the family to compute allowance while searching for a unit. | | | | | Utility/Service/Appliance | Allowance | |
| | | | | | Heating | | |
| Head of Household Name | | | | | Cooking | | |
| | | | | | Other Electric | | |
| | | | | | Air Conditioning | | |
| | | | | | | | |
| Unit Address | | | | | Water Heating | | |
| | | | | | Water | | |
| | | | | | Sewer | | |
| | | | | | Trash Collection | | |
| | | | | | Other | | |
| Number of Bedrooms | | | | | Range/Microwave | | |
| | | | | | Refrigerator | | |
| | | | | | Total | | |



adapted from form HUD-52667
(04/2023)

Utility Allowance Schedule

See Public Reporting and Instructions on back.

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

OMB Approval No. 2577-0169
(exp. 04/30/2026)

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

| Locality/PHA Knox County Housing Authority, IL | | Unit Type: Row House/Townhouse/ Semi-Detached/Duplex | | | | Date (mm/dd/yyyy) | |
|-------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------|---------|---------|---------------------------|-------------------|-----------|
| Utility of Service | Fuel Type | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | Natural Gas <i>(avg)</i> | \$22.00 | \$26.00 | \$30.00 | \$35.00 | \$39.00 | \$43.00 |
| | Bottle Gas | \$71.00 | \$81.00 | \$95.00 | \$110.00 | \$122.00 | \$136.00 |
| | Electric <i>(avg)</i> | \$37.00 | \$44.00 | \$57.00 | \$71.00 | \$84.00 | \$97.00 |
| | Electric Heat Pump <i>(avg)</i> | \$28.00 | \$33.00 | \$39.00 | \$44.00 | \$48.00 | \$53.00 |
| | Fuel Oil | | | | | | |
| Cooking | Natural Gas <i>(avg)</i> | \$2.00 | \$2.00 | \$3.00 | \$4.00 | \$5.00 | \$6.00 |
| | Bottle Gas | \$6.00 | \$6.00 | \$10.00 | \$14.00 | \$18.00 | \$20.00 |
| | Electric <i>(avg)</i> | \$6.00 | \$7.00 | \$10.00 | \$14.00 | \$17.00 | \$20.00 |
| Other Electric | <i>(avg)</i> | \$29.00 | \$34.00 | \$48.00 | \$61.00 | \$75.00 | \$88.00 |
| Air Conditioning | <i>(avg)</i> | \$6.00 | \$7.00 | \$12.00 | \$17.00 | \$22.00 | \$26.00 |
| Water Heating | Natural Gas <i>(avg)</i> | \$6.00 | \$7.00 | \$10.00 | \$13.00 | \$16.00 | \$19.00 |
| | Bottle Gas | \$20.00 | \$22.00 | \$32.00 | \$41.00 | \$51.00 | \$61.00 |
| | Electric <i>(avg)</i> | \$20.00 | \$24.00 | \$30.00 | \$37.00 | \$43.00 | \$50.00 |
| | Fuel Oil | | | | | | |
| Water | | See Attached Water, Sewer & Trash Collection Schedule | | | | | |
| Sewer | | | | | | | |
| Trash Collection | | | | | | | |
| Other specify: Electric Charge \$22.31 (avg) | | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 |
| Other specify: Natural Gas Charge \$22.33 (avg) | | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 |
| Range/Microwave | | \$11.00 | \$11.00 | \$11.00 | \$11.00 | \$11.00 | \$11.00 |
| Refrigerator | | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$12.00 |
| Actual Family Allowances -May be used by the family to compute allowance while searching for a unit. | | | | | Utility/Service/Appliance | | Allowance |
| | | | | | Heating | | |
| | | | | | Cooking | | |
| | | | | | Other Electric | | |
| Head of Household Name | | | | | Air Conditioning | | |
| | | | | | Water Heating | | |
| | | | | | Water | | |
| | | | | | Sewer | | |
| Unit Address | | | | | Trash Collection | | |
| | | | | | Other | | |
| | | | | | Range/Microwave | | |
| | | | | | Refrigerator | | |
| Number of Bedrooms | | | | | Total | | |



adapted from form HUD-52667
(04/2023)

Utility Allowance Schedule

See Public Reporting and Instructions on back.

U.S. Department of Housing and Urban
Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

(exp. 04/30/2026)

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

| Locality/PHA Knox County Housing Authority, IL | | Unit Type Detached House | | | | Date (mm/dd/yyyy) | |
|-------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------|---------|----------|---------------------------|-------------------|----------|
| Utility of Service | Fuel Type | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | Natural Gas <i>(avg)</i> | \$25.00 | \$29.00 | \$35.00 | \$39.00 | \$44.00 | \$49.00 |
| | Bottle Gas | \$79.00 | \$93.00 | \$110.00 | \$124.00 | \$140.00 | \$156.00 |
| | Electric <i>(avg)</i> | \$61.00 | \$72.00 | \$84.00 | \$96.00 | \$107.00 | \$118.00 |
| | Electric Heat Pump <i>(avg)</i> | \$33.00 | \$38.00 | \$46.00 | \$51.00 | \$57.00 | \$63.00 |
| | Fuel Oil | | | | | | |
| Cooking | Natural Gas <i>(avg)</i> | \$2.00 | \$2.00 | \$3.00 | \$4.00 | \$5.00 | \$6.00 |
| | Bottle Gas | \$6.00 | \$6.00 | \$10.00 | \$14.00 | \$18.00 | \$20.00 |
| | Electric <i>(avg)</i> | \$6.00 | \$7.00 | \$10.00 | \$14.00 | \$17.00 | \$20.00 |
| Other Electric | <i>(avg)</i> | \$34.00 | \$40.00 | \$55.00 | \$71.00 | \$87.00 | \$102.00 |
| Air Conditioning | <i>(avg)</i> | \$5.00 | \$5.00 | \$12.00 | \$19.00 | \$26.00 | \$32.00 |
| Water Heating | Natural Gas <i>(avg)</i> | \$6.00 | \$7.00 | \$10.00 | \$13.00 | \$16.00 | \$19.00 |
| | Bottle Gas | \$20.00 | \$22.00 | \$32.00 | \$41.00 | \$51.00 | \$61.00 |
| | Electric <i>(avg)</i> | \$20.00 | \$24.00 | \$30.00 | \$37.00 | \$43.00 | \$50.00 |
| | Fuel Oil | | | | | | |
| Water | | See Attached Water, Sewer & Trash Collection Schedule | | | | | |
| Sewer | | | | | | | |
| Trash Collection | | | | | | | |
| Other specify: Electric Charge \$22.31 (avg) | | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 |
| Other specify: Natural Gas Charge \$22.33 (avg) | | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 | \$22.00 |
| Range/Microwave | | \$11.00 | \$11.00 | \$11.00 | \$11.00 | \$11.00 | \$11.00 |
| Refrigerator | | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$12.00 |
| Actual Family Allowances- May be used by the family to compute allowance while searching for a unit. | | | | | Utility/Service/Appliance | Allowance | |
| | | | | | Heating | | |
| Head of Household Name | | | | | Cooking | | |
| | | | | | Other Electric | | |
| | | | | | Air Conditioning | | |
| | | | | | Water Heating | | |
| Unit Address | | | | | Water | | |
| | | | | | Sewer | | |
| | | | | | Trash Collection | | |
| | | | | | Other | | |
| | | | | | Range / Microwave | | |
| Number of Bedrooms | | | | | Refrigerator | | |
| | | | | | Total | | |



adapted from form HUD-52667

(04/2023)

KNOX COUNTY HOUSING AUTHORITY, IL
Water, Sewer and Trash Collection
Section 8 HCV Utility Allowances

All Building Types

| | | Monthly Dollar Allowances | | | | | |
|------------------------------------------------------------------|-------|---------------------------|---------|----------|----------|----------|----------|
| | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| City Abingdon | Water | \$39.00 | \$40.00 | \$50.00 | \$59.00 | \$69.00 | \$78.00 |
| | Sewer | \$43.00 | \$43.00 | \$50.00 | \$56.00 | \$63.00 | \$69.00 |
| Jackson Disposal (Abingdon) | Trash | \$35.00 | \$35.00 | \$35.00 | \$35.00 | \$35.00 | \$35.00 |
| Altona Water Works | Water | \$35.00 | \$36.00 | \$43.00 | \$50.00 | \$57.00 | \$64.00 |
| | Sewer | \$26.00 | \$27.00 | \$31.00 | \$35.00 | \$39.00 | \$43.00 |
| | Trash | \$15.00 | \$15.00 | \$15.00 | \$15.00 | \$15.00 | \$15.00 |
| Aqua Illinois Spoon River Lake Sanitary District (Oak Run) | Water | \$44.00 | \$45.00 | \$56.00 | \$66.00 | \$75.00 | \$83.00 |
| | Sewer | \$46.00 | \$46.00 | \$46.00 | \$46.00 | \$46.00 | \$46.00 |
| Village of East Galesburg | Water | \$60.00 | \$61.00 | \$71.00 | \$82.00 | \$92.00 | \$103.00 |
| | Sewer | \$51.00 | \$52.00 | \$62.00 | \$71.00 | \$81.00 | \$91.00 |
| | Trash | \$14.00 | \$14.00 | \$14.00 | \$14.00 | \$14.00 | \$14.00 |
| City of Galesburg | Water | \$31.00 | \$32.00 | \$37.00 | \$43.00 | \$48.00 | \$54.00 |
| | Sewer | \$36.00 | \$37.00 | \$47.00 | \$56.00 | \$66.00 | \$76.00 |
| | Trash | \$25.00 | \$25.00 | \$25.00 | \$25.00 | \$25.00 | \$25.00 |
| City of Knoxville | Water | \$25.00 | \$26.00 | \$33.00 | \$41.00 | \$48.00 | \$56.00 |
| | Sewer | \$30.00 | \$31.00 | \$38.00 | \$46.00 | \$53.00 | \$61.00 |
| | Trash | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$12.00 |
| Range/Microwave | Water | \$67.00 | \$67.00 | \$67.00 | \$67.00 | \$67.00 | \$67.00 |
| | Sewer | \$28.00 | \$28.00 | \$28.00 | \$28.00 | \$28.00 | \$28.00 |
| | Trash | \$15.00 | \$15.00 | \$15.00 | \$15.00 | \$15.00 | \$15.00 |
| Village of Maquon | Water | \$35.00 | | | | | |
| | Sewer | | | | | | |
| | Trash | | | | | | |
| Village of Oneida | Water | \$31.00 | \$31.00 | \$37.00 | \$43.00 | \$48.00 | \$54.00 |
| | Sewer | \$26.00 | \$27.00 | \$38.00 | \$48.00 | \$59.00 | \$69.00 |
| | Trash | \$13.00 | \$13.00 | \$13.00 | \$13.00 | \$13.00 | \$13.00 |
| Village of Wataga | Water | \$36.00 | \$37.00 | \$42.00 | \$47.00 | \$53.00 | \$58.00 |
| | Sewer | \$21.00 | \$21.00 | \$24.00 | \$25.00 | \$27.00 | \$29.00 |
| | Trash | \$13.00 | \$13.00 | \$13.00 | \$13.00 | \$13.00 | \$13.00 |
| Village of Yates City | Water | \$84.00 | \$86.00 | \$105.00 | \$123.00 | \$142.00 | \$160.00 |
| | Sewer | \$27.00 | \$28.00 | \$38.00 | \$47.00 | \$57.00 | \$66.00 |



adapted from form HUD-52667
(04/2023)



REVIEW AND COMMENT

HCVP UTILITY ALLOWANCE SCHEDULE

EFFECTIVE 01/01/2025

12/04/2024: 24 CFR §982.517(c)(1) stipulates "a PHA must review its schedule of utility allowances each year, and must revise its allowance for a utility category if there PHAs been a change of 10 percent or more in the utility rate since the last time the utility allowance schedule was revised. The PHA must maintain information supporting its annual review of utility allowances and any revisions made in its utility allowance schedule."

To complete the utility rate analysis, the Nelrod Company obtained current rates for electricity, natural gas, bottle gas/propane, water and sewer rates, and trash collection charges from the various providers of Knox County, Illinois. Once the data was collected, comparisons were made to the previously applied rates and charges. Further, HUD's Utility Schedule Model for Section 8 was utilized for the development of consumption averages by unit size. Based on the results of the utility study, the Nelrod Company has recommended a revision to the KCHA Housing Choice Voucher Program Utility Allowance Schedule. The Nelrod Company has provided support documentation for its analysis and recommendation.

The proposed Knox County Housing Authority HCVP Utility Allowance schedule shall be presented to the Board of Commissioners for adoption on 01/02/2025, effective 01/01/2025.

Please submit all questions or comments regarding this information to us in writing to:

Knox County Housing Authority
Flat Rent Review and Comment
Attn: Derek Antoine
216 W. Simmons St.
Galesburg, IL 61401
309.342.8129 EXT. 223
309.342.7206 FAX
dantoine@knoxhousing.org

RESOLUTION 2024-09

December 31, 2024
Board of Commissioners

Derek Antoine, Executive Director

Adoption of Section 8 Housing Choice Voucher Utility Allowance Schedule FFY 2025

WHEREAS, 24 CFR §982.517 in various parts requires Public Housing Authorities to annually review the schedule of utility allowances for the Section 8 Housing Choice Voucher program and establish an appropriate utility allowance schedule arrived at through a reasonable methodology; and

WHEREAS, public housing authorities must establish Utility Allowance Schedules based upon the typical cost of utilities and services paid by energy conservative households that occupy housing of similar size and type in the same locality; and

WHEREAS, public housing authorities must appropriately classify utilities and services into categories defined by HUD; and

WHEREAS, public housing authorities must revise any allowance for a utility category if there has been a change of ten percent (10%) or more in the utility rate since the previous Utility Allowance Schedule revision; and

WHEREAS, the Knox County Housing Authority, to meet federal guidelines and requirements, contracts with The Nelrod Company to conduct a comparative analysis of utility rates and consumption data for Knox County, Illinois, and provide adequate and compliant documentation for agency record retention; and

WHEREAS, The Nelrod Company having completed the utility comparison analysis in accordance with federal regulations and requirements, and having provided appropriate supporting documentation to the Knox County Housing Authority; and

WHEREAS, based on a comparative analysis, the Nelrod Company has recommended and proposed a revision to the previously adopted Knox County Housing Authority HCVP Utility Allowance Schedule; and

WHEREAS, Regulations established by the Department of Housing and Urban Development (HUD) require a resolution certifying the approval of the Section 8 Housing Choice Voucher Utility Allowance Schedule developed in accordance with 24 CFR §982.517.

\\

\\

\\

\\

\\

\\

\\

\\

\\

\\

RESOLUTION 2024-09

December 31, 2024
Board of Commissioners
Derek Antoine, Executive Director

RE: Adoption of Section 8 Housing Choice Voucher Utility Allowance Schedule FFY 2025

NOW, THEREFORE, BE IT RESOLVED BY THE KNOX COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS (BOARD) THAT:

1. The above recitals are true and correct, and together with the report from the Executive Director, form the Board's actions as set forth in this Resolution.
2. The Board of Commissioners of the Knox County Housing Authority adopts the Housing Choice Voucher Program Utility Allowance Schedule for FFY **09/30/2025**.
3. The methodology used in compiling and presenting utility data for Knox County, Illinois is compliant with requirements set forth in the Code of Federal Regulations and HUD guidance regarding preparation and submission of such assessments.
4. This Resolution shall be carried out in accordance with agency policy, procedures, and federal regulations and shall be effective 01/01/2025.

RESOLVED: January 2, 2025

Jared Hawkinson, Chairperson

Sara Robison, Vice-Chairperson

Derek Antoine, Secretary/Executive Director (Attest)

RESOLUTION 2024-10

December 31, 2024

Board of Commissioners

Derek Antoine, Executive Director

RE: Adoption of Public Housing Flat Rent Schedule FFY 2025

Article I. Background

The Quality Housing and Work Responsibility Act of 1998 (QHWRA) provided enabling legislation which requires Public Housing Agencies (PHAs) to provide options to residents in selecting a choice of rental payment. Annually, the Knox County Housing Authority (KCHA) must provide its public housing residents the opportunity to choose between paying "flat rent," which is based on a unit's market rental value, or "Income Based Rent," which is based on a percentage of adjusted family income. This requirement is codified at 24 CFR §960.253. Additionally, 24 CFR §960.253(b) stipulates PHAs must use a reasonable method to determine the flat rent for a unit.

Flat rents are designed to encourage and reward employment and economic self-sufficiency by setting a rent that will not automatically increase as the family's income increases.

Paragraph (2)(B)(i) of Section 3(a) of the United States Housing Act of 1937 (the Act), as amended by the Consolidated Appropriations Acts of 2014 and 2015, established new parameters that PHAs must use when determining the flat rent amounts. Specifically, flat rents were required to be set at no less than 80% of the applicable Fair Market Rent (FMR).

Notice 2015-13 outlines three options available to PHAs for determining their flat rents:

- PHAs have the option to continue using the regional FMRs as the basis for calculating their flat rents. Flat rents should be set no lower than 80% of FMR, with adjustments made for tenant paid utilities.
- PHAs have the option to use the zip-code based Small Area FMRs (SAFMR) for metropolitan counties or the unadjusted rents for counties not covered by SAFMRs as the basis for calculating their flat rents. As with traditional FMRs, flat rents should be set no lower than 80% of SAFMR, with adjustments made for tenant paid utilities.
- For communities in which the FMR and SAFMR do not appropriately reflect the market value of a property or unit, a PHA can apply to HUD for an exception. To apply for an exception, a PHA must demonstrate the need by assessing the value of the unit (market rent analysis). PHAs should consider location, quality, size, unit type, age of unit, amenities, services, maintenance, and included utilities when determining the market value. To the extent possible, these market analyses should be based on rents paid for similar units in the unassisted market.

For the current cycle, the Knox County Housing Authority has opted to continue using the regional FMRs as the basis for calculating our flat rents.

The table below represents the final FFY 2025 FMR rates, the current KCHA Public Housing Program Flat Rent Schedule (FFY 2024), and the proposed FFY 2025 KCHA Public Housing Program Flat Rent Schedule (adjustments for utility payments have been made to the "Current" and "Proposed" flat rents listed):

| Fair Market Rent (FMR) | | | | | | |
|------------------------|------------|-----------|-----------|-------------|-------------|-------------|
| FMR Data | Efficiency | 1-BR | 2-BR | 3-BR | 4-BR | 5-BR |
| FFY 2025 | \$ 653.00 | \$ 663.00 | \$ 870.00 | \$ 1,130.00 | \$ 1,153.00 | \$ 1,325.00 |
| FFY 2024 | \$ 596.00 | \$ 614.00 | \$ 807.00 | \$ 1,055.00 | \$ 1,075.00 | \$ 1,236.00 |
| Variance | \$ 57.00 | \$ 49.00 | \$ 63.00 | \$ 75.00 | \$ 78.00 | \$ 89.00 |

| Moon Towers/Bluebell Tower | | | | |
|----------------------------|-----------|-----------|----------|-----------|
| | FFY 2025 | | | |
| Unit Size | FMR | 80% FMR | UA | 80FMR-UA |
| 0BR | \$ 653.00 | \$ 523.00 | \$ 45.00 | \$ 478.00 |
| 1BR | \$ 663.00 | \$ 531.00 | \$ 45.00 | \$ 486.00 |
| 2BR | \$ 870.00 | \$ 696.00 | \$ 51.00 | \$ 645.00 |

| Family Sites | | | | |
|--------------|-------------|-------------|-----------|-----------|
| | FFY 2025 | | | |
| Unit Size | FMR | 80% FMR | UA | FMR-UA |
| 2BR | \$ 870.00 | \$ 696.00 | \$ 207.00 | \$ 489.00 |
| 3BR | \$ 1,130.00 | \$ 904.00 | \$ 237.00 | \$ 667.00 |
| 4BR | \$ 1,153.00 | \$ 923.00 | \$ 267.00 | \$ 656.00 |
| 5BR | \$ 1,325.00 | \$ 1,060.00 | \$ 295.00 | \$ 765.00 |

| Bluebell Tower | | | | |
|----------------|-----------|-----------|----------|-----------|
| | FFY 2025 | | | |
| Unit Size | FMR | 80% FMR | UA | FMR-UA |
| 1BR | \$ 663.00 | \$ 531.00 | \$ 45.00 | \$ 486.00 |
| 2BR | \$ 870.00 | \$ 696.00 | \$ 51.00 | \$ 645.00 |

| Location | Unit Size | FFY 2024 | FFY 2025 | +/- | % |
|----------|-----------|-----------|-----------|----------|------|
| MT/BB | 0BR | \$ 438.00 | \$ 478.00 | \$ 40.00 | 9.1% |
| MT/BB | 1BR | \$ 453.00 | \$ 486.00 | \$ 33.00 | 7.3% |
| MT/BB | 2BR | \$ 601.00 | \$ 645.00 | \$ 44.00 | 7.3% |
| FAM | 2BR | \$ 457.00 | \$ 489.00 | \$ 32.00 | 7.0% |
| FAM | 3BR | \$ 626.00 | \$ 667.00 | \$ 41.00 | 6.5% |
| FAM | 4BR | \$ 615.00 | \$ 656.00 | \$ 41.00 | 6.7% |
| FAM | 5BR | \$ 718.00 | \$ 765.00 | \$ 47.00 | 6.5% |

Article II. Recommendation

It is the recommendation of the Executive Director the Board resolve to approve and adopt the FFY 2024 Knox County Housing Authority Public Housing Program Flat Rent Schedule, effective 01/01/2025.



REVIEW AND COMMENT

PUBLIC HOUSING FLAT RENT SCHEDULE

EFFECTIVE 01/01/2025

On 09/01/2024, the Department of Housing and Urban Development (HUD) announced Fair Market Rents (FMR) for the federal fiscal year 10/1/2024 through 9/30/2025.

FMRs are used in the calculation of flat rents for Public Housing units. The FY 2014 Appropriations Act, along with subsequent appropriations acts, require PHAs to establish flat rents at no less than 80 percent of the applicable Fair Market Rent (FMR), with implementation guidance in Notice PIH 2014-12 and Notice PIH 2015-13 (24 CFR §960.253(b)).

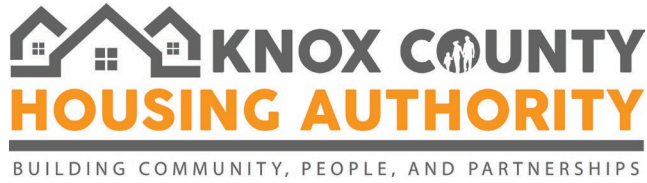
Further, as FMRs are developed to include shelter rent plus the cost of all necessary utilities, their inclusion for purposes of setting Public Housing flat rents may lead to families paying more in gross rent if the shelter rent is not adjusted to reflect utility payments. Thus, PHAs must consider who is responsible for direct utility payments to the utility company, and adjust the flat rent accordingly. In the case the family is responsible for making direct utility payments to the utility company, as is the case with KCHA public housing units, the PHA must adjust the flat rent amount downward, using a utility allowance, to account for reasonable utility costs of an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment.

At all new admissions, families choose between the compliant flat rent amount and the income-based rent. During annual reexaminations, PHAs must offer an annual rent option, where the family may choose to pay either the compliant flat rents or the calculated income-based rent. (24 CFR §960.253).

The proposed changes to the Flat Rent Schedule reflect the adjustments to the FMRs for Knox County, Illinois, and the Knox County Housing Authority Utility Allowance schedule, shall be adopted at the regular meeting of the Board of Commissioners on 01/02/2025, effective 01/01/2025.

Please submit all questions or comments regarding the changes in flat rent to us in writing to:

Knox County Housing Authority
Flat Rent Review and Comment
Attn: Derek Antoine
216 W. Simmons St.
Galesburg, IL 61401
309.342.8129 EXT. 223
309.342.7206 FAX
dantoine@knoxhousing.org



PROPOSED FLAT RENT SCHEDULE

PUBLIC HOUSING PROGRAM

EFFECTIVE 01/01/2025

| Location | Unit Size | FFY 2024 | FFY 2025 | +/- | % |
|----------|-----------|-----------|-----------|----------|------|
| MT/BB | 0BR | \$ 438.00 | \$ 478.00 | \$ 40.00 | 9.1% |
| MT/BB | 1BR | \$ 453.00 | \$ 486.00 | \$ 33.00 | 7.3% |
| MT/BB | 2BR | \$ 601.00 | \$ 645.00 | \$ 44.00 | 7.3% |
| FAM | 2BR | \$ 457.00 | \$ 489.00 | \$ 32.00 | 7.0% |
| FAM | 3BR | \$ 626.00 | \$ 667.00 | \$ 41.00 | 6.5% |
| FAM | 4BR | \$ 615.00 | \$ 656.00 | \$ 41.00 | 6.7% |
| FAM | 5BR | \$ 718.00 | \$ 765.00 | \$ 47.00 | 6.5% |

RESOLUTION 2024-10

December 31, 2024

Board of Commissioners

Derek Antoine, Executive Director

Adoption of Public Housing Flat Rent Schedule FFY 2025

NOW, THEREFORE, BE IT RESOLVED BY THE KNOX COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS (BOARD) THAT:

1. The above recitals are true and correct, and together with the report from the Executive Director, form the Board's actions as set forth in this Resolution.
2. The proposed FFY 2025 Knox County Housing Authority Public Housing Program Flat Rent Schedule is hereby approved and adopted.
3. The Executive Director is hereby authorized to amend the Knox County Housing Authority Public Housing Program Flat Rent Schedule as provided in this Resolution.
4. This Resolution shall be effective in accordance with federal regulations and be effective as of January 1, 2025.

RESOLVED: January 2, 2025

Jared Hawkinson, Chairperson

Sara Robison, Vice-Chairperson

Derek Antoine, Secretary/Executive Director (Attest)

RESOLUTION 2024-11

December 31, 2024
Board of Commissioners

Derek Antoine, Executive Director

RE: Approval of Housing Choice Voucher Payment Standard Schedule FFY 2025

Article I. Background

Payment standards are used to calculate the housing assistance payments (HAP) the Knox County Housing Authority (KCHA) pays to the landlords/owners on behalf of the participant family leasing the unit. Public housing authorities have latitude in establishing a schedule of payment standard amounts by bedroom size. The range of possible payment standard amounts are based on HUD's published fair market rent (FMR) schedule for the FMR area in which the agency has jurisdiction. Payment standard amounts may range from 90% to 110% percent of the published FMRs, also called the "basic range," though PHAs are allowed set them higher or lower with prior HUD approval. Regulations on payment standards are set forth at 24 CFR §982.503. The Section Eight Management Assessment Program (SEMAP) measures a PHAs compliance with this requirement.

The level at which the payment standard amount is set directly affects the amount of subsidy a family will receive, and the amount of rent paid by program participants. If the payment standard amount is too low, families may need to pay more than they can afford, families could have a hard time finding acceptable units or units in more desirable areas, and housing choices for those families may be narrowed. If the payment standard amount is too high, landlords/owners may be encouraged to ask for higher than reasonable rents. Payment standard amounts should be high enough to allow families a reasonable selection of modest, decent, safe, and sanitary housing in a range of neighborhoods.

At least annually the KCHA reviews its payment standards to determine whether adjustments are needed for some or all unit sizes. In reviewing the adequacy of the payment standard amounts, the KCHA considers the following:

- Assisted families' rent burden
- Availability of suitable units
- Size and quality of available units
- Time to locate adequate housing
- Vouchers expiring without leasing
- Families that move out of the KCHA's jurisdiction (portability)

Historically, the Knox County Housing Authority has adhered to the published FMR rates when establishing its payment standard schedule. On occasion, amounts within the allowable range (90%-110%) have been utilized. The payment standard schedule coincides with the release of the annual FMR rates.

The tables below represent the FFY 2025 FMR rates, the basic range within which the KCHA may set the schedule, and the proposed FFY 2025 KCHA Payment Standard Schedule. The agency has opted to utilize rents at the 110% level for all bedroom sizes in an effort to keep currently housed participants in place and not limit the availability of rental housing in the jurisdiction.

| Fair Market Rent (FMR) Analysis Tool | | | | | | |
|--------------------------------------|------------|-----------|-----------|-------------|-------------|-------------|
| FFY 2025 | Efficiency | 1-BR | 2-BR | 3-BR | 4-BR | 5-BR |
| FMR | \$ 653.00 | \$ 663.00 | \$ 870.00 | \$ 1,130.00 | \$ 1,153.00 | \$ 1,325.00 |
| 110% | \$ 718.00 | \$ 729.00 | \$ 957.00 | \$ 1,243.00 | \$ 1,268.00 | \$ 1,457.00 |
| 100% | \$ 653.00 | \$ 663.00 | \$ 870.00 | \$ 1,130.00 | \$ 1,153.00 | \$ 1,325.00 |
| 90% | \$ 587.00 | \$ 596.00 | \$ 783.00 | \$ 1,017.00 | \$ 1,037.00 | \$ 1,192.00 |

| Basic Range | | |
|-------------|-------------|-------------|
| SIZE | MINIMUM | MAXIMUM |
| EFF | \$ 587.00 | \$ 718.00 |
| 1-BR | \$ 596.00 | \$ 729.00 |
| 2-BR | \$ 783.00 | \$ 957.00 |
| 3-BR | \$ 1,017.00 | \$ 1,243.00 |
| 4-BR | \$ 1,037.00 | \$ 1,268.00 |
| 5-BR | \$ 1,192.00 | \$ 1,457.00 |

| Proposed Payment Standard Schedule | | | |
|------------------------------------|-------------|-------------|----------|
| BR | FFY 2024 | FFY 2025 | + / - |
| Efficiency | \$ 655.00 | \$ 718.00 | \$ 63.00 |
| 1-BR | \$ 675.00 | \$ 729.00 | \$ 54.00 |
| 2-BR | \$ 887.00 | \$ 957.00 | \$ 70.00 |
| 3-BR | \$ 1,160.00 | \$ 1,243.00 | \$ 83.00 |
| 4-BR | \$ 1,182.00 | \$ 1,268.00 | \$ 86.00 |
| 5-BR | \$ 1,359.00 | \$ 1,457.00 | \$ 98.00 |

Article II. Recommendation

It is the recommendation of the Executive Director the Board resolve to approve and adopt the proposed FFY 2024 Knox County Housing Authority Payment Standard Schedule, effective 01/01/2025.



