

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

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*PHA Plans for the  
Ogdensburg Housing  
Authority*

5 Year Plan for Fiscal Years 2002 - 2006  
Annual Plan for Fiscal Year 2002

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** *Ogdensburg Housing Authority*

**PHA Number:** *NY039*

**PHA Fiscal Year Beginning: (mm/yyyy)** *04/2002*

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

### Display Locations for PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2002 - 2006**  
[24 CFR Part 903.5]

**A. 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. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here) *The Housing Authority's mission is to serve the needs of low-income, very low-income and extremely low-income families in the PHA's jurisdiction and to (1) increase the availability of decent, safe, sanitary and affordable housing in its communities; (2) ensure equal opportunity in housing (3) promote self-sufficiency and asset development of families and individuals; and (4) the housing conditions as well as social, educational, and economic aspects which affect the overall living conditions of the low-income families of our community.*

*FY 2001 Progress statement: During FY 2001, we applied for and received additional Section 8 vouchers. We have improved housing conditions through the Capital Fund Program by upgrading facilities.*

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- PHA Goal: Expand the supply of assisted housing
- Objectives:
- Apply for additional rental vouchers: **Respond to NOFA's as issued.**
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)

*FY 2001 Progress Statement: During FY 2001, the PHA applied for and received additional Section 8 Vouchers.*

- PHA Goal: Improve the quality of assisted housing  
Objectives:
  - Improve public housing management: (PHAS score)  
**Maintain high performer status**
  - Improve voucher management: (SEMAP score)  
**Obtain high score by 3/31/02 – Changed**
  - Increase customer satisfaction: **On-going**
  - Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units: **changed**
  - Demolish or dispose of obsolete public housing:
  - Provide replacement public housing:
  - Provide replacement vouchers:
  - Other: (list below)

*FY 2001 Progress Statement: Based upon the public housing management PHAS score, we are a high performer. The SEMAP was submitted and we anticipate a score anytime. Tenant Associations are running in 3 projects to facilitate problem resolution. Family project has had 50% of the floors, windows & closet doors upgraded. The entire project has new section signs, new refrigerator, porch and bedroom lighting. The elderly building have had new, individual thermostats and sidewalk lighting. Regarding renovation and modernization, we are also upgrading the security cameras at all 3 projects. Exterior walls are being rehabbed as well. Complete the upgrade of the family units started 2 years ago. The elderly units will get new toilets and closets doors. Two buildings will have their community room kitchens replaced.*

- PHA Goal: Increase assisted housing choices  
Objectives:
  - Provide voucher mobility counseling: **On-going for portability**
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs: **Changed**
  - Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

*FY 2001 Progress Statement: There are several homeownership programs within the City of Ogdensburg. Therefore, we do not believe it is necessary for us to implement one.*

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- PHA Goal: Provide an improved living environment  
Objectives:
  - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - Implement public housing security improvements: **Changed**
  - Designate developments or buildings for particular resident groups (elderly, persons with disabilities) **apply by 3/31/02**
  - Other: (list below)

*FY 2001 Progress Statement: Sidewalk lighting and new security cameras have been implemented in the elderly projects.*

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- PHA Goal: Promote self-sufficiency and asset development of assisted households  
Objectives:
  - Increase the number and percentage of employed persons in assisted families:
  - Provide or attract supportive services to improve assistance recipients' employability:
  - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
  - Other: (list below) **Provide residents with information about community services. On-going**

*FY 2001 Progress Statement: the OHA continues to provide information about community services through monthly newsletters and information on bulletin boards.*

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:

- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below) **The jurisdiction is 99.5% caucasian.**

***FY 2001 Progress Statement: No change in jurisdiction make-up. Fair housing logo appears on all advertising.***

**Other PHA Goals and Objectives: (list below)**

**PHA Goal: Enable staff to comply with new regulations**

- In depth training for Section 8 staff **Changed**
- Occupancy training for public housing
- Mod training concerning the basics and contract administration **Changed**
- All training will take place **By 3-31-03 - Changed**

***FY 2001 Progress Statement: Staff attended a two part Section 8 seminar involving occupancy, rent calculation and financial management. We will continue to send staff, as needed, to training programs.***

**Annual PHA Plan**  
**PHA Fiscal Year 2002**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

- High Performing PHA**  
 **Small Agency (<250 Public Housing Units)**  
 **Administering Section 8 Only**

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

*The Ogdensburg Housing Authority has prepared this Annual PHA Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.*

*The purpose of the Annual Plan is to provide a framework for local accountability and an easily identifiable source by which public housing residents, participants in the tenant-based assistance program and other members of the public may locate basic PHA policies, rules and requirements related to the operations, programs and services of the agency.*

*The Mission Statement and the Goals and Objectives were based on information contained in our jurisdiction's Consolidated Plan and will assure that our residents will receive the best customer service.*

*Excellent customer service and fulfillment of the Mission Statement and Goals and Objectives is ensured by implementation of a series of policies that are on display with this Plan. The Admissions and Occupancy Policy and Section 8 Administrative Plan are the two primary policies on display. These important documents cover the public housing tenant selection and assignment plan, outreach services, PHA's responsibility to Section 8 owners/landlords, grievance procedures, etc.*

*The most important challenges to be met by the Ogdensburg Housing Authority during FY 2002 include:*

- *Preserve and improve the public housing stock through the Capital Funds activities.*
- *Involve the public housing residents and the Section 8 participants through the Annual Plan Resident Advisory Board.*
- *Train staff and commissioners to fully understand and take advantage of opportunities in the new law and regulations to better serve our residents and the community; and*

*In closing, this Annual PHA Plan exemplifies the commitment of the Ogdensburg Housing Authority to meet the housing needs of the full range of low-income residents. The Ogdensburg Housing Authority, in partnership with agencies from all levels of government, the business community, non-profit community groups, and residents will use this plan as a road map to reach the “higher quality of life” destination for the City of Ogdensburg and the North County Home Consortium Area.*

### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

#### **Table of Contents**

	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary	1
ii. Table of Contents	2
1. Housing Needs	6
2. Financial Resources	12
3. Policies on Eligibility, Selection and Admissions	13
4. Rent Determination Policies	21
5. Operations and Management Policies	25
6. Grievance Procedures	27
7. Capital Improvement Needs	28
8. Demolition and Disposition	30
9. Designation of Housing	31
10. Conversions of Public Housing	32
11. Homeownership	34
12. Community Service Programs	36
13. Crime and Safety	39
14. Pets (Inactive for January 1 PHAs)	40
15. Civil Rights Certifications (included with PHA Plan Certifications)	41
16. Audit	42
17. Asset Management	42
18. Other Information	43



**Attachments**

Indicate which attachments are provided by selecting all that apply. Provide the attachment’s name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

**Required Attachments:**

- Admissions Policy for Deconcentration *(NY039a01)*
- FY 2002 Capital Fund Program Annual Statement *(NY039b01)*
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

**Optional Attachments:**

- PHA Management Organizational Chart
- FY 2002 Capital Fund Program 5 Year Action Plan *(NY039c01)*
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
  - Membership of Resident Advisory Board (NY039d01)*
  - Progress Statement (NY039e01)*
  - Substantial Deviation and Significant Amendment or Modification (NY039f01)*
  - Resident Membership on PHA Board or Governing Body (NY039g01)*
  - Resident Service Plan (NY039h01)*
  - Deconcentration and Income-Mixing (NY039i01)*
  - Community Service Policy (NY032j01)*
  - Pet Ownership Policy (NY039k01)*
  - Involuntary Conversion form – (NY039l01)*
  - 2000 Performance and Evaluation Report – (NY039m01)*
  - 2001 Performance and Evaluation Report – (NY039n01)*

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
<b>X</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<b>X</b>	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
<b>X</b>	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	
<b>X</b>	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<b>X</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
<b>X</b>	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>X</b>	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>X</b>	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<b>X</b>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
<b>X</b>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<b>X</b>	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8	Annual Plan: Grievance Procedures

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Administrative Plan	
<i>X</i>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
<i>N/A</i>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
<i>X</i>	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
<i>N/A</i>	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<i>N/A</i>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<i>N/A</i>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
<i>N/A</i>	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
<i>N/A</i>	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
<i>N/A</i>	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
<i>X</i>	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
<i>N/A</i>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<i>N/A</i>	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
<i>N/A</i>	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
<i>X</i>	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
<i>N/A</i>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
<i>N/A</i>	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1157	5	1	3	2	3	1
Income >30% but <=50% of AMI	553	5	1	3	2	3	1
Income >50% but <80% of AMI	718	5	1	2	2	3	1
Elderly	528	5	1	2	2	3	1
Families with Disabilities	312	3	2	3	2	3	1
Caucasian	2409	3	1	3	2	3	1
American Indian	19	3	1	3	2	3	1
African American	0	N/A	N/A	N/A	N/A	N/A	N/A
Hispanic	23	3	1	3	2	3	1

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year: **1995**
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	30		3
Extremely low income <=30% AMI	12	40	
Very low income (>30% but <=50% AMI)	18	60	
Low income (>50% but <80% AMI)	0	0	
Families with children	30	100	
Elderly families	0	0	
Families with Disabilities	8	27	
Caucasian	30	100	
African American	N/A	N/A	
Hispanic	N/A	N/A	
Other	N/A	N/A	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	9	33	2
2 BR	10	33	0
3 BR	10	33	1
4 BR	1	1	0
5 BR	N/A	N/A	N/A
5+ BR	N/A	N/A	N/A
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes: N/A			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	32		122
Extremely low income <=30% AMI	29	91	
Very low income (>30% but <=50% AMI)	3	9	
Low income (>50% but <80% AMI)	0	0	
Families with children	26	81	
Elderly families	6	19	
Families with Disabilities	0	0	
African American	2	7	
Caucasian	30	93	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	19	60	60
2 BR	9	29	36
3 BR	3	10	24
4 BR	1	1	2
5 BR	N/A	N/A	N/A
5+ BR	N/A	N/A	N/A
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes: N/A			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### **(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1: Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below) **Utilize resident service Stipends**

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)



**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs: N/A**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing N/A**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

## **2. Statement of Financial Resources (waiting for info. from agency)**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2002 grants)</b>		
a) Public Housing Operating Fund	450,681.00	
b) Public Housing Capital Fund	638,957.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	146,957.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
2001 Capital Funds	392,897.00	Public housing capital improvements
<b>Sub-total</b>	<b>1,629,492.00</b>	
<b>3. Public Housing Dwelling Rental Income</b>	1,056,180.00	Public housing operations
<b>4. Other income (list below)</b>	106,270.00	Public housing operations
Interest on General Funds Investments: 74,660.00		
Other income: Tenant Services 10,360.00		
Antenna Rental 1,500.00		
Laundry 18,920.00		
Late Charges 830.00		
<b>4. Non-federal sources (list below)</b>		
<b>Sub-total</b>	<b>1,162,450.00</b>	
<b>Total resources</b>	<b>2,791,942.00</b>	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number) *eight*
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe)

c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

##### **(2) Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

b. Where may interested persons apply for admission to public housing?

- PHA main administrative office
- PHA development site management office
- Other (list below) *Mail*

- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**  
***The PHA does not plan to operate site-based waiting lists***
1. How many site-based waiting lists will the PHA operate in the coming year? 0
  2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)? *N/A*  
If yes, how many lists?
  3.  Yes  No: May families be on more than one list simultaneously? *N/A*  
If yes, how many lists?
  4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)? *N/A*
    - PHA main administrative office
    - All PHA development management offices
    - Management offices at developments with site-based waiting lists
    - At the development to which they would like to apply
    - Other (list below)

**(3) Assignment**

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- One  
 Two (*does not include efficiencies*)  
 Three or More
- b.  Yes  No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA: *N/A*

**(4) Admissions Preferences**

- a. Income targeting:  
 Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Over-housed
- Under-housed
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences) *N/A*

Former Federal preferences: *N/A*

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below) *N/A*

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either

through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

### 1 Date and Time

Former Federal preferences: *N/A*

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply) *N/A*

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements: *N/A*

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

### **(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA-resident lease
- The PHA’s Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list)

**(6) Deconcentration and Income Mixing** (see attachment NY032i01)

**B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

**(1) Eligibility**

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
  - Criminal and drug-related activity, more extensively than required by law or regulation
  - More general screening than criminal and drug-related activity (list factors below)
  - Other (list below)
- b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
  - Other (describe below) ***Current and previous landlord's address and name if known.***

**(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
  - Federal public housing
  - Federal moderate rehabilitation
  - Federal project-based certificate program
  - Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office  
 Other (list below) *Mail*

**(3) Search Time**

a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below: *N/A*

**(4) Admissions Preferences**

a. Income targeting

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences *N/A*

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
 Victims of domestic violence  
 Substandard housing  
 Homelessness  
 High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply) *N/A*

- Working families and those unable to work because of age or disability  
 Veterans and veterans' families  
 Residents who live and/or work in your jurisdiction  
 Those enrolled currently in educational, training, or upward mobility programs  
 Households that contribute to meeting income goals (broad range of incomes)  
 Households that contribute to meeting income requirements (targeting)



- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

**1** Date and Time

Former Federal preferences *N/A*

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply) *N/A*

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one) *N/A*

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one) *N/A*
- The PHA applies preferences within income tiers
  - Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs – n/a**

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- Through published notices
- Other (list below)

## **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

#### **(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0  
 \$1-\$25  
 \$26-\$50

2.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below: *N/A*

c. Rents set at less than 30% than adjusted income

1.  Yes  No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below: *N/A*

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:
  
- Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:
  
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below) ***When a participant changes rent choice to income based on rent and then their income increases, the income that would result in a tenant rent higher than the flat rent would be exempt.***

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
- Yes but only for some developments
- No

2. For which kinds of developments are ceiling rents in place? (select all that apply)  
*N/A*

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply) *N/A*

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments

- Operating costs plus debt service
- The “rental value” of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- Other (list below) **Addition**
  - *Anytime the family experiences a change in family composition*

g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

**B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

**(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA’s payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR

- Above 110% of FMR (if HUD approved; describe circumstances below)
- b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply) *N/A*
- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)
- c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply) *N/A*
- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)
- d. How often are payment standards reevaluated for adequacy? (select one)
- Annually
- Other (list below)
- e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

**(2) Minimum Rent**

- a. What amount best reflects the PHA's minimum rent? (select one)
- \$0
- \$1-\$25
- \$26-\$50
- b.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management - Not Required**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure N/A**

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management N/A**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

**C. Management and Maintenance Policies *N/A***

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
  
- (2) Section 8 Management: (list below)



## **6. PHA Grievance Procedures – *Not Required***

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

### **A. Public Housing**

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office  
 PHA development management offices  
 Other (list below)

### **B. Section 8 Tenant-Based Assistance**

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) *NY039b01*

-or-

The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

#### **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a.  Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) *NY039c01*

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

*2000 Performance and Evaluation Report – NY039m01*

*2001 Performance and Evaluation Report – NY039n01*

## B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- Yes  No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name: **n/a**
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - Revitalization Plan under development
  - Revitalization Plan submitted, pending approval
  - Revitalization Plan approved
  - Activities pursuant to an approved Revitalization Plan underway

- Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below:

- Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:

- Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## 8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

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

### 2. Activity Description

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

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

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

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

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	<i>Riverview Towers, Centennial Terrace, Parkview Rise</i>
1b. Development (project) number:	<i>NY039-1,2,4</i>
2. Designation type:	Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<i>(31/03/02)</i>
5. If approved, will this designation constitute a (select one)	<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	<b>260</b>
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

#### 2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved):

- Units addressed in a pending or approved HOPE VI demolition application  
(date submitted or approved:            )
- Units addressed in a pending or approved HOPE VI Revitalization Plan  
(date submitted or approved:            )
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

*Involuntary Conversion Documentation – NY039101*

# 11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

## A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

### 2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development



## B. Section 8 Tenant Based Assistance

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description: **n/a**

a. Size of Program

- Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one) **n/a**

- 25 or fewer participants  
 26 - 50 participants  
 51 to 100 participants  
 more than 100 participants

b. PHA-established eligibility criteria **n/a**

- Yes  No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

**12. PHA Community Service and Self-sufficiency Programs – not required**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

**A. PHA Coordination with the Welfare (TANF) Agency – N/A**

1. Cooperative agreements: N/A

- Yes  No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply) N/A

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

**B. Services and programs offered to residents and participants N/A**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply) N/A

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation



**C. Welfare Benefit Reductions – N/A**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

*Community Service Policy – NY039j01*

### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents N/A**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply) N/A

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply). N/A

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below) N/A

#### **B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply) N/A

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors

- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

2. Which developments are most affected? (list below)

**C. Coordination between PHA and the police – N/A**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply) **N/A**

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

2. Which developments are most affected? (list below)

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2002 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2002 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

*Pet Ownership Policy – attachment NY039k01*

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?
4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)? **N/A**

## **17. PHA Asset Management – Not Required**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - Not applicable
  - Private management
  - Development-based accounting
  - Comprehensive stock assessment
  - Other: (list below)
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
  
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
*n/a*  
 Attached at Attachment (File name)  
 Provided below:
  
3. In what manner did the PHA address those comments? (select all that apply) *n/a*  
 Considered comments, but determined that no changes to the PHA Plan were necessary.  
 The PHA changed portions of the PHA Plan in response to comments  
List changes below:  
 Other: (list below)

### **B. Description of Election process for Residents on the PHA Board**

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
  
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

#### 3. Description of Resident Election Process

- a. Nomination of candidates for place on the ballot: (select all that apply)  
 Candidates were nominated by resident and assisted family organizations  
 Candidates could be nominated by any adult recipient of PHA assistance  
 Self-nomination: Candidates registered with the PHA and requested a place on ballot  
 Other: (describe) *Self - petition*
  
- b. Eligible candidates: (select one)  
 Any recipient of PHA assistance  
 Any head of household receiving PHA assistance  
 Any adult recipient of PHA assistance  
 Any adult member of a resident or assisted family organization



Other (list) *Any adult resident residing at least 90 days prior to election.*

c. Eligible voters: (select all that apply)

All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)

Representatives of all PHA resident and assisted family organizations

Other (list) *Any adult resident residing at least 90 days prior to election.*

### **C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) *North County Home Consortium Area*

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

Other: (list below) *Housing rehabilitation; apply for additional vouchers;*

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

- *The plan establishes supportive service and housing assistance as top priorities.*
- *The plan supports the Community Development Program and Capital Fund.*
- *The plan provides local government support for new construction, if applicable.*

### **D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

## **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

# PHA Plan Table Library

## Component 7 Capital Fund Program Annual Statement Parts I, II, and II

### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number                      FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement**  
**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

**Annual Statement**  
**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

## Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Total estimated cost over next 5 years</b>				



**DECONCENTRATION AND INCOME TARGETING POLICY  
FOR THE  
OGDENSBURG HOUSING AUTHORITY**



**DECONCENTRATION AND INCOME TARGETING POLICY**  
*(of the Public Housing Admissions and Occupancy Policy)*

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 Deconcentration 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. Under the deconcentration requirement, PHAs are to implement a program which provides that families with lowest incomes will be offered units in housing developments where family incomes are the highest and high-income families will be offered units in developments where family incomes are the lowest. 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.

