

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

PHA Plans

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**

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan Agency Identification

PHA Name: Ripley Housing Authority

PHA Number: TN057

PHA Fiscal Year Beginning: (mm/yyyy) 01/2002

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)

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:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)

- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

- PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling:
- Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

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:
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

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)

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)

Other PHA Goals and Objectives: (list below)

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

We have adopted the following mission statement to guide the activities of the Ripley Housing Authority.

To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

We have also adopted the following goals and objectives for the next five years.

Goal: Expand the supply of assisted housing.

Objective: Reduce public housing vacancies.

Goal: Improve the quality of assisted housing.

Objective: Renovate or modernize public housing units.

Goal: Provide an improved living environment.

Objective: Implement public housing security improvements.

- Goal: Ensure equal opportunity and affirmatively further fair housing.
- Objective: 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.
- Objective: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability.
- Objective: Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the consolidated Plan. We are committed to improving the condition of affordable housing in Ripley. Some highlights of our Annual and Five Year Plan are to continue to renovate and modernize dwelling units at Project TN57-1, TN57-2, and TN57-4 in the first year and improve the physical condition of each development throughout the following 5 years. We will also continue to apply for Public Housing Drug Elimination Program (PHDEP) funding, in accordance with residents request.

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>
Annual Plan	
i. Executive Summary	4
ii. Table of Contents	5
1. Housing Needs	9
2. Financial Resources	14
3. Policies on Eligibility, Selection and Admissions	15
4. Rent Determination Policies	24
5. Operations and Management Policies	29
6. Grievance Procedures	30
7. Capital Improvement Needs	31
8. Demolition and Disposition	33

9. Designation of Housing	34
10. Conversions of Public Housing	35
11. Homeownership	36
12. Community Service Programs	38
13. Crime and Safety	41
14. Pets (Inactive for January 1 PHAs)	43
15. Civil Rights Certifications (included with PHA Plan Certifications)	43
16. Audit	43
17. Asset Management	43
18. Other Information	44

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:

- A FY 2002 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- B FY 2002 Capital Fund Program 5 Year Action Plan
- C Implementation of Public Housing Resident Community Service Requirements
- D Pet Policy
- E Resident Membership of the PHA Governing Board
- F Membership of the Resident Advisory Board
- G Statement of Progress in Meeting the 5-Year Plan Mission and Goals
- O Admissions Policy for Deconcentration

Optional Attachments:

- H PHA Management Organizational Chart
- I Public Housing Drug Elimination Program (PHDEP) Plan
- J Deconcentration and Income Mixing
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) Included on page 44
- Other (List below, providing each attachment name)
 - K Performance and Evaluation Report TN43P05770799
 - L Performance and Evaluation Report TN43P05750100
 - M Performance and Evaluation Report TN43P05750101
 - N Voluntary Conversion Initial Assessment

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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdictions 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
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	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
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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
X	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
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	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
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	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
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plans for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	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
	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	Annual Plan: Annual Audit

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	response to any findings	
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	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 Jurisdictions Served by the PHA

Based upon the information contained in the Consolidated Plans 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	522	5	5	3	1	3	4
Income >30% but <=50% of AMI	254	5	5	3	1	3	4
Income >50% but <80% of AMI	194	4	5	4	1	3	3
Elderly	315	5	5	4	3	3	4
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity white	590	5	5	4	1	3	4
Race/Ethnicity black	514	5	5	4	1	3	4
Race/Ethnicity							
Race/Ethnicity							

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 Jurisdictions
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 lists. **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 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		25
Extremely low income <=30% AMI	28	88	
Very low income (>30% but <=50% AMI)	0	0	
Low income (>50% but <80% AMI)	4	12	
Families with children	28	88	
Elderly families	0	0	
Families with Disabilities	3	9	
Race/ethnicity white	7	22	