REVIEW AND COMMENT

HCVP PAYMENT STANDARD SCHEDULE

EFFECTIVE 10/01/2024

On 09/01/2024, the Department of Housing and Urban Development (HUD) announced Fair Market Rents (FMR) for the federal fiscal year 10/1/2024 through 9/30/2025.

Payment standards are used to calculate the housing assistance payments (HAP) the Knox County Housing Authority (KCHA) pays to the landlords/owners on behalf of the participant family leasing the unit. Public housing authorities (PHAs) have latitude in establishing a schedule of payment standard amounts by bedroom size. The range of possible payment standard amounts is based on HUD's published fair market rent (FMR) schedule for the FMR area in which the agency has jurisdiction. Payment standard amounts may range from 90% to 110% percent of the published FMRs (referred to as the "basic range"), though PHAs are allowed set them higher or lower with prior HUD approval. Regulations on payment standards are set forth at 24 CFR §982.503. The Section Eight Management Assessment Program (SEMAP) measures PHAs compliance with this requirement.

The level at which the payment standard amount is set directly affects the amount of subsidy a family will receive, and the amount of rent paid by program participants. If the payment standard amount is too low, families may need to pay more than they can afford, families could have a hard time finding acceptable units or units in more desirable areas, and housing choices for those families may be narrowed. If the payment standard amount is too high, landlords/owners may be encouraged to ask for higher than reasonable rents. Payment standard amounts should be high enough to allow families a reasonable selection of modest, decent, safe, and sanitary housing in a range of neighborhoods.

At least annually the KCHA reviews its payment standards to determine whether adjustments are needed for some or all unit sizes.

The proposed changes to the HCVP Payment Standard Schedule shall be adopted at the regular meeting of the Board of Commissioners on 09/24/2024, effective 10/01/2024.

Please submit all questions or comments regarding the changes in flat rent to us in writing to:

Knox County Housing Authority
Flat Rent Review and Comment
Attn: Derek Antoine
216 W. Simmons St.
Galesburg, IL 61401
309.342.8129 EXT. 223
309.342.7206 FAX
dantoine@knoxhousing.org

RESOLUTION 2024-11

December 31, 2024
Board of Commissioners

Derek Antoine, Executive Director

Approval of Housing Choice Voucher Payment Standard Schedule FFY 2025

WHEREAS, the United States Department of Housing and Urban Development (HUD) requires public housing authorities (PHAs) which administer a Housing Choice Voucher program (HCV) to establish payment standards which are used to calculate housing assistance payments (HAP) that the PHA pays to landlords/owners on behalf of participant families leasing an HCV unit; and

WHEREAS, the Knox County Housing Authority (KCHA) is a PHA that administers an HCV program; and

WHEREAS, the range of payment standard amounts is to be based on HUD's published Fair Market Rent (FMR) schedule for the federal fiscal year 2024, for the FMR area in which the KCHA has jurisdiction; and

WHEREAS, the KCHA is a PHA that administers a Housing Choice Voucher program; and

WHEREAS, the KCHA has elected to utilize the regional FMRs as published by HUD on 09/01/2024 as the basis for calculating its payment standards; and

WHEREAS, the KCHA may set its payment standard amounts within the HUD allowable range of 90% to 110% of the most current published FMR rates; and

WHEREAS, the Executive Director recommends maintaining the existing KCHA Payment Standard Schedule to reflect 110% of the appropriate FFY 2025 Fair Market Rents as presented, which will maintain or grow the current level of families served while encouraging participation for both current and prospective landlords/owners; and

WHEREAS, the Executive Director recommends adjustment to the existing KCHA Housing Choice Voucher Program Payment Standard Schedule to reflect the appropriate adjustments utilizing FFY 2025 Fair Market Rents as presented.

\\\

RESOLUTION 2024-11

December 31, 2024
Board of Commissioners

Derek Antoine, Executive Director

Approval of Housing Choice Voucher Payment Standard Schedule FFY 2025

NOW, THEREFORE, BE IT RESOLVED BY THE KNOX COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS (BOARD) THAT:

1. The above recitals are true and correct, and together with the report from the Executive Director, form the Board's actions as set forth in this Resolution.
2. The proposed FFY 2025 Knox County Housing Authority Payment Standard Schedule is hereby approved and adopted.
3. The Executive Director is hereby authorized to amend the Knox County Housing Authority Payment Standard Schedule as provided in this Resolution.
4. This Resolution shall be effective in accordance with federal regulations and be effective as of 01/01/2025.

RESOLVED: January 2, 2025

Jared Hawkinson, Chairperson

Sara Robison, Vice-Chairperson

Derek Antoine, Secretary/Executive Director (Attest)

RESOLUTION 2024-12

December 31, 2024
Board of Commissioners

Derek Antoine, Executive Director

RE: Certifications of Compliance with PHA Annual Plan Submission FYE 03/31/2026

Article I. Background

The Public Housing Agency Plan is a plan that informs HUD, residents, and the public of the Public Housing Agencies (PHAs) mission for serving the needs of low-income and very low-income families and the PHA's strategy for addressing those needs. The Annual Plan provides details about the PHA's current operations, program participants, programs and services, and strategy for handling operational concerns, residents' concerns and program needs, programs and services for the upcoming fiscal year. Included are an assessment of housing needs within the jurisdiction, detailed statements of capital plan funding (both on an annual and five-year basis), agency goals and missions, and agency progress on serving its population. The PHA Plan process was established by section 5A of the United States Housing Act of 1937, and requirements for submission are contained within the Quality Housing and Work Responsibility (QHWRA) Act of 1998, Notice PIH 2015-18, and codified at 24 CFR Part 903, et al. QHWRA creates the requirement for a PHA Five-Year Plan and an Annual Plan that is intended to serve as an operations, planning, and management tool for public housing authorities. QHWRA effectively and permanently amended the United States Housing Act of 1937. Notice PIH-2015-18 amends the submission forms and requirements for different types of agencies.

The draft submission documents are available for review at the following locations:

- Central Office Cost Center: 216 W. Simmons St. Galesburg, IL 61401
- Moon Towers: 255 W. Tompkins St. Galesburg, IL 61401
- Cedar Creek Place: 1598 McKnight St. Galesburg, IL 61401
- Bluebell Tower: 300 N. Jefferson St. Abingdon, IL 61410
- www.knoxcountyhousing.org

CFR 24 Part 903.17 requires a public housing authority to "Make the proposed PHA plan(s), the required attachments and documents related to the plans, and all relevant information available for inspection by the public at the principal office of the PHA during normal business hours; and to publish a notice informing the public that the information is available for review and inspection, and that a public hearing will take place on the plan, and the date, time and location of the hearing." Plan documents are required to be posted for no less than 45 days prior to a scheduled public hearing taking place. The KCHA held a public hearing/Resident Advisory Board (RAB) regarding the proposed PHA Annual Plan submission at the following date(s), time(s), and location(s):

- Thursday, December 19, 2024 @ 11:30 AM
- 255 W. Tompkins St. Galesburg, IL 61401

Any comments received during the review and comment period are taken into consideration in the formulation of the final policy.

Article II. Recommendation

It is the recommendation of the Executive Director the Board resolve to adopt the Annual Plan Submission for the Knox County Housing Authority for the fiscal year 04/01/2025 – 03/31/2026.

| | | |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Streamlined Annual PHA Plan <i>(High Performer PHAs)</i> | U.S. Department of Housing and Urban Development Office of Public and Indian Housing | OMB No. 2577-0226 Expires 03/31/2024 |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|

Purpose. 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, including changes to these policies, and informs HUD, families served by the PHA, and members of the public of the PHA’s mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families

Applicability. The Form HUD-50075-HP is to be completed annually by **High Performing PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, HCV-Only PHA, Small PHA, or Qualified PHA do not need to submit this form.

Definitions.

- (1) **High-Performer PHA** – A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers and was designated as a high performer on both the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, and that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceed 550.
- (3) **Housing Choice Voucher (HCV) Only PHA** - A PHA that administers more than 550 HCVs, was not designated as troubled in its most recent SEMAP assessment and does not own or manage public housing.
- (4) **Standard PHA** - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceed 550, and that was designated as a standard performer in the most recent PHAS or SEMAP assessments.
- (5) **Troubled PHA** - A PHA that achieves an overall PHAS or SEMAP score of less than 60 percent.
- (6) **Qualified PHA** - A PHA with 550 or fewer public housing dwelling units and/or housing choice vouchers combined and is not PHAS or SEMAP troubled.

| A. | PHA Information. | | | | | | | | | | | | | | | | | | |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------|------------------------------|-----|--------------------|----------|-----------------------------|---------------------------------|------------------------------|--|----|-----|-----------|--|--|--|--|--|
| A.1 | <p> PHA Name: <u>Knox County Housing Authority</u> PHA Code: <u>IL085</u> PHA Type: <input checked="" type="checkbox"/> <u>High Performer</u> PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>04/01/2025</u> PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above) Number of Public Housing (PH) Units <u>429</u> Number of Housing Choice Vouchers (HCVs) <u>285</u> Total Combined <u>714</u> PHA Plan Submission Type: <input checked="" type="checkbox"/> <u>Annual Submission</u> <input type="checkbox"/> Revised Annual Submission </p> <p> Availability of Information. In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information of the PHA policies contained in the standard Annual Plan but excluded from their streamlined submissions. 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 their official website. PHAs are also encouraged to provide each resident council a copy of their PHA Plans. </p> <p> Copies of the KCHA Annual and Five-Year Plan, as well as all relevant documents and certifications, are made available at the following locations: <ul style="list-style-type: none"> Central Office Cost Center: 216 W. Simmons St. Galesburg, IL 61401 Moon Towers: 255 W. Tompkins St. Galesburg, IL 61401 Cedar Creek Place: 1598 McKnight St. Galesburg, IL 61401 Bluebell Tower: 300 N. Jefferson St. Abingdon, IL 61410 www.knoxcountyhousing.org </p> <p> <input type="checkbox"/> PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below) </p> <table border="1"> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) in the Consortia</th> <th rowspan="2">Program(s) not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td>Lead PHA:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | Participating PHAs | PHA Code | Program(s) in the Consortia | Program(s) not in the Consortia | No. of Units in Each Program | | PH | HCV | Lead PHA: | | | | | |
| Participating PHAs | PHA Code | Program(s) in the Consortia | Program(s) not in the Consortia | No. of Units in Each Program | | | | | | | | | | | | | | | |
| | | | | PH | HCV | | | | | | | | | | | | | | |
| Lead PHA: | | | | | | | | | | | | | | | | | | | |

| | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Plan Elements |
| B.1 | <p>Revision of Existing PHA Plan Elements.</p> <p>(a) Have the following PHA Plan elements been revised by the PHA since its last Annual PHA Plan submission?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Financial Resources.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Rent Determination.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Safety and Crime Prevention.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Pet Policy.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Significant Amendment/Modification</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each element below: SEE ATTACHMENT 1.0</p> <p>(c) The PHA must submit its Deconcentration Policy for Field Office Review. SEE ATTACHMENT 1.0</p> |
| B.2 | <p>New Activities.</p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mixed Finance Modernization or Development.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Demolition and/or Disposition.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant Based Assistance.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Project-Based Rental Assistance or Project-Based Vouchers under RAD.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Project Based Vouchers.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Units with Approved Vacancies for Modernization.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</p> <p>(b) If any of these activities are planned for the current Fiscal Year, describe the activities. For new demolition activities, describe any public housing development or portion thereof, owned by the PHA for which the PHA has applied or will apply for demolition and/or disposition approval under section 18 of the 1937 Act under the separate demolition/disposition approval process. If using Project-Based Vouchers (PBVs), provide the projected number of project-based units and general locations, and describe how project basing would be consistent with the PHA Plan.</p> <p>SEE ATTACHMENT 2.0</p> |
| B.3 | <p>Progress Report.</p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year Plan.</p> <p>SEE ATTACHMENT 3.0</p> |

| | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B.4. | <p>Capital Improvements. Include a reference here to the most recent HUD-approved 5-Year Action Plan in EPIC and the date that it was approved.</p> <p>SEE ATTACHMENT 6.0</p> |
| B.5 | <p>Most Recent Fiscal Year Audit.</p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y N <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p> |
| C. | <p>Other Document and/or Certification Requirements.</p> |
| C.1 | <p>Resident Advisory Board (RAB) Comments.</p> <p>(a) Did the RAB(s) have comments to the PHA Plan?</p> <p>Y N <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, comments must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p> <p>SEE ATTACHMENT 5.0</p> |
| C.2 | <p>Certification by State or Local Officials.</p> <p>Form HUD-50077-SL, <i>Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p> |
| C.3 | <p>Civil Rights Certification/Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan.</p> <p>Form 50077-ST-HCV-HP, <i>PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations Including PHA Plan Elements that Have Changed</i> must be submitted by the PHA as an electronic attachment to the PHA Plan.</p> <p>SEE ATTACHMENT</p> |
| C.4 | <p>Challenged Elements. If any element of the PHA Plan is challenged, a PHA must include such information as an attachment with a description of any challenges to Plan elements, the source of the challenge, and the PHA's response to the public.</p> <p>(a) Did the public challenge any elements of the Plan?</p> <p>Y N <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>If yes, include Challenged Elements.</p> <p>SEE ATTACHMENT 7.0</p> |

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------|
| | | | | | | | |
| D. | Affirmatively Furthering Fair Housing (AFFH). | | | | | | |
| D.1 | <p>Affirmatively Furthering Fair Housing.</p> <p>Provide a statement of the PHA's strategies and actions to achieve fair housing goals outlined in an accepted Assessment of Fair Housing (AFH) consistent with 24 CFR § 5.154(d)(5). Use the chart provided below. (PHAs should add as many goals as necessary to overcome fair housing issues and contributing factors.) Until such time as the PHA is required to submit an AFH, the PHA is not obligated to complete this chart. The PHA will fulfill, nevertheless, the requirements at 24 CFR § 903.7(o) enacted prior to August 17, 2015. See Instructions for further detail on completing this item.</p> <table border="1"> <tr> <td>Fair Housing Goal:</td> </tr> <tr> <td> <p><u><i>Describe fair housing strategies and actions to achieve the goal</i></u></p> <p>SEE ATTACHMENT 3.0</p> </td> </tr> </table> <table border="1"> <tr> <td>Fair Housing Goal:</td> </tr> <tr> <td> <p><u><i>Describe fair housing strategies and actions to achieve the goal</i></u></p> </td> </tr> </table> <table border="1"> <tr> <td>Fair Housing Goal:</td> </tr> <tr> <td> <p><u><i>Describe fair housing strategies and actions to achieve the goal</i></u></p> </td> </tr> </table> | Fair Housing Goal: | <p><u><i>Describe fair housing strategies and actions to achieve the goal</i></u></p> <p>SEE ATTACHMENT 3.0</p> | Fair Housing Goal: | <p><u><i>Describe fair housing strategies and actions to achieve the goal</i></u></p> | Fair Housing Goal: | <p><u><i>Describe fair housing strategies and actions to achieve the goal</i></u></p> |
| Fair Housing Goal: | | | | | | | |
| <p><u><i>Describe fair housing strategies and actions to achieve the goal</i></u></p> <p>SEE ATTACHMENT 3.0</p> | | | | | | | |
| Fair Housing Goal: | | | | | | | |
| <p><u><i>Describe fair housing strategies and actions to achieve the goal</i></u></p> | | | | | | | |
| Fair Housing Goal: | | | | | | | |
| <p><u><i>Describe fair housing strategies and actions to achieve the goal</i></u></p> | | | | | | | |

Instructions for Preparation of Form HUD-50075-HP

Annual Plan for High Performing PHAs

A. PHA Information. All PHAs must complete this section. (24 CFR §903.4)

- A.1** Include the full **PHA Name**, **PHA Code**, **PHA Type**, **PHA Fiscal Year Beginning** (MM/YYYY), **PHA Inventory**, **Number of Public Housing Units and or Housing Choice Vouchers (HCVs)**, **PHA Plan Submission Type**, and the **Availability of Information**, specific location(s) of all information relevant to the public hearing and proposed PHA Plan. (24 CFR §903.23(4)(e))

PHA Consortia: Check box if submitting a Joint PHA Plan and complete the table. (24 CFR §943.128(a))

B. Plan Elements.

B.1 Revision of Existing PHA Plan Elements. PHAs must:

Identify specifically which plan elements listed below that have been revised by the PHA. To specify which elements have been revised, mark the “yes” box. If an element has not been revised, mark “no.”

☐ **Statement of Housing Needs and Strategy for Addressing Housing Needs.** Provide a statement addressing the housing needs of low-income, very low-income and extremely low-income families and a brief description of the PHA’s strategy for addressing the housing needs of families who reside in the jurisdiction served by the PHA and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The statement must identify the housing needs of (i) families with incomes below 30 percent of area median income (extremely low-income); (ii) elderly families (iii) households with individuals with disabilities, and households of various races and ethnic groups residing in the jurisdiction or on the public housing and Section 8 tenant-based assistance waiting lists based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data. The statement of housing needs shall be based on information provided by the applicable Consolidated Plan, information provided by HUD, and generally available data. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Once the PHA has submitted an Assessment of Fair Housing (AFH), which includes an assessment of disproportionate housing needs in accordance with 24 CFR §5.154(d)(2)(iv), information on households with individuals with disabilities and households of various races and ethnic groups residing in the jurisdiction or on the waiting lists no longer needs to be included in the Statement of Housing Needs and Strategy for Addressing Housing Needs. (24 CFR §903.7(a)).

The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. (24 CFR §903.7(a)(2)(i)) Provide a description of the ways in which the PHA intends, to the maximum extent practicable, to address those housing needs in the upcoming year and the PHA’s reasons for choosing its strategy. (24 CFR §903.7(a)(2)(ii))

☐ **Deconcentration and Other Policies that Govern Eligibility, Selection and Admissions.** Describe the PHA’s admissions policy for deconcentration of poverty and income mixing of lower-income families in public housing. The Deconcentration Policy must describe the PHA’s policy for bringing higher income tenants into lower income developments and lower income tenants into higher income developments. The deconcentration requirements apply to general occupancy and family public housing developments. Refer to 24 CFR §903.2(b)(2) for developments not subject to deconcentration of poverty and income mixing requirements. (24 CFR §903.7(b)) Describe the PHA’s procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists. (24 CFR §903.7(b)) A statement of the PHA’s policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV. (24 CFR §903.7(b)) Describe the unit assignment policies for public housing. (24 CFR §903.7(b))

☐ **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. (24 CFR §903.7(c))

☐ **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units, including applicable public housing flat rents, minimum rents, voucher family rent contributions, and payment standard policies. (24 CFR §903.7(d))

☐ **Homeownership Programs.** A description of any homeownership programs (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval. For years in which the PHA’s 5-Year PHA Plan is also due, this information must be included only to the extent that the PHA participates in homeownership programs under section 8(y) of the 1937 Act. (24 CFR §903.7(k)) and 24 CFR §903.12(b).

☐ **Safety and Crime Prevention (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. (24 CFR §903.7(m)(5))

☐ **Pet Policy.** Describe the PHA’s policies and requirements pertaining to the ownership of pets in public housing. (24 CFR §903.7(n))

☐ **Substantial Deviation.** PHA must provide its criteria for determining a “substantial deviation” to its 5-Year Plan. (24 CFR §903.7(r)(2)(i))

☐ **Significant Amendment/Modification.** PHA must provide its criteria for determining a “Significant Amendment or Modification” to its 5-Year and Annual Plan. For modifications resulting from the Rental Assistance Demonstration (RAD) program, refer to the ‘Sample PHA Plan Amendment’ found in Notice PIH-2012-32 REV-3, successor RAD Implementation Notices, or other RAD Notices.

If any boxes are marked “yes”, describe the revision(s) to those element(s) in the space provided.

PHAs must submit a Deconcentration Policy for Field Office review. For additional guidance on what a PHA must do to deconcentrate poverty in its development and comply with fair housing requirements, see [24 CFR 903.2](#). ([24 CFR §903.23\(b\)](#))

- B.2 New Activities.** If the PHA intends to undertake any new activities related to these elements or discretionary policies in the current Fiscal Year, mark “yes” for those elements, and describe the activities to be undertaken in the space provided. If the PHA does not plan to undertake these activities, mark “no.”

☐ **HOPE VI.** 1) A description of any housing (including project name, number (if known) and unit count) for which the PHA will apply for HOPE VI; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI is a separate process. See guidance on HUD’s website at: https://www.hud.gov/program_offices/public_indian_housing/programs/ph/hope6 . (Notice PIH 2011-47)

☐ **Mixed Finance Modernization or Development.** 1) A description of any housing (including name, project number (if known) and unit count) for which the PHA will apply for Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Mixed Finance Modernization or Development is a separate process. See guidance on HUD’s website at: https://www.hud.gov/program_offices/public_indian_housing/programs/ph/hope6/mfph#4

☐ **Demolition and/or Disposition.** With respect to public housing only, describe any public housing development(s), or portion of a public housing development projects, owned by the PHA and subject to ACCs (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 approval under section 18 of the 1937 Act (42 U.S.C. 1437p); and (2) A timetable for the demolition or disposition. This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed as described in the PHA’s last Annual and/or 5-Year PHA Plan submission. The application and approval process for demolition and/or disposition is a separate process. Approval of the PHA Plan does not constitute approval of these activities. See guidance on HUD’s website at: http://www.hud.gov/offices/pih/centers/sac/demo_index.cfm. ([24 CFR §903.7\(h\)](#))

☐ **Conversion of Public Housing under the Voluntary or Mandatory Conversion programs.** Describe any public housing building(s) (including project number and unit count) owned by the PHA that the PHA is required to convert or plans to voluntarily convert to tenant-based assistance; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received 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>. ([24 CFR §903.7\(j\)](#))

☐ **Conversion of Public Housing under the Rental Assistance Demonstration (RAD) program.** Describe any public housing building(s) (including project number and unit count) owned by the PHA that the PHA plans to voluntarily convert to Project-Based Assistance or Project-Based Vouchers under RAD. See additional guidance on HUD’s website at: [Notice PIH 2012-32 REV-3, successor RAD Implementation Notices, and other RAD notices.](#)

☐ **Project-Based Vouchers.** Describe any plans to use HCVs for new project-based vouchers. ([24 CFR §983.57\(b\)\(1\)](#)) If using project-based vouchers, provide the projected number of project-based units and general locations and describe how project-basing would be consistent with the PHA Plan.

☐ **Units with Approved Vacancies for Modernization.** The PHA must include a statement related to units with approved vacancies that are undergoing modernization in accordance with [24 CFR §990.145\(a\)\(1\)](#).

☐ **Other Capital Grant Programs** (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).

- B.3 Progress Report.** For all Annual Plans following submission of the first Annual Plan, a PHA must include a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year PHA Plan. ([24 CFR §903.7\(r\)\(1\)](#))

- B.4 Capital Improvements.** PHAs that receive funding from the Capital Fund Program (CFP) must complete this section. ([24 CFR §903.7 \(g\)](#)). To comply with this requirement, the PHA must reference the most recent HUD approved Capital Fund 5 Year Action Plan in EPIC and the date that it was approved. PHAs can reference the form by including the following language in the Capital Improvement section of the appropriate Annual or Streamlined PHA Plan Template: “See Capital Fund 5 Year Action Plan in EPIC approved by HUD on XX/XX/XXXX.”

- B.5 Most Recent Fiscal Year Audit.** If the results of the most recent fiscal year audit for the PHA included any findings, mark “yes” and describe those findings in the space provided. ([24 CFR §903.7\(p\)](#))

C. Other Document and/or Certification Requirements

- C.1 Resident Advisory Board (RAB) comments.** If the RAB had comments on the annual plan, mark “yes,” submit the comments as an attachment to the Plan and describe the analysis of the comments and the PHA’s decision made on these recommendations. ([24 CFR §903.13\(c\)](#), [24 CFR §903.19](#))

- C.2 Certification by State of Local Officials.** Form HUD-50077-SL, *Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan*, must be submitted by the PHA as an electronic attachment to the PHA Plan. ([24 CFR §903.15](#)). Note: A PHA may request to change its fiscal year to better coordinate its planning with planning done under the Consolidated Plan process by State or local officials as applicable.

- C.3 Civil Rights Certification/ Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan.** Provide a certification that the following plan elements have been revised, provided to the RAB for comment before implementation, approved by the PHA board, and made available for review and inspection by the public. This requirement is satisfied by completing and submitting form HUD-50077 ST-HCV-HP, *PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations Including PHA Plan Elements that Have Changed*. Form HUD-50077-ST-HCV-HP, *PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations Including PHA Plan Elements that Have Changed* must be submitted by the PHA as an electronic attachment to the PHA Plan. This includes all certifications relating to Civil Rights and related regulations. A PHA will be considered in compliance with the certification requirement to affirmatively further fair housing if the PHA fulfills the requirements of §§ 903.7(o)(1) and 903.15(d) and: (i) examines its programs or proposed programs; (ii) identifies any fair housing issues and contributing factors within those programs, in accordance with 24 CFR 5.154; or 24 CFR 5.160(a)(3) as applicable (iii) specifies actions and strategies designed to address contributing factors, related fair housing issues, and goals in the applicable Assessment of Fair Housing consistent with 24 CFR 5.154 in

a reasonable manner in view of the resources available; (iv) works with jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement; (v) operates programs in a manner consistent with any applicable consolidated plan under 24 CFR part 91, and with any order or agreement, to comply with the authorities specified in paragraph (o)(1) of this section; (vi) complies with any contribution or consultation requirement with respect to any applicable AFH, in accordance with 24 CFR 5.150 through 5.180; (vii) maintains records reflecting these analyses, actions, and the results of these actions; and (viii) takes steps acceptable to HUD to remedy known fair housing or civil rights violations, 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. (24 CFR §903.7(o)).

C.4 Challenged Elements. If any element of the Annual PHA Plan or 5-Year PHA Plan is challenged, a PHA must include such information as an attachment to the Annual PHA Plan or 5-Year PHA Plan with a description of any challenges to Plan elements, the source of the challenge, and the PHA's response to the public.

D. Affirmatively Furthering Fair Housing.

D.1 Affirmatively Furthering Fair Housing.

The PHA will use the answer blocks in item D.1 to provide a statement of its strategies and actions to implement each fair housing goal outlined in its accepted Assessment of Fair Housing (AFH) consistent with 24 CFR § 5.154(d)(5) that states, in relevant part: "To implement goals and priorities in an AFH, strategies and actions shall be included in program participants' ... PHA Plans (including any plans incorporated therein) Strategies and actions must affirmatively further fair housing" Use the chart provided to specify each fair housing goal from the PHA's AFH for which the PHA is the responsible program participant – whether the AFH was prepared solely by the PHA, jointly with one or more other PHAs, or in collaboration with a state or local jurisdiction – and specify the fair housing strategies and actions to be implemented by the PHA during the period covered by this PHA Plan. If there are more than three fair housing goals, add answer blocks as necessary.

Until such time as the PHA is required to submit an AFH, the PHA will not have to complete section D., nevertheless, the PHA will address its obligation to affirmatively further fair housing by fulfilling the requirements at 24 CFR 903.7(o)(3) enacted prior to August 17, 2015, which means that it examines its own programs or proposed programs; identifies any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works 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. Furthermore, under Section 5A(d)(15) of the U.S. Housing Act of 1937, as amended, a PHA must submit a civil rights certification with its Annual PHA Plan, which is described at 24 CFR 903.7(o)(1) except for qualified PHAs who submit the Form HUD-50077-CR as a standalone document.

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 the 5-Year and Annual PHA Plan. 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, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families.

Public reporting burden for this information collection is estimated to average 7.02 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.