Therefore, the Ogdensburg Housing Authority (PHA) hereby affirms its commitment to implementation of the two requirements by adopting the following policies:

1. Economic Deconcentration:

Admission and Occupancy policies are revised to include the PHA’s policy of promoting economic deconcentration of its housing developments by offering low-income families, selected in accordance with applicable preferences and priorities, units in developments where family incomes are highest. Conversely, families with higher incomes will be offered units in developments with the lowest average family incomes.

Implementation of this program will require the PHA to: (1) determine and compare the relative tenant incomes of each development and the incomes of families in the census tracts in which the developments are located, and (2) consider what policies, measures or incentives are necessary to bring high-income families into low-income developments (or into developments in low-income census tracts) and low-income families into high-income developments (or into developments in high-income census tracts).

In addition, an assessment of the average family income for each development is necessary. Families will be provided with an explanation of the policy during the application/screening process and/or the occupancy orientation sessions and given opportunities to discuss the options available to them. The families will also be informed that should they choose not to accept the first unit offered under this system, their refusal will not be cause to drop their name to the bottom of the list.

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Implementation may include one or more of the following options:

- Skipping families on the waiting list based on income;
- Establishing preferences for working families;
- Establish preferences for families in job training programs;
- Establish preferences for families in education or training programs;
- Marketing campaign geared toward targeting income groups for specific developments;
- Additional supportive services;
- Additional amenities for all units;
- Ceiling rents;
- Flat rents for developments and unit sizes;
- Different tenant rent percentages per development;
- Different tenant rent percentages per bedroom size;
- Saturday and evening office hours;
- Security Deposit waivers;
- Revised transfer policies;
- Site-based waiting lists;
- Mass Media advertising/Public service announcements; and
- Giveaways.

## 2. Income Targeting

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. At a minimum, 40% of all new admissions to public housing **on an annual basis** will 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 because of race, color, religion, sex, national origin, age, handicap or familial status.

The PHA may employ a system of income ranges in order to maintain a public housing resident body composed of families with a range of incomes and rent paying abilities representative of the range of incomes among low-income families in the PHA's area of operation, and will take into account the average rent that should be received to maintain financial solvency. The selection procedures are designed so that selection of new public housing residents will bring the actual distribution of rents closer to the projected distribution of rents.

In order to implement the income targeting program, the following policy is adopted:

- ▶ 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).

- ▶ 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.
- ▶ To the maximum extent possible, the offers will also be made to effect the PHA's policy of economic deconcentration.
- ▶ For the initial year of implementation, a pro-rated percentage of the new admissions will be calculated from April 1, 1999 through the end of the fiscal year. Following the initial implementation period, the forty percent (40%) requirement will be calculated based on new admissions for the fiscal year.
- ▶ 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.

**CAPITAL FUND PROGRAM TABLES START HERE**

**Annual Statement /Performance and Evaluation Report  
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: <b>Ogdensburg Housing Authority</b>	Grant Type and Number: Capital Fund Program No: <b>NY06P03950102</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2002</b>
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Original Annual Statement     
  Reserved for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses				
3	1408 Management Improvements	46,500.00			
4	1410 Administration	46,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	513,937.00			
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>638,937.00</b>			
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
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				





**Capital Funds Program Five Year Action Plan  
Part II: Supporting Pages--Work Activities**

Activities for Year 1	Activities for Year: 2 FFY Grant: 2003 PHA FY: 2003			Activities for Year: 3 FFY Grant: 2004 PHA FY: 2004		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	NY 39-001 Riverview Towers	Replace tile main & first floors	20,000.00	NY 39-001 Riverview Towers	Main circuit breakers	35,000.00
		<b>TOTAL RIVERVIEW TOWERS</b>	<b>20,000.00</b>		Apartment lights	55,000.00
					<b>TOTAL RIVERVIEW TOWERS</b>	<b>90,000.00</b>
	NY 39-002 Centennial Terrace	Windows	224,000.00			
		Replace tile main floor	20,000.00	NY 39-003 Belmont Courts	Curbing & sidewalks	204,000.00
Annual		<b>TOTAL CENTENNIAL TERRACE</b>	<b>244,000.00</b>		Underground heating pipes	45,000.00
					Brick restoration	100,000.00
	NY 39-003 Belmont Courts	Replace radiator valves	60,000.00		Replace radiators	74,937.00
		Brick restoration & step replacement	189,937.00		<b>TOTAL BELMONT COURTS</b>	<b>423,937.00</b>
		<b>TOTAL BELMONT COURTS</b>	<b>249,937.00</b>			
Statement	HA - WIDE:	<b>Management Improvements:</b>		HA - WIDE:	<b>Management Improvements:</b>	
		Tenant Relations Office-Sal & Bene.	42,000.00		Tenant Relations Office-Sal & Bene.	42,000.00
		PHAS/Regulation Training	1,000.00		PHAS/Regulation Training	1,000.00
		Agency Annual Plan	3,500.00		Agency Annual Plan	3,500.00
		<b>Administration:</b>			<b>Administration:</b>	
		Administration of CFP-Sal & Bene.	46,000.00		Administration of CFP-Sal & Bene.	46,000.00
		Advertising	500.00		Advertising	500.00
		<b>Fees &amp; Costs:</b>			<b>Fees &amp; Costs:</b>	
		A&E Fees	32,000.00		A&E Fees	32,000.00
		<b>TOTAL HA-WIDE</b>	<b>125,000.00</b>		<b>TOTAL HA-WIDE</b>	<b>125,000.00</b>
		<b>TOTAL CFP ESTIMATED COST - 2003</b>	<b>638,937.00</b>		<b>TOTAL CFP ESTIMATED COST - 2004</b>	<b>638,937.00</b>

## Capital Funds Program Five Year Action Plan Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 4 FFY Grant: 2005 PHA FY: 2005			Activities for Year: 5 FFY Grant: 2006 PHA FY: 2006		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	NY 39-001 Riverview Towers	Replace apartment lighting	20,000.00	NY 39-001 Riverview Towers	Replace stoves	29,842.00
		Replace refrigerators-75 units	37,500.00		<b>TOTAL RIVERVIEW TOWERS</b>	<b>29,842.00</b>
		Upgrade public restrooms	15,000.00			
		Replace tile hall & apartments	163,000.00	NY 39-002 Centennial Terrace	Replace stoves	33,158.00
		Upgrade alarm system	50,000.00		Replace refrigerators-75 units	37,500.00
Annual		<b>TOTAL RIVERVIEW TOWERS</b>	<b>285,500.00</b>		Replace tile hall & apartments	204,000.00
					<b>TOTAL CENTENNIAL TERRACE</b>	<b>274,658.00</b>
	NY 39-002 Centennial Terrace	Tub faucet replacement	30,000.00			
		Handicapped access apartments	100,000.00	NY 39-003 Belmont Courts	Roof repair	50,000.00
		Upgrade alarm system	50,000.00		Crawl space entrances & fire doors	80,000.00
Statement		<b>TOTAL CENTENNIAL TERRACE</b>	<b>180,000.00</b>		Install alarm system in crawl space	20,000.00
					<b>TOTAL BELMONT COURTS</b>	<b>150,000.00</b>
	NY 39-003 Belmont Courts	Replace laundry dryer vents	30,000.00			
		Replace domestic hot water system	18,437.00	NY 39-004 Parkview Rise	Stove & refrigerator replacement	35,000.00
		<b>TOTAL BELMONT COURTS</b>	<b>48,437.00</b>		Upgrade fire alarm	24,437.00
					<b>TOTAL PARKVIEW RISE</b>	<b>59,437.00</b>
	HA - WIDE:	<b>Management Improvements:</b>		HA - WIDE:	<b>Management Improvements:</b>	
		Tenant Relations Office-Sal & Bene.	42,000.00		Tenant Relations Office-Sal & Bene.	42,000.00
		PHAS/Regulation Training	1,000.00		PHAS/Regulation Training	1,000.00
		Agency Annual Plan	3,500.00		Agency Annual Plan	3,500.00
		<b>Administration:</b>			<b>Administration:</b>	
		Administration of CFP-Sal & Bene.	46,000.00		Administration of CFP-Sal & Bene.	46,000.00
		Advertising	500.00		Advertising	500.00
		<b>Fees &amp; Costs:</b>			<b>Fees &amp; Costs:</b>	
		A&E Fees	32,000.00		A&E Fees	32,000.00
		<b>TOTAL HA-WIDE</b>	<b>125,000.00</b>		<b>TOTAL HA-WIDE</b>	<b>125,000.00</b>
		<b>TOTAL CFP ESTIMATED COST - 2005</b>	<b>638,937.00</b>		<b>TOTAL CFP ESTIMATED COST - 2006</b>	<b>638,937.00</b>



## **Required Attachment NY039d01: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description).

*Sherry Reynolds*

*June McCoy*

*Alice Ott*

*Bonnie Dewey*

*Roger Duvall*

Ogdensburg Housing Authority  
PHA Plan Update for FYB 2002

Statement of Progress

Attachment **NY039e01**

The Ogdensburg Housing Authority has been successful in achieving its mission and goals in the year 2001. Goals are either completed or on target for completion by the end of the year.

Concerning modernization approximately \$622,625.00 was spent. Substantial rehabilitation was completed by upgrading 25% of family units.

Concerning improving the quality of life, OHA security system.

To ensure compliance with the Public Housing Reform Act of 1998, every policy was reviewed and updated as needed. Most significant was the update to the Admissions and Occupancy Policy and the Section 8 Administrative Plan.

Concerning ensuring equal opportunity outreach efforts have been made by making renewed partnerships with community groups and medical facilities.

# Ogdensburg Housing Authority

Attachment TX039f01

1. Substantial Deviation from the 5-Year Plan:

- Any change to the Mission Statement;
- 50% deletion from or addition to the goals and objectives as a whole; and
- 50% or more decrease in the quantifiable measurement of any individual goal or objective.

2. Significant Amendment or Modification to the Annual Plan:

- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;
- Any change in a policy or procedure that requires a regulatory 30-day posting;
- Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs; and
- Any change inconsistent with the local, approved Consolidated Plan, in the discretion of the Executive Director.

## Ogdensburg Housing Authority

### Required Attachment NY039g01: Resident Member on the PHA Governing Board

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

***June McCoy***  
***Milton Aubrey***

B. How was the resident board member selected: (select one)?

- Elected  
 Appointed

C. The term of appointment is (include the date term expires): ***June McCoy - 2-1-03 and Milton Aubrey - 2-1-03 2 year terms***

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? ***N/A***

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of a governing board member: ***3/25/02***

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): ***John Krol, City Manager***

**Resident Survey Follow-Up Plan**  
**Ogdensburg Housing Authority**

Attachment NY039h01

**SAFETY**

Crime Prevention Programs: The crime rate is very low in our area. The local Police Department will provide information regarding the Neighborhood Watch Program, which has been advertised in the local newspaper. Also, the OHA has provided information in the newsletter regarding this program, with no response from the residents.

**RESIDENT SCREENING**

- Methods to increase resident screening in addition to the current screening for drug abuse and criminal behavior will be researched. These methods will focus on an applicant's past record as a tenant under previous leases. Reasonable improvements will be made if needed.
  
- As needed attempts will be made to contact our disabled tenants caseworkers to assist tenants to abide by the lease.
  
- Efforts will be made to communicate with residents to identify perceived screening problems versus actual screening problems.
  
- Tenants will continue to be encouraged to contact the agency when there are problems with other tenants. Analysis will be made for each contact to determine if improved screening could have prevented the problem. Reasonable efforts to improve screening based on this analysis will be made as needed.

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**Ogdensburg Housing Authority**

Attachment: NY039101

**Component 3, (6) Deconcentration and Income Mixing**

a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name:</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]</b>	<b>Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]</b>
			1.

*This section may be optional contingent on HUD policies and/or regulation changes*

**COMMUNITY SERVICE POLICY  
FOR THE  
OGDENSBURG HOUSING AUTHORITY  
OGDENSBURG, NEW YORK**

## COMMUNITY SERVICE POLICY

Section 512 of the Quality Housing and Work Responsibility Act of 1998, which amends Section 12 of the Housing Act of 1937, establishes a new requirement for non-exempt residents of public housing to contribute eight (8) hours of community service each month or to participate in a self-sufficiency program for eight (8) hours each month. Community service is a service for which individuals are not paid. The Ogdensburg Housing Authority (hereinafter referred to as PHA) believes that the community service requirement should not be perceived by the resident to be a punitive or demeaning activity, but rather to be a rewarding activity that will benefit both the resident and the community. Community service offers public housing residents an opportunity to contribute to the communities that support them.

In order to effectively implement this new requirement, the Ogdensburg Housing Authority establishes the following Policy.

### 1. Community Service

The PHA will provide residents, identified as required to participate in community service, a variety of voluntary activities and locations where the activities can be performed. The activities may include, but are not limited to:

- improving the physical environment of the resident's developments;
- selected office related services in the development or Administrative Office;
- volunteer services in local schools, day care centers, hospitals, nursing homes, youth or senior organizations, drug/alcohol treatment centers, recreation centers, etc;
- neighborhood group special projects;
- self-improvement activities such as household budget, credit counseling, English proficiency, GED classes or other educational activities;
- tutoring elementary or high school age residents; and
- serving in on-site computer training centers.

Voluntary political activities are prohibited.

### 2. Program Administration

The PHA may administer its own community service program in conjunction with the formation of cooperative relationships with other community based entities such as TANF, Social Services Agencies or other organizations which have as their goal, the improvement and advancement of disadvantaged families. The PHA may seek to contract its community service program out to a third-party.



In conjunction with its own or partnership program, the PHA will provide reasonable accommodations for accessibility to persons with disabilities. The PHA may directly supervise community service activities and may develop and provide a directory of opportunities from which residents may select. When services are provided through partnering agencies, the PHA will confirm the resident's participation. Should contracting out the community service function be determined to be the most efficient method for the PHA to accomplish this requirement, the PHA will monitor the agency for contract compliance.

The PHA will assure that the service is not labor that would normally be performed by PHA employees responsible for the essential maintenance and property services.

### 3. Self-Sufficiency

The PHA will inform residents that participation in self-sufficiency activities for eight (8) hours each month can satisfy the community service requirement and encourage non-exempt residents to select such activities to satisfy the requirement. It should be noted that an individual may satisfy this requirement through a combination of community service and self-sufficiency activities totaling at least eight (8) hours per month. Such activities can include, but are not limited to:

- apprenticeships and job readiness training;
- substance abuse and mental health counseling and treatment;
- English proficiency, GED, adult education, junior college or other formal education;
- household budgeting and credit counseling;
- small business training.

The PHA may sponsor its own economic self-sufficiency program or coordinate with local social services, volunteer organizations and TANF agencies.

### 4. Geographic Location

The PHA recognizes that the intent of this requirement is to have residents provide service to their own communities, either in the PHA's developments or in the broader community in which the PHA operates.

### 5. Exemptions

In accordance with provisions in the Act, the PHA will exempt from participation in community service requirements the following groups:

- adults who are 62 years of age or older;
- persons engaged in work activities as defined under Social Security (full-time or part-time employment);
- participants in a welfare to work program;

- persons receiving assistance from and in compliance with State programs funded under part A, title IV of the Social Security Act; and
- the disabled but only to the extent that the disability makes the person “unable to comply” with the community service requirements.

The PHA will determine, at the next regularly scheduled reexamination, on or after the Fiscal Year beginning April 1, 2001, the status of each household member eighteen (18) years of age or older with respect to the requirement to participate in community service activities. The PHA will use the “PHA Family Community Service Monthly Time-Sheet” to document resident eligibility and the hours of community service. A record for each adult will be established and community service placement selections made. Each non-exempt household member will be provided with forms to be completed by a representative of the service or economic self-sufficiency activity verifying the hours of volunteer service conducted each month.

The PHA will also assure that procedures are in place which provide residents the opportunity to change status with respect to the community service requirement. Such changes include, but are not limited to:

- going from unemployment to employment;
- entering a job training program;
- entering an educational program which exceeds eight (8) hours monthly.

All exemptions to the community service requirement will be verified and documented in the resident file. Required verifications may include, but not be limited to:

- third-party verification of employment, enrollment in a training or education program, welfare to work program or other economic self sufficiency activities;
- birth certificates to verify age 62 or older; or
- if appropriate, verification of disability limitations.

Families who pay flat rents, live in public housing units within market rate developments or families who are over income when they initially occupy a public housing unit will not receive an automatic exception.

#### 6. Cooperative Relationships with Welfare Agencies

The PHA may initiate cooperative relationships with local service agencies that provide assistance to its families to facilitate information exchange, expansion of community service/self-sufficiency program options and aid in the coordination of those activities.

#### 7. Lease Requirements and Documentation

The PHA's lease has a twelve (12)-month term and is automatically renewable except for non-compliance with the community service requirement. The lease also provides for termination and eviction of the entire household for such non-compliance. The lease provisions will be implemented for current residents at the next regularly scheduled reexamination on or after October 1, 1999, and for all new residents effective October 1, 1999. The PHA will not renew or extend the lease if the household contains a non-exempt member who has failed to comply with the community service requirement.

Documentation of compliance or non-compliance will be placed in each resident file.

8. Noncompliance

If the PHA determines that a resident who is not an "exempt individual" has not complied with the community service requirement, the PHA must notify the resident:

1. of the non-compliance;
2. that the determination is subject to the PHA's administrative grievance procedure;
3. that unless the resident enters into an agreement under paragraph 4. of this section, the lease of the family of which the non-compliant adult is a member may not be renewed. However, if the non-compliant adult moves from the unit, the lease may be renewed;
4. that before the expiration of the lease term, the PHA must offer the resident an opportunity to cure the non-compliance during the next twelve (12)-month period; such a cure includes a written agreement by the non-compliant adult and the head of household (as applicable) to complete as many additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve (12)-month term of the lease.

*NOTICE*

*Although we have made our best effort to comply with regulations, laws, and Federal/local policies the Nelrod Company does not offer advice on legal matters or render legal opinions. We recommend that this policy be reviewed by the Housing Authority's general council and/or attorney prior to approval by the Board of Commissioners.*

*The Nelrod Company is not responsible for any changes made to these policies by any party other than the Nelrod Company.*

## **PET POLICY**

Section 227 of the Housing and Urban-Rural Recovery Act of 1983 provides for the ownership of pets in Federally assisted rental housing built exclusively for occupancy by the elderly and handicapped. All residents, who are eligible under Section 227 to keep a pet in housing owned and operated by the Ogdensburg Housing Authority, shall demonstrate that they have the physical and financial capability to care for a pet.