Housing Needs of Families on the Waiting List			
Race/ethnicity black	25	78	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	5	16	3
2 BR	14	44	11
3 BR	7	22	6
4 BR	4	12	3
5 BR	2	6	2
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
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)

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:

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

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

[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.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2002 grants)		
a) Public Housing Operating Fund	\$316,000.00	
b) Public Housing Capital Fund	\$489,850.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	\$66,337.00	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
2000 CFP	\$61,617	Modernization
2001 CFP	\$431,310	Modernization
3. Public Housing Dwelling Rental Income	\$350,000	PH Operations
4. Other income (list below)		
Excess utilities	\$26,000	PH Operations
Interest income	\$16,000	PH Operations
Misc. Charges to Tenants	\$5,700	PH Operations
4. Non-federal sources (list below)		
Total resources	\$1,762,814	

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)

When families are within a certain time of being offered a unit: (state time)

Other: (describe) Verification begins immediately upon receipt of application.

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)

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**

1. How many site-based waiting lists will the PHA operate in the coming year?

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)?
If yes, how many lists?

3. Yes No: May families be on more than one list simultaneously
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)?

- 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
- 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 lists for the PHA:

(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
- Overhoused
- Underhoused
- 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)

Former Federal preferences:

- 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)

- 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.

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- 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:

- 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) Change in Total Family Income

(6) Deconcentration and Income Mixing

- a. Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. Yes No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

Adoption of site based waiting lists

If selected, list targeted developments below:

Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments

If selected, list targeted developments below:

Employing new admission preferences at targeted developments

If selected, list targeted developments below:

Other (list policies and developments targeted below)

d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

Additional affirmative marketing

Actions to improve the marketability of certain developments

Adoption or adjustment of ceiling rents for certain developments

Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

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)

(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)

(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:

(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

- 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)

- 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.

Date and Time

Former Federal preferences

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)

- 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)

- 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)

- 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

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:

1. When the family has lost eligibility for or is waiting an eligibility determination for a Federal, State, or local assistance program, including a family that includes a member who is a non-citizen lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for title IV of the Personal Responsibility and Work Opportunity Act of 1996;

2. When the family would be evicted because it is unable to pay the minimum rent;

3. When the income of the family has decreased because of changed circumstances, including loss of employment; and

4. When a death has occurred in the family.

5. When the family has an increase in expenses because of changed circumstances, for medical costs, child care, transportation, education, or similar items.

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:

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 amounts and circumstances below:

- Fixed percentage (other than general rent-setting policy)
If yes, state percentages 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)

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)

- 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)

- Market comparability study
- Fair market rents (FMR)
- 95th 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) All changes in total family income and family composition within 10 days after they occur, except increases in wages on same job need not be reported, nor small percentages, or across the board increase in pensions, public assistance grants SS or SSI.

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)

- 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)

- 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

[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

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

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.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	270	50
Section 8 Vouchers	N/A	
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	270	50

Other Federal Programs (list individually)		

C. Management and Maintenance Policies

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)
- Personnel Policy
 - Procurement Policy
 - Maintenance Plan
 - Schedule of Maintenance Charges
 - Cockroach Prevention & Eradication Policy
 - Criminal Records Management Policy
 - Drug Free Work Place Policy
 - Pet Policy
 - Community Service Policy
 - Deconcentration Policy
 - Equal Housing Opportunity Policy
 - Capitalization Policy
- (2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[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) A

-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) B
- 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)

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:
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 names 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.)

Demolition/Disposition Activity Description
1a. Development name: Chapel Circle 1b. Development (project) number: TN057-02
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (15/12/01)
5. Number of units affected: 5 6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity:

- a. Actual or projected start date of activity: 6/30/02
 b. Projected end date of activity: 12/30/02

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.

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
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 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 type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)	
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	

<input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one)
<input type="checkbox"/> Part of the development
<input 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.

Conversion of Public Housing Activity Description	
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
<p>5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)</p> <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____)
<input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)
<input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)
<input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent
<input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units
<input type="checkbox"/> 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

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.)