Certifications of Compliance with PHA Plan and Related Regulations (Standard, Troubled, HCV-Only, and High Performer PHAs)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2024

PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations including PHA Plan Elements that Have Changed

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairperson 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, hereinafter referred to as "the Plan", of which this document is a part, and make the following certification and agreements with the Department of Housing and Urban Development (HUD) for the PHA fiscal year beginning 04/01/2025, 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 (24 CFR § 91.2).
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 (AI) to Fair Housing Choice, or Assessment of Fair Housing (AFH) when applicable, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan (24 CFR §§ 91.2, 91.225, 91.325, and 91.425).
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Resident Advisory Board or Boards in developing the Plan, including any changes or revisions to the policies and programs identified in the Plan before they were implemented, and considered the recommendations of the RAB (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.
4. 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.
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 public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d-2000d-4), the Fair Housing Act (42 U.S.C. 3601-19), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), title II of the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), and other applicable civil rights requirements and that it will affirmatively further fair housing in the administration of the program. In addition, if it administers a Housing Choice Voucher Program, the PHA certifies that it will administer the program in conformity with the Fair Housing Act, title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, title II of the Americans with Disabilities Act, and other applicable civil rights requirements, and that it will affirmatively further fair housing in the administration of the program.
7. The PHA will affirmatively further fair housing, which means that it will take meaningful actions to further the goals identified in the Assessment of Fair Housing (AFH) conducted in accordance with the requirements of 24 CFR § 5.150 through 5.180, that it will take no action that is materially inconsistent with its obligation to affirmatively further fair housing, and that it will address fair housing issues and contributing factors in its programs, in accordance with 24 CFR § 903.7(o)(3). The PHA will fulfill the requirements at 24 CFR § 903.7(o) and 24 CFR § 903.15(d). Until such time as the PHA is required to submit an AFH, the PHA will fulfill the requirements at 24 CFR § 903.7(o) promulgated prior to August 17, 2015, which means that it examines its programs or proposed programs; identifies any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement; and maintains records reflecting these analyses and actions.
8. For PHA Plans that include 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 2011-65);

- 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 a 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 a waiting list is consistent with affirmatively furthering fair housing; and
 - 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 903.7(o)(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. In accordance with 24 CFR § 5.105(a)(2), HUD's Equal Access Rule, the PHA will not make a determination of eligibility for housing based on sexual orientation, gender identify, or marital status and will make no inquiries concerning the gender identification or sexual orientation of an applicant for or occupant of HUD-assisted housing.
 11. 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.
 12. 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.
 13. 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.
 14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
 15. 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.
 16. 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.
 17. The PHA will keep records in accordance with 2 CFR 200.333 and facilitate an effective audit to determine compliance with program requirements.
 18. 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.
 19. The PHA will comply with the policies, guidelines, and requirements of 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Financial Assistance, including but not limited to submitting the assurances required under 24 CFR §§ 1.5, 3.115, 8.50, and 107.25 by submitting an SF-424, including the required assurances in SF-424B or D, as applicable.
 20. 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.
 21. 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.
 22. The PHA certifies that it is in compliance with applicable Federal statutory and regulatory requirements, including the Declaration of Trust(s).

KNOX COUNTY HOUSING AUTHORITY
PHA Name

IL085
PHA Number/HA Code

X Annual PHA Plan for Fiscal Year 03/31/2026

5-Year 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 Executive Director

Derek B. Antoine

Signature

Date

Name Board Chairman

Jared Hawkinson

Signature

Date

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. This information is collected to ensure compliance with PHA Plan, Civil Rights, and related laws and regulations including PHA plan elements that have changed.

Public reporting burden for this information collection is estimated to average 0.16 hours per year 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.



IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2025 – 03/31/2026 ANNUAL PLAN SUBMISSION
ATTACHMENT 1.0
HUD-50075 Section B.1 – Revision of PHA Plan Elements

1. KCHA MISSION STATEMENT

- a. 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 thrive.

2. HOUSING NEEDS OF FAMILIES IN THE JURISDICTION SERVED BY THE PHA

- a. Based upon the information applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. Rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

| Family Type | Households | Affordability | Supply | Quality | Accessibility | Size | Location |
|-----------------------|------------|---------------|--------|---------|---------------|------|----------|
| Income < 30% AMI | 3,076 | 5 | 5 | 3 | 3 | 4 | 2 |
| Income < 50% AMI | 2,573 | 5 | 5 | 3 | 3 | 4 | 2 |
| Income < 80% AMI | 3,160 | 4 | 4 | 3 | 3 | 4 | 2 |
| Elderly | 1,920 | 4 | 5 | 3 | 3 | 2 | 2 |
| Disabled | 1,321 | 4 | 5 | 3 | 3 | 2 | 2 |
| Ethnicity - Caucasian | 7,206 | 4 | 4 | 3 | 3 | 4 | 2 |
| Ethnicity - African | 754 | 5 | 5 | 3 | 3 | 4 | 2 |
| Ethnicity - Hispanic | 539 | 5 | 5 | 3 | 3 | 4 | 2 |
| Ethnicity - Other | 310 | 5 | 5 | 3 | 3 | 4 | 2 |

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

3. DECONCENTRATION AND OTHER POLICIES THAT GOVERN ELIGIBILITY, SELECTION, AND ADMISSIONS.

- a. Deconcentration

- i. Sub-Title A, Section 513 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), establishes two interrelated requirements for implementation by Public Housing Authorities: (1) Economic De-concentration of public housing developments and (2) Income Targeting to assure that families in the “extremely low” income category are proportionately represented in public housing and that pockets of poverty are reduced or eliminated. In order to implement these new requirements, the PHA must promote these provisions as policies and revise their Admission and Occupancy policies and procedures to comply.
- ii. Therefore, the Knox County Housing Authority, (hereinafter referred to as PHA) hereby affirms its commitment to implementation of the two requirements by adopting the following policies:
- iii. Economic De-concentration: Admission and Continued Occupancy Policies are revised to include the PHA’s policy of promoting economic de-concentration. Implementation of this program may require the PHA to determine the median income of residents in each development, determine the average income of residents in all developments, compute the Established Income Range (EIR), determine developments outside the EIR, and provide adequate explanations and/or policies as needed to promote economic de-concentration.
- iv. Implementation may include one or more of the following options:
 1. Skipping families on the waiting list based on income;
 2. Establishing preferences for working families;
 3. Marketing campaign geared toward targeting income groups for specific developments;
 4. Additional supportive services;
 5. Additional amenities for all units;
 6. Flat rents for developments and unit sizes;
 7. Different tenant rent percentages per development;
 8. Different tenant rent percentages per bedroom size;
 9. Saturday and evening office hours;
 10. Security Deposit waivers;
 11. Revised transfer policies;
 12. Site-based waiting lists;
 13. Mass Media advertising/Public service announcements; and
 14. Giveaways.
- v. Analysis of Income by Development/Program

| AMP | Development Name | Total Household Income Reported | # of Households | Average Reported Income | 85% | 115% |
|------------------------|-------------------|---------------------------------|-----------------|-------------------------|--------------|--------------|
| IL085000001 | Moon Towers | \$ 2,028,524.00 | 177 | \$ 11,460.59 | \$ 9,741.50 | \$ 13,179.68 |
| IL085000002 | Woodland Bend | \$ 1,033,229.00 | 78 | \$ 13,246.53 | \$ 11,259.55 | \$ 15,233.50 |
| IL085000002 | Cedar Creek Place | \$ 1,018,149.00 | 76 | \$ 13,396.70 | \$ 11,387.19 | \$ 15,406.20 |
| IL085000002 | Whispering Hollow | \$ 736,365.00 | 42 | \$ 17,532.50 | \$ 14,902.63 | \$ 20,162.38 |
| IL085000003 | Bluebell Tower | \$ 866,421.00 | 51 | \$ 16,988.65 | \$ 14,440.35 | \$ 19,536.94 |
| Highrise Developments | | \$ 2,894,945.00 | 228 | \$ 12,697.13 | \$ 12,090.92 | \$ 16,358.31 |
| Scattered Family Sites | | \$ 2,787,743.00 | 196 | \$ 14,223.18 | \$ 12,516.45 | \$ 16,934.03 |
| Total KCHA | | \$ 5,682,688.00 | 424 | \$ 13,402.57 | \$ 12,346.24 | \$ 16,703.74 |

Gross Income by Household

| AMP | Development Name | Total Household Income Reported | # of Households | Average Reported Income | 85% | 115% |
|------------------------|-------------------|---------------------------------|-----------------|-------------------------|--------------|--------------|
| IL085000001 | Moon Towers | \$ 1,970,059.00 | 177 | \$ 11,130.28 | \$ 9,460.74 | \$ 12,799.82 |
| IL085000002 | Woodland Bend | \$ 937,565.00 | 78 | \$ 12,020.06 | \$ 10,217.05 | \$ 13,823.07 |
| IL085000002 | Cedar Creek Place | \$ 924,228.00 | 76 | \$ 12,160.89 | \$ 10,336.76 | \$ 13,985.03 |
| IL085000002 | Whispering Hollow | \$ 695,965.00 | 42 | \$ 16,570.60 | \$ 14,085.01 | \$ 19,056.18 |
| IL085000003 | Bluebell Tower | \$ 823,541.00 | 51 | \$ 16,147.86 | \$ 13,725.68 | \$ 18,570.04 |
| Highrise Developments | | \$ 2,793,600.00 | 228 | \$ 12,252.63 | \$ 11,593.21 | \$ 15,684.93 |
| Scattered Family Sites | | \$ 2,557,758.00 | 196 | \$ 13,049.79 | \$ 11,546.27 | \$ 15,621.43 |
| Total KCHA | | \$ 5,351,358.00 | 424 | \$ 12,621.13 | \$ 11,565.05 | \$ 15,646.83 |

Adjusted Income by Household

1. Review of the “Analysis of Income by Development/Program” demonstrates average income falls generally within the Established Income Range (EIR). Applicants to the public housing program have their choice of developments at which they are able to apply. Developments located within Galesburg, IL tend to be the preferred properties at which to apply, as Galesburg is the largest city in the jurisdiction with greater access to supportive services and desirable amenities. Bluebell Tower is located in Abingdon, Illinois, approximately 12 miles from Galesburg, and generally only receives applicants from within the immediate area.

b. Income Targeting

- i. As public housing dwelling units become available for occupancy, responsible PHA employees will offer units to applicants on the waiting list. In accordance with the Quality Housing and Work Responsibility Act of 1998, the PHA encourages occupancy of its developments by a broad range of families with incomes up to eighty percent (80%) of the median income for the jurisdiction in which the PHA operates. Depending on the availability of applicants with proper demographics, at a minimum, 40% of all new admissions to public

housing on an annual basis may be families with incomes at or below thirty percent (30%) (extremely low-income) of the area median income. The offer of assistance will be made without discrimination based on of race, color, religion, sex, national origin, age, handicap or familial status.

- ii. In order to implement the income targeting program, the following policy is adopted:
- iii. The PHA may select, based on date and time of application and preferences, two (2) families in the extremely low-income category and two (2) families from the lower/very low-income category alternately until the forty percent (40%) admission requirement of extremely low-income families is achieved (2 plus 2 policy).
- iv. After the minimum level is reached, all selections may be made based solely on date, time and preferences. Any applicants passed over as a result of implementing this 2-plus-2 policy will retain their place on the waiting list and will be offered a unit in order of their placement on the waiting list.
- v. To the maximum extent possible, the offers will also be made to affect the PHA's policy of economic de-concentration.
- vi. The PHA reserves the option, at any time, to reduce the targeting requirement for public housing by no more than ten percent (10%), if it increases the target figure for its Section 8 program from the required level of seventy-five percent (75%) of annual new admissions to no more than eighty-five percent (85%) of its annual new admissions. (Optional for PHAs with both Section 8 and Public Housing programs).

4. ELIGIBILITY, SELECTION AND ADMISSION POLICIES

- a. Annual updates to PH Admissions and Continued Occupancy Policy (ACOP) and HCVP Administrative Plan (Admin Plan); added federal and local regulatory requirements. Both documents available at www.knoxcountyhousing.org.
- b. Updates to include compliance with HOTMA Sections 102 and 104, reflecting implementation guidance from PIH 2023-27.
- c. No changes to PH lease, PH House Rules, or other lease addendum.

5. FINANCIAL RESOURCES FOR FYE 03/31/2026

| SOURCES | | FORECASTED \$ | CATEGORY |
|---------|------------------------------------|-------------------------|-----------------|
| 1.1 | PH Operating Fund | \$ 1,685,641.00 | PH Operations |
| 1.2 | PH Income | \$ 1,135,905.00 | PH Operations |
| 1.3 | PH Capital Fund 2025 | \$ 1,619,101.00 | Other |
| 1.4 | PH Capital Fund 2024 | \$ 1,557,030.00 | Other |
| 1.5 | PH Capital Fund 2023 | \$ 335,868.00 | Other |
| 1.6 | PH Capital Fund 2022 | \$ - | Other |
| 1.7 | PH Capital Fund 2021 | \$ 5,483.00 | Other |
| 1.8 | PH Capital Fund 2020 | \$ 128,054.00 | Other |
| 1.9 | PH Reserves | \$ 1,709,131.00 | Other |
| 1.10 | PH Investments | \$ - | |
| 1.11 | TOTAL PH RESOURCES | \$ 8,176,213.00 | |
| 2.1 | HCVP Tenant-Based HAP | \$ 1,042,247.00 | HCVP Operations |
| 2.2 | HCVP NRP | \$ - | HCVP Operations |
| 2.3 | HCVP Admin Fee | \$ 169,255.00 | HCVP Operations |
| 2.4 | HCVP UNP | \$ - | HCVP Operations |
| 2.5 | HCVP HUD-Held Reserve | \$ 136,498.00 | HCVP Operations |
| 2.6 | HCVP Investments | \$ - | HCVP Operations |
| 2.7 | HCVP - EHV - Tenant-Based HAP | \$ 73,584.00 | HCVP Operations |
| 2.8 | HCVP - EHV = NRP | \$ 1,500.00 | HCVP Operations |
| 2.9 | HCVP - EHV - Admin Fee | \$ 7,110.00 | HCVP Operations |
| 2.10 | HCVP - EHV - UNP | \$ 22,500.00 | HCVP Operations |
| 2.11 | TOTAL HCVP RESOURCES | \$ 1,452,694.00 | |
| 3.1 | COCC Reserves | \$ 896,696.00 | PH Operations |
| 3.2 | TOTAL COCC RESOURCES | \$ 896,696.00 | |
| 4.1 | State of Illinois | \$ 25,000.00 | Homelessness |
| 4.2 | City of Galesburg | \$ - | Homelessness |
| 4.3 | Knox County 708 | \$ - | Homelessness |
| 4.4 | GCF - HC | \$ 118,000.00 | Homelessness |
| 4.5 | Donations/Fundraising | \$ 5,000.00 | Homelessness |
| 4.6 | TOTAL NON-FEDERAL RESOURCES | \$ 148,000.00 | |
| 5.0 | TOTAL RESOURCES | \$ 10,673,603.00 | |

6. PH RENT DETERMINATION

- a. Flat Rents
 - i. Charged per the following schedule (80% FMR)
 - ii. Utility Allowances deducted from FR amounts per:
 1. Notice PIH 2021-27
 2. Notice PIH 2015-13
 3. Notice PIH 2014-12

| Location | Unit Size | FFY 2024 | FFY 2025 | +/- | % |
|----------|-----------|-----------|-----------|----------|------|
| MT/BB | 0BR | \$ 438.00 | \$ 478.00 | \$ 40.00 | 9.1% |
| MT/BB | 1BR | \$ 453.00 | \$ 486.00 | \$ 33.00 | 7.3% |
| MT/BB | 2BR | \$ 601.00 | \$ 645.00 | \$ 44.00 | 7.3% |
| FAM | 2BR | \$ 457.00 | \$ 489.00 | \$ 32.00 | 7.0% |
| FAM | 3BR | \$ 626.00 | \$ 667.00 | \$ 41.00 | 6.5% |
| FAM | 4BR | \$ 615.00 | \$ 656.00 | \$ 41.00 | 6.7% |
| FAM | 5BR | \$ 718.00 | \$ 765.00 | \$ 47.00 | 6.5% |

- b. HCVP Payment Standards
 - i. Agency utilizing 110% of FMR.

| Fair Market Rent (FMR) Analysis Tool | | | | | | |
|--------------------------------------|------------|-----------|-----------|-------------|-------------|-------------|
| FFY 2025 | Efficiency | 1-BR | 2-BR | 3-BR | 4-BR | 5-BR |
| FMR | \$ 653.00 | \$ 663.00 | \$ 870.00 | \$ 1,130.00 | \$ 1,153.00 | \$ 1,325.00 |
| 110% | \$ 718.00 | \$ 729.00 | \$ 957.00 | \$ 1,243.00 | \$ 1,268.00 | \$ 1,457.00 |
| 100% | \$ 653.00 | \$ 663.00 | \$ 870.00 | \$ 1,130.00 | \$ 1,153.00 | \$ 1,325.00 |
| 90% | \$ 587.00 | \$ 596.00 | \$ 783.00 | \$ 1,017.00 | \$ 1,037.00 | \$ 1,192.00 |

| Proposed Payment Standard Schedule | | | |
|------------------------------------|-------------|-------------|----------|
| BR | FFY 2024 | FFY 2025 | + / - |
| Efficiency | \$ 655.00 | \$ 718.00 | \$ 63.00 |
| 1-BR | \$ 675.00 | \$ 729.00 | \$ 54.00 |
| 2-BR | \$ 887.00 | \$ 957.00 | \$ 70.00 |
| 3-BR | \$ 1,160.00 | \$ 1,243.00 | \$ 83.00 |
| 4-BR | \$ 1,182.00 | \$ 1,268.00 | \$ 86.00 |
| 5-BR | \$ 1,359.00 | \$ 1,457.00 | \$ 98.00 |

7. OPERATIONS AND MANAGEMENT

1. See attachment 4.0 for a list of policies and revisions.

8. LIST OF POLICIES/PROCEDURES WITH NO CHANGES/REVISIONS

- a. House Rules
- b. Grievance Procedures
- c. Designated Housing – Elderly/Disabled
- d. Community Service and Self-Sufficiency
- e. Safety and Crime Prevention
- f. Pet/Service/Assistance Animal Policy
- g. Civil Rights Certification (attached to annual plan documents)
- h. Violence Against Women Act (VAWA)

9. FISCAL YEAR AUDIT

- a. Audited FDS submission for FYE 03/31/2024 submitted by 12/19/2024.

10. ILLINOIS CARBON MONOXIDE ALARM DETECTOR ACT (PUBLIC ACT 094-0741); CONSOLIDATED APPROPRIATIONS ACT, 2021 (PIH NOTICE 2022-01)

- a. The Knox County Housing Authority remains compliant with the requirements of the Carbon Monoxide (CO) Alarm Detector Act. All 424 public housing units shall carbon monoxide alarm detectors installed within 15 feet of all sleeping areas and on each floor of the unit. Additionally, The HCV Program Manager shall require all units occupied through the Housing Choice Voucher Program to conform to the Carbon Monoxide Alarm Detector Act during Housing Quality Standards inspections. Any units not conforming to the act shall fail its HQS inspection and subsidy is abated until the unit fully complies.
- b. The Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, 134 Stat. 2162 (2020) requires CO alarms or detectors be installed in certain HUD-assisted housing, consistent with the requirements set the International Fire Code (IFC) 2018, within two years of enactment (12/27/2022). To be compliant, the KCHA has installed CO detectors in each bedroom for AMP 002 – Scattered Family Sites. Bedrooms at the other two AMPS – 001 and 003 – are not served by a fossil fuel burning forced air furnace, and as such only require CO detectors within 15 feet of all sleeping rooms. Further, all landlords for the HCV program will be held to the same standards, enforceable through HQS and NSPIRE protocols.



IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2025 – 03/31/2026 ANNUAL PLAN SUBMISSION
ATTACHMENT 2.0
HUD-50075 Section B.2 – New Activities

1. Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?
 - a. Various Capital Fund grant activities
 - b. Lease space/administer grant for winter warming shelter
2. If any of these activities are planned for the current Fiscal Year, describe the activities.
 - a. Various Capital Fund grant activities
 - i. Furnace/HVAC replacement
 - ii. Fire system modernization
 - iii. Kitchen and bathroom renovations
 - iv. Boiler and generator modernization
 - v. Concrete/parking lot repair/rehabilitation
 - vi. Security camera repair/replacement
 - vii. Unit exteriors and exterior doors
 - viii. Rehabilitation of floors in dwelling units at public housing properties – including removal of asbestos containing material (ACM).
 - b. In partnership with the City of Galesburg, Illinois, the Knox County 708 Mental Health Biard, and the Salvation Army, the Knox County Housing Authority operates a Winter Warming Center at 525/527 Iowa Court, Galesburg, IL. This building is owned by the Knox County Housing Authority.
 - i. The mission of the Warming Center is to save lives, link resources, and encourage dignity through low-barrier access to a warm safe place for those in need. Through this collaborative alliance, we shall provide seasonal, low-barrier, unbiased access to night shelter services regardless of personal barriers to housing security, and provide referrals and connections to additional housing and supportive resources.
 - ii. The KCHA proposes to be involved in the operation of the warming center with a breakdown of roles/responsibilities as follows:
 - City of Galesburg – Funding for staffing and operation expenses
 - Knox County 708 Mental Health Board – funding for shelter operations
 - Salvation Army – Day-to-day operation of the center and direction of employees
 - Knox County Housing Authority – grant recipient (funding disbursement and reimbursement), hiring center staff, project accounting; lessor of 525/527 Iowa Ct.
 - iii. The Warming Shelter will operate daily 24 hours a day, including weekends and holidays. The shelter will offer food service consisting of a minimum of snacks and beverages, though the KCHA is working to secure meal donations. Additionally, there will be a measure of case management involved, as each

client will be subject to an intake process which will afford opportunities to connect to other housing and shelter resources.

- iv. In the event funding for the shelter were to cease, the building at 525/527 could be easily returned to the PH inventory and operate as additional units of public housing.
- v. Funding to operate the shelter is provided entirely from external sources.

External funding sources potentially include:

- Grants from HUD, State of Illinois, and the City of Galesburg
- Knox County 708 Mental Health Board funding
- Galesburg Community Foundation
- Fundraising



IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2025 – 03/31/2026 ANNUAL PLAN SUBMISSION
ATTACHMENT 3.0

HUD-50075-HP Section B.3 – MISSION, GOALS, AND OBJECTIVES

1. **KCHA MISSION STATEMENT:** 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 thrive.

2. **GOALS AND OBJECTIVES (FYE 03/31/2025 PROJECTED)**

- a. **To improve the quality of authority-owned assisted housing.**

- i. Commitment to providing quality housing units that are decent, safe, sanitary, and accessible.
 - ii. Maintenance program: timely and efficient unit turns

| SITE | DEVELOPMENT | TURNS | DOWN | MAINT. | LEASE | EXEMPT | TOTAL | AVG. |
|-----------------|-------------|-----------|------------|-------------|------------|------------|-------------|--------------|
| Moon Towers | IL085000001 | 43 | 15 | 407 | 400 | 267 | 555 | 13.00 |
| Family Sites | IL085000002 | 40 | 45 | 877 | 85 | 356 | 652 | 16.30 |
| Bluebell Tower | IL085000003 | 5 | 123 | 21 | 9 | 83 | 71 | 13.25 |
| TOTAL PH | | 88 | 183 | 1305 | 495 | 705 | 1277 | 14.52 |

1. Average Unit Turn Time:

- a. IL085000001: 13.00 days
 - b. IL085000002: 16.30 days
 - c. IL085000003: 13.25 days

2. Exempt days due to rehabilitation/modernization work (HUD approved)

- iii. Maintenance program: timely and efficient work order completion

| SITE | DEVELOPMENT | NON-EMERGENCY (ROUTINE) | | | EMERGENCY | | |
|-----------------|-------------|-------------------------|-------------|-------------|------------|------------|---------------|
| | | # | DAYS | AVG | # | # < 24 | % |
| Moon Towers | IL085000001 | 611 | 1563 | 2.56 | 57 | 57 | 100.0% |
| Family Sites | IL085000002 | 1373 | 4164 | 3.03 | 99 | 99 | 100.0% |
| Bluebell Tower | IL085000003 | 119 | 261 | 2.20 | 8 | 8 | 100.0% |
| TOTAL PH | | 2103 | 5988 | 2.85 | 164 | 164 | 100.0% |

1. EMERGENCY WO

- a. 123 emergency work orders completed (through 12/2024)
 - b. Percentage repaired/closed within 24 hours:
 - i. IL085000001: 100.0%
 - ii. IL085000002: 100.0%
 - iii. IL085000003: 100.0%

2. NON-EMERGENCY WO

- a. 1,577 routine work orders completed (through 12/2024)
 - b. Average days to complete/close:
 - i. IL085000001: 2.56 days
 - ii. IL085000002: 3.03 days
 - iii. IL085000003: 2.20 days

- iv. Quality workmanship on every maintenance task
- v. Grounds kept clean and safe from hazard
- vi. Security of property remains a priority through partnership with committed residents and local police departments
 - 1. Dedicated housing officer – Galesburg Police Department
 - 2. Direct resource on all matters of public safety
 - 3. Dedicated patrols and targeted operations
 - 4. Weekly reporting of criminal activity on sites
- vii. CFP grant funds used to modernize apartments at all three PH AMPs to upgrade accessibility features
- viii. Maintain occupancy rate of 98.0% or higher for PH program

| SITE | DEVELOPMENT | UNIT DAYS LEASED (UDL) | | | UNIT MONTHS LEASED (UML) | | |
|-----------------|-------------|------------------------|---------------|--------------|--------------------------|-------------|---------------|
| | | UDA | UDL | % | UMA | UML | % |
| Moon Towers | IL085000001 | 63720 | 63199 | 99.2% | 2124 | 2124 | 100.0% |
| Family Sites | IL085000002 | 70560 | 69409 | 98.4% | 2352 | 2352 | 100.0% |
| Bluebell Tower | IL085000003 | 18360 | 18209 | 99.2% | 612 | 612 | 100.0% |
| TOTAL PH | | 152640 | 150817 | 98.8% | 5088 | 5088 | 100.0% |

- 1. Reported occupancy Rates by FYE for the previous Annual Plan period:
 - a. Unit-days leased (UDL):
 - i. IL085000001: 99.2%
 - ii. IL085000002: 98.4%
 - iii. IL085000003: 99.2%
 - b. Unit-months leased (UML) (as of the first of each month):
 - i. IL085000001: 100.0%
 - ii. IL085000002: 100.0%
 - iii. IL085000003: 100.0%
- ix. Use of Capital Grant Funds to modernize and rehabilitate the developments prioritized by the green physical needs assessment conducted in 2014
 - 1. Completion of multi-phased 504 modernization/rehabilitation to enhance accessibility and visitability to the public housing sites.
 - a. Phase I completed 2016 – apartment renovations at AMP 001 and 003
 - b. Phase II completed 2019 – apartment renovations/new construction at AMP 001
 - c. Phase III – 2BR unit renovations at the Family Sites and common areas – scheduled to completed 03/31/2023
 - d. Phase IV – Playground and 2BR unit renovations – scheduled to be completed Spring 2025
 - 2. Planned capital fund expenditures for FYE 03/31/2025:
 - a. Furnace/HVAC replacement
 - b. Fire system modernization
 - c. Kitchen and bathroom renovations
 - d. Boiler and generator modernization
 - e. Concrete/parking lot repair/rehabilitation

- f. Security camera repair/replacement
- g. Unit exteriors and exterior doors
- h. Rehabilitation of floors in dwelling units at public housing properties – including removal of asbestos containing material (ACM).
- x. Maintain status of “High Performer” in recognition of effective program operations and management
 - 1. PHAS Scores by FYE for the previous Annual Plan period (current FYE anticipated):

| FYE | DESIGNATION | SCORE |
|------------------|----------------|--------------|
| FYE 03/31/2020 | High Performer | 95.00 |
| FYE 03/31/2021 | High Performer | 95.00 |
| FYE 03/31/2022 | High Performer | 95.00 |
| FYE 03/31/2023 | High Performer | 99.00 |
| FYE 03/31/2024 | High Performer | 96.00 |
| PH - AVG. | | 96.00 |

b. To improve the quality of assisted housing in the private sector.

- i. Enhancing the voucher program to support and grow the number of families served
- ii. Work with jurisdiction to improve access and availability of affordable housing.
 - 1. Partner with stakeholders to educate landlords on programs rules and benefits, including Source of Income protections for Illinois renters.
 - a. Stakeholders include:
 - i. Applicants and participants of the housing choice voucher program
 - ii. City of Galesburg
 - iii. Knox County, IL
 - iv. Department of Housing and Urban Development
 - v. Illinois Department of Human Rights
- iii. Make adequate use of available reserves – net-restricted position (NRP) and HUD-held reserves (HHR).
 - 1. Anticipated NRP CY 2024: \$0.00
 - 2. Anticipated HHR CY 2024: \$115,000
- iv. Effective management of administrative resources to reduce agency cost per voucher, thus ensuring agency reserves can be efficiently utilized
 - 1. Unrestricted-net position (UNP) has dwindled on an annual basis. The cost of running the program exceeds the funding received for administrative fees.
 - 2. Agency was projected as a “gainer” agency based on administrative fee study designed to assess actual cost of voucher administration and redistribute the funds accordingly.
 - 3. HUD proration of congressionally appropriated funds continues to fund admin fees at inadequate levels
- v. Maintain utilization rate of 98.0% or higher allocated HAP funding

| CYE | ACC UM | UML | % | BUDGET AUTH + NRP | HAP EXPENDITURE | % |
|-----------------------|--------------|--------------|---------------|------------------------|------------------------|----------------|
| CYE 12/31/2020 | 3360 | 2210 | 65.77% | \$ 951,040.00 | \$ 892,236.00 | 93.82% |
| CYE 12/31/2021 | 3360 | 2412 | 71.79% | \$ 932,411.00 | \$ 936,090.00 | 100.39% |
| CYE 12/31/2022 | 3420 | 2382 | 69.65% | \$ 957,339.00 | \$ 904,391.00 | 94.47% |
| CYE 12/31/2023 | 3420 | 2499 | 73.07% | \$ 924,792.00 | \$ 1,030,462.00 | 111.43% |
| CYE 12/31/2024 | 3420 | 2469 | 72.19% | \$ 983,112.00 | \$ 1,033,641.00 | 105.14% |
| HCVP 5YR TOTAL | 16980 | 11972 | 70.51% | \$ 4,748,694.00 | \$ 4,796,820.00 | 101.01% |

1. Utilization Rates by CYE for the previous Annual Plan period:

- ACC Units: 72.19%
- Budget Authority: 105.14% (anticipated)

vi. Maintain status of “High Performer” in recognition of effective program operations and management

1. SEMAP Scores by FYE for the previous Annual Plan period:

| FYE | DESIGNATION | SCORE |
|------------------|--------------------|--------|
| FYE 03/31/2020 | High Performer | 100.00 |
| FYE 03/31/2021 | High Performer | 100.00 |
| FYE 03/31/2022 | High Performer | 100.00 |
| FYE 03/31/2023 | Standard Performer | 77.00 |
| FYE 03/31/2024 | High Performer | 100.00 |
| PH - AVG. | High Performer | 95.40 |

c. To expand/maintain the supply of assisted housing.

i. Public Housing Program

- Faircloth limits for public housing units in Knox County, IL is 451
- Availability of public housing units for previous Annual Plan period:
 - FYE 03/31/2024: 424 units
 - FYE 03/31/2025: 424 units

ii. Housing Choice Voucher Program

- ACC units budgeted at 285 (3420 unit months)
 - Previous ACC set at 280 (2260)
 - Five (5) baseline vouchers added, effective 10/01/2022 (PIH Notice 2022-29)
- Goal has been utilization of allocated dollars as opposed to reaching ACC unit baseline, which isn’t economically viable. Agency baseline expectation is approximately 200 vouchers leased per month (2,400 UML).
 - Anticipated leasing: 215 - 220 vouchers leased per month (2,580 – 2,640 UML)
- Voucher activity analysis for Annual Plan period FYE 03/31/2024:
 - Voucher activity generally increased for total period due to increased lease-up efforts
 - Allocation of 15 emergency housing vouchers (EHV) and funding: program sunset – September 2023. Spending will continue until allocated/disbursed funding is completely expended.
 - Voucher lease up rates improved in the initial lease-up period, while remaining essential the same for lease-ups past sixty days.