- A. Application for Pet Permit. Prior to housing any pet on premises governed by Section 227, the resident shall apply to the Ogdensburg Housing Authority for a pet permit, which shall be accompanied by the following:
  - 1. A current license issued by the appropriate authority, if applicable;
  - 2. Evidence that the pet has been spayed or neutered, as applicable;
  - 3. Evidence that the pet has received current rabies and distemper inoculations or boosters, as applicable;
  - 4. Payment of \$100.00 Damage Deposit required prior to approval of pet being housed. Pets already existing in the unit will be exempt from the Damage Deposit.
  
- B. Pet Rules and Regulations. All residents with pet permitted to be kept under Section 227 shall comply with the following rules:
  - 1. No more than one pet per apartment. One pet shall mean 1 dog, 1 cat, or 1 bird cage. No gerbils, hamsters, snakes, reptiles or other exotic pets. Dog or cat shall not exceed 20 pounds when fully grown.
  - 2. Dogs must be licensed yearly with the City Clerk, City or Ogdensburg.
  - 3. Residents show proof of annual rabies and distemper booster inoculations.
  - 4. Vicious and/or intimidating dogs will not be allowed.
  - 5. All dogs and cats must be spayed or neutered, as applicable.
  - 6. Dogs and cats shall remain inside the resident's unit. No animal shall be permitted to be loose in hallways, lobby areas, laundry rooms, community rooms, grounds or other common area of the facilities.

7. When taken outside the unit, dogs and cats must be kept on a leash, and controlled by an adult.
8. Pets are restricted to an area designated by the Authority to relieve themselves and that, if a pet relieves itself in places other than that area, the owner is required to remove the result.
9. Residents are solely responsible for cleaning up pet droppings, inside and outside the building. The waste must be disposed of by placing in a sac and put in a container provided by the Housing Authority OUTSIDE the building. DO NOT PUT ANY DROPPINGS IN COMPACTORS.
10. If pets are left unattended for a period of twelve (12) hours or more, the Housing Authority may enter the dwelling unit, remove the pet, and transfer it to the proper authorities.
11. Residents are responsible for all damages caused by their pets, including the cost of cleaning of carpets and/or fumigation.
12. Residents must identify an alternate custodian for pets in the event of resident illness or other absence from the dwelling unit. This identification of an alternate custodian must occur prior to the Authority issuing a pet registration period.
13. Three (3) or more complaints to this office about any animal will require the removal of such animal.
14. Containers for the disposal of pet waste will be provided by the Authority, in designated areas OUTSIDE the building.

The Ogdensburg Housing Authority accepts no responsibility for any animal under any circumstances. The resident has the sole responsibility for the pet, NO PERSONNEL, of the Housing Authority will have any part in the case of, cleaning up after, or supervision of the pet.

The privilege of maintaining a pet in a facility operated by the Ogdensburg Housing Authority shall be subject to all the conditions set forth above. This privilege may be revoked at any time if the animal shall become destructive, create a nuisance, represent a threat to the safety and security of other residents, or create a problem in the area of cleanliness and sanitation.

Failure to abide by these minimal rules and regulations as may be amended, supplemented, or changed by the Authority or HUD Regulations, will result in a directive to remove the animal from the Housing premises.

## **PET POLICY**

Section 31 of the Housing and Urban-Rural Public Housing Reform Act of 1998 provides for the ownership of pets in Federally assisted rental housing. All residents, who are eligible under Section 31 to keep a pet in housing owned and operated by the Ogdensburg Housing Authority, shall demonstrate that they have the physical and financial capacity to care for a pet.

Any pet not registered with the Ogdensburg Housing Authority, yet is found to be living in family housing, will be cause for automatic eviction. All pets must be registered.

- A. Application for Pet Permit. Prior to housing any pet on premises governed by Section 31, the residents shall apply to the Ogdensburg Housing Authority for a pet permit which shall be accompanied by the following:
  - 1. A current license issued by the City clerk's office in Ogdensburg.
  - 2. Evidence that the pet has been spayed or neutered.
  - 3. Evidence that the pet has received current rabies and distemper inoculations or boosters.
  - 4. Payment of \$100.00 Damage Deposit required prior to approval of pet being housed.
  
- B. Pet Rules and Regulations. All residents with pets permitted to be kept under Section 31 shall comply with the following rules:
  - 1. No more than one pet per apartment. One pet shall mean 1 dog, 1 cat, or 1 birdcage. No gerbils, hamsters, snakes, reptiles, or other exotic pets.
  - 2. Dogs must be licensed yearly with the City Clerk, City of Ogdensburg.
  - 3. Residents must show proof of annual rabies and distemper booster inoculations.
  - 4. All dogs and cats must be spayed or neutered.
  - 5. Dogs and cats shall remain inside the resident's unit. No animal shall be permitted to be loose on the grounds.
  - 6. When taken outside the unit, dogs and cats must be kept on a leash, and controlled by an adult.

7. No resident shall keep, raise, train, breed, or maintain any pet of any kind at any location, either inside or outside the dwelling unit, for any commercial purposes.
8. Residents are solely responsible for cleaning up pet droppings, inside and outside the building. The waste must be disposed of by placing in a sack and put in a container provided by the Housing Authority OUTSIDE the Trash Room. DO NOT PUT ANY DOPPINGS IN THE COMPACTOR.
9. If pets are left unattended for a period of twelve (12) hours or more, the Housing Authority may enter the dwelling unit, remove the pet, and transfer it to the proper authorities.
10. Residents are responsible for all damages caused by their pets, including the cost of cleaning of carpets and/or fumigation.
11. Residents must identify an alternative custodian for pets in the event of resident illness or other absence from the dwelling. This identification of an alternate custodian must occur prior to the Authority issuing a pet registration permit.
12. Three (3) or more complaints to this office about any animal will require the removal of such animal.
13. A fifty dollar (\$50.00) fine will be imposed on the tenant owning a dog that leaves droppings in another tenants yard and is not cleaned up immediately.
14. Containers for the disposal of pet waste will be provided by the Authority, in designated areas OUTSIDE the building.
15. No pet owner shall permit his or her pet to disturb, interfere with, or diminish the peaceful enjoyment of the pet owner's neighbors or other residents. The terms disturb, interfere with, or diminish shall include but not be limited to barking, howling, biting, scratching, chirping and other activities of a disturbing nature.
16. The pet owner shall take the precautions and measures necessary to eliminate pet odors within the around the dwelling unit, and shall maintain the dwelling unit in a sanitary condition at all times, as determined by the PHA.
17. No pet owner shall alter the dwelling unit or the surrounding premises to create a space, hole, container or enclosure for any pet.





**HOUSING AUTHORITY OF THE CITY OF OGDENSBURG NEW YORK**  
**Documentation of Reasoning**  
**Required Initial Assessment**  
**on Voluntary Conversion of Developments from Public Housing Stock**  
**October 1, 2001**

**Introduction: HUD Requirement**

Under the final rule on Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments, published on June 22, 2001, a PHA must certify:

- That it has reviewed each of its covered development's operations as public housing;
- Considered the implications of converting the public housing to tenant-based assistance; and
- Concluded that conversion of the development may be:
  - Appropriate because removal of the development would meet the necessary conditions for voluntary conversion; or
  - Inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion.

In order for a development to be appropriate for conversion, a PHA must conclude that the development meets the following three tests:

1. Conversion would not be more expensive than continuing to operate the development (or a portion of it) as public housing;
2. Conversion would principally benefit residents of the public housing development to be converted and the community; and
3. Conversion would not adversely affect the availability of affordable housing in the community.

This required initial assessment is a non-binding evaluation of the appropriateness of voluntary conversion for each property. The assessment is a limited review of relevant factors for each covered development, and does not include a market study or application of a cost test.

The PHA has based its determination as to whether voluntary conversion may be appropriate or inappropriate after taking into account factors such as modernization needs, operating cost, ability to occupy the development, FMR levels and/or workability of vouchers in the community, or other considerations deemed relevant.

As HUD has indicated that cost test and other assessment criteria laid out in the Proposed Rule on Voluntary Conversion of July 23, 1999 are subject to change in the Final Rule, that type of in-depth methodology has not been used in this initial assessment

The PHA will retain and have available for public review a brief narrative description documenting its reasoning with respect to each covered development.

### **Agency Plan Component 10 (B) Voluntary Conversion Initial Assessments**

The information below is part of the Documentation of Reasoning and will also be submitted with the next PHA Agency Plan.

How many of the PHA's developments are subject to the Required Initial Assessments?

- Only one of the public housing developments is subject to the required initial assessment.

NYO39003                      126 units

How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

- Three developments are exempt. The three exempt developments are mixed occupancy.

NYO39001                      100 units  
NYO39002                      110 units  
NYO39004                      50 units

How many Assessments were conducted for the PHA's covered developments?

- One assessment was conducted for the covered development.

Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

- The PHA has determined that conversion is not appropriate for any developments at this time.

## **Conclusions**

The following are the conclusions of the Required Initial Assessment. Each necessary condition for voluntary conversion is addressed below.

Conversion would be more expensive than continuing to operate the development (or a portion of it) as public housing.

Ogdensburg Housing Authority operates 385 public housing units. Operating subsidy received for FYE 03/31/2002 is \$522,177 (PFS calculation). Capital funding for FYE 03/31/2002 is \$638,937. This calculates to \$251.32 federal government contribution to operate as public housing. To operate as Section 8, the cost per unit would be \$306.16 based on current Housing Choice Voucher Program ACC of \$146,957 which funds 40 vouchers.

Conversion would not benefit residents of the public housing developments nor the community.

Residents of the community seek public housing as evidenced by a waiting list of 20 families and no vacancies. The 2000 census data reflects a large number of families (elderly and single parent households) who benefit from the conveniences, services, and amenities available in public housing. The PHA strongly believes that conversion would result in high vacancies in the public housing stock which would create a blight on the community.

Conversion would adversely affect the availability of affordable housing in the community.

Conversion would decrease the availability of affordable housing in the community. The PHA maintains 100% lease-up of its Housing Choice Vouchers and has waiting list of over 40 for the current Section 8 program.

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NY 39-001 Riverview Towers	PENTHOUSE VENTILATION SYSTEM	1470.00	1	6,000.00	5,320.00	5,320.00	5,320.00	
	ZONE MOTORS & PUMP HEATING SYSTEM	1460.00	6	20,000.00	20,000.00	20,000.00		
	REPLACE SIDEWALK LIGHT	1450.00	8	9,000.00	14,890.00	14,890.00	14,890.00	
	REPLACE SIDEWALKS	1450.00	1	8,000.00	0.00			
	APARTMENT THERMOSTAT	1460.00	100	50,000.00	53,758.67	53,758.67	45,473.40	
NY 39-002 Centennial Terrace	ALUMINUM PANELS ON FIRST FLOOR NEED TO BE REPLACED W/ NEW SYSTE	1470.00	1	30,000.00	76,000.00	76,000.00	26,209.00	

(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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

01/09/02 X

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NY 39-002 Con't	LOUVER IN ELEVATOR PENTHOUSE NEEDS TEMPERATURE CONTROL	1470.00	1	6,000.00	4,350.00	4,350.00	4,350.00	
	REPLACE LAUNDRY EXHAUST	1460.00	1	10,000.00	10,000.00	10,000.00		
	REPLACE HEAT ZONE MOTOR AND PUMP	1460.00	6	20,000.00	20,000.00	20,000.00		
NY 39-003 Belmont Courts	REPLACE UNDERLAYMENT AND TILE	1460.00	38	90,000.00	86,994.95	86,994.95	86,994.95	
	REPLACE CLOSET DOORS	1460.00	38	15,000.00	15,000.00	15,000.00	15,000.00	
	NEW WINDOWS	1460.00	60	107,177.00	107,177.00	107,177.00	107,177.00	
	DOMESTIC HOT WATER LIN	1460.00	4	38,000.00	58,512.48	58,512.48	58,512.48	

(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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X** 01/09/02 **X**

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NY 39-003 Con't	REPLACE UNDERGROUND GAS LINES	1450.00	4	37,500.00	0.00			
	REPLACE BEDROOM LIGHT	1460.00	126	30,000.00	40,860.00	40,860.00	40,860.00	
NY 39-004 Parkview Rise	REPLACE FLOORING	1460.00	50	10,000.00	0.00			
	REPLACE SMOKE DETECTORS	1460.00	50	1,500.00	700.91	700.91	700.91	
	LANDSCAPING	1450.00		0.00	5,933.00	5,933.00	5,933.00	
AGENCY-WIDE	LOUVER REPLACEMENT	1460.00		0.00	427.75	427.75	427.75	
	ESTABLISHING A TENANT RELATIONS OFFICE TO ADMINISTER RESIDENT INITIATIVE AND TAR	1408.00		45,494.00	41,680.84	41,680.84	41,680.84	
	ADMINISTRATION OF CFP	1410.10		46,112.00	45,308.66	45,308.66	45,308.66	

(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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X** 01/09/02 **X**

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
AGENCY-WIDE Con't	ADVERTISING FOR BIDS	1410.19		500.00	274.32	274.32	274.32	
	ARCHITECTURAL AND ENGINEERING FEES	1430.10		32,000.00	12,310.00	12,310.00	11,195.00	
	OCCUPANCY TRAINING	1408.00	1	3,000.00	1,880.67	1,880.67	1,880.67	
	AGENCY PLAN/ANNUAL PLAN UPDATES	1408.00	1	3,040.00	3,443.75	3,443.75	3,443.75	
	ELDERLY/DISABLED HOUSING DESIGNATION PLAN	1408.00	1	6,500.00	0.00			

(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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

01/09/02 **X**



**Annual Statement / Performance and Evaluation Report**  
**Comprehensive Grant Program (CGP) Part I: Summary**

U.S. Department of Housing and Urban Development  
 No. 2577-0157 (Exp. 7/31/98)

Office of Public and Indian Housing

**Annual Statement**  
**Part III: Imp**  
**Comprehensive**

HA Name <b>OGDENSBURG HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>NY06P03950100</b>	FFY of Grant Approval <b>2000</b>
--	--	--------------------------------------

Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number\_\_1\_\_  Performance and Evaluation Report for Program Year Ending \_9/30/01  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)				
3	1408 Management Improvements	58,034.00	47,005.26	47,005.26	47,005.26
4	1410 Administration	46,612.00	45,582.98	45,582.98	45,582.98
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32,000.00	12,310.00	12,310.00	11,195.00
8	1440 Site Acquisition				
9	1450 Site Improvement	54,500.00	20,823.00	20,823.00	20,823.00
10	1460 Dwelling Structures	391,677.00	413,431.76	413,431.76	355,146.49
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures	42,000.00	85,670.00	85,670.00	35,879.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)				
19	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	<b>624,823.00</b>	<b>624,823.00</b>	<b>624,823.00</b>	<b>515,631.73</b>
20	Amount of line 19 Related to LBP Activities	0.00	0.00	0.00	0.00
21	Amount of line 19 Related to Section 504 Compliance		0.00	0.00	0.00
22	Amount of line 19 Related to Security		0.00	0.00	0.00
23	Amount of line 19 Related to Energy Conversation M	0.00	0.00	0.00	0.00

Development  
 Number / Name  
 HA-Wide  
 Activities

NY 39-001  
 RIVERVIEW  
 TOWERS  
 NY 39-002  
 CENTENNIAL  
 TOWERS  
 NY 39-003  
 BELMONT  
 COURTS  
 NY-39-004  
 PARKVIEW RISE  
 ADMINISTRATION  
 TENANT RELATIO  
 ADVERTISING  
 A&E  
 TRAINING  
 PLAN UPDATE

Signature of Executive Director & Date:  
**01/09/02** X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

(1) To be completed  
 Signature of Executi

X  
 1 To be completed fo

2 To be completed for the Performance and Evaluation Report.

**ref Handbook 7485.3**

2 To be completed for

**Performance and Evaluation Report  
Implementation Schedule**

**U.S. Department of Housing and Urban Development**  
OMB Approval No. 2577-0157 (Exp. 7/31/98)

Grant Program (CGP)

Office of Public and Indian Housing

Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
09/30/01		06/30/01	03/31/03	12/31/01		
09/30/01		06/30/01	03/31/03	12/31/01		
09/30/01		06/30/01	03/31/03		09/30/01	
09/30/01		03/31/01	03/31/03		06/30/01	
03/31/01		12/31/00	03/31/01		09/30/01	
03/31/01		12/31/00	03/31/01		09/30/01	
03/31/01		12/31/00	03/31/01		09/30/01	
03/31/01		12/31/00	03/31/01		06/30/01	
03/31/01		12/31/00	03/31/01		03/31/01	

for the Performance and Evaluation Report or a Revised Annual Statement

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

ive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**01/09/02 X**

or the Performance and Evaluation Report.

**ref Handbook 7485.3**

**To print this form press the "Ctrl" key and the letter "Z" simultaneously or click on the macro button below the bottom of this form.**

**Actual Comprehensive Grant Cost Certificate**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

**Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

PHA/IHA Name  <b>OGDENSBURG HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>NY06P03950100</b>
	FFY of Grant Approval <b>2,000.00</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	\$	<b>\$624,823.00</b>
B. Revised Funds Approved	\$	<b>624,823.00</b>
C. Funds Advanced	\$	
D. Funds Expended (Actual Modernization Cost)	\$	<b>515,631.73</b>
E. Amount to be Recaptured (A-D)	\$	<b>109,191.27</b>
F. Excess of Funds Advanced (C-D)	\$	<b>(515,631.73)</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same

should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

Signature of Executive Director	Date
<b>X</b>	<b>01/09/02</b>

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
<b>X</b>	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
<b>X</b>	

Approved (Field Office Manager or, in co-located office, Regional Administrator)	Date
<b>X</b>	

## Instructions

This is a three-dimensional file which produces HUD Form 52837 Parts I, II and III, the annual reporting forms for the Comp Grant program and the 52839 Actual Comprehensive Grant Cost Certificate.

## Special Features:

- Press the "Ctrl" key and the letter "P" simultaneously to print all completed pages of 52837 Part II, the 52837 Part I, and the 52837 Part III on letter sized paper, or click the macro buttons "Print all forms" located below the last page of every form.

- Press the "Ctrl" key and the letter "A" to add a new page of 52826 Part II only, or click on the macro button located below the last page.



For example:  
we provided  
you with five  
pages of the  
52837 Part II to  
start with; to  
add a new  
page, press  
the "Ctrl" key  
and the letter  
"A"  
simultaneously  
or click the  
button "Add a  
Page". Do not  
hit any other  
key(s) until the  
letters "CMD"  
leave th

- Pressing the  
"Ctrl" key and  
the letter "D"  
simultaneously  
deletes an  
unwanted page  
or click the  
macro button  
located below  
the last page  
"Delete a  
Page". Never  
delete the first  
page as it  
contains data  
base headings.