Public Housing Homeownership Activity Description (Complete one for each development affected)	
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:

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)

25 or fewer participants

- 26 - 50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA-established eligibility criteria

- 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

[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

1. Cooperative agreements:

- Yes No: Has the PHA 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? 2/22/00

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

- 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

(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)

- 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
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>PHDEP (Summer Activities Day Camp and Community Policing)</i>	<i>270 families</i>	<i>Other</i>	<i>PHA Main Ofc.</i>	<i>Pub. Hsg. Participants</i>

(2) Family Self Sufficiency programs

a. Participation Description

Family Self Sufficiency (FSS) Participation
--

Program	Required Number of Participants (start of FY 2002 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	30	30 (01/07/00)
Section 8		

- b. Yes No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

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

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

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

- 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).

- 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)

Willow Creek 57-6
Chapel Terrace 57-2

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)

- 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)

TN57-1 TN57-4

TN57-2 TN57-5

TN57-3 TN57-6

C. Coordination between PHA and the police

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

- 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)

TN57-1 TN57-4

TN57-2 TN57-5

TN57-3 TN57-6

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 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: I)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

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)?

17. PHA Asset Management

[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)
The Ripley Housing Authority is planning for the long-term needs of its housing stock by addressing physical improvements as well as the residents' needs and requests. Physical improvements of the housing stock include renovations to each development throughout the Five Years (see Table Library, Annual Statement and Optional Table for 5-Year-Action Plan). Also the residents requested additional police patrols in the developments for their security. The Housing Authority is continuing its Public Housing Drug Elimination Program (PHDEP) for this purpose. (See Attachment I).
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 Boards?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- Attached at Attachment (File name)
- Provided below:

Residents in TN57-03 requested kitchen cabinet replacement and some sidewalk/drainage improvements. Both of these items are included in Year 3 (2004) of the Plan. Residents stated that additional Police presence in the developments is greatly needed and appreciated. The PHA will continue to apply for PHDEP funding.

3. In what manner did the PHA address those comments? (select all that apply)
- 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

Not Applicable – There are no openings on the PHA Board at this time.

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)

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)

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)

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: State of Tennessee

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 Plans.
- 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)
See Executive Summary

Other: (list below)

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

Commitment to decent housing for all Tennesseans, a suitable living environment and equal opportunity.

D. Other Information Required by HUD

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

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, or objectives of the agency.

Attachments

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

ATTACHMENT A

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$20,000			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	\$500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$94,040			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$6,300			
10	1460 Dwelling Structures	\$325,880			
11	1465.1 Dwelling Equipment—Nonexpendable	\$14,820			
12	1470 Nondwelling Structures				

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

PHA Name: Ripley Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43P05750102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
13	1475 Nondwelling Equipment				
14	1485 Demolition	\$17,500			
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	\$3,000			
18	1499 Development Activities				
19	1502 Contingency	\$7,810			
	Amount of Annual Grant: (sum of lines.....)	\$489,850			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
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
HA-WIDE	Operations		1406	1 LS	\$20,000			
HA-WIDE	Publications		1410	1 LS	\$500			
HA-WIDE	AE design		1430	1 LS	\$39,640			
HA-WIDE	Construction Supervision		1430	1 LS	\$18,900			
HA-WIDE	Clerk of the Works		1430	1 LS	\$12,100			
HA-WIDE	Management/Mod. Coordination		1430	1 LS	\$18,000			
HA-WIDE	PHAP Preparation		1430	1 LS	\$5,400			
TN57-1	Site Improvements		1450	1 LS	\$6,300			
TN57-2	Exterior Doors/Locks		1460	40 DU	\$34,000			
TN57-2	Demolition		1485	5 DU	\$17,500			
TN57-2	Insulation		1460	40 DU	\$20,980			
TN57-4	HVAC Renovations		1460	14 DU	\$55,400			
TN57-4	Kitchen Renovations		1460	14 DU	\$78,480			
TN57-4	Floor Tile (Asbestos)		1460	14 DU	\$59,020			
TN57-4	Electrical Renovations		1460	14 DU	\$25,830			
TN57-4	Roofing/Ext. Bldg. Improvements		1460	4 DU	\$6,200			
TN57-4	Windows/Screens		1460	14 DU	\$37,620			
TN57-4	Insulation		1460	14 DU	\$7,300			
TN57-4	Bathroom Improvements (showers)		1460	14 DU	\$1,050			
HA-WIDE	Ranges		1465.1	20 EA	\$5,800			
HA-WIDE	Refrigerators		1465.1	20 EA	\$9,020			