- i. Success rate of lease-ups:
 - 1. 60 Days: 65.5%
 - 2. 90 Days: 3.4%
 - 3. 120 Days: 3.4%
 - d. Payment standard maintained at 110% of area FMRs to remain in place for CYE 2025.
 - e. Portability
 - i. Steady number of port-outs over Annual Plan period
 - ii. Port-in activity remains low
- iii. Affordable Housing Preservation
 - 1. PHA owns and operates two AHP developments
 - a. Brentwood Manor
 - i. 72 units
 - ii. 1-BR, 2-BR, and 3-BR units available
 - iii. Affordable rents
 - b. Prairieland Townhouse Apartments
 - i. 66 units
 - ii. 1-BR, 2-BR, and 3-BR units available
 - iii. Affordable rents
 - iv. 13 project-based vouchers

d. General and operational objectives.

- i. Administer all programs in accordance with applicable federal, state, and local laws and regulations

- 1. Independent Auditor annually reviews agency financials and program compliance.

An “unmodified” opinion is the opinion where auditor expresses an opinion that financial statements and major program controls are presented, in all material respects, in accordance with applicable reporting and compliance framework.

Independent audit results for previous Annual Plan periods:

| FYE | DESIGNATION | FINDINGS |
|------------------|-------------|----------|
| FYE 03/31/2020 | Unmodified | 0 |
| FYE 03/31/2021 | Unmodified | 0 |
| FYE 03/31/2022 | Unmodified | 0 |
| FYE 03/31/2023 | Unmodified | 0 |
| FYE 03/31/2024 | Unmodified | 0 |
| PH - AVG. | | 0 |

- ii. Fair Housing and Equal Opportunity
 - 1. Administer all programs in accordance with applicable federal, state, and local laws and regulations
 - 2. Ensure the protection of housing opportunity for persons in the following protected classes:
 - a. Federally protected classes:
 - i. Race
 - ii. Religion

- iii. National Origin
 - iv. Color
 - v. Familial Status
 - vi. Sex
 - vii. Disability
- b. State of Illinois additional protected classes:
 - i. Sexual Harassment
 - ii. Ancestry
 - iii. Age (Over 40)
 - iv. Pregnancy
 - v. Arrest Record
 - vi. Military Status
 - vii. Source of Income
- 3. Ensure equal opportunity and affirmatively further fair housing through the implementation of the following objectives:
 - a. Carry out affirmative measures to ensure access to assisted housing regardless of race, religion, national origin, sexual orientation, familial status, or disability
 - b. 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
 - c. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required
 - d. The agency will work to take the steps necessary to fully assess and implement the requirements set forth at 24 CFR § 5 Subpart A to:
 - i. Improve integrated living patterns and overcoming historic patterns of segregation;
 - ii. Reduce racial and ethnic concentrations of poverty;
 - iii. Reduce disparities by race, color, religion, sex, familial status, national origin, or disability in access to community assets such as education, transit access, and employment, as well as exposure to environmental health hazards and other stressors that harm a person's quality of life; and
 - iv. Respond to disproportionate housing needs by protected class
 - e. Analysis of waiting lists and participant lists to ensure demographics in the jurisdiction are adequately served
 - i. Use of census data to determine demographic representation
 - ii. Monitor agency 50058 reports to record and monitor demographic participation
 - f. Engage in targeted outreach for underserved populations
 - i. Newspaper advertisement
 - ii. Social media presence
 - iii. Community outreach
 - iv. Focus groups
 - g. Application process accessible

- i. Website availability
 - ii. Accept applications in person, via mail, email, fax
 - iii. Accessibility to other formats available
 - iv. Application assistance available
 - v. Compliant applicant pulls from all waiting lists
 - h. Interview accessibility
 - i. LEP Plan
 - ii. LEP options available for secondary languages spoken in area
 - 1. Spanish
 - 2. French
 - i. Work done to identify and rectify impediments to fair housing
 - j. Reasonable accommodation and modification requests responded to promptly
 - k. Fair and consistent application of agency policy
 - l. Staff training, development, and accountability
- iii. The Violence Against Women Act
 - 1. The passage of VAWA in 1994 and its reauthorization in 2000, 2005, 2013, and 2022 has changed the landscape for victims who once suffered in silence. Victims of domestic violence, dating violence, sexual assault and stalking have been able to access housing, and the Knox County Housing Authority will work to reduce the barriers to housing that domestic violence, dating violence, sexual assault and stalking may present.
 - 2. The Knox County Housing Authority will promote and abide by the requirements of the VIOLENCE AGAINST WOMEN'S ACT (VAWA) and subsequent reauthorizations which applies for all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. The 2022 reauthorization provides enhanced protections and options for victims of domestic violence, dating violence, sexual assault, and stalking, as well as additional monitoring and enforcement mechanisms at the Department level.
 - 3. The Housing Authority will support, assist, and ensure applicable due process to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation to prevent them from losing their HUD-assisted housing or being denied housing assistance as a consequence of the abuse of which they were the victim.
 - a. Notification of occupancy rights under VAWA to all applicants and participants
 - b. Consideration of VAWA provisions during the application process
 - c. Application preference for victims of domestic violence, dating violence, sexual assault, or stalking
 - d. Work with in-place victim families to consider transfer options when necessary
 - e. Partner with local law enforcement agencies, legal aide, and shelters on referrals to provide information on counseling, shelter services, and legal assistance

4. The Housing Authority maintains an emergency transfer plan and adheres to HUD requirements regarding VAWA pertaining to the public housing and housing choice voucher programs.
 - a. Policy reference:
 - i. Public Housing Admissions and Continued Occupancy Policy (ACOP)
 - ii. Housing Choice Voucher Program Administrative Plan
- iv. Connect families with area resources to increase the percentage of employed persons in assisted families
 - a. Job Readiness (applications, resumes, interviewing)
 - b. Job Fairs
 - c. Furthering Education
 - d. Scholarships
 - e. Money Management
- v. Develop and maintain positive and professional public awareness of the Knox County Housing Authority to the community
 1. Press releases on pertinent agency business and activities
 2. Regular communication with media outlets – interviews, commentary
 3. Speaking engagements
- vi. Professional and knowledgeable staff
 1. Training in areas pertinent to compliance, operations, ethics, and performance of duty
 2. Executive Director and Assistant Director completed Executive Director Education Program through Rutgers University – 2019
 3. Training opportunities offered
 - a. Weekly include HUD guidance, online webinars
 - b. Monthly include webinars, onsite, or travel
 4. Training topics engaged by agency staff
 - a. Regulation updates
 - b. Streamlining
 - c. HOTMA
 - d. Fair Housing
 - e. Occupancy
 - f. Maintenance work standards
 - g. Systems – PIC/EIV
 - h. Financial reporting
 - i. Board governance



IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2025 – 03/31/2026 ANNUAL PLAN SUBMISSION
ATTACHMENT 4.0
HUD-50075 Section C.1 – Policy and Program Revisions

1. Revisions to Policies and Programs
 - a. Each listed document available at www.knoxcountyhousing.org or upon request
 - b. New/Revised Policies:
 - i. Public Housing
 1. Admission and Continued Occupancy Policy (ACOP)
 - a. Updated regulatory requirements and citations
 - b. Public housing lease
 - ii. Housing Choice Voucher Program
 1. Administrative Plan (Admin Plan)
 - a. Updated regulatory requirements and citations
 - c. Revisions to current policies and addition of new policies compliant with notice regulations set forth at 24 CFR §903.17
 - i. Documents posted for review at www.knoxcountyhousing.org
 - ii. Public Hearing/Resident Advisory Board (RAB) held 12/19/2024
 1. Resident Advisory Board
 - a. 8 residents in attendance
 - b. Minutes/comments attached to submission (ATTACHMENT 5)
 2. Public Hearing
 - a. Zero (0) general public attendees
 - b. Zero (0) general public comments received
 - iii. Policies and plan submission approved by Board of Commissioners 01/02/2025 in conjunction with certification of consistency with State Consolidated Plan (IHDA).



IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2025 – 03/31/2026 ANNUAL PLAN SUBMISSION
ATTACHMENT 5.0

HUD-50075 Section C.3 – Resident Advisory Board Comments

1. Resident Advisory Board Meeting

- a. 12/19/2024
 - i. Review of Capital Improvements planned
 - ii. Review of proposed lease/policy changes
- b. Minutes of the Resident Advisory Board Meeting (attached)
- c. Comments received and considered:

Comment: *General comments regarding tenant requests for future capital projects.*

- Install cameras in the elevators, laundry rooms and stairwells at the high rises;
- Improve lighting in the units;

Agency Response: All tenant requests for capital improvements will be considered by priority. Lighting is currently in the 5-year plan for site exteriors, though nothing is currently planned for unit interiors. CCTV surveillance cameras are an ongoing, annual operational and capital expense.

2. Public Hearing

- a. 12/19/2024
 - i. Review of Capital Improvements planned
 - ii. Review of proposed lease/policy changes
- b. Minutes of the Public Hearing
 - i. No general public in attendance
 - ii. No minutes/notes
- c. Comments received and considered:

NONE RECEIVED

**MINUTES OF THE SPECIAL MEETING
OF THE RESIDENT ADVISORY BOARD
OF THE KNOX COUNTY HOUSING AUTHORITY
December 19, 2024**

The meeting of the Resident Advisory Board of the Knox County Housing Authority was held at 11:30 a.m. in the Moon Towers Community Room. The following persons attended the meeting:

PRESENT: Brenda Sanchez, Blue Bell Tower
Debbie Watkins, Blue Bell Tower
Denise Basley, Moon Towers
Judy Cone, Moon Towers
Schelia Ayers, Moon Towers
Tony Jackson, Moon Towers
La'Monda Rushing, Family Sites
Javona Johnson, HCV Participant
Edan Moon, HCV Participant

ALSO PRESENT: Derek Antoine, Executive Director
Cheryl Lefler, Assistant Director
Brandi Watkins, Property Manager-Moon Towers
Lynnesha Revis, Occupancy Specialist-Moon Towers
Ashley Larimer, Property Manager-Family Sites
Randi Pierce, Occupancy Specialist-Family Sites
Kim Longenecker, HCV Program Manager
Kim Brannon-Sibley, Participant Engagement Manager
Caleb Diefendorf, Public Housing Facilities Manager
Josh Sturgeon, Safety & Security Manager

The meeting opened with introductions as each attendee gave their name, where they live and a resolution for the new year.

Ms. Lefler welcomed everyone to the meeting and explained that the purpose of the meeting was to review proposed policy changes. Additionally, Capital Fund Program projects in the annual and five-year plans would be reviewed. Ms. Lefler said there would be an opportunity for comment and discussion.

Then, Ms. Lefler referenced the 2021 plan and five-year plan for the Capital Fund Program (2021-2025) for the public housing program. She highlighted the lighting and furnace replacement project that is currently underway. She highlighted the projects that would be included in the 2024 CFP plan: administration, operations, masonry work at Moon Towers and elevator renovations at Moon Towers and Blue Bell Tower. The five-year plan is a comprehensive list of projects that the agency would like to complete if adequate funding is available.

Ms. Lefler shared that in 24 years for CFP funding the agency has received \$23,732,778.00 in funding. The 2024 CFP grant will be \$1,557,030.00.

Then, Ms. Lefler asked attendees for their input on what should be included on a "wish list" of projects (some of which are already included in the 5-year plan). The following list is what resulted from the group discussion:

- Install cameras in the elevators and laundry rooms at the high rises;
- Install camera in the kitchen at Blue Bell Tower;
- Add more handicapped accessible parking spaces (the agency is compliant with the number of current spaces—additional spaces would be reviewed on an individual basis);

- Resurface parking lots.

Then, Mr. Antoine said that there will not be any changes to the Public Housing Dwelling Lease. There will, however, be changes in the Admissions and Continued Occupancy Plan and the HCV Administrative Plan related to the final rule issued regarding HOTMA (Housing Opportunities Through Modernization Act of 2016).

Mr. Antoine stated that the 30-day notice for non-payment of rent that started during COVID will stay in effect.

Mr. Antoine also mentioned that the agency will be inspected in 2025 under the NSPIRE protocol.

Mr. Antoine also stated that the hourly charge for maintenance will increase to \$20.00/hour from \$15.00/hour.

The proposed policies have been posted for review and comment and will be approved by the Board of Commissioners at its 01/02/2025 meeting. Then the changes will be sent to HUD with the agency annual plan in January.

Other issues included in the meeting discussion were the following topics and questions:

- Address concerns of speeding in the parking lots;
- Address issues of inoperable vehicles on sites;
- Are there available funds for people to gather together? Ms. Sibley stated that there are activities for tenants on a regular basis.
- Who is addressing housing issues on a larger community level? Mr. Antoine said the City of Galesburg recently published a study on housing for the community.
- Size of dogs allowed;
- Emotional support animals; and
- Available employment with the KCHA.

Attendees were thanked for their attendance and participation in the meeting.

Hearing no further discussion, the meeting was adjourned at 1:15 p.m.

Respectfully submitted,

Cheryl Lefler

Assistant Director



IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2024 – 03/31/2025 ANNUAL PLAN SUBMISSION
ATTACHMENT 6.0
HUD-50075 Section D.1 – Capital Improvements

1. See HUD Forms 50075.1 and 50075.2 approved by HUD for open CFP Grants (attached)
 - a. Open Annual Grants
 - i. IL01P08550119
 - ii. IL01P08550120
 - iii. IL01P08550121
 - iv. IL01P08550122
 - v. IL01P08550123
 - vi. IL01P08550124
 - b. Five-Year Plan
 - i. Action Plan for CY2021 through CY2025
 1. Original submission 08/26/2021
 2. Approval: 09/09/2021
 3. Modifications/Revisions
 - a. 09/12/2022
 - b. 09/22/2022
 - c. 05/15/2023
 - d. 09/17/2024
 - e. 10/24/2024
2. This reference statement is intended to mean that the 50075.2 describes the capital improvements necessary to ensure long-term physical and social viability of the projects as prioritized in the 2014 green physical needs assessment (GPNA).
3. IL085 Five Year Action Plan 2021-2025 currently in place.

| Part I: Summary | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|--------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies </div> <div style="width: 40%;"> <input type="checkbox"/> Revised Annual Statement (Revision No:) </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2019 <input checked="" type="checkbox"/> Final Performance and Evaluation Report </div> </div> | | | | | |
| 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 | \$200,000.00 | \$200,000.00 | \$200,000.00 | \$200,000.00 |
| 3 | 1408 Management Improvement | \$49,932.00 | | | |
| 4 | 1410 Administration | \$100,000.00 | \$100,000.00 | \$100,000.00 | \$100,000.00 |
| 5 | 1480 General Capital Activity | \$733,942.00 | \$783,874.00 | \$783,874.00 | \$783,874.00 |
| 6 | 1492 MovingToWorkDemonstration | | | | |
| 7 | 1501 Collater Exp / Debt Srvc | | | | |
| 8 | 1503 RAD-CFP | | | | |
| 9 | 1504 Rad Investment Activity | | | | |
| 10 | 1505 RAD-CPT | | | | |
| 11 | 1509 Preparing for, Preventing and Responding to Coronavirus (1509) | | | | |

(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 include here

| Part I: Summary | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: 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: 03/31/2019 <input checked="" type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ⁽¹⁾ | |
| | | Original | Revised ⁽²⁾ | Obligated | Expended |
| 12 | 9000 Debt Reserves | | | | |
| 13 | 9001 Bond Debt Obligation | | | | |
| 14 | 9002 Loan Debt Obligation | | | | |
| 15 | RESERVED | | | | |
| 16 | RESERVED | | | | |
| 17 | RESERVED | | | | |
| 18a | RESERVED | | | | |
| 18ba | RESERVED | | | | |
| 19 | RESERVED | | | | |
| 20 | RESERVED | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2-20) | \$1,083,874.00 | \$1,083,874.00 | \$1,083,874.00 | \$1,083,874.00 |

(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 include here

| Part I: Summary | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|----------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: 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: 03/31/2019 <input checked="" type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ⁽¹⁾ | |
| | | Original | Revised ⁽²⁾ | Obligated | Expended |
| 22 | Amount of line 21 Related to LBP Activities | | | | |
| 23 | Amount of line 21 Related to Section 504 Activities | | | | |
| 24 | Amount of line 21 Related to Security - Soft Costs | | | | |
| 25 | Amount of line 21 Related to Security - Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

| | |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| Signature of Executive Director /S/ MGQ858 Date 09/21/2022 | 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 include here

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|-----------------------------------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| Not associated with any specific development | Central Office Cost Center (Administration (1410)) Description : Administration | 1410 | | \$100,000.00 | \$100,000.00 | \$100,000.00 | \$100,000.00 | completed |
| Not associated with any specific development | Operations (Operations (1406)) Description : Operations | 1406 | | \$200,000.00 | \$200,000.00 | \$200,000.00 | \$200,000.00 | completed |
| IL085000002 - FAMILY HOUSING | 504 Project Phase 3 (Dwelling Unit-Interior (1480),Non-Dwelling Interior (1480)) Description : 2 bedroom unit renovations Community rooms/common area renovations | 1480 | | \$505,942.00 | \$429,900.00 | \$429,900.00 | \$429,900.00 | This phase of expenditure is completed. |

(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. IL01P08550119 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000002 - FAMILY HOUSING | A&E Services (Contract Administration (1480)) Description : A&E Services for construction work in 2019 grant | 1480 | | \$50,000.00 | \$83,335.00 | \$83,335.00 | \$83,335.00 | This phase of expenditure is completed. |
| IL085000001 - MOON TOWERS | 504 Project Phase 3 (Non-Dwelling Interior (1480)) Description : Common area renovations | 1480 | | \$38,000.00 | \$80,000.00 | \$80,000.00 | \$80,000.00 | This phase of expenditure completed. |
| IL085000003 - BLUE BELL TOWER | 504 Project Phase 3 (Non-Dwelling Interior (1480)) Description : Common area renovations | 1480 | | \$15,000.00 | \$190,639.00 | \$190,639.00 | \$190,639.00 | This phase of expenditure completed. |

(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. IL01P08550119 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000001 - MOON TOWERS | Moon Towers Roof Replacement (Dwelling Unit-Exterior (1480)) Description : Replace roof at Moon Towers | 1480 | | \$125,000.00 | | | | |
| IL085000002 - FAMILY HOUSING | Video Surveillance Equipment (Management Improvement (1408)) Description : Purchase & installation of video surveillance equipment | 1408 | | \$25,000.00 | | | | |
| IL085000001 - MOON TOWERS | Video Surveillance Equipment (Management Improvement (1408)) Description : Purchase & installation of video surveillance equipment | 1408 | | \$15,000.00 | | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | Video Surveillance Equipment (Management Improvement (1408)) Description : Purchase & installation of video surveillance equipment | 1408 | | \$9,932.00 | | | | |
| | Total: | | | \$1,083,874.00 | \$1,083,874.00 | \$1,083,874.00 | \$1,083,874.00 | |

(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: Knox County Housing Authority | | | | | 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 | |
| | | | | | |

(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: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: 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 |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | \$200,000.00 | | | |
| 3 | 1408 Management Improvement | | | | |
| 4 | 1410 Administration | \$100,000.00 | | | |
| 5 | 1480 General Capital Activity | \$859,834.00 | | | |
| 6 | 1492 MovingToWorkDemonstration | | | | |
| 7 | 1501 Collater Exp / Debt Srvc | | | | |
| 8 | 1503 RAD-CFP | | | | |
| 9 | 1504 Rad Investment Activity | | | | |
| 10 | 1505 RAD-CPT | | | | |
| 11 | 1509 Preparing for, Preventing and Responding to Coronavirus (1509) | | | | |

(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 include here

| Part I: Summary | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|----------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: 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 |
| 12 | 9000 Debt Reserves | | | | |
| 13 | 9001 Bond Debt Obligation | | | | |
| 14 | 9002 Loan Debt Obligation | | | | |
| 15 | RESERVED | | | | |
| 16 | RESERVED | | | | |
| 17 | RESERVED | | | | |
| 18a | RESERVED | | | | |
| 18ba | RESERVED | | | | |
| 19 | RESERVED | | | | |
| 20 | RESERVED | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2-20) | \$1,159,834.00 | | | |

(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 include here

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------|-----------------|
| Part I: Summary | | | | | |
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: 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 |
| 22 | Amount of line 21 Related to LBP Activities | | | | |
| 23 | Amount of line 21 Related to Section 504 Activities | | | | |
| 24 | Amount of line 21 Related to Security - Soft Costs | | | | |
| 25 | Amount of line 21 Related to Security - Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

| | |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| Signature of Executive Director /S/ MGQ858 Date 07/28/2020 | 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 include here

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000002 - FAMILY HOUSING | Playground equipment (Non-Dwelling Site Work (1480)) Description : Installation of new playground equipment | 1480 | | \$154,973.00 | | | | |
| Not associated with any specific development | Central Office Cost Center (Administration (1410)) Description : Administration | 1410 | | \$100,000.00 | | | | |
| Not associated with any specific development | Operations (Operations (1406)) Description : Operations | 1406 | | \$200,000.00 | | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000001 - MOON TOWERS | Moon Towers Roof Replacement (Dwelling Unit-Exterior (1480)) Description : Replace roof at Moon Towers | 1480 | | \$125,000.00 | | | | |
| IL085000002 - FAMILY HOUSING | 2 bedroom unit renovations (Dwelling Unit-Interior (1480)) Description : Renovations to kitchens, laundry and bedroom in formerly accessible units | 1480 | | \$90,000.00 | | | | |
| IL085000003 - BLUE BELL TOWER | Bluebell Phase 3 504 Renovations (Non-Dwelling Construction - Mechanical (1480),Non-Dwelling Interior (1480)) Description : 504 renovations to common areas and necessary upgrades to elevators | 1480 | | \$439,861.00 | | | | |

(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 II: Supporting Pages | | | | | | | | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000001 - MOON TOWERS | A&E Services (Contract Administration (1480)) Description : A&E Services for capital projects | 1480 | | \$25,000.00 | | | | |
| IL085000002 - FAMILY HOUSING | A&E Services (Contract Administration (1480)) Description : A&E Services related to capital projects | 1480 | | \$25,000.00 | | | | |
| | Total: | | | \$1,159,834.00 | | | | |

(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: Knox County Housing Authority | | | | | 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 | |
| | | | | | |

(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: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Original Annual Statement </div> <div> <input type="checkbox"/> Reserve for Disasters/Emergencies </div> <div> <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Performance and Evaluation Report for Period Ending: </div> <div> <input type="checkbox"/> Final Performance and Evaluation Report </div> </div> | | | | | |
| 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 | \$200,000.00 | \$200,000.00 | | |
| 3 | 1408 Management Improvement | | | | |
| 4 | 1410 Administration | \$100,000.00 | \$105,483.00 | | |
| 5 | 1480 General Capital Activity | \$909,310.00 | \$909,310.00 | | |
| 6 | 1492 MovingToWorkDemonstration | | | | |
| 7 | 1501 Collater Exp / Debt Srvc | | | | |
| 8 | 1503 RAD-CFP | | | | |
| 9 | 1504 Rad Investment Activity | | | | |
| 10 | 1505 RAD-CPT | | | | |
| 11 | 1509 Preparing for, Preventing and Responding to Coronavirus (1509) | | | | |

(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 include here

| Part I: Summary | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|----------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant <div><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report</div> | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ⁽¹⁾ | |
| | | Original | Revised ⁽²⁾ | Obligated | Expended |
| 12 | 9000 Debt Reserves | | | | |
| 13 | 9001 Bond Debt Obligation | | | | |
| 14 | 9002 Loan Debt Obligation | | | | |
| 15 | RESERVED | | | | |
| 16 | RESERVED | | | | |
| 17 | RESERVED | | | | |
| 18a | RESERVED | | | | |
| 18ba | RESERVED | | | | |
| 19 | RESERVED | | | | |
| 20 | RESERVED | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2-20) | \$1,209,310.00 | \$1,214,793.00 | | |

(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 include here

| Part I: Summary | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|----------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant <div><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report</div> | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ⁽¹⁾ | |
| | | Original | Revised ⁽²⁾ | Obligated | Expended |
| 22 | Amount of line 21 Related to LBP Activities | | | | |
| 23 | Amount of line 21 Related to Section 504 Activities | | | | |
| 24 | Amount of line 21 Related to Security - Soft Costs | | | | |
| 25 | Amount of line 21 Related to Security - Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

| | | | |
|---------------------------------------------------|------------------------|---------------------------------------------|-------------|
| Signature of Executive Director /S/ MGQ858 | Date 12/26/2024 | 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 include here

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| Not associated with any specific development | Administration (Administration (1410)) Description : COCC-Administration | 1410 | | \$100,000.00 | \$105,483.00 | | | |
| IL085000001 - MOON TOWERS | Operations (Operations (1406)) Description : Moon Towers Operations | 1406 | | \$55,000.00 | \$55,000.00 | | | |
| IL085000002 - FAMILY HOUSING | Operations (Operations (1406)) Description : Family Sites Operations | 1406 | | \$103,000.00 | \$103,000.00 | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: | | Grant Type and Number | | | | Federal FFY of Grant: | | |
| Knox County Housing Authority | | Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | Operations (Operations (1406)) Description : Bluebell Tower Operations | 1406 | | \$42,000.00 | \$42,000.00 | | | |
| IL085000001 - MOON TOWERS | A&E Services (Contract Administration (1480)) Description : Moon Towers Architect and Engineering Services | 1480 | | \$15,000.00 | \$15,000.00 | | | |
| IL085000002 - FAMILY HOUSING | A&E Services (Contract Administration (1480)) Description : Family Sites Architect and Engineering Services | 1480 | | \$50,000.00 | \$50,000.00 | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | A&E Services (Contract Administration (1480)) Description : Bluebell Towers Architect and Engineering Services | 1480 | | \$10,000.00 | \$10,000.00 | | | |
| IL085000001 - MOON TOWERS | Moon Towers Roof Replacement (Non-Dwelling Exterior (1480)) Description : Replace roof at towers, community room and penthouses including membrane, insulation and flashing | 1480 | | \$500,000.00 | \$500,000.00 | | | |
| IL085000002 - FAMILY HOUSING | Phase 4 - 504 Modifications (Non-Dwelling Site Work (1480)) Description : Replace equipment & ensure accessibility at 3 family sites playgrounds | 1480 | | \$234,310.00 | \$334,310.00 | | | |

(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 II: Supporting Pages | | | | | | | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000002 - FAMILY HOUSING | Convenience Modifications (Dwelling Unit- Interior (1480)) Description : Interior modifications to two 2- bedroom units | 1480 | | \$100,000.00 | | | | |
| | Total: | | | \$1,209,310.00 | \$1,214,793.00 | | | |

(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: Knox County Housing Authority | | | | | 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 | |
| | | | | | |

(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: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 2) <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 | \$200,000.00 | \$200,000.00 | | |
| 3 | 1408 Management Improvement | \$25,000.00 | | | |
| 4 | 1410 Administration | \$100,000.00 | \$100,000.00 | | |
| 5 | 1480 General Capital Activity | \$1,142,361.00 | \$1,172,370.00 | | |
| 6 | 1492 MovingToWorkDemonstration | | | | |
| 7 | 1501 Collater Exp / Debt Srvc | | | | |
| 8 | 1503 RAD-CFP | | | | |
| 9 | 1504 Rad Investment Activity | | | | |
| 10 | 1505 RAD-CPT | | | | |
| 11 | 1509 Preparing for, Preventing and Responding to Coronavirus (1509) | | | | |

(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 include here

| Part I: Summary | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|----------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant <div><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 2) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report</div> | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ⁽¹⁾ | |
| | | Original | Revised ⁽²⁾ | Obligated | Expended |
| 12 | 9000 Debt Reserves | | | | |
| 13 | 9001 Bond Debt Obligation | | | | |
| 14 | 9002 Loan Debt Obligation | | | | |
| 15 | RESERVED | | | | |
| 16 | RESERVED | | | | |
| 17 | RESERVED | | | | |
| 18a | RESERVED | | | | |
| 18ba | RESERVED | | | | |
| 19 | RESERVED | | | | |
| 20 | RESERVED | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2-20) | \$1,467,361.00 | \$1,472,370.00 | | |