**Example: To delete the page you added in the above example, press the "Ctrl" key and the letter "D" simultaneously or click the button "Delete a Page". Do not hit any other key(s) until the letters "CMD" leave the bottom of the screen. This macro may tak**

**See the manual for more information or call our technical support line.**



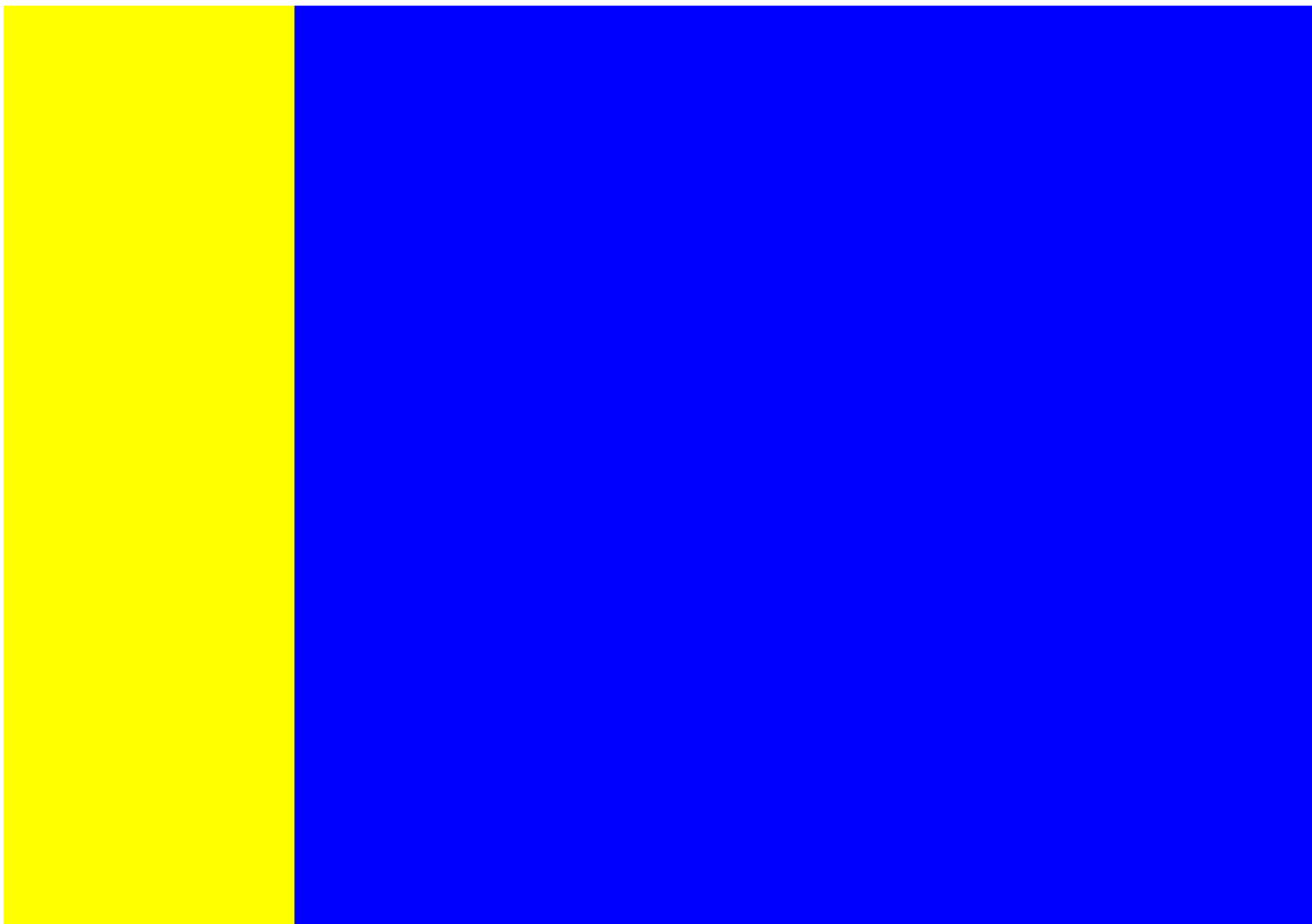
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PHA Forms

Press the "Ctrl" key and the letter "P"



to "Print"





**MACRO KEY**

**VA {GOTO}A:J1~{END}{DOWN}{D 1}~{L 9}~/WGPD/wir{d 3**

**VP {PANELOFF}/WGPD{CALC}:PRCRSSUMMARY~G:PRI**

**\U {PANELOFF}/WGPD{CALC}/WGPE{PANELON}{QUIT}**

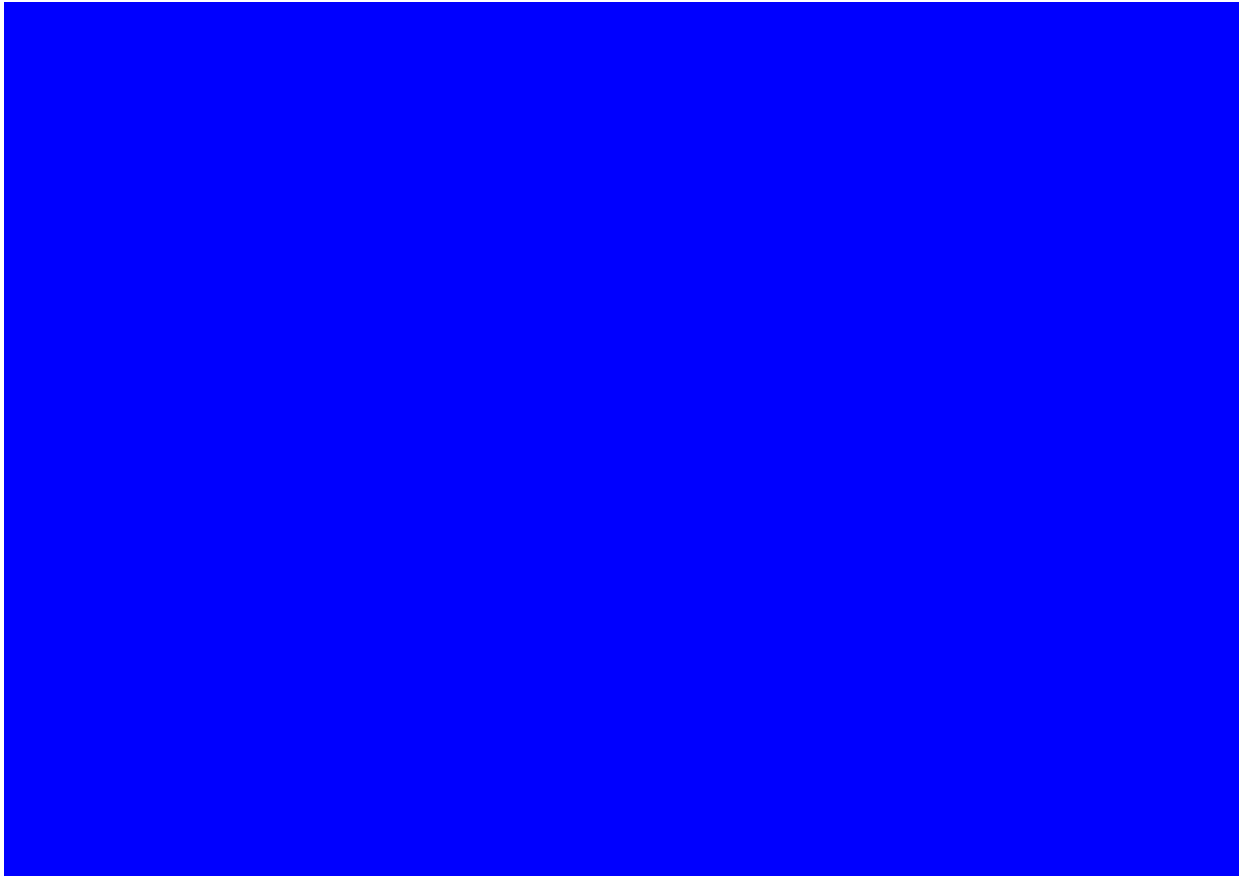
**\B {PANELOFF}:TR~{PANELON}{QUIT}**

**\D {GOTO}A:J1~{END}{DOWN}{U 38}~{IF @CELLPOINTE  
{L 9}~/WGPD/wdr{D 38}~/WGPE{u 2}~{QUIT}**

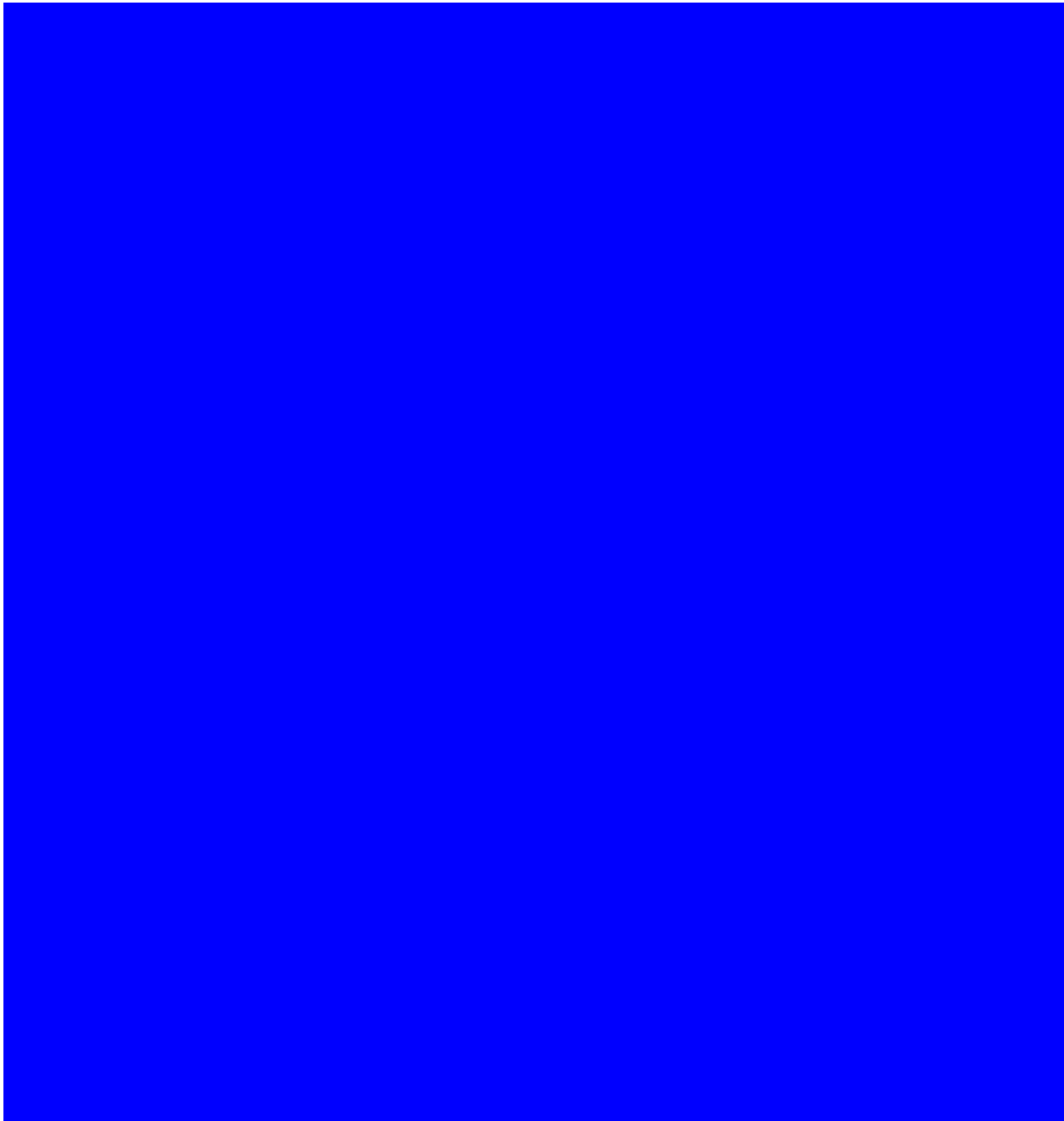
**\D {GOTO}D:N1~{WAIT @NOW+@TIME(0,0,2)}{PANELON**

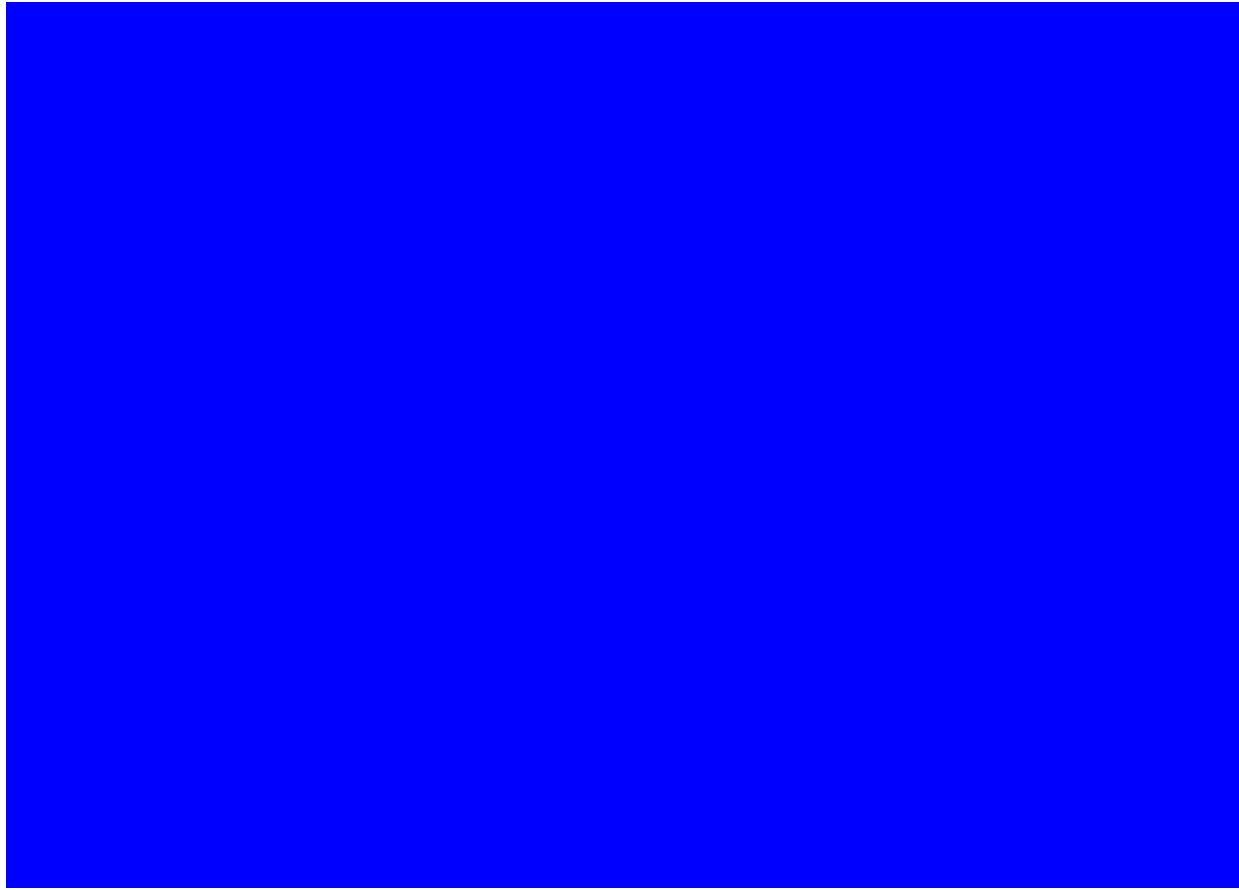
**\Z :prcrsprint~copqg{quit}**











38}~/CDETAIL~~/rncSUPPORT~{d 39}~:wprq{d 8}~/WGPE{QUIT}

CRSSUPPORT~G:PRCRSIMPLEMENT~G/WGPE{PANELON}{QUIT}

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R("type")="v"{{home}}quit}
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}}GOTO}D:A1~/WGPE{QUIT}
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**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NY 39-001 Riverview Towers	REPLACE CAST IRON WASTE LINES	1460.00	10	65,000.00	65,000.00			
	REPLACE TOILETS	1460.00	100	17,326.00	13,760.00			
	RENOVATE COMMUNITY ROOM KITCHEN	1470.00	1	10,000.00	10,000.00	10,000.00		
	NEW FLOORING IN FRONT ENTRANCE & RECYCLING ROOM	1470.00	2	8,000.00	8,000.00			
NY 39-002 Centennial Terrace	REPLACE CAST IRON WASTE LINES	1460.00	10	65,000.00	65,000.00			
	RENOVATE COMMUNITY ROOM KITCHEN	1470.00	1	12,000.00	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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

01/09/02 **X**

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NY 39-003 Belmont Courts	REPLACE UNDERLAYMENT & TILE	1460.00	52	90,000.00	90,000.00			
	REPLACE CLOSET DOORS	1460.00	104	10,000.00	10,000.00			
	NEW WINDOWS	1460.00	52	125,671.00	121,997.00			
	BRICK RESTORE-POINT & SEAL CHIMNEYS	1470.00	19	12,000.00	12,000.00			
	REFRIGERATORS	1465.10	126	32,000.00	49,140.00	42,000.00		
	DOMESTIC HOT WATER LIN	1460.00	4	38,000.00	38,000.00			
NY 39-004 Parkview Rise	REPLACE CLOSET DOORS	1460.00	100	20,000.00	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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

01/09/02 X

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
AGENCY-WIDE	ESTABLISHING A TENANT RELATIONS OFFICE TO ADMINISTER RESIDENT INITIATIVE AND TAR	1408.00		46,900.00	46,900.00	46,900.00	6,443.08	
	ADMINISTRATION OF CGP	1410.10		47,500.00	47,500.00	47,500.00	6,949.17	
	ADVERTISING FOR BIDS	1410.19		500.00	500.00	500.00	21.20	
	ARCHITECTURAL AND ENGINEERING FEES	1430.10		35,000.00	25,000.00	25,000.00		
	CAPITAL FUND TRAINING	1408.00		1,000.00	1,000.00	1,000.00		
	AGENCY PLAN/ANNUAL PLAN UPDATES	1408.00		3,040.00	3,140.00	3,140.00		

(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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

01/09/02 **X**



**Annual Statement / Performance and Evaluation Report**  
**Comprehensive Grant Program (CGP) Part I: Summary**

U.S. Department of Housing and Urban Development  
 No. 2577-0157 (Exp. 7/31/98)