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

PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
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
HA-WIDE	Relocation		1495.1	1 LS	\$3,000				
HA-WIDE	Contingency		1502	1 LS	\$7,810				

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: Ripley Housing Authority			Grant Type and Number Capital Fund Program No: TN43P05750102 Replacement Housing Factor No:			Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	3/31/04			9/30/05			
TN57-1	3/31/04			9/30/05			
TN57-2	3/31/04			9/30/05			
TN57-4	3/31/04			9/30/05			

ATTACHMENT B

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name: Ripley Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 2006
HA-WIDE	Annual Stateme nt		\$20,000		
TN57-1		\$203,850			
TN57-2		\$185,700			
TN57-3			\$197,150		
TN57-4			\$165,050		
TN57-5					\$378,475
TN57-6					
Subtotal		\$389,550	\$382,200	\$378,475	\$385,620
Administration		\$500	\$500	\$500	\$500
HA-WIDE Non-Dwelling Structures			\$7,500		
Other		\$99,800	\$99,650	\$110,875	\$103,730
Total CFP Funds (Est.)		\$489,850	\$489,850	\$489,850	\$489,850
Total Replacement Housing Factor Funds					

Capital Fund 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		
See	Dev. No./General Description	Acct No.	Total Estimated Cost	Dev. No./General Description	Acct No.	Total Estimated Cost
	TN57-1			HA-WIDE		
Annual	Ext. Bldg Improvements	1460	\$14,600	Computer Hardware	1475	\$15,000
	Roofing	1460	\$6,300	Computer Software	1408	\$5,000
Statement	Interior Painting	1460	\$12,000	TN57-3		
	Security Screen Doors	1460	\$13,200	Site Improvements	1450	\$6,800
	Exterior Doors	1460	\$36,000	Ext. Bldg Improvements	1460	\$11,400
	Site Improvements	1450	\$8,200	Roofing	1460	\$6,100
	Windows/Screens	1460	\$14,350	Interior Painting	1460	\$12,000
	Kitchen Renovations	1460	\$26,000	Security Screen Doors	1460	\$13,200
	Bathroom Renovations	1460	\$6,000	Exterior Doors	1460	\$32,000
	HVAC Renovations	1460	\$20,500	Windows/Screens	1460	\$14,350
	Electrical Renovations	1460	\$9,000	Kitchen Renovations	1460	\$26,000
	Floor Tile	1460	\$19,000	Bathroom Renovations	1460	\$6,000
	Insulation	1460	\$18,700	HVAC Renovations	1460	\$20,500
	TN57-2			Electrical Renovations	1460	\$9,000
	Ext. Bldg Improvements	1460	\$14,600	Floor Tile	1460	\$19,000
	Roofing	1460	\$6,850	Insulation	1460	\$20,800
	Interior Painting	1460	\$12,000	Office Renovations/Signage	1470	\$7,500
	Security Screen Doors	1460	\$13,200	TN57-4		
	Exterior Doors	1460	\$36,000	Site Improvements	1450	\$11,300
	Site Improvements	1450	\$8,200	Ext. Bldg Improvements	1460	\$14,200
	Windows/Screens	1460	\$14,350	Floor Tile	1460	\$26,600
	Kitchen Renovations	1460	\$26,000	Interior Painting	1460	\$5,600
	Bathroom Renovations	1460	\$6,000	Security Screen Doors	1460	\$5,510