(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 include here

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|----------|
| Part I: Summary | | | | | |
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 2) <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 |
| 22 | Amount of line 21 Related to LBP Activities | | | | |
| 23 | Amount of line 21 Related to Section 504 Activities | | | | |
| 24 | Amount of line 21 Related to Security - Soft Costs | | | | |
| 25 | Amount of line 21 Related to Security - Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

| | | | |
|--------------------------------------------|-----------------|--------------------------------------|------|
| Signature of Executive Director /S/ MGQ858 | Date 10/07/2024 | 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 include here

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| Not associated with any specific development | Administration (Administration (1410)) Description : COCC Administration | 1410 | | \$100,000.00 | \$100,000.00 | | | |
| IL085000001 - MOON TOWERS | Operations (Operations (1406)) Description : Moon Towers Operations | 1406 | | \$55,000.00 | \$55,000.00 | | | |
| IL085000002 - FAMILY HOUSING | Operations (Operations (1406)) Description : Family Sites Operations | 1406 | | \$103,000.00 | \$103,000.00 | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: | | Grant Type and Number | | | | Federal FFY of Grant: | | |
| Knox County Housing Authority | | Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | Operations (Operations (1406)) Description : Bluebell Tower Operations | 1406 | | \$42,000.00 | \$42,000.00 | | | |
| IL085000001 - MOON TOWERS | A&E Services (Contract Administration (1480)) Description : Moon Towers Architect and Engineering Services | 1480 | | \$30,000.00 | \$30,000.00 | | | |
| IL085000002 - FAMILY HOUSING | A&E Services (Contract Administration (1480)) Description : Family Sites Architect and Engineering Services | 1480 | | \$50,000.00 | \$60,000.00 | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | A&E Services (Contract Administration (1480)) Description : Bluebell Tower Architect and Engineering Services | 1480 | | \$10,000.00 | \$10,000.00 | | | |
| IL085000001 - MOON TOWERS | Lighting (Non-Dwelling Exterior (1480),Non-Dwelling Interior (1480),Non-Dwelling Site Work (1480)) Description : Replacement of interior (common areas, hallways and offices) and exterior (parking lots and common areas) lighting fixtures; install additional light fixtures as necessary | 1480 | | \$200,000.00 | \$206,744.14 | | | |
| IL085000002 - FAMILY HOUSING | Lighting (Non-Dwelling Exterior (1480),Non-Dwelling Interior (1480),Non-Dwelling Site Work (1480)) Description : Replacement of interior (common areas, hallways and offices) and exterior (parking lots and common areas) lighting fixtures; install additional light fixtures as necessary | 1480 | | \$200,000.00 | \$233,680.36 | | | |

(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. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | Lighting (Non-Dwelling Interior (1480),Non-Dwelling Site Work (1480),Non-Dwelling Exterior (1480)) Description : Replacement of interior (common areas, hallways and offices) and exterior (parking lots and common areas) lighting fixtures; install additional light fixtures as necessary | 1480 | | \$30,000.00 | \$109,044.50 | | | |
| IL085000003 - BLUE BELL TOWER | Gazebo (Non-Dwelling Construction-New Construction (1480)) Description : Demolition of existing gazebo and construction of new gazebo at Bluebell Tower | 1480 | | \$108,361.00 | \$73,000.00 | | | |
| IL085000002 - FAMILY HOUSING | Replace HVAC Equipment (Non-Dwelling Interior (1480)) Description : Replace furnaces and air conditioners | 1480 | | \$100,000.00 | \$37,984.00 | | | |

(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 II: Supporting Pages | | | | | | | | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000002 - FAMILY HOUSING | CCP Drainage & Unit Renovation Project (Dwelling Unit-Exterior (1480),Dwelling Unit-Interior (1480),Dwelling Unit-Site Work (1480)) Description : Reroute drainage away from unit; interior repairs from water infiltration; site work | 1480 | | | \$72,600.00 | | | |
| IL085000001 - MOON TOWERS | Roof Replacment (Non-Dwelling Exterior (1480)) Description : Moon Towers roof replacement | 1480 | | | \$263,000.00 | | | |
| IL085000002 - FAMILY HOUSING | Playground Installation (Non-Dwelling Site Work (1480)) Description : Installation of accessible playgrounds at Family Sites/phase 4 of 504 project | 1480 | | | \$49,317.00 | | | |

(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 II: Supporting Pages | | | | | | | | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000002 - FAMILY HOUSING | Site drainage (Non-Dwelling Site Work (1480)) Description : Site drainage at CCP to improve water drainage flow | 1480 | | | \$27,000.00 | | | |
| IL085000001 - MOON TOWERS | Parking Lots (Non-Dwelling Site Work (1480)) Description : Mill, resurface, seal asphalt and restripe parking lots at Moon Towers | 1480 | | \$111,000.00 | | | | |
| IL085000002 - FAMILY HOUSING | Asphalt (Non-Dwelling Site Work (1480)) Description : Mill, resurface, seal asphalt driveways, parking lots and basketball court at Family Sites; restripe areas as needed | 1480 | | \$90,000.00 | | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | Asphalt (Non-Dwelling Site Work (1480)) Description : Mill, resurface, seal asphalt driveway | 1480 | | \$11,000.00 | | | | |
| IL085000001 - MOON TOWERS | Security Cameras (Non-Dwelling Equipment-Expendable/Non-Expendable (1480)) Description : Replacement/installation of video surveillance cameras and related equipment at Moon Towers | 1480 | | \$50,000.00 | | | | |
| IL085000002 - FAMILY HOUSING | Security Cameras (Non-Dwelling Equipment-Expendable/Non-Expendable (1480)) Description : Replacement/installation of video surveillance cameras and related equipment at Family Sites | 1480 | | \$100,000.00 | | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | Security Cameras (Non-Dwelling Equipment-Expendable/Non-Expendable (1480)) Description : Replacement/installation of video surveillance cameras and related equipment at Bluebell Tower | 1480 | | \$25,000.00 | | | | |
| IL085000001 - MOON TOWERS | Concrete Work (Non-Dwelling Site Work (1480)) Description : Concrete work at Moon Towers | 1480 | | \$10,000.00 | | | | |
| IL085000002 - FAMILY HOUSING | Concrete Work (Non-Dwelling Site Work (1480)) Description : Concrete Work at Family Sites | 1480 | | \$12,000.00 | | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000002 - FAMILY HOUSING | Concrete Work (Non-Dwelling Site Work (1480)) Description : Concrete work at Bluebell Tower | 1480 | | \$5,000.00 | | | | |
| IL085000001 - MOON TOWERS | Exterior door security (Management Improvement (1408)) Description : Installation of security equipment at exterior doors including chimes/alarms, etc. | 1408 | | \$25,000.00 | | | | |
| | Total: | | | \$1,467,361.00 | \$1,472,370.00 | | | |

(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: Knox County Housing Authority | | | | | 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 | |
| | | | | | |

(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: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1) <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 | \$250,000.00 | \$250,000.00 | | |
| 3 | 1408 Management Improvement | | | | |
| 4 | 1410 Administration | \$100,000.00 | \$100,000.00 | | |
| 5 | 1480 General Capital Activity | \$1,164,974.00 | \$1,169,740.00 | | |
| 6 | 1492 MovingToWorkDemonstration | | | | |
| 7 | 1501 Collater Exp / Debt Srvc | | | | |
| 8 | 1503 RAD-CFP | | | | |
| 9 | 1504 Rad Investment Activity | | | | |
| 10 | 1505 RAD-CPT | | | | |
| 11 | 1509 Preparing for, Preventing and Responding to Coronavirus (1509) | | | | |

(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 include here

| Part I: Summary | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|----------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> Original Annual Statement </div> <div style="width: 45%;"> <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1) </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Performance and Evaluation Report for Period Ending: </div> <div style="width: 45%;"> <input type="checkbox"/> Final Performance and Evaluation Report </div> </div> | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ⁽¹⁾ | |
| | | Original | Revised ⁽²⁾ | Obligated | Expended |
| 12 | 9000 Debt Reserves | | | | |
| 13 | 9001 Bond Debt Obligation | | | | |
| 14 | 9002 Loan Debt Obligation | | | | |
| 15 | RESERVED | | | | |
| 16 | RESERVED | | | | |
| 17 | RESERVED | | | | |
| 18a | RESERVED | | | | |
| 18ba | RESERVED | | | | |
| 19 | RESERVED | | | | |
| 20 | RESERVED | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2-20) | \$1,514,974.00 | \$1,519,740.00 | | |

(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 include here

| Part I: Summary | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|----------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: FFY of Grant Approval: | |
| Type of Grant <div><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report</div> | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ⁽¹⁾ | |
| | | Original | Revised ⁽²⁾ | Obligated | Expended |
| 22 | Amount of line 21 Related to LBP Activities | | | | |
| 23 | Amount of line 21 Related to Section 504 Activities | | | | |
| 24 | Amount of line 21 Related to Security - Soft Costs | | | | |
| 25 | Amount of line 21 Related to Security - Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

| | |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| Signature of Executive Director /S/ MGQ858 Date 10/07/2024 | 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 include here

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| Not associated with any specific development | Administration (Administration (1410)) Description : COCC Administration | 1410 | | \$100,000.00 | \$100,000.00 | | | |
| IL085000001 - MOON TOWERS | Operations (Operations (1406)) Description : Moon Towers Operations | 1406 | | \$100,000.00 | \$100,000.00 | | | |
| IL085000002 - FAMILY HOUSING | Operations (Operations (1406)) Description : Family Sites Operations | 1406 | | \$120,000.00 | \$120,000.00 | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | Operations (Operations (1406)) Description : Bluebell Tower Operations | 1406 | | \$30,000.00 | \$30,000.00 | | | |
| IL085000001 - MOON TOWERS | A&E Services (Contract Administration (1480)) Description : Moon Towers Architect and Engineering Services | 1480 | | \$15,000.00 | \$15,000.00 | | | |
| IL085000002 - FAMILY HOUSING | A&E Services (Contract Administration (1480)) Description : Family Sites Architect and Engineering Services | 1480 | | \$50,000.00 | \$50,000.00 | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | A&E Services (Contract Administration (1480)) Description : Bluebell Tower Architect and Engineering Services | 1480 | | \$10,000.00 | \$10,000.00 | | | |
| IL085000002 - FAMILY HOUSING | Furnaces (Dwelling Unit-Interior (1480)) Description : Furnace replacement at 190 units | 1480 | | \$475,000.00 | \$961,032.83 | | | |
| IL085000003 - BLUE BELL TOWER | Boiler Replacement (Non-Dwelling Interior (1480)) Description : Replacement of two boilers at Bluebell Tower | 1480 | | \$60,000.00 | \$60,000.00 | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000001 - MOON TOWERS | Generator (Non-Dwelling Interior (1480),Non-Dwelling Exterior (1480)) Description : Replacement of generator at Moon Towers | 1480 | | \$40,000.00 | \$40,000.00 | | | |
| IL085000001 - MOON TOWERS | Concrete work (Non-Dwelling Site Work (1480)) Description : Concrete work at Moon Towers | 1480 | | \$10,000.00 | \$33,707.17 | | | |
| IL085000001 - MOON TOWERS | Fire Suppression System (Non-Dwelling Construction - Mechanical (1480)) Description : Upgrade fire suppression system at Moon Towers | 1480 | | \$100,000.00 | | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | Fire Suppression System (Non-Dwelling Construction - Mechanical (1480)) Description : Upgrade fire suppression system at Bluebell Tower | 1480 | | \$50,000.00 | | | | |
| IL085000002 - FAMILY HOUSING | Unit Exteriors (Dwelling Unit-Exterior (1480)) Description : Replace vinyl siding, clean and reseal brick veneer, tuckpointing, replace fascia, gutters and downspouts | 1480 | | \$65,000.00 | | | | |
| IL085000001 - MOON TOWERS | Bathroom Renovations (Dwelling Unit-Interior (1480)) Description : Bathroom renovations at Moon Towers | 1480 | | \$65,000.00 | | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | Bathroom Renovations (Dwelling Unit-Interior (1480)) Description : Bathroom Renovations at Bluebell Tower | 1480 | | \$50,000.00 | | | | |
| IL085000002 - FAMILY HOUSING | Bathroom and Kitchen Renovations (Dwelling Unit-Interior (1480)) Description : Bathroom and Kitchen Renovations at Family Sites | 1480 | | \$103,974.00 | | | | |
| IL085000002 - FAMILY HOUSING | Concrete work (Non-Dwelling Site Work (1480)) Description : Concrete work at Family Sites | 1480 | | \$20,000.00 | | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000003 - BLUE BELL TOWER | Concrete work (Non-Dwelling Site Work (1480)) Description : Concrete work at Bluebell Tower | 1480 | | \$10,000.00 | | | | |
| IL085000003 - BLUE BELL TOWER | Asphalt driveway (Non-Dwelling Site Work (1480)) Description : Mill, resurface, seal asphalt driveway at Bluebell Tower | 1480 | | \$11,000.00 | | | | |
| IL085000001 - MOON TOWERS | Parking Lot (Dwelling Unit-Site Work (1480)) Description : Mill, resurface, seal asphalt parking lots at Moon Towers | 1480 | | \$30,000.00 | | | | |

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

(2) To be completed for the Performance and Evaluation Report

| | | | | | | | | |
|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| Part II: Supporting Pages | | | | | | | | |
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| | Total: | | | \$1,514,974.00 | \$1,519,740.00 | | | |

(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: Knox County Housing Authority | | | | | 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 | |
| | | | | | |

(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: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: 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 |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | \$250,000.00 | | | |
| 3 | 1408 Management Improvement | | | | |
| 4 | 1410 Administration | \$100,000.00 | | | |
| 5 | 1480 General Capital Activity | \$1,207,030.00 | | | |
| 6 | 1492 MovingToWorkDemonstration | | | | |
| 7 | 1501 Collater Exp / Debt Srvc | | | | |
| 8 | 1503 RAD-CFP | | | | |
| 9 | 1504 Rad Investment Activity | | | | |
| 10 | 1505 RAD-CPT | | | | |
| 11 | 1509 Preparing for, Preventing and Responding to Coronavirus (1509) | | | | |

(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 include here

| Part I: Summary | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|----------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: 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 |
| 12 | 9000 Debt Reserves | | | | |
| 13 | 9001 Bond Debt Obligation | | | | |
| 14 | 9002 Loan Debt Obligation | | | | |
| 15 | RESERVED | | | | |
| 16 | RESERVED | | | | |
| 17 | RESERVED | | | | |
| 18a | RESERVED | | | | |
| 18ba | RESERVED | | | | |
| 19 | RESERVED | | | | |
| 20 | RESERVED | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2-20) | \$1,557,030.00 | | | |

(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 include here

| Part I: Summary | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|----------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. Date of CFFP: | | FFY of Grant: 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 |
| 22 | Amount of line 21 Related to LBP Activities | | | | |
| 23 | Amount of line 21 Related to Section 504 Activities | | | | |
| 24 | Amount of line 21 Related to Security - Soft Costs | | | | |
| 25 | Amount of line 21 Related to Security - Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

| | |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| Signature of Executive Director /S/ MGQ858 Date 11/25/2024 | 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 include here

| Part II: Supporting Pages | | | | | | | | |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000001 - MOON TOWERS | Moon Towers masonry/structural work (Non-Dwelling Exterior (1480)) Description : Masonry/structural work at Moon Towers | 1480 | | \$1,117,030.00 | | | | |
| Not associated with any specific development | Administration (Administration (1410)) Description : COCC Administration | 1410 | | \$100,000.00 | | | | |
| IL085000001 - MOON TOWERS | Operations (Operations (1406)) Description : Moon Towers Operations | 1406 | | \$100,000.00 | | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000002 - FAMILY HOUSING | Operations (Operations (1406)) Description : Family Sites Operations | 1406 | | \$120,000.00 | | | | |
| IL085000003 - BLUE BELL TOWER | Operations (Operations (1406)) Description : Bluebell Tower Operations | 1406 | | \$30,000.00 | | | | |
| IL085000001 - MOON TOWERS | A&E Services (Contract Administration (1480)) Description : Moon Towers Architect and Engineering Services | 1480 | | \$50,000.00 | | | | |

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

(2) To be completed for the Performance and Evaluation Report

| Part II: Supporting Pages | | | | | | | | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name: Knox County Housing Authority | | Grant Type and Number Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. CFFP(Yes/No): | | | | Federal FFY of Grant: | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost ⁽²⁾ | | Status of Work |
| | | | | Original | Revised ⁽¹⁾ | Funds Obligated | Funds Expended | |
| IL085000002 - FAMILY HOUSING | A&E Services (Contract Administration (1480)) Description : Family Sites Architect and Engineering Services | 1480 | | \$15,000.00 | | | | |
| IL085000003 - BLUE BELL TOWER | A&E Services (Contract Administration (1480)) Description : Bluebell Tower Architect and Engineering Services | 1480 | | \$25,000.00 | | | | |
| | Total: | | | \$1,557,030.00 | | | | |

(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: Knox County Housing Authority | | | | | 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 | |
| | | | | | |

(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

Status: Approved

Approval Date: 10/24/2024

Approved By: DIPIETRO, STEVEN

| | | | | | | |
|-------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| Part I: Summary | | | | | | |
| PHA Name : Knox County Housing Authority | | Locality (City/County & State) | | | | |
| PHA Number: IL085 | | <input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revised 5-Year Plan (Revision No:) | | | | |
| A. | Development Number and Name | Work Statement for Year 1 2021 | Work Statement for Year 2 2022 | Work Statement for Year 3 2023 | Work Statement for Year 4 2024 | Work Statement for Year 5 2025 |
| | AUTHORITY-WIDE | \$100,000.00 | \$100,000.00 | \$100,000.00 | \$100,000.00 | \$100,000.00 |
| | MOON TOWERS (IL085000001) | \$570,000.00 | \$554,744.14 | \$175,000.00 | \$1,267,030.00 | \$568,736.00 |
| | FAMILY HOUSING (IL085000002) | \$492,793.00 | \$583,581.36 | \$1,089,740.00 | \$135,000.00 | \$833,294.00 |
| | BLUE BELL TOWER (IL085000003) | \$52,000.00 | \$234,044.50 | \$155,000.00 | \$55,000.00 | \$55,000.00 |

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
2577-0274
02/28/2022

| Part II: Supporting Pages - Physical Needs Work Statements (s) | | | | |
|----------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------|----------------|
| Work Statement for Year 1 2021 | | | | |
| Identifier | Development Number/Name | General Description of Major Work Categories | Quantity | Estimated Cost |
| | AUTHORITY-WIDE (NAWASD) | | | \$100,000.00 |
| ID0001 | Administration(Administration (1410)-Salaries) | COCC-Administration | | \$100,000.00 |
| | MOON TOWERS (IL085000001) | | | \$570,000.00 |
| ID0002 | Operations(Operations (1406)) | Moon Towers Operations | | \$55,000.00 |
| ID0005 | A&E Services(Contract Administration (1480)-Other Fees and Costs) | Moon Towers Architect and Engineering Services | | \$15,000.00 |
| ID0038 | Moon Towers Roof Replacement(Non-Dwelling Exterior (1480)-Roofs) | Replace roof at towers, community room and penthouses including membrane, insulation and flashing | | \$500,000.00 |
| | FAMILY HOUSING (IL085000002) | | | \$492,793.00 |

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
2577-0274
02/28/2022

| Part II: Supporting Pages - Physical Needs Work Statements (s) | | | | |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------|----------------|
| Work Statement for Year 1 2021 | | | | |
| Identifier | Development Number/Name | General Description of Major Work Categories | Quantity | Estimated Cost |
| ID0003 | Operations(Operations (1406)) | Family Sites Operations | | \$103,000.00 |
| ID0006 | A&E Services(Contract Administration (1480)-Other Fees and Costs) | Family Sites Architect and Engineering Services | | \$55,483.00 |
| ID0039 | Phase 4 - 504 Modifications(Non-Dwelling Site Work (1480)-Playground Areas - Equipment) | Replace equipment & ensure accessibility at 3 family sites playgrounds | | \$334,310.00 |
| | BLUE BELL TOWER (IL085000003) | | | \$52,000.00 |
| ID0004 | Operations(Operations (1406)) | Bluebell Tower Operations | | \$42,000.00 |
| ID0007 | A&E Services(Contract Administration (1480)-Other Fees and Costs) | Bluebell Towers Architect and Engineering Services | | \$10,000.00 |
| | Subtotal of Estimated Cost | | | \$1,214,793.00 |

Form HUD-50075.2(4/2008)

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
2577-0274
02/28/2022

| Part II: Supporting Pages - Physical Needs Work Statements (s) | | | | |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|
| Work Statement for Year 2 2022 | | | | |
| Identifier | Development Number/Name | General Description of Major Work Categories | Quantity | Estimated Cost |
| | FAMILY HOUSING (IL085000002) | | | \$583,581.36 |
| ID0011 | Operations(Operations (1406)) | Family Sites Operations | | \$103,000.00 |
| ID0014 | A&E Services(Contract Administration (1480)-Other Fees and Costs) | Family Sites Architect and Engineering Services | | \$60,000.00 |
| ID0045 | Lighting(Non-Dwelling Exterior (1480)-Lighting,Non-Dwelling Interior (1480)-Electrical,Non-Dwelling Site Work (1480)-Lighting) | Replacement of interior (common areas, hallways and offices) and exterior (parking lots and common areas) lighting fixtures; install additional light fixtures as necessary | | \$233,680.36 |
| ID0072 | Replace HVAC Equipment(Non-Dwelling Interior (1480)-Mechanical) | Replace furnaces and air conditioners | | \$37,984.00 |
| ID0074 | CCP Drainage & Unit Renovation Project(Dwelling Unit-Exterior (1480)-Other,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Other,Dwelling Unit-Site Work (1480)-Other) | Reroute drainage away from unit; interior repairs from water infiltration; site work | | \$72,600.00 |
| ID0076 | Playground Installation(Non-Dwelling Site Work (1480)-Playground Areas - Equipment) | Installation of accessible playgrounds at Family Sites/phase 4 of 504 project | | \$49,317.00 |

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
2577-0274
02/28/2022

| Part II: Supporting Pages - Physical Needs Work Statements (s) | | | | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|
| Work Statement for Year 2 2022 | | | | |
| Identifier | Development Number/Name | General Description of Major Work Categories | Quantity | Estimated Cost |
| ID0077 | Site drainage(Non-Dwelling Site Work (1480)-Curb and Gutter,Non-Dwelling Site Work (1480)-Storm Drainage) | Site drainage at CCP to improve water drainage flow | | \$27,000.00 |
| | BLUE BELL TOWER (IL085000003) | | | \$234,044.50 |
| ID0012 | Operations(Operations (1406)) | Bluebell Tower Operations | | \$42,000.00 |
| ID0015 | A&E Services(Contract Administration (1480)-Other Fees and Costs) | Bluebell Tower Architect and Engineering Services | | \$10,000.00 |
| ID0046 | Lighting(Non-Dwelling Interior (1480)-Electrical,Non-Dwelling Site Work (1480)-Lighting,Non-Dwelling Exterior (1480)-Lighting) | Replacement of interior (common areas, hallways and offices) and exterior (parking lots and common areas) lighting fixtures; install additional light fixtures as necessary | | \$109,044.50 |
| ID0053 | Gazebo(Non-Dwelling Construction-New Construction (1480)-Other) | Demolition of existing gazebo and construction of new gazebo at Bluebell Tower | | \$73,000.00 |
| | Subtotal of Estimated Cost | | | \$1,472,370.00 |

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
2577-0274
02/28/2022

| Part II: Supporting Pages - Physical Needs Work Statements (s) | | | | |
|----------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------|----------|----------------|
| Work Statement for Year 3 2023 | | | | |
| Identifier | Development Number/Name | General Description of Major Work Categories | Quantity | Estimated Cost |
| | BLUE BELL TOWER (IL085000003) | | | \$155,000.00 |
| ID0000139 | Blue Bell elevator pistons(Non-Dwelling Interior (1480)-Mechanical) | Replacement of elevator pistons at Blue Bell Tower | | \$100,000.00 |
| ID0020 | Operations(Operations (1406)) | Bluebell Tower Operations | | \$30,000.00 |
| ID0023 | A&E Services(Contract Administration (1480)-Other Fees and Costs) | Bluebell Tower Architect and Engineering Services | | \$25,000.00 |
| | MOON TOWERS (IL085000001) | | | \$175,000.00 |
| ID0000140 | Moon Towers elevator cabs(Non-Dwelling Interior (1480)-Mechanical) | Renovations to elevator cabs at Moon Towers | | \$60,000.00 |
| ID0018 | Operations(Operations (1406)) | Moon Towers Operations | | \$100,000.00 |

Form HUD-50075.2(4/2008)

Form HUD-50075.2(4/2008)

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
2577-0274
02/28/2022

| Part II: Supporting Pages - Physical Needs Work Statements (s) | | | | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------|----------------|
| Work Statement for Year 4 2024 | | | | |
| Identifier | Development Number/Name | General Description of Major Work Categories | Quantity | Estimated Cost |
| | AUTHORITY-WIDE (NAWASD) | | | \$100,000.00 |
| ID0024 | Administration(Administration (1410)-Salaries) | COCC Administration | | \$100,000.00 |
| | MOON TOWERS (IL085000001) | | | \$1,267,030.00 |
| ID0025 | Operations(Operations (1406)) | Moon Towers Operations | | \$100,000.00 |
| ID0028 | A&E Services(Contract Administration (1480)-Other Fees and Costs) | Moon Towers Architect and Engineering Services | | \$50,000.00 |
| ID0000141 | Moon Towers masonry/structural work(Non-Dwelling Exterior (1480)-Other,Non-Dwelling Exterior (1480)-Tuck Pointing) | Masonry/structural work at Moon Towers | | \$1,117,030.00 |
| | FAMILY HOUSING (IL085000002) | | | \$135,000.00 |

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
2577-0274
02/28/2022

| Part II: Supporting Pages - Physical Needs Work Statements (s) | | | | |
|----------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|----------|----------------|
| Work Statement for Year 4 2024 | | | | |
| Identifier | Development Number/Name | General Description of Major Work Categories | Quantity | Estimated Cost |
| ID0026 | Operations(Operations (1406)) | Family Sites Operations | | \$120,000.00 |
| ID0029 | A&E Services(Contract Administration (1480)-Other Fees and Costs) | Family Sites Architect and Engineering Services | | \$15,000.00 |
| | BLUE BELL TOWER (IL085000003) | | | \$55,000.00 |
| ID0027 | Operations(Operations (1406)) | Bluebell Tower Operations | | \$30,000.00 |
| ID0030 | A&E Services(Contract Administration (1480)-Other Fees and Costs) | Bluebell Tower Architect and Engineering Services | | \$25,000.00 |
| | Subtotal of Estimated Cost | | | \$1,557,030.00 |

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
2577-0274
02/28/2022

| Part II: Supporting Pages - Physical Needs Work Statements (s) | | | | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------|----------------|
| Work Statement for Year 5 2025 | | | | |
| Identifier | Development Number/Name | General Description of Major Work Categories | Quantity | Estimated Cost |
| | MOON TOWERS (IL085000001) | | | \$568,736.00 |
| ID0000142 | Moon Towers Masonry/Structural work(Non-Dwelling Exterior (1480)-Other,Non-Dwelling Exterior (1480)-Tuck Pointing) | Masonry/structural work at Moon Towers | | \$53,736.00 |
| ID0000143 | Moon Towers generator(Non-Dwelling Construction - Mechanical (1480)-Generator) | Replacement of generator at Moon Towers | | \$40,000.00 |
| ID0000147 | Boiler Replacement(Non-Dwelling Construction - Mechanical (1480)-Central Boiler) | Boiler replacement at Blue Bell Tower | | \$75,000.00 |
| ID0032 | Operations(Operations (1406)) | Moon Towers Operations | | \$100,000.00 |
| ID0035 | A&E Services(Contract Administration (1480)-Other Fees and Costs) | Moon Towers Architect and Engineering Services | | \$50,000.00 |
| ID0042 | Flooring Replacement(Non-Dwelling Interior (1480)-Common Area Flooring) | Installation of new flooring at Moon Towers (in common areas) | | \$250,000.00 |

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
2577-0274
02/28/2022

| Part II: Supporting Pages - Physical Needs Work Statements (s) | | | | |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------|----------------|
| Work Statement for Year 5 2025 | | | | |
| Identifier | Development Number/Name | General Description of Major Work Categories | Quantity | Estimated Cost |
| | FAMILY HOUSING (IL085000002) | | | \$833,294.00 |
| ID0000144 | Storm Door Replacment(Dwelling Unit-Exterior (1480)-Exterior Doors) | Replacement of storm doors at Family Sites | | \$270,000.00 |
| ID0000145 | Mailboxes & Unit Numbers(Dwelling Unit-Exterior (1480)-Mail Facilities,Dwelling Unit-Exterior (1480)-Other) | Replacement of mailboxes and unit numbers at Family Sites | | \$30,000.00 |
| ID0000146 | Bathroom renovations(Dwelling Unit-Interior (1480)-Bathroom Counters and Sinks,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Commodes,Dwelling Unit-Interior (1480)-Plumbing,Dwelling Unit-Interior (1480)-Tubs and Showers) | Bathroom renovations at Family Sites | | \$398,294.00 |
| ID0033 | Operations(Operations (1406)) | Family Sites Operations | | \$120,000.00 |
| ID0036 | A&E Services(Contract Administration (1480)-Other Fees and Costs) | Family Sites Architect and Engineering Services | | \$15,000.00 |
| | AUTHORITY-WIDE (NAWASD) | | | \$100,000.00 |

Work Statement for Year 5 2025

Form HUD-50075.2(4/2008)

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
2577-0274
02/28/2022

| Part III: Supporting Pages - Management Needs Work Statements (s) | |
|-------------------------------------------------------------------------|----------------|
| Work Statement for Year | 1 2021 |
| Development Number/Name General Description of Major Work Categories | Estimated Cost |
| Housing Authority Wide | |
| Administration(Administration (1410)-Salaries) | \$100,000.00 |
| Subtotal of Estimated Cost | \$100,000.00 |

Form HUD-50075.2(4/2008)

Form HUD-50075.2(4/2008)

Form HUD-50075.2(4/2008)

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
2577-0274
02/28/2022

| | |
|---------------------------------------------------------------------------------------|-----------------------|
| Part III: Supporting Pages - Management Needs Work Statements (s) | |
| Work Statement for Year 5 | 2025 |
| Development Number/Name General Description of Major Work Categories | Estimated Cost |
| Housing Authority Wide | |
| Administration(Administration (1410)-Salaries) | \$100,000.00 |
| Subtotal of Estimated Cost | \$100,000.00 |



**IL085 KNOX COUNTY HOUSING AUTHORITY
FY 04/01/2025 – 03/31/2026 ANNUAL PLAN SUBMISSION
ATTACHMENT 7.0
Challenged Elements**

1. At the time of submission, there have been no challenged elements.



PUBLIC NOTICE

GALESBURG, IL, 11/01/2024: The Knox County Housing Authority (KCHA) hereby announces its annual policy revisions and planning processes in accordance with federal regulations. 24 CFR § 903.17 requires a public housing authority to “Make the proposed PHA plan(s), the required attachments and documents related to the plans, and all relevant information available for inspection by the public at the principal office of the PHA during normal business hours.”