Office of Public and Indian Housing

HA Name <b>OGDENSBURG HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>NY06P03950101</b>	FFY of Grant Approval <b>2001</b>
--	--	--------------------------------------

Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number\_\_1\_\_  Performance and Evaluation Report for Program Year  
 Final Performance and Evaluation Report

Line No.	Primary by Development Account	Total Estimated Cost		Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)				
3	1408 Management Improvements	50,940.00	51,040.00	51,040.00	6,443.08
4	1410 Administration	48,000.00	48,000.00	48,000.00	6,970.37
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000.00	25,000.00	25,000.00	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	430,997.00	423,757.00		
11	1465.1 Dwelling Equipment - Nonexpendable	32,000.00	49,140.00	42,000.00	
12	1470 Nondwelling Structures	42,000.00	42,000.00	10,000.00	
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)				
19	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	<b>638,937.00</b>	<b>638,937.00</b>	<b>176,040.00</b>	<b>13,413.45</b>
20	Amount of line 19 Related to LBP Activities	0.00	0.00	0.00	0.00
21	Amount of line 19 Related to Section 504 Compliance		0.00	0.00	0.00
22	Amount of line 19 Related to Security		0.00	0.00	0.00
23	Amount of line 19 Related to Energy Conversation M	0.00	0.00	0.00	0.00

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

**01/09/02 X**

2 To be completed for the Performance and Evaluation Report.

**ref Handbook 7485.3**

**Annual Statement / Performance and Evaluation Report**  
**Part III: Implementation Schedule**

U.S. Department of Housing and Urban Development  
 HUD Approval No. 2577-0157 (Exp. 7/31/98)

**Comprehensive Grant Program (CGP)**

Office of Public and Indian Housing

Quarter Ending \_\_9/30/0\_\_

Development Number / Name HA-Wide Activities	Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
	NY 39-001 RIVERVIEW TOWERS	09/30/02	12/31/02		03/31/04	06/30/04	
NY 39-002 CENTENNIAL TERRACE	09/30/02	12/31/02		03/31/04	06/30/04		
NY 39-003 BELMONT COURTS	09/30/02	12/31/02		03/31/04	06/30/04		
NY-39-004 PARKVIEW RISE	09/30/02	12/31/02		03/31/04	06/30/04		
ADMINISTRATION	03/31/02		06/30/01	04/30/02	09/30/02		
TENANT RELATIO	03/31/02		06/30/01	04/30/02	09/30/02		
ADVERTISING	09/30/02		06/30/01	10/31/02	06/30/04		
A&E	09/30/02		09/30/01	10/31/02	06/30/04		
TRAINING	09/30/02		09/30/01	10/31/02	12/31/02		
PLAN UPDATE	03/31/02		09/30/01	04/30/02	06/30/02		

(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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

**01/09/02 X**

2 To be completed for the Performance and Evaluation Report.

**ref Handbook 7485.3**

**To print this form press the "Ctrl" key and the letter "Z" simultaneously or click on the macro button below the bottom of this form.**

**Actual Comprehensive Grant Cost Certificate**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

**Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

PHA/IHA Name  <b>OGDENSBURG HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>NY06P03950101</b>
	FFY of Grant Approval <b>2,001.00</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	\$	<b>\$638,937.00</b>
B. Revised Funds Approved	\$	<b>638,937.00</b>
C. Funds Advanced	\$	
D. Funds Expended (Actual Modernization Cost)	\$	<b>13,413.45</b>
E. Amount to be Recaptured (A-D)	\$	<b>625,523.55</b>
F. Excess of Funds Advanced (C-D)	\$	<b>(13,413.45)</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same

should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

Signature of Executive Director	Date
<b>X</b>	<b>01/09/02</b>

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
<b>X</b>	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
<b>X</b>	

Approved (Field Office Manager or, in co-located office, Regional Administrator)	Date
<b>X</b>	

## Instructions

This is a three-dimensional file which produces HUD Form 52837 Parts I, II and III, the annual reporting forms for the Comp Grant program and the 52839 Actual Comprehensive Grant Cost Certificate.

## Special Features:

- Press the "Ctrl" key and the letter "P" simultaneously to print all completed pages of 52837 Part II, the 52837 Part I, and the 52837 Part III on letter sized paper, or click the macro buttons "Print all forms" located below the last page of every form.

- Press the "Ctrl" key and the letter "A" to add a new page of 52826 Part II only, or click on the macro button located below the last page.



For example:  
we provided  
you with five  
pages of the  
52837 Part II to  
start with; to  
add a new  
page, press  
the "Ctrl" key  
and the letter  
"A"  
simultaneously  
or click the  
button "Add a  
Page". Do not  
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- Pressing the  
"Ctrl" key and  
the letter "D"  
simultaneously  
deletes an  
unwanted page  
or click the  
macro button  
located below  
the last page  
"Delete a  
Page". Never  
delete the first  
page as it  
contains data  
base headings.

**Example: To delete the page you added in the above example, press the "Ctrl" key and the letter "D" simultaneously or click the button "Delete a Page". Do not hit any other key(s) until the letters "CMD" leave the bottom of the screen. This macro may tak**

**See the manual for more information or call our technical support line.**



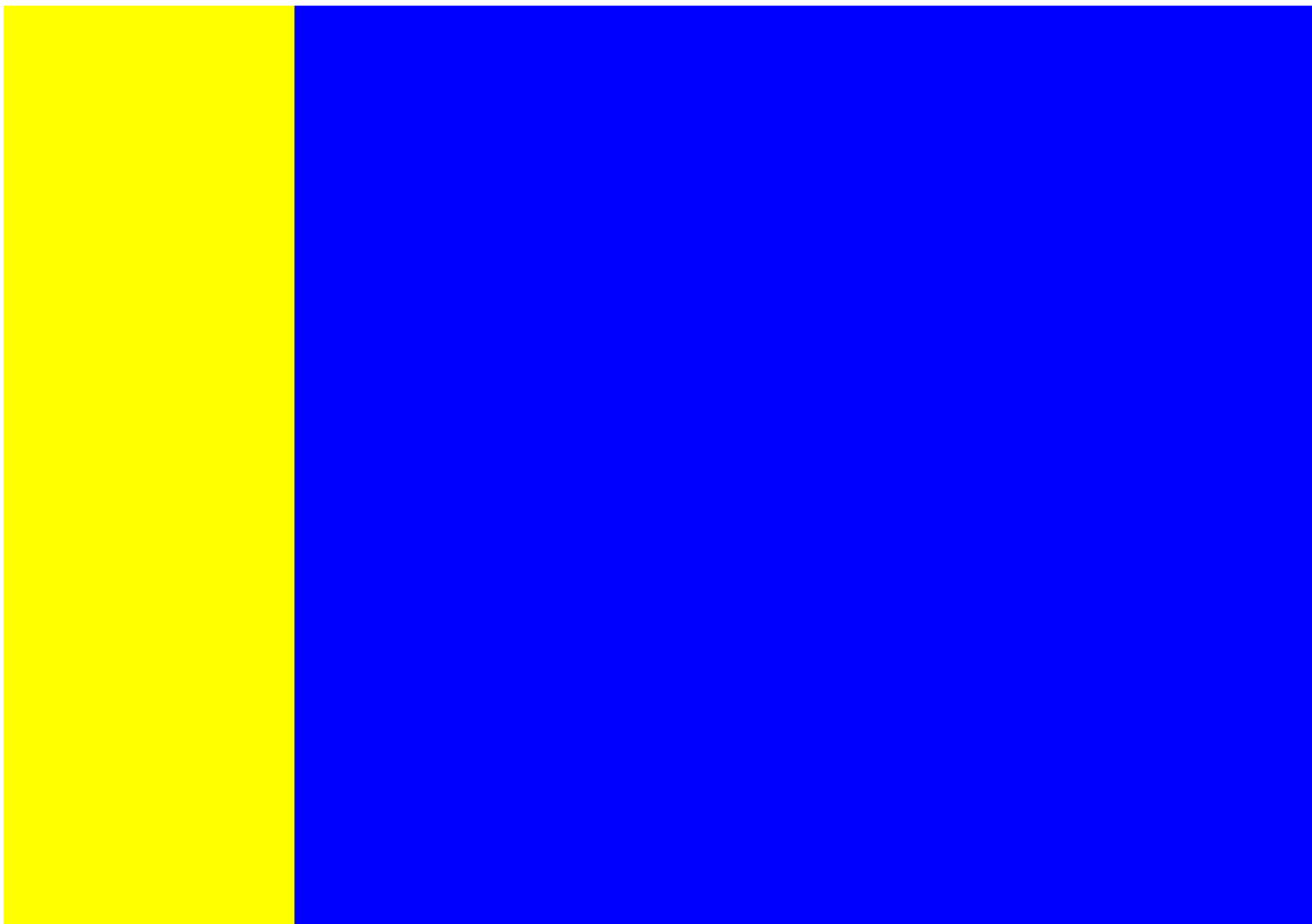
Thank you for purchasing PHA Forms!  
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PHA Forms

Press the "Ctrl" key and the letter "P"



to "Print"





**MACRO KEY**

**VA {GOTO}A:J1~{END}{DOWN}{D 1}~{L 9}~/WGPD/wir{d 3**

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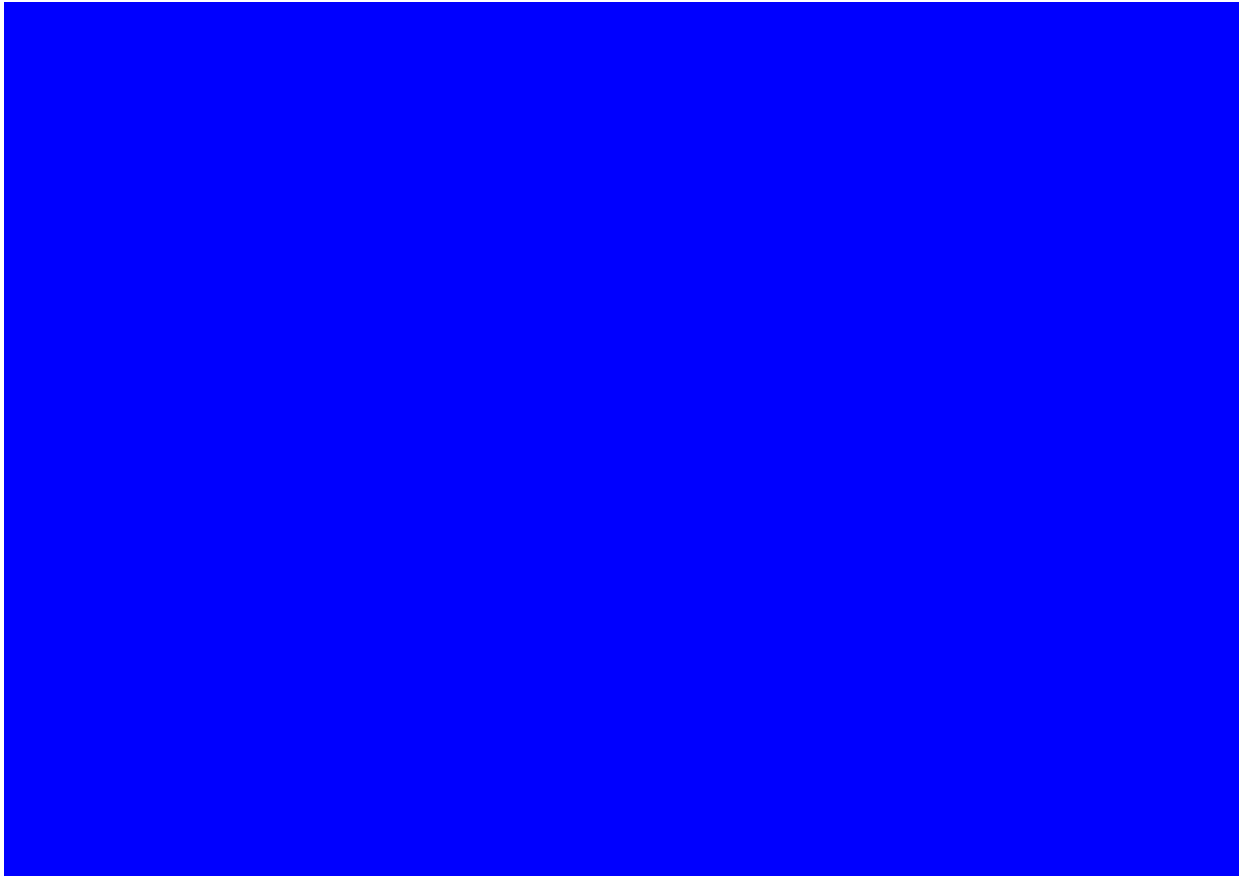
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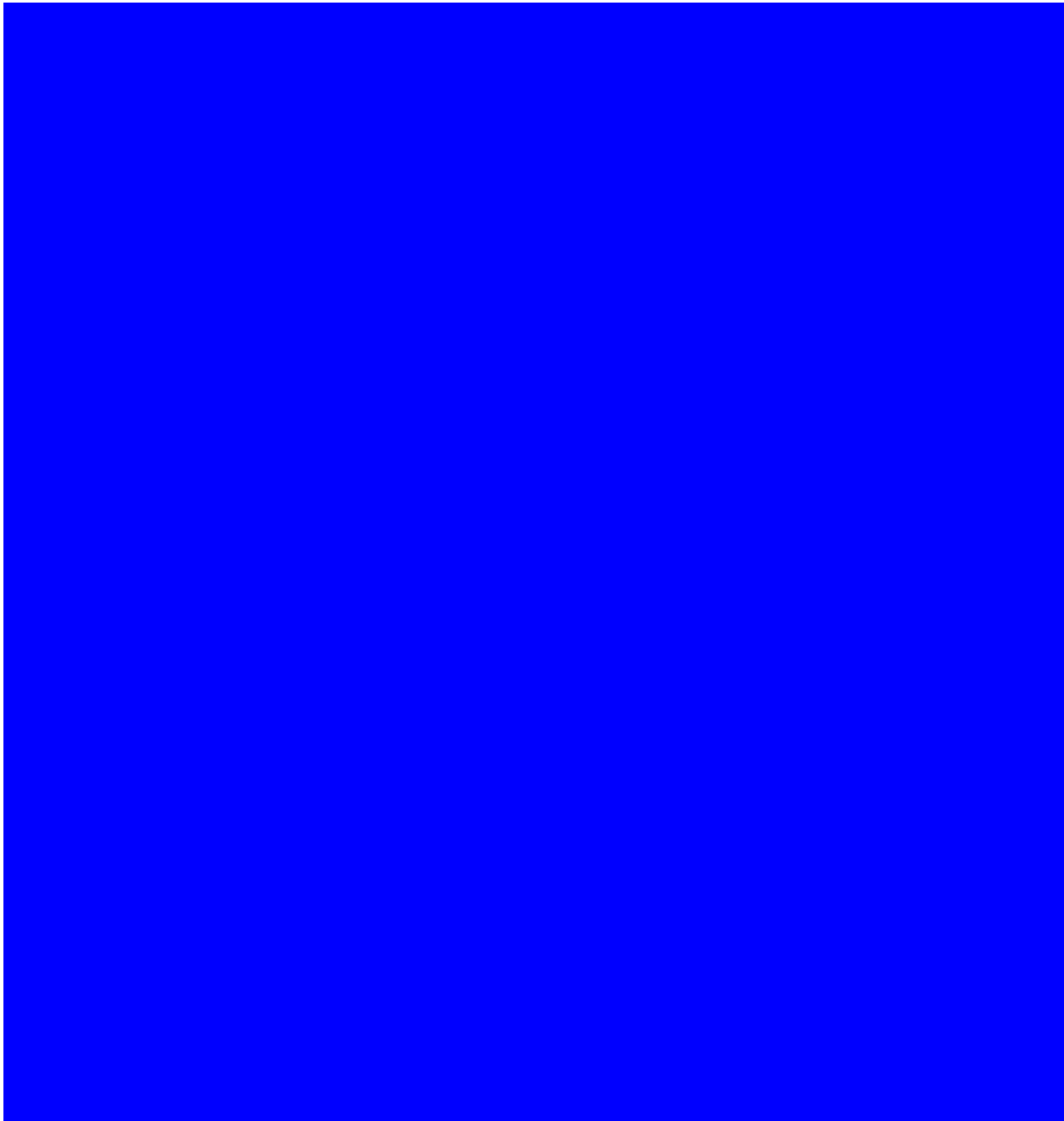
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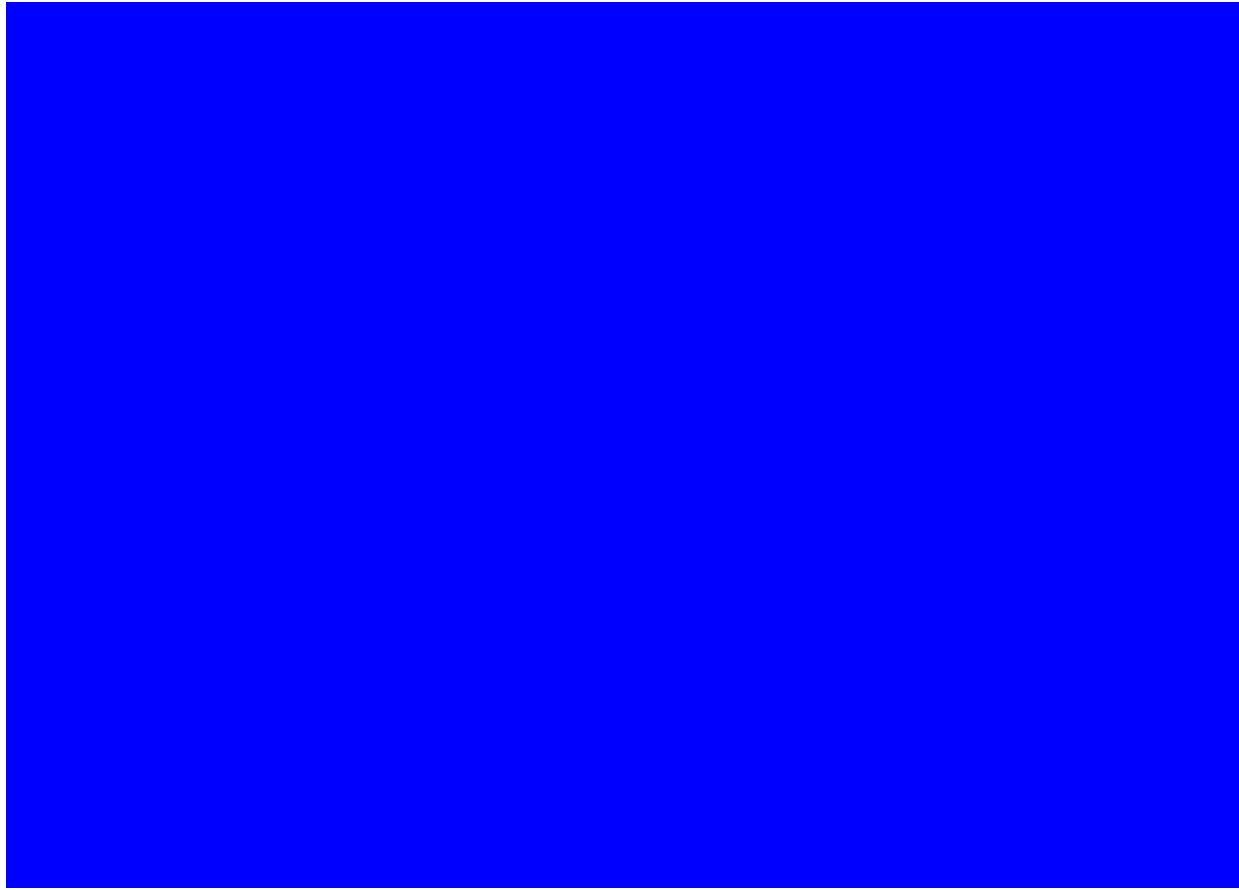
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**Capital Funds Program Five Year Action Plan  
Part II: Supporting Pages--Work Activities**