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2003 PHA FY: 2003			Activities for Year: <u>3</u> FFY Grant: 2004 PHA FY: 2004		
See	Dev. No./General Description	Acct No.	Total Estimated Cost	Dev. No./General Description	Acct No.	Total Estimated Cost
	HVAC Renovations	1460	\$20,500	HVAC Renovations	1460	\$28,700
Annual	Electrical Renovations	1460	\$9,000	Kitchen Renovations	1460	\$36,400
Statement	Floor Tile	1460	\$19,000	Bathroom Renovations	1460	\$8,400
				Windows	1460	\$20,040
				Insulation	1460	\$8,300

**Capital Fund 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: 2005 PHA FY: 2005		
See	Dev. No./General Desc.	Acct No.	Total Estimated Cost	Dev. No./General Desc.	Acct No.	Total Estimated Cost
	TN57-5			TN57-6		
Annual	Site Improvements	1450	\$7,400	Site Improvements	1450	\$6,200
	Ext. Bldg Improvements	1460	\$8,300	Recreation Facilities	1450	\$14,000
Statement	Roofing	1460	\$9,500	Roofing	1460	\$9,000
	Floor Tile	1460	\$61,500	Ext. Bldg Improvements	1460	\$36,000
	Interior Painting	1460	\$12,200	Interior Painting	1460	\$21,500
	Security Screen Doors	1460	\$19,800	Security Screen Doors	1460	\$26,400
	Exterior Doors	1460	\$51,000	Exterior Doors/Locks	1460	\$34,000
	Electrical Improvements	1460	\$31,030	Bathroom Renovations	1460	\$72,000
	Windows/Screens	1460	\$42,945	Windows/Screens	1460	\$52,520
	Kitchen Renovations	1460	\$98,200	Kitchen Renovations	1460	\$81,000
	Bathroom Renovations	1460	\$21,000	Electrical Renovations	1460	\$12,200
	Insulation	1460	\$15,600	Insulation	1460	\$20,800

ATTACHMENT C
IMPLEMENTATION OF PUBLIC HOUSING RESIDENT COMMUNITY SERVICE
REQUIREMENTS

- A. The 1998 Quality Housing and Work Responsibility Act of 1998 requires that nonexempt residents of public housing perform community service. HUD states that the provision is not intended to be perceived as punitive, but rather considered as rewarding activity that will assist residents in improving their own and their neighbors' economic and social well-being and give residents a greater stake in their communities.
- B. In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service or (2) participate in an economic self-sufficiency program, or a combination of the two, unless they are exempt from this requirement.
- C. Exempt individual
The following adult family members of tenant families are exempt from this requirement. An adult who:
- (1) Is 62 years or older;
 - (2) Is a blind or disabled individual, as defined under the Social Security Act, and who certifies that because of this disability she or he is unable to comply with the community service requirements.
 - (3) Family members who are the primary care giver for someone who is blind or disabled as set forth above.
 - (4) Family members engaged in work activity.
 - (5) Family members who are exempt from work activity under Part A of Title IV of the Social Security Act or under any other State welfare program, including the Welfare-to-Work program.
 - (6) Is a member of a family receiving assistance, benefits or services under a State program funded under Part A of Title IV of the Social Security Act or under any other State welfare program including the Welfare-to-Work and who are in compliance with that program.
- D. All families will be given a written description of the service requirement, and of the process for claiming status as an exempt person. This will include the PHAs determination identifying the family members who are subject to the service requirement, and the family members who are exempt persons. The PHA will provide a form to any family members requesting exemption from the service and will advise the member what

documentation is required to support the exemption. The PHA will approve or deny the request for exemption within 30 days from receipt of a request that includes required documentation. A family member may request an exempt status at anytime.