The **KCHA Annual Plan and Associated Documents for FYE 03/31/2026** are hereby made available for review:

- Public Housing Admissions and Continued Occupancy Policy (ACOP)
- Housing Choice Voucher Program Administrative Plan (Admin Plan)
- KCHA Public Housing Lease

The documents are available for review at the following locations:

- Central Office Cost Center: 216 W. Simmons St. Galesburg, IL 61401
- Moon Towers: 255 W. Tompkins St. Galesburg, IL 61401
- Cedar Creek Place: 1598 McKnight St. Galesburg, IL 61401
- Bluebell Tower: 300 N. Jefferson St. Abingdon, IL 61410
- www.knoxcountyhousing.org

The KCHA will hold a public hearing regarding the proposed PHA Annual Plan submissions at the following location, date, and time:

- **Thursday, December 19, 2024 @ 11:00 AM**
- **Moon Towers Community Room**
255 W. Tompkins St.
Galesburg, IL 61401

The general public is invited to present either oral or written comments on the proposed plans. Interested persons who do not wish to attend the hearing may also submit comments for review. Comments or questions regarding this notice should be addressed to:

Derek Antoine, Executive Director
Annual Plan Review and Comment
Knox County Housing Authority
216 W. Simmons St.
Galesburg, IL 61401
(309) 342.8129 ext. 1223
dantoine@knoxhousing.org

The Knox County Housing Authority is an equal opportunity housing provider.



RESOLUTION 2024-12

December 31, 2024
Board of Commissioners

Derek Antoine, Executive Director

Certifications of Compliance with PHA Annual Plan Submission FYE 03/31/2026

NOW, THEREFORE, BE IT RESOLVED BY THE KNOX COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS (BOARD) THAT:

1. The above recitals are true and correct, and together with the report from the Executive Director, form the Board's actions as set forth in this Resolution.
2. The proposed Knox County Housing Authority Annual Plan Submission for FYE 03/31/2026 is hereby approved and adopted.
3. The Annual Plan presented for submission are in compliance with the requirements set forth in the Quality Housing and Work Responsibility (QHWRA) Act of 1998, Notice PIH-2015-18, and regulations set forth at 24 CFR Part 903 et al.
4. This Resolution shall be carried out in accordance with federal regulations and be effective as of 01/01/2025.

RESOLVED: January 2, 2025

Jared Hawkinson, Chairperson

Sara Robison, Vice-Chairperson

Derek Antoine, Secretary/Executive Director (Attest)

RESOLUTION 2024-13

December 31, 2024
Board of Commissioners

Derek Antoine, Executive Director

RE: Certifications of Compliance with PHA Five-Year Plan Submission FYE 03/31/2030

Article I. Background

The Public Housing Agency Five-Year Plan is a strategic tool that informs HUD, residents, and other stakeholders of the Public Housing Agencies (PHAs) mission for serving the needs of low-income and very low-income families and the PHA's strategy for addressing those needs. The Five-Year Plan provides details about the PHA's current operations, program participants, programs and services, and strategy for handling operational concerns, residents' concerns and program needs, programs and services for the upcoming five fiscal years. Included are an assessment of housing needs within the jurisdiction, detailed statements of capital plan funding (both on an annual and five-year basis), agency goals and missions, and agency progress on serving its population. The Five-Year Plan process was established by section 5A of the United States Housing Act of 1937, and requirements for submission are contained within the Quality Housing and Work Responsibility (QHWRA) Act of 1998, Notice PIH 2015-18, and codified at 24 CFR Part 903, et al. QHWRA creates the requirement for a PHA Five-Year Plan and an Annual Plan that is intended to serve as an operations, planning, and management tool for public housing authorities. QHWRA effectively and permanently amended the United States Housing Act of 1937. Notice PIH-2015-18 amends the submission forms and requirements for different types of agencies.

The draft submission documents are available for review at the following locations:

- Central Office Cost Center: 216 W. Simmons St. Galesburg, IL 61401
- Moon Towers: 255 W. Tompkins St. Galesburg, IL 61401
- Cedar Creek Place: 1598 McKnight St. Galesburg, IL 61401
- Bluebell Tower: 300 N. Jefferson St. Abingdon, IL 61410
- www.knoxcountyhousing.org

CFR 24 Part 903.17 requires a public housing authority to "Make the proposed PHA plan(s), the required attachments and documents related to the plans, and all relevant information available for inspection by the public at the principal office of the PHA during normal business hours; and to publish a notice informing the public that the information is available for review and inspection, and that a public hearing will take place on the plan, and the date, time and location of the hearing." Plan documents are required to be posted for no less than 45 days prior to a scheduled public hearing taking place. The KCHA held a public hearing/Resident Advisory Board (RAB) regarding the proposed PHA Annual Plan submission at the following date(s), time(s), and location(s):

- Thursday, December 19, 2024 @ 11:30 AM
- 255 W. Tompkins St. Galesburg, IL 61401

Any comments received during the review and comment period are taken into consideration in the formulation of the final policy.

Article II. Recommendation

It is the recommendation of the Executive Director the Board resolve to adopt the Five-Year Plan Submission for the Knox County Housing Authority for the fiscal year 03/31/2026 – 03/31/2030.

| | | |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 5-Year PHA Plan (for All PHAs) | U.S. Department of Housing and Urban Development Office of Public and Indian Housing | OMB No. 2577-0226 Expires: 03/31/2024 |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------|

Purpose. 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, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families

Applicability. The **Form HUD-50075-5Y** is to be completed once every 5 PHA fiscal years by all PHAs.

| A. | PHA Information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|-----------------------------|---------------------------------|------------------------------|---------------------------------|------------------------------|-----|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A.1 | <div> <div> PHA Name: Knox County Housing Authority PHA Code: IL085 </div> <div> PHA Plan for Fiscal Year Beginning: (MM/YYYY): 04/01/2025 </div> <div> The Five-Year Period of the Plan (i.e. 2019-2023): 2026-2030 </div> <div> PHA Plan Submission Type: <input checked="" type="checkbox"/> 5-Year Plan Submission <input type="checkbox"/> Revised 5-Year Plan Submission </div> <div> <p>Availability of Information. In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information on the PHA policies contained in the standard Annual Plan, but excluded from their streamlined submissions. 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 their official websites. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.</p> <ul style="list-style-type: none"> Central Office Cost Center: 216 W. Simmons St. Galesburg, IL 61401 Moon Towers: 255 W. Tompkins St. Galesburg, IL 61401 Cedar Creek Place: 1598 McKnight St. Galesburg, IL 61401 Bluebell Tower: 300 N. Jefferson St. Abingdon, IL 61410 www.knoxcountyhousing.org </div> <div> <input type="checkbox"/> PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below.) </div> <div> <table border="1"> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) in the Consortia</th> <th rowspan="2">Program(s) not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td>Lead PHA:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div> | Participating PHAs | PHA Code | Program(s) in the Consortia | Program(s) not in the Consortia | No. of Units in Each Program | | PH | HCV | Lead PHA: | | | | | | | | | | | | | | | | | | | | | | | |
| Participating PHAs | PHA Code | | | | | Program(s) in the Consortia | Program(s) not in the Consortia | No. of Units in Each Program | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | PH | HCV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead PHA: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Plan Elements. Required for <u>all</u> PHAs completing this form. |
| B.1 | <p>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.</p> <p>SEE ATTACHMENT 1.0</p> |
| B.2 | <p>Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income, very low-income, and extremely low-income families for the next five years.</p> <p>SEE ATTACHMENT 2.0</p> |
| B.3 | <p>Progress Report. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p>SEE ATTACHMENT 3.0</p> |
| B.4 | <p>Violence Against Women Act (VAWA) Goals. Provide a statement of the PHA's goals, activities, objectives, policies, or programs that will enable the PHA to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking.</p> <p>SEE ATTACHMENT 4.0</p> |
| C. | Other Document and/or Certification Requirements. |
| C.1 | <p>Significant Amendment or Modification. Provide a statement on the criteria used for determining a significant amendment or modification to the 5-Year Plan.</p> <p>SEE ATTACHMENT 5.0</p> |
| C.2 | <p>Resident Advisory Board (RAB) Comments.</p> <p>(a) Did the RAB(s) have comments to the 5-Year PHA Plan?</p> <p>Y N <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, comments must be submitted by the PHA as an attachment to the 5-Year PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p> <p>SEE ATTACHMENT 6.0</p> |
| C.3 | <p>Certification by State or Local Officials.</p> <p>Form HUD-50077-SL, <i>Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p> |
| C.4 | <p>Required Submission for HUD FO Review.</p> <p>(a) Did the public challenge any elements of the Plan?</p> <p>Y N <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(b) If yes, include Challenged Elements.</p> |

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------|
| D. | Affirmatively Furthering Fair Housing (AFFH). | | | | | | |
| D.1 | <p>Affirmatively Furthering Fair Housing. (Non-qualified PHAs are only required to complete this section on the Annual PHA Plan. All qualified PHAs must complete this section.)</p> <p>Provide a statement of the PHA's strategies and actions to achieve fair housing goals outlined in an accepted Assessment of Fair Housing (AFH) consistent with 24 CFR § 5.154(d)(5). Use the chart provided below. (PHAs should add as many goals as necessary to overcome fair housing issues and contributing factors.) Until such time as the PHA is required to submit an AFH, the PHA is not obligated to complete this chart. The PHA will fulfill, nevertheless, the requirements at 24 CFR § 903.7(o) enacted prior to August 17, 2015. See Instructions for further detail on completing this item.</p> <table border="1" data-bbox="215 520 1472 905"> <tr> <td>Fair Housing Goal:</td></tr> <tr> <td> <u><i>Describe fair housing strategies and actions to achieve the goal</i></u> SEE ATTACHMENT 2.0 </td></tr> </table> <table border="1" data-bbox="215 930 1472 1314"> <tr> <td>Fair Housing Goal:</td></tr> <tr> <td> <u><i>Describe fair housing strategies and actions to achieve the goal</i></u> </td></tr> </table> <table border="1" data-bbox="215 1339 1472 1724"> <tr> <td>Fair Housing Goal:</td></tr> <tr> <td> <u><i>Describe fair housing strategies and actions to achieve the goal</i></u> </td></tr> </table> | Fair Housing Goal: | <u><i>Describe fair housing strategies and actions to achieve the goal</i></u> SEE ATTACHMENT 2.0 | Fair Housing Goal: | <u><i>Describe fair housing strategies and actions to achieve the goal</i></u> | Fair Housing Goal: | <u><i>Describe fair housing strategies and actions to achieve the goal</i></u> |
| Fair Housing Goal: | | | | | | | |
| <u><i>Describe fair housing strategies and actions to achieve the goal</i></u> SEE ATTACHMENT 2.0 | | | | | | | |
| Fair Housing Goal: | | | | | | | |
| <u><i>Describe fair housing strategies and actions to achieve the goal</i></u> | | | | | | | |
| Fair Housing Goal: | | | | | | | |
| <u><i>Describe fair housing strategies and actions to achieve the goal</i></u> | | | | | | | |

Instructions for Preparation of Form HUD-50075-5Y - 5-Year PHA Plan for All PHAs

A. PHA Information. All PHAs must complete this section. (24 CFR § 903.4)

- A.1** Include the full **PHA Name**, **PHA Code**, **PHA Fiscal Year Beginning** (MM/YYYY), **Five-Year Period** that the Plan covers, i.e. 2019-2023, **PHA Plan Submission Type**, and the **Availability of Information**, specific location(s) of all information relevant to the hearing and proposed PHA Plan.

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

B. Plan Elements.

- B.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. (24 CFR § 903.6(a)(1))
- B.2 Goals and Objectives.** Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low- income, very low- income, and extremely low- income families for the next five years. (24 CFR § 903.6(b)(1))
- B.3 Progress Report.** Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5- Year Plan. (24 CFR § 903.6(b)(2))
- B.4 Violence Against Women Act (VAWA) Goals.** Provide a statement of the PHA's goals, activities objectives, policies, or programs that will enable the PHA to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking. (24 CFR § 903.6(a)(3)).

C. Other Document and/or Certification Requirements.

- C.1 Significant Amendment or Modification.** Provide a statement on the criteria used for determining a significant amendment or modification to the 5-Year Plan. For modifications resulting from the Rental Assistance Demonstration (RAD) program, refer to the 'Sample PHA Plan Amendment' found in Notice PIH-2012-32, REV 2.

C.2 Resident Advisory Board (RAB) comments.

- (a) Did the public or RAB have comments?
- (b) If yes, submit comments as an attachment to the Plan and describe the analysis of the comments and the PHA's decision made on these recommendations. (24 CFR § 903.17(b), 24 CFR § 903.19)

C.3 Certification by State or Local Officials.

Form HUD-50077-SL, *Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan*, must be submitted by the PHA as an electronic attachment to the PHA Plan.

C.4 Required Submission for HUD FO Review.

Challenged Elements.

- (a) Did the public challenge any elements of the Plan?
- (b) If yes, include such information as an attachment to the Annual PHA Plan or 5-Year PHA Plan with a description of any challenges to Plan elements, the source of the challenge, and the PHA's response to the public.

D. Affirmatively Furthering Fair Housing.

(Non-qualified PHAs are only required to complete this section on the Annual PHA Plan. All qualified PHAs must complete this section.)

D.1 Affirmatively Furthering Fair Housing. The PHA will use the answer blocks in item D.1 to provide a statement of its strategies and actions to implement each fair housing goal outlined in its accepted Assessment of Fair Housing (AFH) consistent with 24 CFR § 5.154(d)(5) that states, in relevant part: "To implement goals and priorities in an AFH, strategies and actions shall be included in program participants' ... PHA Plans (including any plans incorporated therein) Strategies and actions must affirmatively further fair housing" Use the chart provided to specify each fair housing goal from the PHA's AFH for which the PHA is the responsible program participant – whether the AFH was prepared solely by the PHA, jointly with one or more other PHAs, or in collaboration with a state or local jurisdiction – and specify the fair housing strategies and actions to be implemented by the PHA during the period covered by this PHA Plan. If there are more than three fair housing goals, add answer blocks as necessary.

Until such time as the PHA is required to submit an AFH, the PHA will not have to complete section D.; nevertheless, the PHA will address its obligation to affirmatively further fair housing in part by fulfilling the requirements at 24 CFR 903.7(o)(3) enacted prior to August 17, 2015, which means that it examines its own programs or proposed programs; identifies any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works 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. Furthermore, under Section 5A(d)(15) of the U.S. Housing Act of 1937, as amended, a PHA must submit a civil rights certification with its Annual PHA Plan, which is described at 24 CFR 903.7(o)(1) except for qualified PHAs who submit the Form HUD-50077-CR as a standalone document.

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 the 5-Year PHA Plan. The 5-Year PHA Plan provides the PHA's mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families and the progress made in meeting the goals and objectives described in the previous 5-Year Plan.

Public reporting burden for this information collection is estimated to average 1.64 hours per year per response or 8.2 hours per response every five years, 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.

Certifications of Compliance with PHA Plan and Related Regulations (Standard, Troubled, HCV-Only, and High Performer PHAs)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2024

PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations including PHA Plan Elements that Have Changed

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairperson 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, hereinafter referred to as "the Plan", of which this document is a part, and make the following certification and agreements with the Department of Housing and Urban Development (HUD) for the PHA fiscal year beginning 04/01/2025, 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 (24 CFR § 91.2).
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 (AI) to Fair Housing Choice, or Assessment of Fair Housing (AFH) when applicable, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan (24 CFR §§ 91.2, 91.225, 91.325, and 91.425).
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Resident Advisory Board or Boards in developing the Plan, including any changes or revisions to the policies and programs identified in the Plan before they were implemented, and considered the recommendations of the RAB (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.
4. 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.
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 public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d-2000d-4), the Fair Housing Act (42 U.S.C. 3601-19), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), title II of the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), and other applicable civil rights requirements and that it will affirmatively further fair housing in the administration of the program. In addition, if it administers a Housing Choice Voucher Program, the PHA certifies that it will administer the program in conformity with the Fair Housing Act, title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, title II of the Americans with Disabilities Act, and other applicable civil rights requirements, and that it will affirmatively further fair housing in the administration of the program.
7. The PHA will affirmatively further fair housing, which means that it will take meaningful actions to further the goals identified in the Assessment of Fair Housing (AFH) conducted in accordance with the requirements of 24 CFR § 5.150 through 5.180, that it will take no action that is materially inconsistent with its obligation to affirmatively further fair housing, and that it will address fair housing issues and contributing factors in its programs, in accordance with 24 CFR § 903.7(o)(3). The PHA will fulfill the requirements at 24 CFR § 903.7(o) and 24 CFR § 903.15(d). Until such time as the PHA is required to submit an AFH, the PHA will fulfill the requirements at 24 CFR § 903.7(o) promulgated prior to August 17, 2015, which means that it examines its programs or proposed programs; identifies any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement; and maintains records reflecting these analyses and actions.
8. For PHA Plans that include 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 2011-65);

- 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 a 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 a waiting list is consistent with affirmatively furthering fair housing; and
 - 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 903.7(o)(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. In accordance with 24 CFR § 5.105(a)(2), HUD's Equal Access Rule, the PHA will not make a determination of eligibility for housing based on sexual orientation, gender identify, or marital status and will make no inquiries concerning the gender identification or sexual orientation of an applicant for or occupant of HUD-assisted housing.
 11. 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.
 12. 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.
 13. 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.
 14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
 15. 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.
 16. 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.
 17. The PHA will keep records in accordance with 2 CFR 200.333 and facilitate an effective audit to determine compliance with program requirements.
 18. 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.
 19. The PHA will comply with the policies, guidelines, and requirements of 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Financial Assistance, including but not limited to submitting the assurances required under 24 CFR §§ 1.5, 3.115, 8.50, and 107.25 by submitting an SF-424, including the required assurances in SF-424B or D, as applicable.
 20. 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.
 21. 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.
 22. The PHA certifies that it is in compliance with applicable Federal statutory and regulatory requirements, including the Declaration of Trust(s).

KNOX COUNTY HOUSING AUTHORITY

PHA Name

IL085

PHA Number/HA Code

X Annual PHA Plan for Fiscal Year 03/31/2026

5-Year 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 Executive Director

Derek B. Antoine

Signature

Date

Name Board Chairman

Jared Hawkinson

Signature

Date

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. This information is collected to ensure compliance with PHA Plan, Civil Rights, and related laws and regulations including PHA plan elements that have changed.

Public reporting burden for this information collection is estimated to average 0.16 hours per year 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.



IL085 KNOX COUNTY HOUSING AUTHORITY
FYE 03/31/2026 – 03/31/2030 FIVE YEAR PLAN SUBMISSION
ATTACHMENT 1.0
HUD-50075-5Y Section B.1 – Mission

1. KCHA MISSION STATEMENT

- a. 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 thrive.

2. HOUSING NEEDS OF FAMILIES IN THE JURISDICTION SERVED BY THE PHA

- a. Based upon the information applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. Rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

| Family Type | Households | Affordability | Supply | Quality | Accessibility | Size | Location |
|-----------------------|------------|---------------|--------|---------|---------------|------|----------|
| Income < 30% AMI | 3,076 | 5 | 5 | 3 | 3 | 4 | 2 |
| Income < 50% AMI | 2,573 | 5 | 5 | 3 | 3 | 4 | 2 |
| Income < 80% AMI | 3,160 | 4 | 4 | 3 | 3 | 4 | 2 |
| Elderly | 1,920 | 4 | 5 | 3 | 3 | 2 | 2 |
| Disabled | 1,321 | 4 | 5 | 3 | 3 | 2 | 2 |
| Ethnicity - Caucasian | 7,206 | 4 | 4 | 3 | 3 | 4 | 2 |
| Ethnicity - African | 754 | 5 | 5 | 3 | 3 | 4 | 2 |
| Ethnicity - Hispanic | 539 | 5 | 5 | 3 | 3 | 4 | 2 |
| Ethnicity - Other | 310 | 5 | 5 | 3 | 3 | 4 | 2 |

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

3. DECONCENTRATION AND OTHER POLICIES THAT GOVERN ELIGIBILITY, SELECTION, AND ADMISSIONS.

a. Deconcentration

- i. Sub-Title A, Section 513 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), establishes two interrelated requirements for implementation by Public Housing Authorities: (1) Economic De-concentration of public housing developments and (2) Income Targeting to assure that families in the “extremely low” income category are proportionately represented in public housing and that pockets of poverty are reduced or eliminated. In order to implement these new requirements, the PHA must promote these provisions as policies and revise their Admission and Occupancy policies and procedures to comply.
- ii. Therefore, the Knox County Housing Authority, (hereinafter referred to as PHA) hereby affirms its commitment to implementation of the two requirements by adopting the following policies:
- iii. Economic De-concentration: Admission and Continued Occupancy Policies are revised to include the PHA’s policy of promoting economic de-concentration. Implementation of this program may require the PHA to determine the median income of residents in each development, determine the average income of residents in all developments, compute the Established Income Range (EIR), determine developments outside the EIR, and provide adequate explanations and/or policies as needed to promote economic de-concentration.
- iv. Implementation may include one or more of the following options:
 1. Skipping families on the waiting list based on income;
 2. Establishing preferences for working families;
 3. Marketing campaign geared toward targeting income groups for specific developments;
 4. Additional supportive services;
 5. Additional amenities for all units;
 6. Flat rents for developments and unit sizes;
 7. Different tenant rent percentages per development;
 8. Different tenant rent percentages per bedroom size;
 9. Saturday and evening office hours;
 10. Security Deposit waivers;
 11. Revised transfer policies;
 12. Site-based waiting lists;
 13. Mass Media advertising/Public service announcements; and
 14. Giveaways.
- v. Analysis of Income by Development/Program

| AMP | Development Name | Total Household Income Reported | # of Households | Average Reported Income | 85% | 115% |
|------------------------|-------------------|---------------------------------|-----------------|-------------------------|--------------|--------------|
| IL085000001 | Moon Towers | \$ 2,028,524.00 | 177 | \$ 11,460.59 | \$ 9,741.50 | \$ 13,179.68 |
| IL085000002 | Woodland Bend | \$ 1,033,229.00 | 78 | \$ 13,246.53 | \$ 11,259.55 | \$ 15,233.50 |
| IL085000002 | Cedar Creek Place | \$ 1,018,149.00 | 76 | \$ 13,396.70 | \$ 11,387.19 | \$ 15,406.20 |
| IL085000002 | Whispering Hollow | \$ 736,365.00 | 42 | \$ 17,532.50 | \$ 14,902.63 | \$ 20,162.38 |
| IL085000003 | Bluebell Tower | \$ 866,421.00 | 51 | \$ 16,988.65 | \$ 14,440.35 | \$ 19,536.94 |
| Highrise Developments | | \$ 2,894,945.00 | 228 | \$ 12,697.13 | \$ 12,090.92 | \$ 16,358.31 |
| Scattered Family Sites | | \$ 2,787,743.00 | 196 | \$ 14,223.18 | \$ 12,516.45 | \$ 16,934.03 |
| Total KCHA | | \$ 5,682,688.00 | 424 | \$ 13,402.57 | \$ 12,346.24 | \$ 16,703.74 |

Gross Income by Household

| AMP | Development Name | Total Household Income Reported | # of Households | Average Reported Income | 85% | 115% |
|------------------------|-------------------|---------------------------------|-----------------|-------------------------|--------------|--------------|
| IL085000001 | Moon Towers | \$ 1,970,059.00 | 177 | \$ 11,130.28 | \$ 9,460.74 | \$ 12,799.82 |
| IL085000002 | Woodland Bend | \$ 937,565.00 | 78 | \$ 12,020.06 | \$ 10,217.05 | \$ 13,823.07 |
| IL085000002 | Cedar Creek Place | \$ 924,228.00 | 76 | \$ 12,160.89 | \$ 10,336.76 | \$ 13,985.03 |
| IL085000002 | Whispering Hollow | \$ 695,965.00 | 42 | \$ 16,570.60 | \$ 14,085.01 | \$ 19,056.18 |
| IL085000003 | Bluebell Tower | \$ 823,541.00 | 51 | \$ 16,147.86 | \$ 13,725.68 | \$ 18,570.04 |
| Highrise Developments | | \$ 2,793,600.00 | 228 | \$ 12,252.63 | \$ 11,593.21 | \$ 15,684.93 |
| Scattered Family Sites | | \$ 2,557,758.00 | 196 | \$ 13,049.79 | \$ 11,546.27 | \$ 15,621.43 |
| Total KCHA | | \$ 5,351,358.00 | 424 | \$ 12,621.13 | \$ 11,565.05 | \$ 15,646.83 |

Adjusted Income by Household

1. Review of the “Analysis of Income by Development/Program” demonstrates average income falls generally within the Established Income Range (EIR). Applicants to the public housing program have their choice of developments at which they are able to apply. Developments located within Galesburg, IL tend to be the preferred properties at which to apply, as Galesburg is the largest city in the jurisdiction with greater access to supportive services and desirable amenities. Bluebell Tower is located in Abingdon, Illinois, approximately 12 miles from Galesburg, and generally only receives applicants from within the immediate area.

b. Income Targeting

- i. As public housing dwelling units become available for occupancy, responsible PHA employees will offer units to applicants on the waiting list. In accordance with the Quality Housing and Work Responsibility Act of 1998, the PHA encourages occupancy of its developments by a broad range of families with incomes up to eighty percent (80%) of the median income for the jurisdiction in which the PHA operates. Depending on the availability of applicants with proper demographics, at a minimum, 40% of all new admissions to public

housing on an annual basis may be families with incomes at or below thirty percent (30%) (extremely low-income) of the area median income. The offer of assistance will be made without discrimination based on of race, color, religion, sex, national origin, age, handicap or familial status.

- ii. In order to implement the income targeting program, the following policy is adopted:
- iii. The PHA may select, based on date and time of application and preferences, two (2) families in the extremely low-income category and two (2) families from the lower/very low-income category alternately until the forty percent (40%) admission requirement of extremely low-income families is achieved (2 plus 2 policy).
- iv. After the minimum level is reached, all selections may be made based solely on date, time and preferences. Any applicants passed over as a result of implementing this 2-plus-2 policy will retain their place on the waiting list and will be offered a unit in order of their placement on the waiting list.
- v. To the maximum extent possible, the offers will also be made to affect the PHA's policy of economic de-concentration.
- vi. The PHA reserves the option, at any time, to reduce the targeting requirement for public housing by no more than ten percent (10%), if it increases the target figure for its Section 8 program from the required level of seventy-five percent (75%) of annual new admissions to no more than eighty-five percent (85%) of its annual new admissions. (Optional for PHAs with both Section 8 and Public Housing programs).

4. ELIGIBILITY, SELECTION AND ADMISSION POLICIES

- a. Annual updates to PH Admissions and Continued Occupancy Policy (ACOP) and HCVP Administrative Plan (Admin Plan); added federal and local regulatory requirements. Both documents available at www.knoxcountyhousing.org.
- b. Updates to include compliance with HOTMA Sections 102 and 104, reflecting implementation guidance from PIH 2023-27.
- c. No changes to PH lease, PH House Rules, or other lease addendum.