Activities for Year 1	Activities for Year: 2 FFY Grant: 2003 PHA FY: 2003			Activities for Year: 3 FFY Grant: 2004 PHA FY: 2004		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	NY 39-001 Riverview Towers	Replace tile main & first floors	20,000.00	NY 39-001 Riverview Tower	Main circuit breakers	35,000.00
		<b>TOTAL RIVERVIEW TOWERS</b>	<b>20,000.00</b>		Apartment lights	55,000.00
					<b>TOTAL RIVERVIEW TOWERS</b>	<b>90,000.00</b>
	NY 39-002 Centennial Terrace	Windows	224,000.00			
		Replace tile main floor	20,000.00	NY 39-003 Belmont Courts	Curbing & sidewalks	204,000.00
Annual		<b>TOTAL CENTENNIAL TERRACE</b>	<b>244,000.00</b>		Underground heating pipes	45,000.00
					Brick restoration	100,000.00
	NY 39-003 Belmont Courts	Replace radiator valves	60,000.00		Replace radiators	74,937.00
		Brick restoration & step replacement	189,937.00		<b>TOTAL BELMONT COURTS</b>	<b>423,937.00</b>
		<b>TOTAL BELMONT COURTS</b>	<b>249,937.00</b>			
Statement	HA - WIDE:	<b>Management Improvements:</b>		HA - WIDE:	<b>Management Improvements:</b>	
		Tenant Relations Office-Sal & Bene.	42,000.00		Tenant Relations Office-Sal & Bene.	42,000.00
		PHAS/Regulation Training	1,000.00		PHAS/Regulation Training	1,000.00
		Agency Annual Plan	3,500.00		Agency Annual Plan	3,500.00
		<b>Administration:</b>			<b>Administration:</b>	
		Administration of CFP-Sal & Bene.	46,000.00		Administration of CFP-Sal & Bene.	46,000.00
		Advertising	500.00		Advertising	500.00
		<b>Fees &amp; Costs:</b>			<b>Fees &amp; Costs:</b>	
		A&E Fees	32,000.00		A&E Fees	32,000.00
		<b>TOTAL HA-WIDE</b>	<b>125,000.00</b>		<b>TOTAL HA-WIDE</b>	<b>125,000.00</b>
		<b>TOTAL CFP ESTIMATED COST - 2003</b>	<b>638,937.00</b>		<b>TOTAL CFP ESTIMATED COST - 2004</b>	<b>638,937.00</b>

**Capital Funds Program Five Year Action Plan  
Part II: Supporting Pages--Work Activities**

Activities for Year 1	Activities for Year: 4 FFY Grant: 2005 PHA FY: 2005			Activities for Year: 5 FFY Grant: 2006 PHA FY: 2006		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	NY 39-001 Riverview Towers	Replace apartment lighting	20,000.00	NY 39-001 Riverview Tower	Replace stoves	29,842.00
		Replace refrigerators-75 units	37,500.00		<b>TOTAL RIVERVIEW TOWERS</b>	<b>29,842.00</b>
		Upgrade public restrooms	15,000.00			
		Replace tile hall & apartments	163,000.00	Y 39-002 Centennial Terrac	Replace stoves	33,158.00
		Upgrade alarm system	50,000.00		Replace refrigerators-75 units	37,500.00
Annual		<b>TOTAL RIVERVIEW TOWERS</b>	<b>285,500.00</b>		Replace tile hall & apartments	204,000.00
					<b>TOTAL CENTENNIEL TERRACE</b>	<b>274,658.00</b>
	NY 39-002 Centennial Terrac	Tub faucet replacement	30,000.00			
		Handicapped access apartments	100,000.00	NY 39-003 Belmont Courts	Roof repair	50,000.00
		Upgrade alarm system	50,000.00		Crawl space entrances & fire doors	80,000.00
Statement		<b>TOTAL CENTENNIAL TERRACE</b>	<b>180,000.00</b>		Install alarm system in crawl space	20,000.00
					<b>TOTAL BELMONT COURTS</b>	<b>150,000.00</b>
	NY 39-003 Belmont Courts	Replace laundry dryer vents	30,000.00			
		Replace domestic hot water system	18,437.00	NY 39-004 Parkview Rise	Stove & refrigerator replacement	35,000.00
		<b>TOTAL BELMONT COURTS</b>	<b>48,437.00</b>		Upgrade fire alarm	24,437.00
					<b>TOTAL PARKVIEW RISE</b>	<b>59,437.00</b>
	HA - WIDE:	<b>Management Improvements:</b>		HA - WIDE:	<b>Management Improvements:</b>	
		Tenant Relations Office-Sal & Bene.	42,000.00		Tenant Relations Office-Sal & Bene.	42,000.00
		PHAS/Regulation Training	1,000.00		PHAS/Regulation Training	1,000.00
		Agency Annual Plan	3,500.00		Agency Annual Plan	3,500.00
		<b>Administration:</b>			<b>Administration:</b>	
		Administration of CFP-Sal & Bene.	46,000.00		Administration of CFP-Sal & Bene.	46,000.00
		Advertising	500.00		Advertising	500.00
		<b>Fees &amp; Costs:</b>			<b>Fees &amp; Costs:</b>	
		A&E Fees	32,000.00		A&E Fees	32,000.00
		<b>TOTAL HA-WIDE</b>	<b>125,000.00</b>		<b>TOTAL HA-WIDE</b>	<b>125,000.00</b>
		<b>TOTAL CFP ESTIMATED COST - 2005</b>	<b>638,937.00</b>		<b>TOTAL CFP ESTIMATED COST - 2006</b>	<b>638,937.00</b>

**CAPITAL FUND PROGRAM TABLES START HERE**

**Annual Statement /Performance and Evaluation Report  
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: <b>Ogdensburg Housing Authority</b>	Grant Type and Number: Capital Fund Program No: <b>NY06P03950102</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2002</b>
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Original Annual Statement     
  Reserved for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses				
3	1408 Management Improvements	46,500.00			
4	1410 Administration	46,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	513,937.00			
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>638,937.00</b>			
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
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				



**Annual Statement/Performance and Evaluation Report and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: <b>Ogdensburg Housing Authority</b>		Grant Type and Number: Capital Fund Program No: <b>NY06P03950102</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Tenant Relations Office	1408		42,000.00				
	PHAS/Regulation Training	1408		1,000.00				
	Agency Annual Plan	1408		3,500.00				
	Administration of CFP	1410		46,000.00				
	Advertising for Bids	1410		500.00				
	A&E Fees	1430		32,000.00				
NY 39-001	Riverview							
	Towers	1460		338,937.00				
NY 39-002	Centennial							
	Terrace	1460		90,000.00				
NY 39-004	Parkview							
	Rise	1460		85,000.00				
<b>TOTAL - 2002</b>				<b>638,937.00</b>				



**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NY 39-001 Riverview Towers	PENTHOUSE VENTILATION SYSTEM	1470.00	1	6,000.00	5,320.00	5,320.00	5,320.00	
	ZONE MOTORS & PUMP HEATING SYSTEM	1460.00	6	20,000.00	20,000.00	20,000.00		
	REPLACE SIDEWALK LIGHT	1450.00	8	9,000.00	14,890.00	14,890.00	14,890.00	
	REPLACE SIDEWALKS	1450.00	1	8,000.00	0.00			
	APARTMENT THERMOSTAT	1460.00	100	50,000.00	53,758.67	53,758.67	45,473.40	
NY 39-002 Centennial Terrace	ALUMINUM PANELS ON FIRST FLOOR NEED TO BE REPLACED W/ NEW SYSTEM	1470.00	1	30,000.00	76,000.00	76,000.00	26,209.00	

(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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

01/21/02 X

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NY 39-002 Con't	LOUVER IN ELEVATOR PENTHOUSE NEEDS TEMPERATURE CONTROL	1470.00	1	6,000.00	4,350.00	4,350.00	4,350.00	
	REPLACE LAUNDRY EXHAUST	1460.00	1	10,000.00	10,000.00	10,000.00		
	REPLACE HEAT ZONE MOTOR AND PUMP	1460.00	6	20,000.00	20,000.00	20,000.00		
NY 39-003 Belmont Courts	REPLACE UNDERLAYMENT AND TILE	1460.00	38	90,000.00	86,994.95	86,994.95	86,994.95	
	REPLACE CLOSET DOORS	1460.00	38	15,000.00	15,000.00	15,000.00	15,000.00	
	NEW WINDOWS	1460.00	60	107,177.00	107,177.00	107,177.00	107,177.00	
	DOMESTIC HOT WATER LIN	1460.00	4	38,000.00	58,512.48	58,512.48	58,512.48	

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

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Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X** 01/21/02 **X**

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NY 39-003 Con't	REPLACE UNDERGROUND GAS LINES	1450.00	4	37,500.00	0.00			
	REPLACE BEDROOM LIGHT	1460.00	126	30,000.00	40,860.00	40,860.00	40,860.00	
NY 39-004 Parkview Rise	REPLACE FLOORING	1460.00	50	10,000.00	0.00			
	REPLACE SMOKE DETECTORS	1460.00	50	1,500.00	700.91	700.91	700.91	
	LANDSCAPING	1450.00		0.00	5,933.00	5,933.00	5,933.00	
AGENCY-WIDE	LOUVER REPLACEMENT	1460.00		0.00	427.75	427.75	427.75	
	ESTABLISHING A TENANT RELATIONS OFFICE TO ADMINISTER RESIDENT INITIATIVE AND TAR	1408.00		45,494.00	41,680.84	41,680.84	41,680.84	
	ADMINISTRATION OF CFP	1410.10		46,112.00	45,308.66	45,308.66	45,308.66	

(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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

01/21/02 X

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
AGENCY-WIDE Con't	ADVERTISING FOR BIDS	1410.19		500.00	274.32	274.32	274.32	
	ARCHITECTURAL AND ENGINEERING FEES	1430.10		32,000.00	12,310.00	12,310.00	11,195.00	
	OCCUPANCY TRAINING	1408.00	1	3,000.00	1,880.67	1,880.67	1,880.67	
	AGENCY PLAN/ANNUAL PLAN UPDATES	1408.00	1	3,040.00	3,443.75	3,443.75	3,443.75	
	ELDERLY/DISABLED HOUSING DESIGNATION PLAN	1408.00	1	6,500.00	0.00			

(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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X** 01/21/02 **X**

**Annual Statement / Performance and Evaluation Report**  
**Comprehensive Grant Program (CGP) Part I: Summary**

U.S. Department of Housing and Urban Development  
 No. 2577-0157 (Exp. 7/31/98)

Office of Public and Indian Housing

**Annual Statement**  
**Part III: Imp**  
**Comprehensive**

HA Name <b>OGDENSBURG HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>NY06P03950100</b>	FFY of Grant Approval <b>2000</b>
--	--	--------------------------------------

Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number\_\_1\_\_  Performance and Evaluation Report for Program Year Ending \_9/30/01  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)				
3	1408 Management Improvements	58,034.00	47,005.26	47,005.26	47,005.26
4	1410 Administration	46,612.00	45,582.98	45,582.98	45,582.98
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32,000.00	12,310.00	12,310.00	11,195.00
8	1440 Site Acquisition				
9	1450 Site Improvement	54,500.00	20,823.00	20,823.00	20,823.00
10	1460 Dwelling Structures	391,677.00	413,431.76	413,431.76	355,146.49
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures	42,000.00	85,670.00	85,670.00	35,879.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)				
19	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	<b>624,823.00</b>	<b>624,823.00</b>	<b>624,823.00</b>	<b>515,631.73</b>
20	Amount of line 19 Related to LBP Activities	0.00	0.00	0.00	0.00
21	Amount of line 19 Related to Section 504 Compliance		0.00	0.00	0.00
22	Amount of line 19 Related to Security		0.00	0.00	0.00
23	Amount of line 19 Related to Energy Conversation M	0.00	0.00	0.00	0.00

Development  
 Number / Name  
 HA-Wide  
 Activities

NY 39-001  
 RIVERVIEW  
 TOWERS  
 NY 39-002  
 CENTENNIAL  
 TOWERS  
 NY 39-003  
 BELMONT  
 COURTS  
 NY-39-004  
 PARKVIEW RISE  
 ADMINISTRATION  
 TENANT RELATIO  
 ADVERTISING  
 A&E  
 TRAINING  
 PLAN UPDATE

Signature of Executive Director & Date:  
**X** **01/21/02** **X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

(1) To be completed  
 Signature of Executi  
**X**

2 To be completed for the Performance and Evaluation Report.

**ref Handbook 7485.3**

2 To be completed for



**Performance and Evaluation Report  
Implementation Schedule**

**U.S. Department of Housing and Urban Development**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Grant Program (CGP)

Office of Public and Indian Housing

Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
09/30/01		06/30/01	03/31/03	12/31/01		
09/30/01		06/30/01	03/31/03	12/31/01		
09/30/01		06/30/01	03/31/03		09/30/01	
09/30/01		03/31/01	03/31/03		06/30/01	
03/31/01		12/31/00	03/31/01		09/30/01	
03/31/01		12/31/00	03/31/01		09/30/01	
03/31/01		12/31/00	03/31/01		09/30/01	
03/31/01		12/31/00	03/31/01		06/30/01	
03/31/01		12/31/00	03/31/01		03/31/01	

for the Performance and Evaluation Report or a Revised Annual Statement

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

ive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**01/21/02 X**

or the Performance and Evaluation Report.

**ref Handbook 7485.3**

**To print this form press the "Ctrl" key and the letter "Z" simultaneously or click on the macro button below the bottom of this form.**

**Actual Comprehensive Grant Cost Certificate**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

**Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

PHA/IHA Name  <b>OGDENSBURG HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>NY06P03950100</b>
	FFY of Grant Approval <b>2,000.00</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	\$	<b>\$624,823.00</b>
B. Revised Funds Approved	\$	<b>624,823.00</b>
C. Funds Advanced	\$	
D. Funds Expended (Actual Modernization Cost)	\$	<b>515,631.73</b>
E. Amount to be Recaptured (A-D)	\$	<b>109,191.27</b>
F. Excess of Funds Advanced (C-D)	\$	<b>(515,631.73)</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same

should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

Signature of Executive Director	Date
<b>X</b>	<b>01/21/02</b>

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
<b>X</b>	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
<b>X</b>	

Approved (Field Office Manager or, in co-located office, Regional Administrator)	Date
<b>X</b>	

## Instructions

This is a three-dimensional file which produces HUD Form 52837 Parts I, II and III, the annual reporting forms for the Comp Grant program and the 52839 Actual Comprehensive Grant Cost Certificate.

## Special Features:

- Press the "Ctrl" key and the letter "P" simultaneously to print all completed pages of 52837 Part II, the 52837 Part I, and the 52837 Part III on letter sized paper, or click the macro buttons "Print all forms" located below the last page of every form.

- Press the "Ctrl" key and the letter "A" to add a new page of 52826 Part II only, or click on the macro button located below the last page.

For example:  
we provided  
you with five  
pages of the  
52837 Part II to  
start with; to  
add a new  
page, press  
the "Ctrl" key  
and the letter  
"A"  
simultaneously  
or click the  
button "Add a  
Page". Do not  
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key(s) until the  
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- Pressing the  
"Ctrl" key and  
the letter "D"  
simultaneously  
deletes an  
unwanted page  
or click the  
macro button  
located below  
the last page  
"Delete a  
Page". Never  
delete the first  
page as it  
contains data  
base headings.