- E. The PHA will provide a listing of qualifying community service or self-sufficiency activities that will meet this requirement. This list may be updated by the PHA at anytime. Each nonexempt family member will be given a community service time sheet to track the monthly volunteer hours. A supervisor must sign and date each period of work. If qualifying activities are administered by an organization other than the PHA, a family member who is required to fulfill a service requirement must provide signed community service time sheets certifying to the PHA by such other organization that the family member has performed such qualifying activities.
- F. The PHA must review family compliance with service requirements, and must verify such compliance annually at least thirty days before the end of the twelve-month lease term. The PHA must retain reasonable documentation of service requirement performance in tenant files.
- G. If the PHA determines that there is a family member who is required to fulfill a service requirement, but who has violated this family obligation (noncompliant resident), the PHA must notify the tenant of this determination. The PHA notice to the tenant must:
 - (1) Briefly describe the noncompliance;
 - (2) State that the PHA will not renew the lease at the end of the twelve month lease term unless:
 - (a) The tenant, and any other noncompliant resident, enter into a written agreement with the PHA, in the form and manner required by the PHA, to cure such noncompliance, and in fact cure such noncompliance in accordance with such agreement; or
 - (b) The family provides written assurance satisfactory to the PHA that the tenant or other noncompliant resident no longer resides in the unit.
 - (3) State that the tenant may request a grievance hearing on the PHA determination, and the tenant may exercise any available judicial remedy to seek timely redress for the PHA's nonrenewal of the lease because of such determination.
- H. If the tenant or another family member has violated the service requirement, the PHA may not renew the lease upon expiration of the term unless:
 - (1) The tenant, and any other noncompliant resident, enter into a written agreement with the PHA, in the form and manner required by the PHA, to cure such noncompliance by completing the additional hours of community service or

economic self-sufficiency activity needed to make up the total number of hours required over the twelve-month term of the new lease, and

- (2) All other members of the family who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.
- I. In implementing the service requirement, the PHA may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by PHA employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

ATTACHMENT D
RIPLEY HOUSING AUTHORITY
PET POLICY INFORMATION

A resident may own one or more common household pets if the resident maintains each pet responsibly and in accordance with all applicable laws subject to the requirements of the Housing Authority. The requirements are as follows:

- 1) Pet owners will be required to have their pets inoculated in accordance with State and local Laws.
- 2) Rules prescribing sanitary standards governing the disposal of pet waste are as follows:
 - a) The pet owner will not allow the pet to dispose of waste inside the building.
 - b) Each pet owner will be required to designate areas in their backyard to permit the pet to exercise or deposit waste.
 - c) In the case of cats, the pet owner will be required to change the litter twice each week.
- 3) Pet owners will be required to keep dogs and cats appropriately and effectively restrained and under the control of a responsible individual at all times.
- 4) Pet owners will be required to register their pets with Ripley Housing Authority. The registration must include:
 - a) A certificate signed by a licensed veterinarian or a State or local authority empowered to inoculate animals (or designated agent of such an authority) stating that the pet has received all inoculations required by applicable State and local law;
 - b) Information sufficient to identify the pet and to demonstrate that it is a common household pet; and
 - c) The name, address, and phone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet.
 - d) The pet owner shall be required to sign a statement indicating that he or she has read the pet rules and agrees to comply with them.
- 5) Ripley Housing Authority shall refuse to register a pet if the pet is not a common household pet; if the keeping of the pet would violate any applicable house pet rule; if the pet owner fails to provide complete pet registration information or fails annually to update the pet registration; or if it is reasonably determined, based on the pet owner's habits and practices, that the pet owner will be unable to keep the pet in compliance with the pet rules and other lease obligations. If Ripley Housing Authority refuses to register a pet, the pet owner shall be notified in writing of the basis for the Housing Authority's action.