IL085 KNOX COUNTY HOUSING AUTHORITY
FYE 03/31/2026 – 03/31/2030 FIVE YEAR PLAN SUBMISSION
ATTACHMENT 2.0
HUD-50075-5Y Section B.2 – Goals and Objectives

1. The Knox County Housing Authority will implement strategies that **enhance the economic viability and physical longevity of its public housing portfolio** including, but not limited to:
 - a. Commitment to providing quality housing units that are decent, safe, sanitary, and accessible
 - b. Use of Capital Grant Funds to modernize and rehabilitate the developments prioritized by the green physical needs assessment conducted in 2014
 - i. Rehabilitate and modernize the physical condition of the properties
 - ii. Integration of high-speed internet options at each AMP
 - iii. Upgrade and enhance safety and security
 - iv. Upgrade of playground equipment at the family sites
 - c. Implementation of energy efficiency measures to reduce both expense and footprint
 - d. Consideration of repositioning options available to the agency
 - e. Maintaining occupancy rates of 98.0% or higher at each asset management project
 - f. Reduction of tenant accounts receivable through effective rent collection and lease enforcement
 - g. Maintain status of “High Performer” in recognition of effective program operations and management
2. The Knox County Housing Authority will implement strategies that **enhance the economic viability of its housing choice voucher program** including, but not limited to:
 - a. Enhancing the voucher program to support and grow the number of families served
 - b. Effective management of administrative resources to reduce agency cost per voucher, thus ensuring agency reserves can be efficiently utilized
 - c. Participation in technological and program demonstrations (UPCS-V) to help development a new inspection protocol for the program
 - d. 100.0% enforcement of NSPIRE protocol, HAP abatement, and HAP termination when necessary
 - e. Maintain 98.0% or higher utilization rate of allocated HAP funding
 - f. Maintain status of “High Performer” in recognition of effective program operations and management
 - g. Reduce average voucher lease-up time
 - h. Increase landlord participation in HCV program
3. **Affordable Housing Opportunity and Preservation**
 - a. Use of AHP replacement reserve funds to modernize and rehabilitate the developments
 - i. Parking lot repair
 - ii. Roof replacement
 - iii. Building exterior

1. Sealing and tuckpointing
 2. Siding
- b. Implementation of energy efficiency measures to reduce both expense and footprint
 - i. Lighting
 - ii. Heating, ventilation, and air conditioning (HVAC)
 - iii. Water delivery
- c. Maintaining occupancy rates of 98.0% or higher at each development
- d. Reduction of tenant accounts receivable through effective rent collection and lease enforcement
- e. Maintain status of “High Performer” in recognition of effective program operations and management
- f. Consider pertinent financial venues to assist in the acquisition, construction, redevelopment, and administration of property in Knox County, Illinois with the idea to develop affordable housing opportunities
4. **Coordination and implementation of a Participant Engagement Program** to benefit families served by the Knox County Housing Authority.
 - a. Partner with local agencies to develop relationships designed to help families achieve a greater degree of economic self-sufficiency
 - b. Apply for competitive grants to assist in funding the implementation of an FSS program
 - c. Hire or transition in-house staff to a coordinator role to administer the program and report on annual progress
5. **General and operational objectives.**
 - a. Administer all programs in accordance with applicable federal, state, and local laws and regulations
 - b. Ensure the protection of housing opportunity for persons in the following protected classes:
 - i. Federally protected classes:
 1. Race
 2. Religion
 3. National Origin
 4. Color
 5. Familial Status
 6. Sex
 7. Disability
 - ii. State of Illinois additional protected classes:
 1. Sexual Harassment
 2. Ancestry
 3. Age (Over 40)
 4. Pregnancy
 5. Arrest Record
 6. Military Status
 7. Source of Income

- iii. Ensure equal opportunity and affirmatively further fair housing through the implementation of the following objectives:
 - 1. Carry out affirmative measures to ensure access to assisted housing regardless of race, religion, national origin, sexual orientation, familial status, or disability
 - 2. 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
 - 3. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required
 - 4. The agency will work to take the steps necessary to fully assess and implement the requirements set forth at 24 CFR § 5 Subpart A to:
 - a. Improve integrated living patterns and overcoming historic patterns of segregation;
 - b. Reduce racial and ethnic concentrations of poverty;
 - c. Reduce disparities by race, color, religion, sex, familial status, national origin, or disability in access to community assets such as education, transit access, and employment, as well as exposure to environmental health hazards and other stressors that harm a person's quality of life; and
 - d. Respond to disproportionate housing needs by protected class
 - 5. Analysis of waiting lists and participant lists to ensure demographics in the jurisdiction are adequately served
 - a. Use of census data to determine demographic representation
 - b. Monitor agency 50058 reports to record and monitor demographic participation
 - 6. Engage in targeted outreach for underserved populations
 - a. Newspaper advertisement
 - b. Social media presence
 - c. Community outreach
 - d. Focus groups
 - 7. Application process accessible
 - a. Website availability
 - b. Accept applications in person, via mail, email, fax
 - c. Accessibility to other formats available
 - d. Application assistance available
 - e. Compliant applicant pulls from all waiting lists
 - 8. Interview accessibility
 - a. LEP Plan
 - b. LEP options available for secondary languages spoken in area
 - i. Spanish
 - ii. French
 - 9. Work done to identify and rectify impediments to fair housing

10. Reasonable accommodation and modification requests responded to promptly
11. Fair and consistent application of agency policy
12. Staff training, development, and accountability
13. Investigate all complaints thoroughly, maintaining transparency and accountability throughout the process.
 - a. Address any violations of the Fair Housing Act occurring in Knox County Housing Authority programs:
 - i. Program enforcement
 - ii. Abatement
 - iii. Referral to appropriate enforcement body
 1. Department of Housing and Urban Development FHEO
 2. Illinois Department of Human Rights



IL085 KNOX COUNTY HOUSING AUTHORITY
FYE 03/31/2026 – 03/31/2030 FIVE YEAR PLAN SUBMISSION
ATTACHMENT 3.0
HUD-50075-5Y Section B.3 – Progress Report

1. GOALS AND OBJECTIVES (FYE 03/31/2025 PROJECTED)

a. To improve the quality of authority-owned assisted housing.

- i. Commitment to providing quality housing units that are decent, safe, sanitary, and accessible.
- ii. Maintenance program: timely and efficient unit turns

| SITE | DEVELOPMENT | URNS | DOWN | MAINT. | LEASE | EXEMPT | TOTAL | AVG. |
|-----------------|-------------|-----------|------------|-------------|------------|------------|-------------|--------------|
| Moon Towers | IL085000001 | 43 | 15 | 407 | 400 | 267 | 555 | 13.00 |
| Family Sites | IL085000002 | 40 | 45 | 877 | 85 | 356 | 652 | 16.30 |
| Bluebell Tower | IL085000003 | 5 | 123 | 21 | 9 | 83 | 71 | 13.25 |
| TOTAL PH | | 88 | 183 | 1305 | 495 | 705 | 1277 | 14.52 |

1. Average Unit Turn Time:

- a. IL085000001: 13.00 days
- b. IL085000002: 16.30 days
- c. IL085000003: 13.25 days

2. Exempt days due to rehabilitation/modernization work (HUD approved)

iii. Maintenance program: timely and efficient work order completion

| SITE | DEVELOPMENT | NON-EMERGENCY (ROUTINE) | | | EMERGENCY | | |
|-----------------|-------------|-------------------------|-------------|-------------|------------|------------|---------------|
| | | # | DAYS | AVG | # | # < 24 | % |
| Moon Towers | IL085000001 | 611 | 1563 | 2.56 | 57 | 57 | 100.0% |
| Family Sites | IL085000002 | 1373 | 4164 | 3.03 | 99 | 99 | 100.0% |
| Bluebell Tower | IL085000003 | 119 | 261 | 2.20 | 8 | 8 | 100.0% |
| TOTAL PH | | 2103 | 5988 | 2.85 | 164 | 164 | 100.0% |

1. EMERGENCY WO

- a. 123 emergency work orders completed (through 12/2024)
- b. Percentage repaired/closed within 24 hours:
 - i. IL085000001: 100.0%
 - ii. IL085000002: 100.0%
 - iii. IL085000003: 100.0%

2. NON-EMERGENCY WO

- a. 1,577 routine work orders completed (through 12/2024)
- b. Average days to complete/close:
 - i. IL085000001: 2.56 days
 - ii. IL085000002: 3.03 days
 - iii. IL085000003: 2.20 days

- iv. Quality workmanship on every maintenance task
- v. Grounds kept clean and safe from hazard
- vi. Security of property remains a priority through partnership with committed residents and local police departments

1. Dedicated housing officer – Galesburg Police Department
2. Direct resource on all matters of public safety
3. Dedicated patrols and targeted operations
4. Weekly reporting of criminal activity on sites
- vii. CFP grant funds used to modernize apartments at all three PH AMPs to upgrade accessibility features
- viii. Maintain occupancy rate of 98.0% or higher for PH program

| SITE | DEVELOPMENT | UNIT DAYS LEASED (UDL) | | | UNIT MONTHS LEASED (UML) | | |
|-----------------|-------------|------------------------|---------------|--------------|--------------------------|-------------|---------------|
| | | UDA | UDL | % | UMA | UML | % |
| Moon Towers | IL085000001 | 63720 | 63199 | 99.2% | 2124 | 2124 | 100.0% |
| Family Sites | IL085000002 | 70560 | 69409 | 98.4% | 2352 | 2352 | 100.0% |
| Bluebell Tower | IL085000003 | 18360 | 18209 | 99.2% | 612 | 612 | 100.0% |
| TOTAL PH | | 152640 | 150817 | 98.8% | 5088 | 5088 | 100.0% |

1. Reported occupancy Rates by FYE for the previous Annual Plan period:
 - a. Unit-days leased (UDL):
 - i. IL085000001: 99.2%
 - ii. IL085000002: 98.4%
 - iii. IL085000003: 99.2%
 - b. Unit-months leased (UML) (as of the first of each month):
 - i. IL085000001: 100.0%
 - ii. IL085000002: 100.0%
 - iii. IL085000003: 100.0%
- ix. Use of Capital Grant Funds to modernize and rehabilitate the developments prioritized by the green physical needs assessment conducted in 2014
 1. Completion of multi-phased 504 modernization/rehabilitation to enhance accessibility and visitability to the public housing sites.
 - a. Phase I completed 2016 – apartment renovations at AMP 001 and 003
 - b. Phase II completed 2019 – apartment renovations/new construction at AMP 001
 - c. Phase III – 2BR unit renovations at the Family Sites and common areas – scheduled to completed 03/31/2023
 - d. Phase IV – Playground and 2BR unit renovations – scheduled to be completed Spring 2025
 2. Planned capital fund expenditures for FYE 03/31/2025:
 - a. Furnace/HVAC replacement
 - b. Fire system modernization
 - c. Kitchen and bathroom renovations
 - d. Boiler and generator modernization
 - e. Concrete/parking lot repair/rehabilitation
 - f. Security camera repair/replacement
 - g. Unit exteriors and exterior doors
 - h. Rehabilitation of floors in dwelling units at public housing properties – including removal of asbestos containing material (ACM).

- x. Maintain status of “High Performer” in recognition of effective program operations and management

1. PHAS Scores by FYE for the previous Annual Plan period (current FYE anticipated):

| FYE | DESIGNATION | SCORE |
|------------------|----------------|--------------|
| FYE 03/31/2020 | High Performer | 95.00 |
| FYE 03/31/2021 | High Performer | 95.00 |
| FYE 03/31/2022 | High Performer | 95.00 |
| FYE 03/31/2023 | High Performer | 99.00 |
| FYE 03/31/2024 | High Performer | 96.00 |
| PH - AVG. | | 96.00 |

b. To improve the quality of assisted housing in the private sector.

- i. Enhancing the voucher program to support and grow the number of families served
- ii. Work with jurisdiction to improve access and availability of affordable housing.
 1. Partner with stakeholders to educate landlords on programs rules and benefits, including Source of Income protections for Illinois renters.
 - a. Stakeholders include:
 - i. Applicants and participants of the housing choice voucher program
 - ii. City of Galesburg
 - iii. Knox County, IL
 - iv. Department of Housing and Urban Development
 - v. Illinois Department of Human Rights
- iii. Make adequate use of available reserves – net-restricted position (NRP) and HUD-held reserves (HHR).
 1. Anticipated NRP CY 2024: \$0.00
 2. Anticipated HHR CY 2024: \$115,000
- iv. Effective management of administrative resources to reduce agency cost per voucher, thus ensuring agency reserves can be efficiently utilized
 1. Unrestricted-net position (UNP) has dwindled on an annual basis. The cost of running the program exceeds the funding received for administrative fees.
 2. Agency was projected as a “gainer” agency based on administrative fee study designed to assess actual cost of voucher administration and redistribute the funds accordingly.
 3. HUD proration of congressionally appropriated funds continues to fund admin fees at inadequate levels
- v. Maintain utilization rate of 98.0% or higher allocated HAP funding

| CYE | ACC UM | UML | % | BUDGET AUTH + NRP | HAP EXPENDITURE | % |
|-----------------------|--------------|--------------|---------------|------------------------|------------------------|----------------|
| CYE 12/31/2020 | 3360 | 2210 | 65.77% | \$ 951,040.00 | \$ 892,236.00 | 93.82% |
| CYE 12/31/2021 | 3360 | 2412 | 71.79% | \$ 932,411.00 | \$ 936,090.00 | 100.39% |
| CYE 12/31/2022 | 3420 | 2382 | 69.65% | \$ 957,339.00 | \$ 904,391.00 | 94.47% |
| CYE 12/31/2023 | 3420 | 2499 | 73.07% | \$ 924,792.00 | \$ 1,030,462.00 | 111.43% |
| CYE 12/31/2024 | 3420 | 2469 | 72.19% | \$ 983,112.00 | \$ 1,033,641.00 | 105.14% |
| HCVP 5YR TOTAL | 16980 | 11972 | 70.51% | \$ 4,748,694.00 | \$ 4,796,820.00 | 101.01% |

1. Utilization Rates by CYE for the previous Annual Plan period:
 - a. ACC Units: 72.19%
 - b. Budget Authority: 105.14% (anticipated)
- vi. Maintain status of “High Performer” in recognition of effective program operations and management

1. SEMAP Scores by FYE for the previous Annual Plan period:

| FYE | DESIGNATION | SCORE |
|------------------|--------------------|--------|
| FYE 03/31/2020 | High Performer | 100.00 |
| FYE 03/31/2021 | High Performer | 100.00 |
| FYE 03/31/2022 | High Performer | 100.00 |
| FYE 03/31/2023 | Standard Performer | 77.00 |
| FYE 03/31/2024 | High Performer | 100.00 |
| PH - AVG. | High Performer | 95.40 |

c. To expand/maintain the supply of assisted housing.

- i. Public Housing Program
 1. Faircloth limits for public housing units in Knox County, IL is 451
 2. Availability of public housing units for previous Annual Plan period:
 - a. FYE 03/31/2024: 424 units
 - b. FYE 03/31/2025: 424 units
- ii. Housing Choice Voucher Program
 1. ACC units budgeted at 285 (3420 unit months)
 - a. Previous ACC set at 280 (2260)
 - b. Five (5) baseline vouchers added, effective 10/01/2022 (PIH Notice 2022-29)
 2. Goal has been utilization of allocated dollars as opposed to reaching ACC unit baseline, which isn’t economically viable. Agency baseline expectation is approximately 200 vouchers leased per month (2,400 UML).
 - a. Anticipated leasing: 215 - 220 vouchers leased per month (2,580 – 2,640 UML)
 3. Voucher activity analysis for Annual Plan period FYE 03/31/2024:
 - a. Voucher activity generally increased for total period due to increased lease-up efforts
 - b. Allocation of 15 emergency housing vouchers (EHV) and funding: program sunset – September 2023. Spending will continue until allocated/disbursed funding is completely expended.
 - c. Voucher lease up rates improved in the initial lease-up period, while remaining essential the same for lease-ups past sixty days.
 - i. Success rate of lease-ups:
 1. 60 Days: 65.5%
 2. 90 Days: 3.4%
 3. 120 Days: 3.4%
 - d. Payment standard maintained at 110% of area FMRs to remain in place for CYE 2025.
 - e. Portability
 - i. Steady number of port-outs over Annual Plan period

- ii. Port-in activity remains low
 - iii. Affordable Housing Preservation
 - 1. PHA owns and operates two AHP developments
 - a. Brentwood Manor
 - i. 72 units
 - ii. 1-BR, 2-BR, and 3-BR units available
 - iii. Affordable rents
 - b. Prairieland Townhouse Apartments
 - i. 66 units
 - ii. 1-BR, 2-BR, and 3-BR units available
 - iii. Affordable rents
 - iv. 13 project-based vouchers

d. General and operational objectives.

- i. Administer all programs in accordance with applicable federal, state, and local laws and regulations

- 1. Independent Auditor annually reviews agency financials and program compliance.

An “unmodified” opinion is the opinion where auditor expresses an opinion that financial statements and major program controls are presented, in all material respects, in accordance with applicable reporting and compliance framework.

Independent audit results for previous Annual Plan periods:

| FYE | DESIGNATION | FINDINGS |
|------------------|-------------|----------|
| FYE 03/31/2020 | Unmodified | 0 |
| FYE 03/31/2021 | Unmodified | 0 |
| FYE 03/31/2022 | Unmodified | 0 |
| FYE 03/31/2023 | Unmodified | 0 |
| FYE 03/31/2024 | Unmodified | 0 |
| PH - AVG. | | 0 |



IL085 KNOX COUNTY HOUSING AUTHORITY
FYE 03/31/2026 – 03/31/2030 FIVE YEAR PLAN SUBMISSION
ATTACHMENT 4.0

HUD-50075-5Y Section B.4 – Violence Against Women Act (VAWA) Goals

1. The passage of VAWA in 1994 and its reauthorization in 2000, 2005, 2013, and 2022 has changed the landscape for victims who once suffered in silence. Victims of domestic violence, dating violence, sexual assault and stalking have been able to access housing, and the Knox County Housing Authority will work to reduce the barriers to housing that domestic violence, dating violence, sexual assault and stalking may present.
2. The Knox County Housing Authority will promote and abide by the requirements of the **VIOLENCE AGAINST WOMEN'S ACT (VAWA)** and subsequent reauthorizations which applies for all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. The 2022 reauthorization provides enhanced protections and options for victims of domestic violence, dating violence, sexual assault, and stalking, as well as additional monitoring and enforcement mechanisms at the Department level.
3. The Housing Authority will support, assist, and ensure applicable due process to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation to prevent them from losing their HUD-assisted housing or being denied housing assistance as a consequence of the abuse of which they were the victim.
 - a. Notification of occupancy rights under VAWA to all applicants and participants
 - b. Consideration of VAWA provisions during the application process
 - c. Application preference for victims of domestic violence, dating violence, sexual assault, or stalking
 - d. Work with in-place victim families to consider transfer options when necessary
 - e. Partner with local law enforcement agencies, legal aide, and shelters on referrals to provide information on counseling, shelter services, and legal assistance
4. The Housing Authority maintains an emergency transfer plan and adheres to HUD requirements regarding VAWA pertaining to the public housing and housing choice voucher programs.
 - a. Policy reference:
 - i. Public Housing Admissions and Continued Occupancy Policy (ACOP)
 - ii. Housing Choice Voucher Program Administrative Plan



**IL085 KNOX COUNTY HOUSING AUTHORITY
FYE 03/31/2026 – 03/31/2030 FIVE YEAR PLAN SUBMISSION
ATTACHMENT 5.0**

HUD-50075-5Y Section B.5 – Significant Amendment or Modification

STATEMENT OF SUBSTANTIAL DEVIATION AND SIGNIFICANT AMENDMENT/MODIFICATION

In accordance with HUD regulations in 24 CFR 903.7(r) and 24 CFR 905.3, the Knox County Housing Authority (KCHA) has defined the basic criteria that will be used for determining:

- Substantial deviation from its 5-Year Plan;
- Significant amendment or modification to the 5-Year and Annual Plans; and
- Significant amendment or modification to the Capital Fund Program (CFP) 5-Year Action Plan.

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. Prior to implementing changes that meet such criteria, the KCHA will submit for HUD's approval a revised plan(s) that meets full public process requirements.

Criteria for defining "Substantial Deviation" from the 5-Year 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
- All amendments, deviations, or modifications to the agency plan which fundamentally alter the mission, goals, objectives or plans of the KCHA

Criteria for defining "Significant Amendment or Modification" to the 5-Year and PHA Annual Plans

- Changes to rent, admission and/or occupancy policies, or the organization of waiting lists that will impact more than 10% of applicants or households assisted under agency programs

Criteria for defining "Significant Amendment or Modification" to the CFP 5-Year Action Plans

- Proposed demolition, disposition, homeownership, Capital Fund Financing, development, or mixed finance proposals will be considered significant amendments to the CFP 5-Year Action Plan.
- Addition of non-emergency work items not included in the current CFP Annual Statement or CFP 5-Year Action plan that exceeds \$100,000.00.

Exceptions

- Changes under the above definitions that are required due to HUD regulations, federal statutes, state or local laws/ordinances, or as a result of a declared national or local emergency will not be considered substantial deviation or significant amendment/modification
- Changes under the above definitions which are funded by any source other than federal funds will not require Plan amendment or modification
- Discretionary or administrative amendments consistent with the KCHA's stated overall mission and objectives will not be considered substantial deviations or modifications



IL085 KNOX COUNTY HOUSING AUTHORITY
FYE 03/31/2026 – 03/31/2030 FIVE YEAR PLAN SUBMISSION
ATTACHMENT 6.0

HUD-50075-5Y Section C.2 – Resident Advisory Board (RAB) Comments

1. Resident Advisory Board Meeting

- a. 12/19/2024
 - i. Review of Capital Improvements planned
 - ii. Review of proposed lease/policy changes
- b. Minutes of the Resident Advisory Board Meeting (attached)
- c. Comments received and considered:

Comment: *General comments regarding tenant requests for future capital projects.*

- Install cameras in the elevators, laundry rooms and stairwells at the high rises;
- Improve lighting in the units;

Agency Response: All tenant requests for capital improvements will be considered by priority. Lighting is currently in the 5-year plan for site exteriors, though nothing is currently planned for unit interiors. CCTV surveillance cameras are an ongoing, annual operational and capital expense.

2. Public Hearing

- a. 12/19/2024
 - i. Review of Capital Improvements planned
 - ii. Review of proposed lease/policy changes
- b. Minutes of the Public Hearing
 - i. No general public in attendance
 - ii. No minutes/notes
- c. Comments received and considered:

NONE RECEIVED

**MINUTES OF THE SPECIAL MEETING
OF THE RESIDENT ADVISORY BOARD
OF THE KNOX COUNTY HOUSING AUTHORITY
December 19, 2024**

The meeting of the Resident Advisory Board of the Knox County Housing Authority was held at 11:30 a.m. in the Moon Towers Community Room. The following persons attended the meeting:

PRESENT: Brenda Sanchez, Blue Bell Tower
Debbie Watkins, Blue Bell Tower
Denise Basley, Moon Towers
Judy Cone, Moon Towers
Schelia Ayers, Moon Towers
Tony Jackson, Moon Towers
La'Monda Rushing, Family Sites
Javona Johnson, HCV Participant
Edan Moon, HCV Participant

ALSO PRESENT: Derek Antoine, Executive Director
Cheryl Lefler, Assistant Director
Brandi Watkins, Property Manager-Moon Towers
Lynnesha Revis, Occupancy Specialist-Moon Towers
Ashley Larimer, Property Manager-Family Sites
Randi Pierce, Occupancy Specialist-Family Sites
Kim Longenecker, HCV Program Manager
Kim Brannon-Sibley, Participant Engagement Manager
Caleb Diefendorf, Public Housing Facilities Manager
Josh Sturgeon, Safety & Security Manager

The meeting opened with introductions as each attendee gave their name, where they live and a resolution for the new year.

Ms. Lefler welcomed everyone to the meeting and explained that the purpose of the meeting was to review proposed policy changes. Additionally, Capital Fund Program projects in the annual and five-year plans would be reviewed. Ms. Lefler said there would be an opportunity for comment and discussion.

Then, Ms. Lefler referenced the 2021 plan and five-year plan for the Capital Fund Program (2021-2025) for the public housing program. She highlighted the lighting and furnace replacement project that is currently underway. She highlighted the projects that would be included in the 2024 CFP plan: administration, operations, masonry work at Moon Towers and elevator renovations at Moon Towers and Blue Bell Tower. The five-year plan is a comprehensive list of projects that the agency would like to complete if adequate funding is available.

Ms. Lefler shared that in 24 years for CFP funding the agency has received \$23,732,778.00 in funding. The 2024 CFP grant will be \$1,557,030.00.

Then, Ms. Lefler asked attendees for their input on what should be included on a "wish list" of projects (some of which are already included in the 5-year plan). The following list is what resulted from the group discussion:

- Install cameras in the elevators and laundry rooms at the high rises;
- Install camera in the kitchen at Blue Bell Tower;
- Add more handicapped accessible parking spaces (the agency is compliant with the number of current spaces—additional spaces would be reviewed on an individual basis);

- Resurface parking lots.

Then, Mr. Antoine said that there will not be any changes to the Public Housing Dwelling Lease. There will, however, be changes in the Admissions and Continued Occupancy Plan and the HCV Administrative Plan related to the final rule issued regarding HOTMA (Housing Opportunities Through Modernization Act of 2016).

Mr. Antoine stated that the 30-day notice for non-payment of rent that started during COVID will stay in effect.

Mr. Antoine also mentioned that the agency will be inspected in 2025 under the NSPIRE protocol.

Mr. Antoine also stated that the hourly charge for maintenance will increase to \$20.00/hour from \$15.00/hour.

The proposed policies have been posted for review and comment and will be approved by the Board of Commissioners at its 01/02/2025 meeting. Then the changes will be sent to HUD with the agency annual plan in January.

Other issues included in the meeting discussion were the following topics and questions:

- Address concerns of speeding in the parking lots;
- Address issues of inoperable vehicles on sites;
- Are there available funds for people to gather together? Ms. Sibley stated that there are activities for tenants on a regular basis.
- Who is addressing housing issues on a larger community level? Mr. Antoine said the City of Galesburg recently published a study on housing for the community.
- Size of dogs allowed;
- Emotional support animals; and
- Available employment with the KCHA.

Attendees were thanked for their attendance and participation in the meeting.

Hearing no further discussion, the meeting was adjourned at 1:15 p.m.

Respectfully submitted,

Cheryl Lefler

Assistant Director



**IL085 KNOX COUNTY HOUSING AUTHORITY
FYE 03/31/2026 – 03/31/2030 FIVE YEAR PLAN SUBMISSION
ATTACHMENT 7.0
HUD-50075-5Y Section C.4 – Challenged Elements**

1. At the time of submission, there have been no challenged elements.



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 FYE 2026 Annual Public Housing Authority (PHA) Plan and FYE 2030 Five-Year 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: Thursday, December 19th, 2024
TIME: 11:30 a.m.
LOCATION: Knox County Housing Authority
Moon Towers Community Room
255 W. Tompkins St.
Galesburg, IL 61401

Plan documents will be available as of 12/01/2024. The general public may obtain additional information or a copy of the proposed FYE 2026 Annual PHA Plan and Five-Year 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, December 26, 2024.

Derek Antoine, Executive Director
Knox County Housing Authority
PHA Plan Public Hearing Request
216 W. Simmons St.
Galesburg, IL 61401
(309) 342-8129, extension 1223
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.



RESOLUTION 2024-13

December 31, 2024
Board of Commissioners

Derek Antoine, Executive Director

Certifications of Compliance with PHA Five-Year Plan Submission FYE 03/31/2030

NOW, THEREFORE, BE IT RESOLVED BY THE KNOX COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS (BOARD) THAT:

1. The above recitals are true and correct, and together with the report from the Executive Director, form the Board's actions as set forth in this Resolution.
2. The proposed Knox County Housing Authority Five-Year Plan Submission for FYEs 03/31/2026 – 03/31/2030 is hereby approved and adopted.
3. The Five-Year Plan presented for submission are in compliance with the requirements set forth in the Quality Housing and Work Responsibility (QHWRA) Act of 1998, Notice PIH-2015-18, and regulations set forth at 24 CFR Part 903 et al.
4. This Resolution shall be carried out in accordance with federal regulations and be effective as of 01/01/2025.

RESOLVED: January 2, 2025

Jared Hawkinson, Chairperson

Sara Robison, Vice-Chairperson

Derek Antoine, Secretary/Executive Director (Attest)

BOARD MEMO

216 W. Simmons St.
 Galesburg, IL 61401

O: (309) 342-8129
 F: (309) 342-7206

www.knoxcountyhousing.org

TO: Board of Commissioners
 Knox County Housing Authority

DATE: 12/31/2024

FROM: Derek Antoine 
 Executive Director

BOARD MEETING: 01/02/2025

SUBJECT: KCHA Employee Group Dental/Vision Insurance – CYE 2025

Executive Summary

Brian Jablonski, representative from CBIZ Benefits and Insurance Services of Illinois, has provided the agency with rates for employee group medical, dental, and vision insurance for calendar year (CY) 2025. The agency's current plans with Blue Cross/Blue Shield of Illinois auto-renews effective 01/01/2025 unless otherwise altered or canceled.

CBIZ presented group medical rates from the following providers:

- Delta Dental

Delta Dental has provided both dental and vision insurance to the KCHA since 2007. The cost of the benefit is minimal, and compliments the group medical insurance benefit provided by the agency.

As the cost is minimal, so too are the benefits available to employees. For CY 2025, CBIZ was asked to provide a cost structure for both the in-force (current) plan, as well as a slightly more benefit-rich plan option. The plans and cost structure presented by CBIZ are attached to this memo.