**Example: To delete the page you added in the above example, press the "Ctrl" key and the letter "D" simultaneously or click the button "Delete a Page". Do not hit any other key(s) until the letters "CMD" leave the bottom of the screen. This macro may tak**

**See the manual for more information or call our technical support line.**



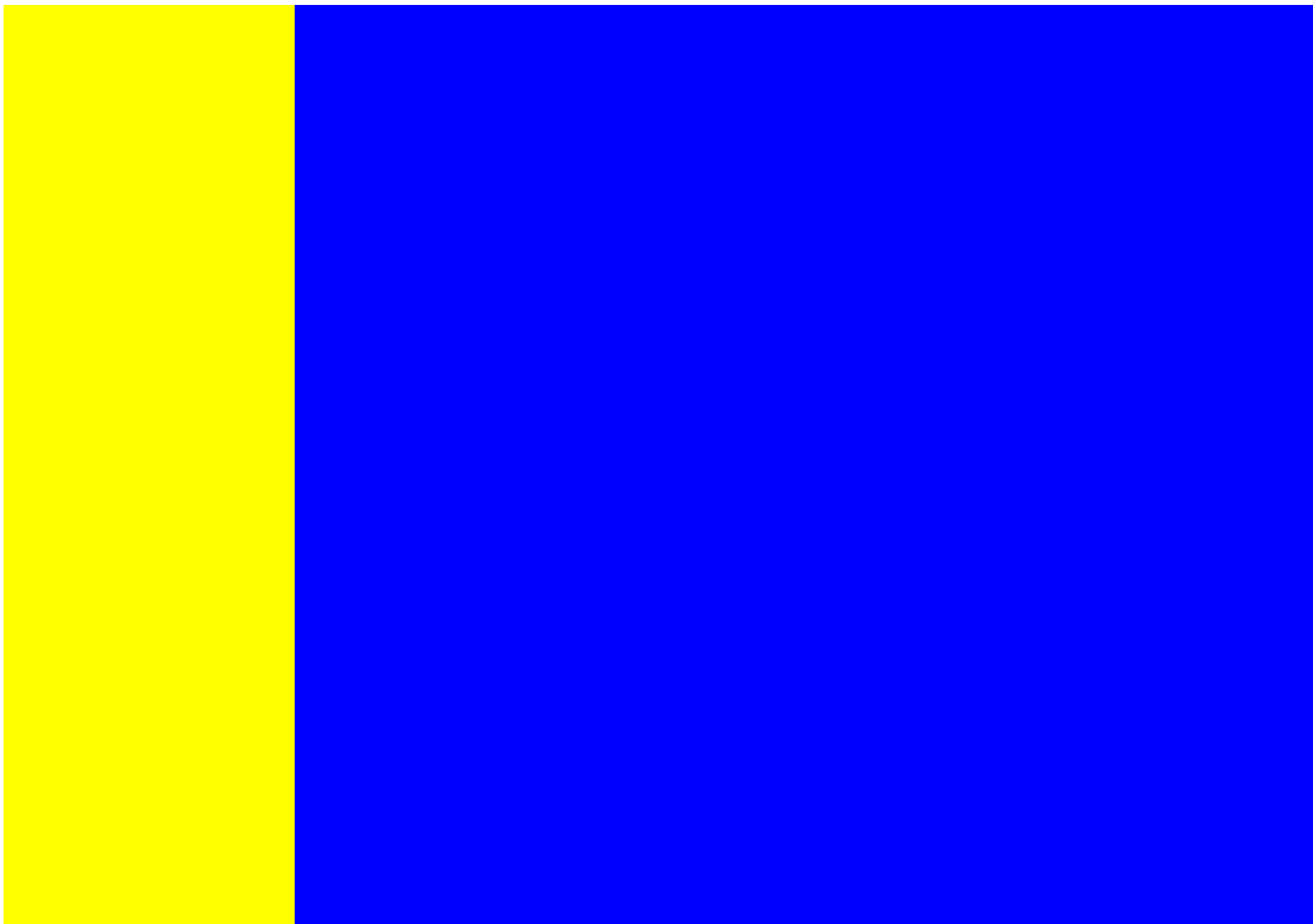


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PHA Forms

Press the "Ctrl" key and the letter "P"

to "Print"





**MACRO KEY**

**VA {GOTO}A:J1~{END}{DOWN}{D 1}~{L 9}~/WGPD/wir{d 3**

**VP {PANELOFF}/WGPD{CALC}:PRCRSSUMMARY~G:PRI**

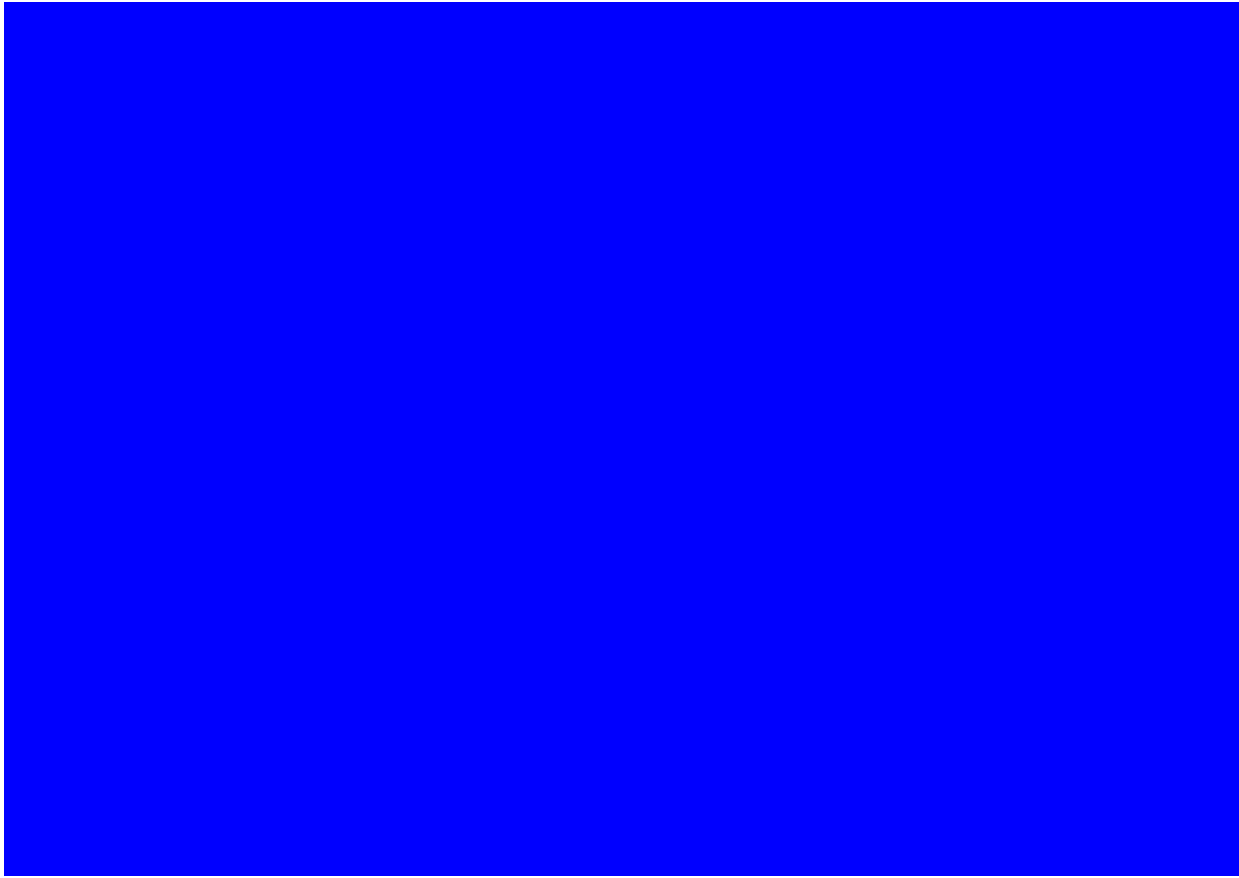
**\U {PANELOFF}/WGPD{CALC}/WGPE{PANELON}{QUIT}**

**\B {PANELOFF}:TR~{PANELON}{QUIT}**

**\D {GOTO}A:J1~{END}{DOWN}{U 38}~{IF @CELLPOINTE  
{L 9}~/WGPD/wdr{D 38}~/WGPE{u 2}~{QUIT}**

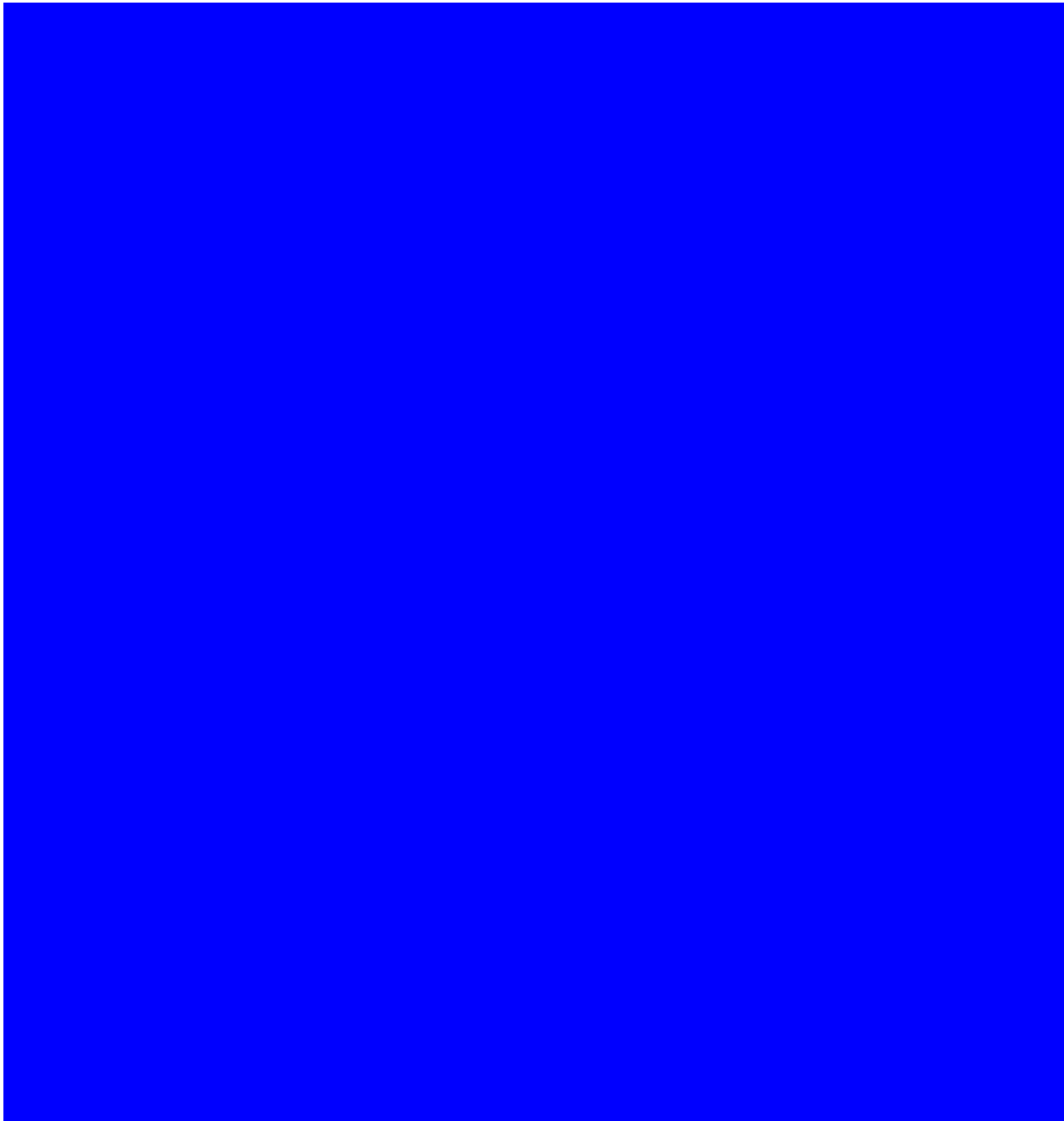
**\D {GOTO}D:N1~{WAIT @NOW+@TIME(0,0,2)}{PANELON**

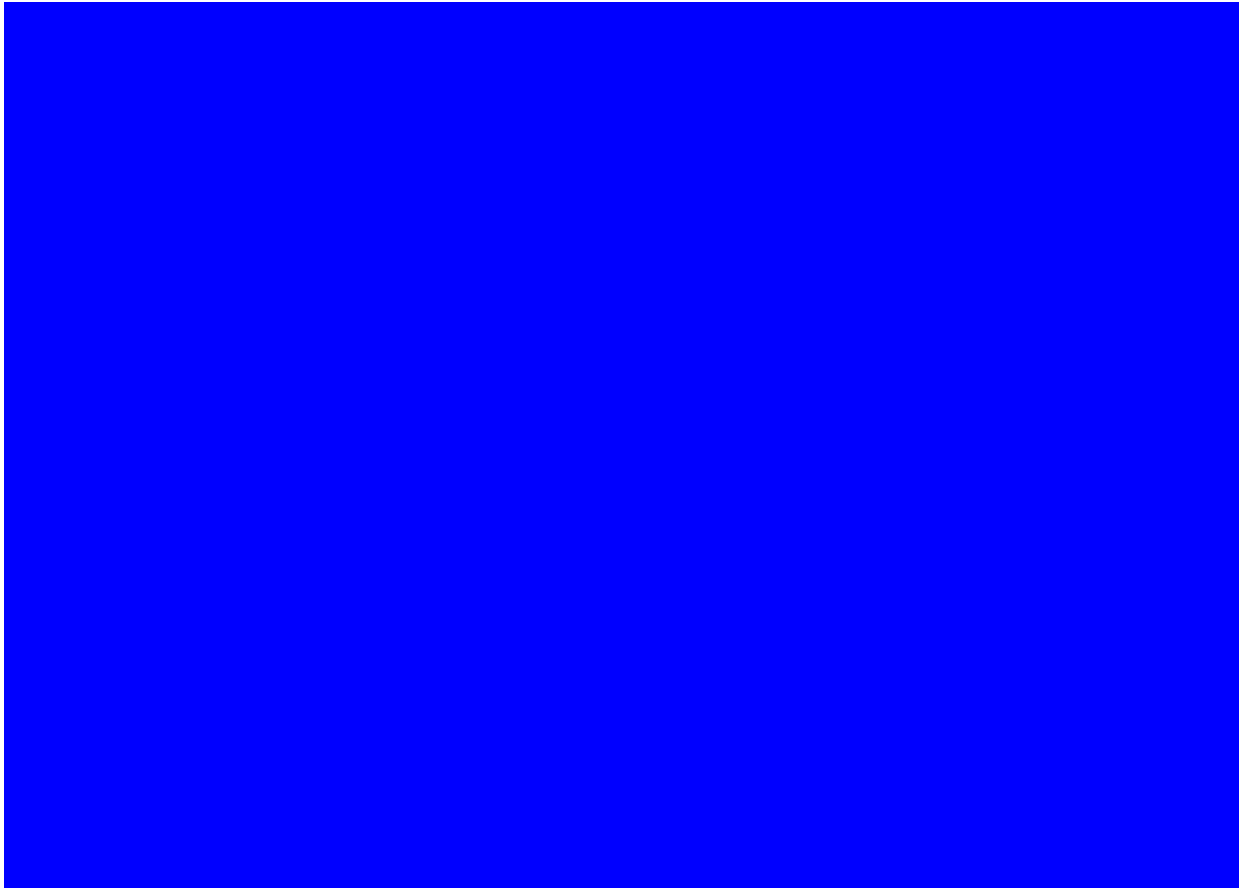
**\Z :prcrsprint~copqg{quit}**











38}~/CDETAIL~~/rncSUPPORT~{d 39}~:wprq{d 8}~/WGPE{QUIT}

CRSSUPPORT~G:PRCRSIMPLEMENT~G/WGPE{PANELON}{QUIT}

```
R("type")="v"{}home{}quit}
```

```
{}GOTO}D:A1~/WGPE{QUIT}
```

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NY 39-001 Riverview Towers	REPLACE CAST IRON WASTE LINES	1460.00	10	65,000.00	65,000.00			
	REPLACE TOILETS	1460.00	100	17,326.00	13,760.00			
	RENOVATE COMMUNITY ROOM KITCHEN	1470.00	1	10,000.00	10,000.00	10,000.00		
	NEW FLOORING IN FRONT ENTRANCE & RECYCLING ROOM	1470.00	2	8,000.00	8,000.00			
NY 39-002 Centennial Terrace	REPLACE CAST IRON WASTE LINES	1460.00	10	65,000.00	65,000.00			
	RENOVATE COMMUNITY ROOM KITCHEN	1470.00	1	12,000.00	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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

01/21/02 **X**

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NY 39-003 Belmont Courts	REPLACE UNDERLAYMENT & TILE	1460.00	52	90,000.00	90,000.00			
	REPLACE CLOSET DOORS	1460.00	104	10,000.00	10,000.00			
	NEW WINDOWS	1460.00	52	125,671.00	121,997.00			
	BRICK RESTORE-POINT & SEAL CHIMNEYS	1470.00	19	12,000.00	12,000.00			
	REFRIGERATORS	1465.10	126	32,000.00	49,140.00	42,000.00		
	DOMESTIC HOT WATER LIN	1460.00	4	38,000.00	38,000.00			
NY 39-004 Parkview Rise	REPLACE CLOSET DOORS	1460.00	100	20,000.00	20,000.00			

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

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

01/21/02 X

**Annual Statement / Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing and Urban Development**  
 Office of Public and Indian Housing  
 Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
AGENCY-WIDE	ESTABLISHING A TENANT RELATIONS OFFICE TO ADMINISTER RESIDENT INITIATIVE AND TAR	1408.00		46,900.00	46,900.00	46,900.00	6,443.08	
	ADMINISTRATION OF CGP	1410.10		47,500.00	47,500.00	47,500.00	6,949.17	
	ADVERTISING FOR BIDS	1410.19		500.00	500.00	500.00	21.20	
	ARCHITECTURAL AND ENGINEERING FEES	1430.10		35,000.00	25,000.00	25,000.00		
	CAPITAL FUND TRAINING	1408.00		1,000.00	1,000.00	1,000.00		
	AGENCY PLAN/ANNUAL PLAN UPDATES	1408.00		3,040.00	3,140.00	3,140.00		

(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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

01/21/02 X

**Annual Statement / Performance and Evaluation Report**  
**Comprehensive Grant Program (CGP) Part I: Summary**

U.S. Department of Housing and Urban Development  
 No. 2577-0157 (Exp. 7/31/98)  
 Office of Public and Indian Housing

HA Name <b>OGDENSBURG HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>NY06P03950101</b>	FFY of Grant Approval <b>2001</b>
--	--	--------------------------------------

Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number\_\_1\_\_  Performance and Evaluation Report for Program Year  
 Final Performance and Evaluation Report

Line No.	Primary by Development Account	Total Estimated Cost		Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)				
3	1408 Management Improvements	50,940.00	51,040.00	51,040.00	6,443.08
4	1410 Administration	48,000.00	48,000.00	48,000.00	6,970.37
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000.00	25,000.00	25,000.00	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	430,997.00	423,757.00		
11	1465.1 Dwelling Equipment - Nonexpendable	32,000.00	49,140.00	42,000.00	
12	1470 Nondwelling Structures	42,000.00	42,000.00	10,000.00	
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)				
19	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	<b>638,937.00</b>	<b>638,937.00</b>	<b>176,040.00</b>	<b>13,413.45</b>
20	Amount of line 19 Related to LBP Activities	0.00	0.00	0.00	0.00
21	Amount of line 19 Related to Section 504 Compliance		0.00	0.00	0.00
22	Amount of line 19 Related to Security		0.00	0.00	0.00
23	Amount of line 19 Related to Energy Conversation M	0.00	0.00	0.00	0.00

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

**01/21/02 X**

2 To be completed for the Performance and Evaluation Report.

**ref Handbook 7485.3**



**Annual Statement / Performance and Evaluation Report**  
**Part III: Implementation Schedule**

U.S. Department of Housing and Urban Development  
 HUD Approval No. 2577-0157 (Exp. 7/31/98)

and Urban Development

Office of Public and Indian Housing

**Comprehensive Grant Program (CGP)**

Quarter Ending \_\_\_9/30/0\_\_

Development Number / Name HA-Wide Activities	Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
	NY 39-001 RIVERVIEW TOWERS	09/30/02	12/31/02		03/31/04	06/30/04	
NY 39-002 CENTENNIAL TERRACE	09/30/02	12/31/02		03/31/04	06/30/04		
NY 39-003 BELMONT COURTS	09/30/02	12/31/02		03/31/04	06/30/04		
NY-39-004 PARKVIEW RISE	09/30/02	12/31/02		03/31/04	06/30/04		
ADMINISTRATION	03/31/02		06/30/01	04/30/02	09/30/02		
TENANT RELATIO	03/31/02		06/30/01	04/30/02	09/30/02		
ADVERTISING	09/30/02		06/30/01	10/31/02	06/30/04		
A&E	09/30/02		09/30/01	10/31/02	06/30/04		
TRAINING	09/30/02		09/30/01	10/31/02	12/31/02		
PLAN UPDATE	03/31/02		09/30/01	04/30/02	06/30/02		

(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.

Signature:

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

**01/21/02 X**

2 To be completed for the Performance and Evaluation Report.

**ref Handbook 7485.3**

**To print this form press the "Ctrl" key and the letter "Z" simultaneously or click on the macro button below the bottom of this form.**

**Actual Comprehensive Grant Cost Certificate**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

**Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

PHA/IHA Name  <b>OGDENSBURG HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>NY06P03950101</b>
	FFY of Grant Approval <b>2,001.00</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	\$	<b>\$638,937.00</b>
B. Revised Funds Approved	\$	<b>638,937.00</b>
C. Funds Advanced	\$	
D. Funds Expended (Actual Modernization Cost)	\$	<b>13,413.45</b>
E. Amount to be Recaptured (A-D)	\$	<b>625,523.55</b>
F. Excess of Funds Advanced (C-D)	\$	<b>(13,413.45)</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same

should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

Signature of Executive Director	Date
<b>X</b>	<b>01/21/02</b>

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
<b>X</b>	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
<b>X</b>	

Approved (Field Office Manager or, in co-located office, Regional Administrator)	Date
<b>X</b>	

## Instructions

This is a three-dimensional file which produces HUD Form 52837 Parts I, II and III, the annual reporting forms for the Comp Grant program and the 52839 Actual Comprehensive Grant Cost Certificate.

## Special Features:

- Press the "Ctrl" key and the letter "P" simultaneously to print all completed pages of 52837 Part II, the 52837 Part I, and the 52837 Part III on letter sized paper, or click the macro buttons "Print all forms" located below the last page of every form.

- Press the "Ctrl" key and the letter "A" to add a new page of 52826 Part II only, or click on the macro button located below the last page.

For example:  
we provided  
you with five  
pages of the  
52837 Part II to  
start with; to  
add a new  
page, press  
the "Ctrl" key  
and the letter  
"A"  
simultaneously  
or click the  
button "Add a  
Page". Do not  
hit any other  
key(s) until the  
letters "CMD"  
leave th

- Pressing the  
"Ctrl" key and  
the letter "D"  
simultaneously  
deletes an  
unwanted page  
or click the  
macro button  
located below  
the last page  
"Delete a  
Page". Never  
delete the first  
page as it  
contains data  
base headings.

**Example: To delete the page you added in the above example, press the "Ctrl" key and the letter "D" simultaneously or click the button "Delete a Page". Do not hit any other key(s) until the letters "CMD" leave the bottom of the screen. This macro may tak**

**See the manual for more information or call our technical support line.**



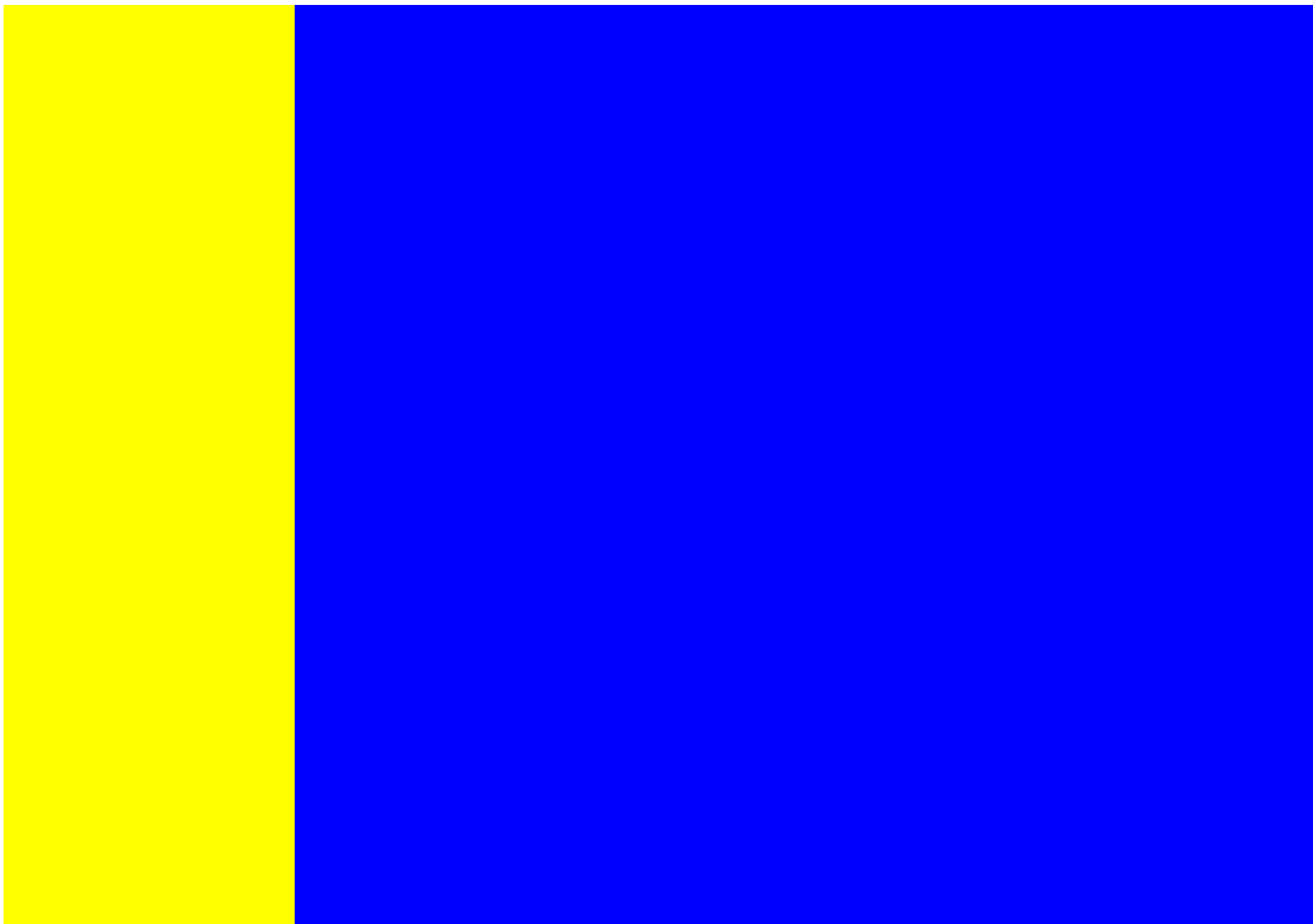


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PHA Forms

Press the "Ctrl" key and the letter "P"

to "Print"





**MACRO KEY**

**VA {GOTO}A:J1~{END}{DOWN}{D 1}~{L 9}~/WGPD/wir{d 3**

**VP {PANELOFF}/WGPD{CALC}:PRCRSSUMMARY~G:PRI**

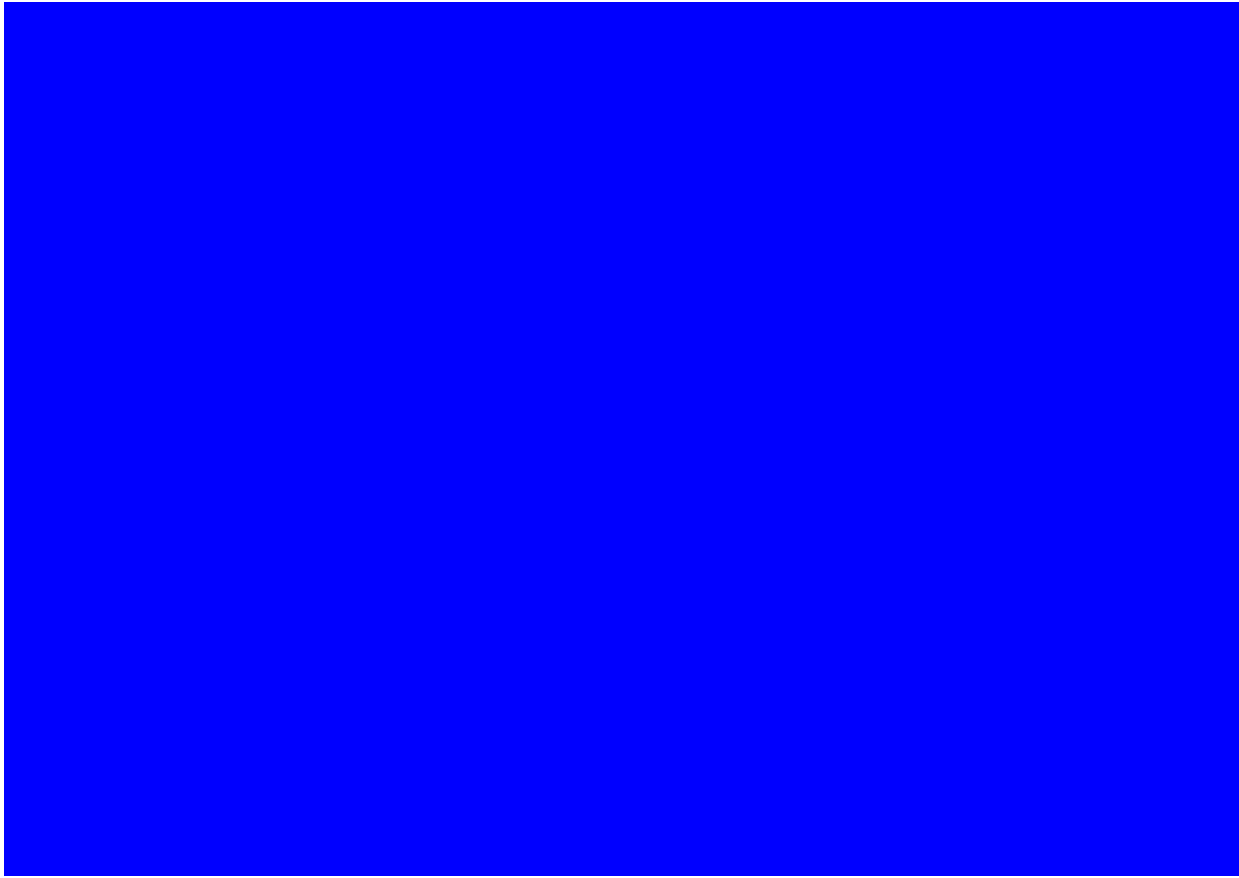
**\U {PANELOFF}/WGPD{CALC}/WGPE{PANELON}{QUIT}**

**\B {PANELOFF}:TR~{PANELON}{QUIT}**

**\D {GOTO}A:J1~{END}{DOWN}{U 38}~{IF @CELLPOINTE  
{L 9}~/WGPD/wdr{D 38}~/WGPE{u 2}~{QUIT}**

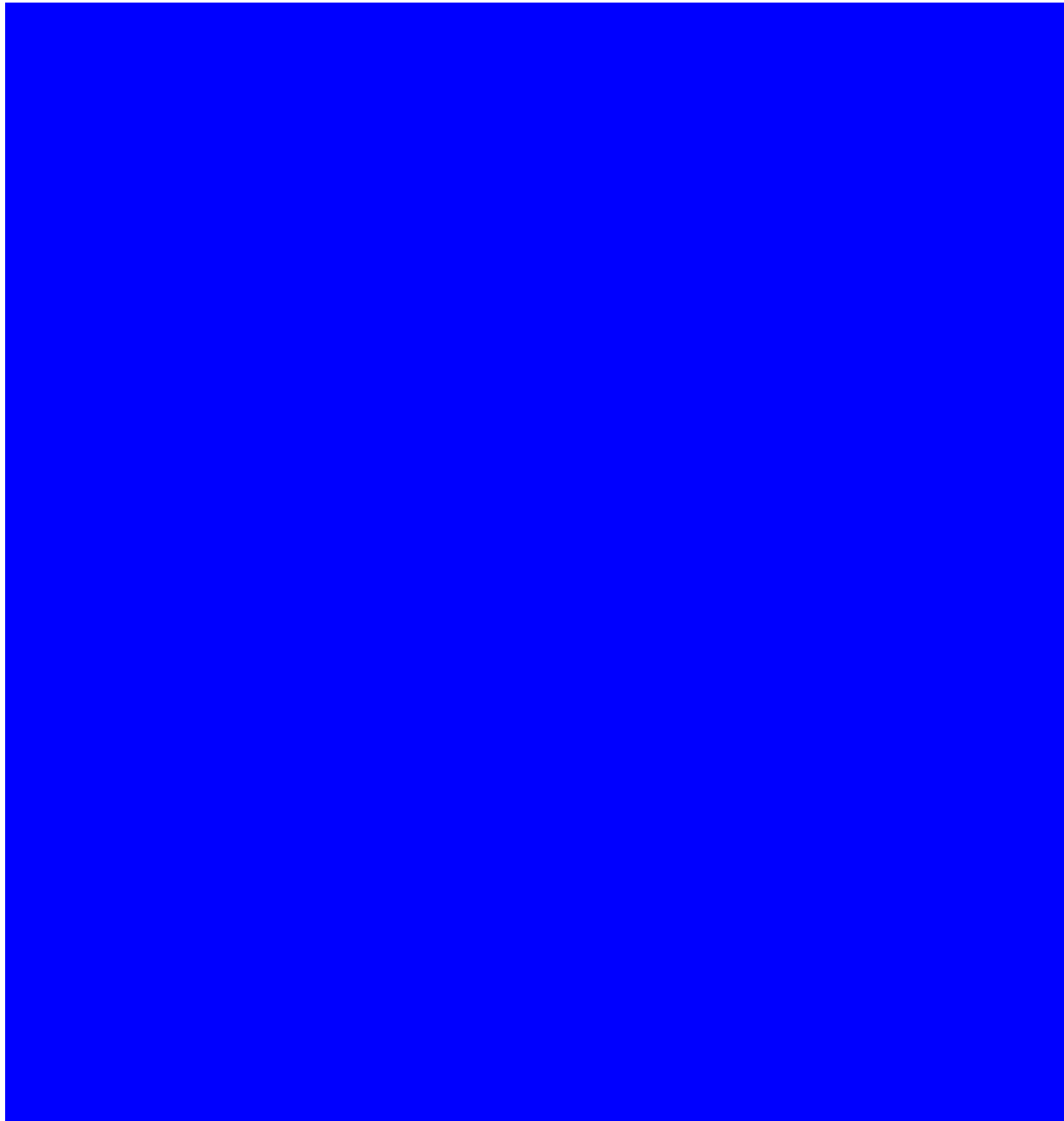
**\D {GOTO}D:N1~{WAIT @NOW+@TIME(0,0,2)}{PANELON**

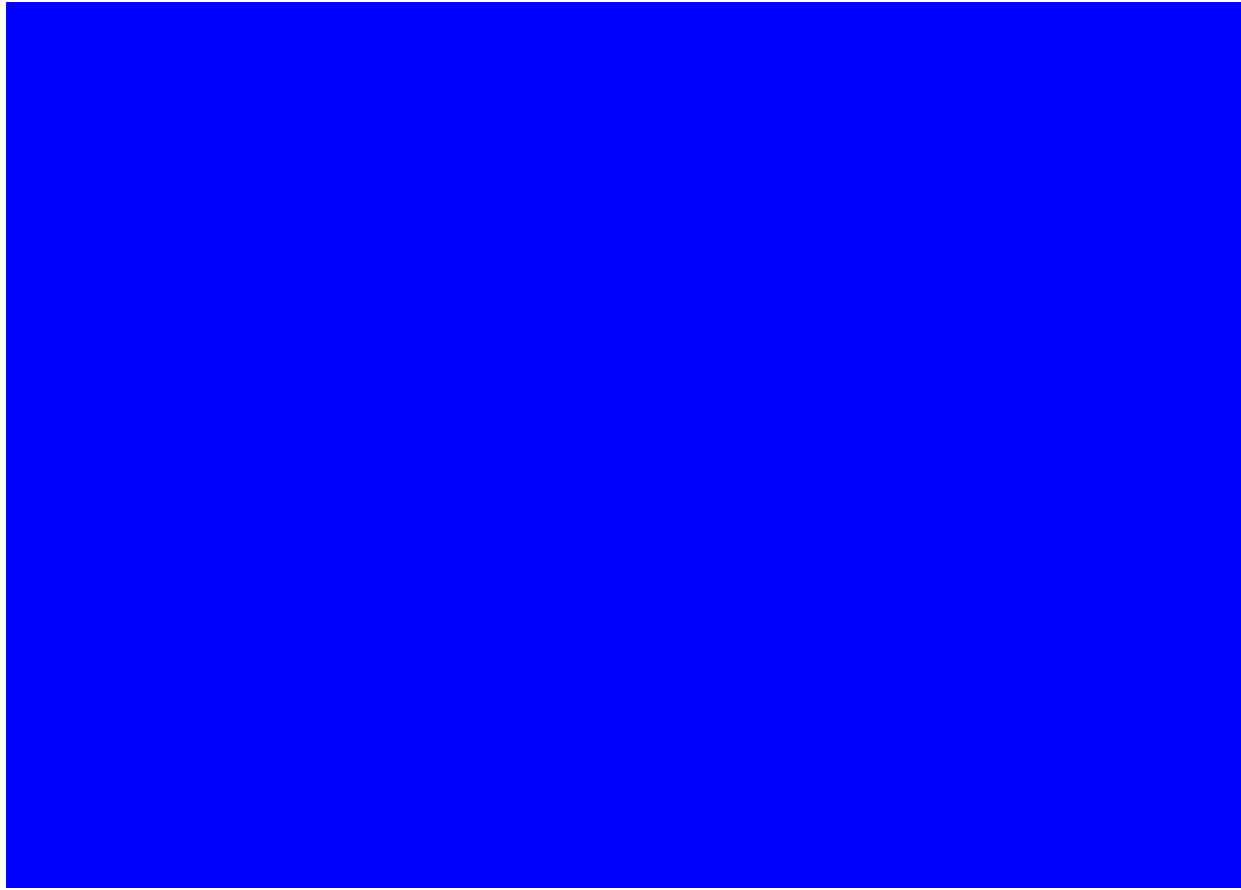
**\Z :prcrsprint~copqg{quit}**











38}~/CDETAIL~~/rncSUPPORT~{d 39}~:wprq{d 8}~/WGPE{QUIT}

CRSSUPPORT~G:PRCRSIMPLEMENT~G/WGPE{PANELON}{QUIT}

```
R("type")="v"{{home}}quit}
```

```
}}GOTO}D:A1~/WGPE{QUIT}
```