The tables below demonstrate cost of the plans, as well as the estimated employer/employee portions of those costs.

| | CURRENT - Delta | | ANNUAL COST | KCHA BENEFIT | ANNUAL COST | |
|-------|-----------------|--------------|--------------|--------------|--------------|-------------|
| | DENTAL | | | | KCHA | EMP |
| E | 276 | \$ 28.80 | \$ 7,948.80 | \$ 28.80 | \$ 7,948.80 | \$ - |
| E+1 | 12 | \$ 66.94 | \$ 803.28 | \$ 46.86 | \$ 562.30 | \$ 240.98 |
| FAM | 72 | \$ 113.98 | \$ 8,206.56 | \$ 79.79 | \$ 5,744.59 | \$ 2,461.97 |
| Total | 360 | \$ 16,958.64 | \$ 16,958.64 | | \$ 14,255.69 | \$ 2,702.95 |

| | RENEWAL - Delta | | ANNUAL COST | KCHA BENEFIT | ANNUAL COST | |
|-------|-----------------|--------------|----------------|-----------------|--------------|-------------|
| | DENTAL | | | | KCHA | EMP |
| E | 276 | \$ 32.72 | \$ 9,030.72 | \$ 32.72 | \$ 9,030.72 | \$ - |
| E+1 | 12 | \$ 69.43 | \$ 833.16 | \$ 48.60 | \$ 583.21 | \$ 249.95 |
| FAM | 72 | \$ 136.89 | \$ 9,856.08 | \$ 95.82 | \$ 6,899.26 | \$ 2,956.82 |
| Total | 360 | \$ 19,719.96 | \$ 19,719.96 | | \$ 16,513.19 | \$ 3,206.77 |

| | CURRENT - Delta | | ANNUAL COST | KCHA BENEFIT | ANNUAL COST | |
|-------|-----------------|-------------|-------------|--------------|-------------|-----------|
| | VISION | | | | KCHA | EMP |
| E | 264 | \$ 4.75 | \$ 1,254.00 | \$ 4.75 | \$ 1,254.00 | \$ - |
| E+1 | 24 | \$ 9.49 | \$ 227.76 | \$ 6.64 | \$ 159.43 | \$ 68.33 |
| FAM | 72 | \$ 14.24 | \$ 1,025.28 | \$ 9.97 | \$ 717.70 | \$ 307.58 |
| Total | 360 | \$ 2,507.04 | \$ 2,507.04 | | \$ 2,131.13 | \$ 375.91 |

| | RENEWAL - Delta | | ANNUAL COST | KCHA BENEFIT | ANNUAL COST | |
|-------|-----------------|-------------|-------------|--------------|-------------|-----------|
| | VISION | | | | KCHA | EMP |
| E | 264 | \$ 8.23 | \$ 2,172.72 | \$ 8.23 | \$ 2,172.72 | \$ - |
| E+1 | 24 | \$ 16.05 | \$ 385.20 | \$ 11.24 | \$ 269.64 | \$ 115.56 |
| FAM | 72 | \$ 24.07 | \$ 1,733.04 | \$ 16.85 | \$ 1,213.13 | \$ 519.91 |
| Total | 360 | \$ 4,290.96 | \$ 4,290.96 | | \$ 3,655.49 | \$ 635.47 |

Historically, the agency has provided the following coverage as a benefit to KCHA employees:

- Employee-only 100%
- Employee + Spouse 70%/30%
- Employee + Child 70%/30%
- Family 70%/30%

The fiscal impact of this benefit structure shall be examined on an annual basis. Per the U.S. Bureau of Labor Statistics, state and local government employers cover on average 86% of insurance premiums (ranging from 86% to 90% in the Midwest geographic area), with employees responsible for the remaining 14% (ranging from 10% to 14%). For CY 2025, using the coverage structure above, the agency portion would be 87.1%, and the employees' portion will be 12.8%.

Fiscal Impact

Employee insurance costs are a program and project level expense. Group medical insurance premiums are budgeted for and paid from each of the operations accounts.

Recommendation

It is the recommendation of the Executive Director that the Board of Commissioners of the Knox County Housing Authority approve funding employee group dental/vision insurance at the enhanced benefit rates as presented by Delta Dental for CYE 2025.

Additionally, it is further recommended to maintain employee group medical insurance benefit coverage structure as listed.

Knox County Housing Authority

| DENTAL CARRIER: | Delta Dental of Illinois | | |
|----------------------------|-----------------------------|----------------|----------|
| Plan (Network) | Delta Dental PPO w/ \$1,500 | | |
| | In-Network | Out-of-Network | |
| Deductible | | | |
| Individual | \$50 | | |
| Family | \$150 | | |
| Waived for Preventive? | Yes | | |
| | | | |
| Coinsurance | | | |
| Preventive | 100% | 80% | |
| Basic | 80% | 60% | |
| Major | 50% | 50% | |
| | | | |
| Orthodontia | | | |
| Coinsurance | 50% | 50% | |
| Orthodontia Maximum | \$1,500 | | |
| | | | |
| Calendar Year Maximum | \$1,500 | | |
| Monthly Rates | Inforce | Renewal | |
| Employee: | 23 | \$27.96 | \$28.80 |
| Single + 1: | 1 | \$65.06 | \$66.94 |
| Family: | 6 | \$111.17 | \$113.98 |
| | Inforce | Renewal | |
| TOTAL Monthly | \$1,375 | \$1,413 | |
| TOTAL Annually | \$16,502 | \$16,959 | |
| | | | |
| Plan Difference vs Inforce | \$457 | | |
| Plan % Change vs Inforce | 2.8% | | |
| | | | |

| Delta Dental of Illinois |
|-----------------------------|
| Delta Dental PPO w/ \$2,500 |
| In-Network Out-of-Network |
| |
| \$50 |
| \$150 |
| Yes |
| |
| |
| 100% 80% |
| 80% 60% |
| 50% 50% |
| |
| |
| 50% 50% |
| \$2,500 |
| |
| \$2,500 |
| Inforce New Plan |
| 23 \$27.96 \$32.72 |
| 1 \$65.06 \$69.43 |
| 6 \$111.17 \$136.89 |
| Inforce New Plan |
| \$1,375 \$1,643 |
| \$16,502 \$19,720 |
| |
| \$3,218 |
| 19.5% |

Knox County Housing Authority

| VISION CARRIER: | Delta Dental of IL | | |
|----------------------------|--------------------------------------|----------------|---------|
| Plan (Network) | DeltaVision | | |
| | In-Network | Out-of-Network | |
| Eye Exam | Reimbursement: | | |
| Frequency | Once every 12 months | | |
| Benefit | \$20 copay | \$35 | |
| | | | |
| Lenses | | | |
| Frequency | Once every 12 months | | |
| Benefit | Reimbursement: | | |
| Single Vision | \$20 copay | \$25 | |
| Bifocal | \$20 copay | \$40 | |
| Trifocal | \$20 copay | \$55 | |
| Standard Progressive | \$65 copay | \$40 | |
| | | | |
| Contact Lenses | Reimbursement: | | |
| Frequency | Once every 12 months | | |
| Allowance | \$80; 15% off balance over \$80 | \$64 | |
| | | | |
| Frames | Reimbursement: | | |
| Frequency | Once every 24 months | | |
| Allowance | \$100; 20% off balance over \$100 | \$50 | |
| Monthly Rates | Inforce | | Renewal |
| Employee: | 22 | \$4.66 | \$4.75 |
| Single + 1: | 2 | \$9.30 | \$9.49 |
| Family: | 6 | \$13.96 | \$14.24 |
| | Inforce | | Renewal |
| TOTAL Monthly | \$205 | | \$209 |
| TOTAL Annually | \$2,459 | | \$2,507 |
| Plan Annual Total | | | |
| Plan Difference vs Inforce | \$48 | | |
| Plan % Change vs Inforce | 2% | | |
| | | | |

| Delta Dental of IL | | |
|----------------------|--------------------------------------|----------------|
| DeltaVision w/ \$200 | | |
| | In-Network | Out-of-Network |
| Eye Exam | Reimbursement: | |
| Frequency | Once every 12 months | |
| Benefit | \$10 copay | \$35 |
| | | |
| | Once every 12 months | |
| | Reimbursement: | |
| | \$25 copay | \$25 |
| | \$25 copay | \$40 |
| | \$25 copay | \$55 |
| | \$65 copay | \$40 |
| | | |
| | Reimbursement: | |
| | Once every 12 months | |
| | \$200; 15% off balance over \$200 | \$90 |
| | | |
| | Reimbursement: | |
| | Once every 24 months | |
| | \$200; 20% off balance over \$200 | \$90 |
| | Inforce | New Plan |
| 22 | \$4.66 | \$8.23 |
| 2 | \$9.30 | \$16.05 |
| 6 | \$13.96 | \$24.07 |
| | Inforce | New Plan |
| | \$205 | \$358 |
| | \$2,459 | \$4,291 |
| | | |
| | \$1,832 | |
| | 75% | |
| | | |

BOARD MEMO

216 W. Simmons St.
Galesburg, IL 61401

O: (309) 342-8129
F: (309) 342-7206

www.knoxcountyhousing.org

TO: Board of Commissioners
Knox County Housing Authority

DATE: 12/26/2024

FROM: Derek Antoine 
Executive Director

BOARD MEETING: 01/02/2025

SUBJECT: Application for Payment #6 – Mechanical Service Inc.

Executive Summary

At the 04/30/2024 Board meeting, a contract was approved with Mechanical Service Inc. to complete Lighting and Furnace Replacement. The project will include the following:

- Replacement of furnaces and air conditioning at 154 dwelling units and replacement of other HVAC systems at two offices and three Community Buildings; and
- Replacement of lighting at common areas, office spaces, and maintenance facilities at Moon Towers, Woodland Bend, Cedar Creek Place, Whispering Hollow, and Bluebell Tower with some exterior lighting upgrades as well.

As of this pay request, the HVAC portion of the project is 99% complete (the only item remaining is installing locks on the condenser cages). The lighting portion of the project is still in process with outstanding items to be addressed by change order.

Alliance Architecture was on present for a site visit on 12/17/2024. Alliance Architecture has reviewed and signed approval for Pay Request #6.

Fiscal Impact

This application for payment will be paid from 2022 and 2023 Capital Fund grants as approved at the 04/30/2024 Regular Meeting of the Board.

Recommendation

It is the recommendation of the Executive Director the Board of Commissioners of the Knox County Housing Authority approve Application for Payment #6 from Mechanical Service Inc. in the amount of \$73,760.62 for the period to 12/13/2024.

APPLICATION AND CERTIFICATE FOR PAYMENT

Page: 1 of 2

TO OWNER: Knox County Housing Authority
216 West Simmons St
Galesburg IL 61401

PROJECT: Lighting & Furnace Replacement
Bluebell Tower, Moon Towers,
Cedar Creek Place, Whispering Hollow,
and Woodland Bend apartments

APPLICATION NO. Pay App 6
CONTRACT DATE: 12/16/2024
PERIOD TO: 12/13/2024

Distribution to:
☒ OWNER
☒ CONTRACTOR
☒ ARCHITECT

FROM CONTRACTOR: Mechanical Service of Galesburg, Inc
1144 Monmouth Blvd
Galesburg IL 61401

ARCHITECT: Alliance Architecture
929 Lincolnway East, Suite 200
South Bend, IN 46601

MSI JOB NO: 192-24
PROJECT NO:

CONTRACT FOR : Lighting & Furnace Replacement

CONTRACTOR'S SUMMARY OF WORK

Application is made for payment as shown below.
Continuation Page is attached.

1. ORIGINAL CONTRACT AMOUNT \$ 1,456,900.00
2. NET CHANGE BY CHANGE ORDERS \$ -
3. CONTRACT AMOUNT TO DATE (Line 1 +/- 2) \$ 1,456,900.00
4. TOTAL COMPLETED AND STORED TO DATE \$ 1,372,826.46
(Column G on Continuation Page)
5. RETAINAGE:
 - a. 10.00% of Completed Work \$ 137,282.65
(Columns D + E on Continuation Page)
 - b. 10.00% of Stored Material \$ -
(Column F on Continuation Page)Total Retainage (Line 5a + 5b or
Column I on Continuation Page) \$ 137,282.65
6. TOTAL EARNED LESS RETAINAGE \$ 1,235,543.81
(Line 4 minus Line 5 Total)
7. LESS PREVIOUS APPLICATIONS FOR PAYMENT \$ 1,161,783.19
(Line 6 from prior Application)
8. CURRENT PAYMENT DUE \$ 73,760.62
9. BALANCE TO FINISH, INCLUDING RETAINAGE \$ 221,356.19
(Line 3 minus Line 6)

| CHANGE ORDER SUMMARY | ADDITIONS | DEDUCTIONS |
|------------------------------------|--------------|--------------|
| Total changes approved in Previous | \$ 7,895.00 | \$ 7,895.00 |
| Total approved this month | \$ 2,529.00 | \$ 2,529.00 |
| TOTALS | \$ 10,424.00 | \$ 10,424.00 |
| NET CHANGES by Change Order | \$ - | \$ - |

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Mechanical Service, Inc.

By:

R. Blake Benedict, Vice President/COO

Date:

12/16/2024

State of:

ILLINOIS

County of:

KNOX

Subscribed and sworn to before me this

16th

day of

DECEMBER, 2024

Notary Public:

Cynthia K. Marquith

My Commission Expires:

07-25-2027

OFFICIAL SEAL

CYNTHIA K. MARQUITH
NOTARY PUBLIC STATE OF ILLINOIS

My Commission Expires 07-25-2027

ARCHITECT'S CERTIFICATE FOR PAYMENT

Architect's signature below is his assurance to Owner, concerning the payment herein applied for, that:

(1) Architect has inspected the Work represented by this Application, (2) such Work has been completed to the extent indicated in this Application, and the quality of workmanship and materials conforms with the Contract Documents, (3) these Application for Payment accurately states the amount of Work completed and payment due therefor, and (4) Architect knows of no reason why payment should not be made.

AMOUNT CERTIFIED

\$73,760.62

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Page that are changed to conform to the amount certified.)

ARCHITECT:

By:

Razk Henan Alliance Architecture

Date:

12/18/24

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



BOARD MEMO

216 W. Simmons St.
Galesburg, IL 61401

O: (309) 342-8129
F: (309) 342-7206

www.knoxcountyhousing.org

TO: Board of Commissioners
Knox County Housing Authority

DATE: 12/30/2024

FROM: Derek Antoine 
Executive Director

BOARD MEETING: 01/02/2025

SUBJECT: Mechanical Services Inc.—Proposed Change Order 3

Executive Summary

At the 04/30/2024 Board meeting, a contract was approved with Mechanical Service Inc. to complete Lighting and Furnace Replacement. The project will include the following:

- Replacement of furnaces and air conditioning at 154 dwelling units and replacement of other HVAC systems at two offices and three Community Buildings; and
- Replacement of lighting at common areas, office spaces, and maintenance facilities at Moon Towers, Woodland Bend, Cedar Creek Place, Whispering Hollow, and Bluebell Tower with some exterior lighting upgrades as well.

Proposed Change Order 3 is attached to this memo and outlines the following changes:

- Provide labor and material and equipment for the changes to the lighting scope of work as more fully described in the attached Mechanical Services Inc. Change Order dated 12/23/2024; and
- Add 134 contract days as indicated in the change order.

Please see the attached proposed Change Order 3 document that includes the proposed changes and their corresponding costs which total a contract increase of \$32,630.00 and the addition of 134 contract days for the lighting portion of the project. Also included is the supplemental information provided by Mechanical Services Inc.

Alliance Architecture has reviewed and approved this change order.

This change order submission meets the requirements of HUD -5370 and the Procurement Handbook for Public Housing Agencies (7460.8 rev-2) in that the modification resulting in an increase to the total contract amount is required to be necessary within the general scope of work.

The agency makes every effort to be prudent in the expenditure of additional funds. There is no industry standard for an acceptable percentage amount of change orders to the total contract amount, but the agency considers 5% - 10% relative to the size, scope, and complexity of contract as acceptable. With this current contract, 5% of the \$1,456,900.00 total would be \$72,845.00. Change Order 3 brings the total contract price to \$1,489,530.00 which is \$32,630.00 or approximately 2.24% over the original contract price.

Fiscal Impact

This project will be funded through Capital Fund Program 2022 and 2023 Capital Fund grants as approved at the 04/30/2024 Regular Meeting of the Board. Such expenses are eligible and allowable under federal guidelines located at 2 CFR 200—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. The original contract amount was \$1,456,900.00. With the inclusion of Change Order 3, the amount of the contract would be \$1,489,530.00.

Recommendation

It is the recommendation of the Executive Director the Board of Commissioners of the Knox County Housing Authority approve the proposed Change Order 3 from Mechanical Services Inc. with the contract sum increase of \$32,630.00 and the addition of 134 contract days for the Lighting and Furnace Replacement Project.

CHANGE ORDER

Owner x
Architect x
Contractor x

ALLIANCE
ARCHITECTURE

PROJECT: LIGHTING UPGRADE AND FURNACE REPLACEMENT
Knox County Housing Authority
Galesburg, Illinois

CHANGE ORDER NO. 3

DATE: December 30, 2024

CONTRACTOR: Mechanical Service of Galesburg, Inc.
1144 Monmouth Blvd.
Galesburg, IL 61401

CONTRACT FOR: Total Construction

CONTRACT DATE: 5/1/24

You are hereby directed to make the following changes:

1. Provide labor and material and equipment for the following changes to the lighting scope of work, all more fully described in MSI Change Order 5 dated 12/23/24 (copy attached).
 - a. Scope of Work - Administration Bldg. \$ 4,768.00
 - b. Scope of Work - Moon Bower B \$ 38,242.00
 - c. Scope of Work - Moon Tower A \$ 20,768.00
 - d. Scope of Work - Bluebell Tower \$ 11,859.00
 - e. Scope of Work - Whispering Hollow \$ 1,088.00
 - f. Scope of Work - Woodland Bend \$ 555.00
 - g. Scope of Work - Exterior (All Sites) \$ 13,526.00

Subtotal (a thru g) ADD \$ 90,806.00
2. Credit for labor to install furnaces at Units 1561 and 1563 Cedar Creek Place. DEDUCT \$ (3,600.00)
3. Reduce General Requirements Allowance from \$54,576.00 to \$0.00. DEDUCT \$ (54,576.00)
4. Due to 4-6 week lead time for ordering light fixtures, increase Contract Time by 134 calendar days (see attached MSI letter). NO COST CHANGE

NET CHANGE ADD \$ 32,630.00

The original Contract Sum was \$ 1,456,900.00
Net Change by previous Change Orders \$ 0.00
The Contract Sum prior to this Change Order was \$ 1,456,900.00
The Contract Sum will be **INCREASED** by this Change Order \$ 32,630.00
The Contract Sum including this Change Order \$ 1,489,530.00
The Contract Time will be **INCREASED** by 134 Days
The Date of Completion as of the date of this Change Order therefore is April 30, 2025

| | | |
|------------------------------------|--------------------------------------------------------|-------------------------------------------|
| ALLIANCE ARCHITECTURE Architect | MECHANICAL SERVICE OF GALESBURG, INC. Contractor | KNOX COUNTY HOUSING AUTHORITY Owner |
| 929 Lincolnway East, Suite 200 | 1144 Monmouth Blvd. | 255 West Tompkins Street |
| South Bend, IN 46601 | Galesburg, IL 61401 | Galesburg, IL 61401 |

| | | |
|------------------------|-----------------------|-------------------|
| By: Andrew J. Mollison | By: R. Blake Benedict | By: Derek Antoine |
|------------------------|-----------------------|-------------------|

| | | |
|-------------------------|-------|-------|
| Date: December 30, 2024 | Date: | Date: |
|-------------------------|-------|-------|



HVAC LICENSE NO:24PEK-HVAC-0075

GALESBURG OFFICE:

1144 Monmouth Blvd • Galesburg, IL 61401

PH: 309-342-8136 • FX: 309-342-4195

EDWARDS OFFICE:

9909 W Primrose Ln • Edwards, IL 61528

PH: 309-692-7240 • FX: 309-342-4195

December 23, 2024

Quote No: MSI-AB24-408

Knox County Housing Authority

RE: Change Order 5

PROPOSAL

We offer to provide material, labor and equipment as described in the following scope of work.

SCOPE OF WORK-HVAC

- Remove the furnace installation off of 1561 and 1563 from original scope of work.

| | |
|------------------------|-------------------|
| Base Bid-Deduct | \$3,600.00 |
|------------------------|-------------------|

SCOPE OF WORK-Administration Building

- Provide and install (2) C fixtures.
- Provide and install (12) D fixtures.
- Provide and install (7) B fixtures.
- Provide and install (2) wall packs on front and back of building.

| | |
|---------------------|-------------------|
| Base Bid-ADD | \$4,768.00 |
| Labor | \$768.00 |
| Material | \$4,000.00 |

SCOPE OF WORK-Moon Towers B

- Provide and install (6) New M fixtures (changed fixture type)
- Provide and install (10) New P fixtures (changed fixture type)
- Provide and install (9) B2 fixtures (changed type on 1st floor due to above ceiling issues)
- Provide and install (100) B2 fixtures and (100) frames for floors 2-11 (changed fixture type due to K fixtures not covering existing fixture rough ins)
- Provide and install (12) 4' C1 fixtures (not enough on plan to complete project)
- Provide and install (4) 2' C1's fixtures (not enough on plan to complete project)
- Provide and install (4) B2 fixtures for maintenance director office (only 1 G was on plan)
- Provide and install (1) DD dimmer switches for maintenance directors office.
- Provide and install (4) 2x2 lights.
- Provide and install (3) B2 fixtures for community room (missed on the print)
- Provide and install (2) new 20' bull horn poles with (4) lights in back parking lot on existing bases.

| | |
|---------------------|--------------------|
| Base Bid-ADD | \$38,242.00 |
| Labor | \$6,576.00 |
| Material | \$31,166.00 |



HVAC LICENSE NO:24PEK-HVAC-0075

GALESBURG OFFICE:

1144 Monmouth Blvd • Galesburg, IL 61401

PH: 309-342-8136 • FX: 309-342-4195

EDWARDS OFFICE:

9909 W Primrose Ln • Edwards, IL 61528

PH: 309-692-7240 • FX: 309-342-4195

SCOPE OF WORK-Moon Towers A

- Provide and install (30) Q fixtures for stairwells (wrong fixture spec'd on print)
- Provide and install (16) B2 fixtures to first floor (changed fixture due to above ceiling restrictions)
- Provide and install (5) J fixtures. covering existing fixture rough ins)
- Provide and install (84) B2 fixtures and (84) frames for floors 2-9 (changed fixture type due to K fixtures not)
- Provide and install (20) jelly jar fixtures (boiler room fixtures have piping and restrictions for spec'd fixtures)
- Provide and install (1) G fixture.
- Provide and install (2) exit/combo fixtures in boiler room (missed fixtures on print)
- Provide and install (3) B2 fixtures and (3) frames along with surface mounted conduit and counselor office.
- Provide and install (1) dimmer DD for counselor office.

| | |
|---------------------|--------------------|
| Base Bid-ADD | \$20,768.00 |
| Labor | \$1,536.00 |
| Material | \$19,232.00 |

SCOPE OF WORK-Blue Bell Towers

- Provide and install (1) bull horn assembly with 4 spotlight for front pole near road to light up parking lot.
- Provide and install (1) bronze pole fixture for existing pole out back (missed on the print)
- Provide and install (1) DD dimmer and switch in front office.

| | |
|---------------------|--------------------|
| Base Bid-ADD | \$11,859.00 |
| Labor | \$2,304.00 |
| Material | \$9,555.00 |

SCOPE OF WORK-Whispering Hollow

- Provide and install (7) E1 fixtures for community building for office, hallway, and vestibule (Print called for lay-in fixtures when ceiling is a hard ceiling)
- Provide and install (1) DD dimmer and switch in office.

| | |
|---------------------|-------------------|
| Base Bid-ADD | \$1,088.00 |
| Material | \$1,088.00 |

SCOPE OF WORK-Woodland Bend

- Provide and install (8) 4' brackets for 2x4 fixtures (not spec'd on print)
- Provide and install (4) 2' brackets for 2x2 fixtures (cot spec'd on print)
- Provide and install (1) DD dimmer and switch in office.

| | |
|---------------------|-----------------|
| Base Bid-ADD | \$555.00 |
| Material | \$555.00 |



HVAC LICENSE NO:24PEK-HVAC-0075

GALESBURG OFFICE:

1144 Monmouth Blvd • Galesburg, IL 61401

PH: 309-342-8136 • FX: 309-342-4195

EDWARDS OFFICE:

9909 W Primrose Ln • Edwards, IL 61528

PH: 309-692-7240 • FX: 309-342-4195

SCOPE OF WORK-Exterior

- Provide and install (24) new style R1 fixtures (wall packs as spec'd are to big for area next to entrance doors)
- Provide and install (22) new style Z fixtures (customer wanted fixtures to match existing)
- Provide and install (3) R1 fixtures for different community building (3 R1 fixtures were missed on print)

| | |
|---------------------|--------------------|
| Base Bid-ADD | \$13,526.00 |
| Labor | \$2,304.00 |
| Material | \$11,222.00 |

We thank you for this opportunity and look forward to working with you. Should any questions arise, please do not hesitate to call.

Sincerely,

Adam Benedict
Mechanical Service, Inc.

ACCEPTANCE

You are hereby authorized to furnish all materials, labor and equipment required to complete the work mentioned *in* the above proposal, for which the undersigned agrees to pay the amount mentioned in said proposal, and according to the terms thereof. (If accepted, please sign and return one copy.)

Accepted By: _____ Date: _____



Corporate Office:

Galesburg, IL

Branch Locations:

Bloomington/Normal, IL
Kickapoo/Edwards, IL

December 27, 2024

Derek Antoine, Executive Director
Knox County Housing Authority
216 West Simmons St.
Galesburg IL 61401

Re: Request for Extension to Complete Knox County Housing Authority
Lighting & Furnace Replacement Project

Dear Mr. Antoine,

I am writing to formally request an extension to complete the Knox County Housing Authority Lighting & Furnace Replacement project to April 30, 2025.

There is a lead-time of 4-6 weeks for ordering the light fixtures after submittals are approved. Also, Ameren will need to come on-site to finish some of the underground work when the ground thaws.

Please let us know if you require any additional information or have questions regarding this request. We are available to discuss this further at your convenience.

Thank you for your consideration.

Sincerely,

Adam Benedict
Vice President

CC:
Cheryl Lefler, Assistant Director, KCHA
Rezk Henen, Alliance Architects
Andrew Mollison, Alliance Architects



JACK P. BALL, P.C.

Jack P. Ball, Esq.

Attorney at Law

A Professional Corporation

190 S. Kellogg St.
P.O. Box 308
Galesburg, Illinois 61402-0308
Phone (309) 345-2255
Fax (309) 345-2258

December 31, 2024

Knox County Housing Authority
Board of Commissioners

Attorneys Report:

1. Review file, prepare summons, complaint, exhibits, affidavit, file and appear in the following FED cases¹:

| | |
|--------------------------------------------|-------------------------------------------|
| Jasmine Casey (540 Iowa Ave.) | 1 st Appr. - CD |
| Nyteesha Sims (1588 McKnight St.) | 1 st Appr. - CT 01/02/25 CBRAP |
| Tosha Bornsen (505 Iowa Ct.) | 1 st Appr. - CT 01/02/25 CBRAP |
| Tia Coleman (1509 McKnight St.) | 1 st Appr. - VJCD |
| Patricia Hutchinson (1539 McKnight St.) | 1 st Appr. - CT 01/02/25 CBRAP |
| Antoinette McClain (503 Iowa Ct.) | 1 st Appr. - CT 01/02/25 CBRAP |
| Kristy Akin (255 W. Tompkins St. #1006) | 1 st Appr. - CT 01/02/25 CBRAP |
| Ineice Anderson (255 W. Tompkins St. #908) | 1 st Appr. - CT 01/02/25 CBRAP |
| Brooke Montgomery (1515 McKnight St.) | 1 st Appr. - VJCD |
| Geonne Wane (1582 Mc Knight St.) | 1 st Appr. - JD |
| Crystal Finley (1537 McKnight St.) | 1 st Appr. - CT 01/02/25 |

¹ Acronyms: FED - forcible entry and detainer, AO - agreed order, CD - case dismissed, JD for judgment, STO - stipulated order upon default JD issued, CT for continued, STI for summons to issue and ASTI for alias summons to issue, CMC case management conference, VMO for voluntary move out, VJCD for vacated judgment case dismissed, CBRAP - application for court based assistance, and BW (Atty Bart Wolek) or TM (Atty Tracey Mergener) for Prairie State Legal Services.

| | |
|------------------------------------------|-------------------------------------------|
| Amy Wilson (170 S. West St. #817) | 1 st Appr. - STO |
| Labardae Ferguson (532 Michigan Ave.) | 1 st Appr. - CT 01/02/25 |
| Samantha Knapp (968 W. South St.) | 1 st Appr. - CD |
| Kinzie Hawkins (560 Iowa Ave.) | 1 st Appr. - 01/02/25 CBRAP |
| Michaela Garrett (960 W. South St.) | 1 st Appr. - ASTI 01/02/25 |
| Raymond Baker (255 W. Tompkins St. #509) | 1 st Appr. - ASTI 01/02/25 |
| Shabrea Coleman (1548 McKnight St.) | 1 st Appr. - CT 01/02/25 CBRAP |
| Ashley Borsen (1527 McKnight St.) | 1 st Appr. - ASTI 01/02/25 |
| Jayne Lashbrook (424 Iowa Ave.) | 1 st Appr. - ASTI 01/02/25 |
| Joyce Mehaffy (300 N. Jefferson #403) | 1 st Appr. - STO |
| Samantha Carr (170 S. West St. #615) | 1 st Appr. - CD |
| Joseph Smith (170 S. West St. #115) | 1 st Appr. - CD |
| Nyesha Blakes (900 W. Dayton St. #C6) | 1 st Appr. - CT 01/09/25 CBRAP |
| Isaiah McIntosh (900 W. Dayton #H10) | 1 st Appr. - CD |
| Nyteesha Sims (1588 McKnight St.) | 1 st Appr. - CT 01/02/25 CBRAP |
| Kadun Whiffen (170 S. West St. #322) | 1 st Appr. - JD |

2. Review monthly board packet and attend monthly meeting.

Jack P. Ball, Esq.