- 6) Only one common household pet will be allowed in each dwelling unit.
- 7) Limitations will be placed on the size of dogs and cats allowed in the project.
 - a) A dog may not be larger than 15 inches tall when full grown.
 - b) A cat may not be larger than 10 inches tall when full grown.
- 8) Tenants who own or keep dogs or cats in their units will be required to pay a pet deposit in the amount of \$50.00. An initial payment of \$25.00 will be required with the remaining amount to be paid at the rate of \$5.00 per month.
- 9) The pet owner may not leave a pet unattended in a dwelling unit.
- 10) The pet owner will be required to control noise and odor caused by a pet.
- 11) Pet owners will be required to protect the condition of the dwelling unit and the general condition of the project premises from any damage that might be caused by a pet.
- 12) If Ripley Housing Authority determines that a pet owner has violated a rule governing the owning or keeping of pets, removal of the pet or termination of the pet owner's tenancy could result.

Required Attachment E: 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:

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires):

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

- 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): The Mayor and local HUD office have been contacted and a resident will be considered at the next opening.

B. Date of next term expiration of a governing board member: 9/06/02

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mr. Richard Douglas, Mayor of the City of Ripley

Required Attachment F: 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 sufficient to identify how members are chosen.)

Ms. Beatrice Childress

Ms. Mary Sue Heath

Ms. Betty Hammock

ATTACHMENT G
RIPLEY HOUSING AUTHORITY
STATEMENT OF PROGRESS IN MEETING
THE 5-YEAR PLAN MISSION AND GOALS

The mission of the Ripley Housing Authority remains to promote adequate and affordable housing, economic opportunity, and a suitable living environment free from discrimination. Our goals are:

- To expand the supply of assisted housing by reducing public housing vacancies.
- To improve the quality of assisted housing by renovating or modernizing public housing units.
- To provide an improved living environment by implementing public housing security improvement.
- To ensure equal opportunity and affirmatively further fair housing by undertaking 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; undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability; undertaking affirmative measures to ensure accessible housing to person with all varieties of disabilities regardless of unit size required.

We feel that progress is being made to accomplish the mission and goals of our plan. Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the consolidated Plan. We are committed to improving the condition of affordable housing in Ripley. Some highlights of our Annual and Five Year Plan are to continue to renovate and modernize dwelling units at Projects TN57-1, 57-2, and TN57-4 in the first year and improve the physical condition of each development throughout the following 5 years. Also, we have successfully completed three Public Housing Drug Elimination Programs and will continue to apply for Public Housing Drug Elimination Program (PHDEP) funding, in accordance with residents requests.

Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

Section 1: General Information/History

A. Amount of PHDEP Grant \$ 66,337

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R X

C. FFY in which funding is requested 2002

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

Ripley Housing Authority, in conjunction with the Ripley Police Department and the Parks and Recreation Department will continue a joint partnership in order to expand the weed and seeding concepts. The Housing Authority will operate a mini precinct in the Willowcreek Development with two officers to patrol the drug traffic areas. Funding will continue a summer activity center in conjunction with the Ripley Parks and Recreation Department. All of the residents in the Housing Authority's developments will be served by the continuation of these programs.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
TN057-002 Chapel Terrace	40	40 Families
TN057-006 Willowcreek	39	39 Families

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

6 Months _____ **12 Months** _____ **18 Months** _____ **24 Months** X **Other** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1995					
FY 1996 X	\$135,000	TN43DEP0570196	0	N/A	N/A
FY 1997					
FY 1998 X	\$57,924	TN43DEP0570198	0	N/A	N/A
FY 1999 X	\$59,384	TN43DEP0570199	0	N/A	04/2001
FY 2000 X	\$61,890	TN43DEP0570100	\$40,835	N/A	09/2002
FY 2001	\$66,337	TN43DEP0570101	\$66,337	N/A	09-2003

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

The Housing Authority's strategy is to provide a comprehensive Drug Elimination approach through the implementation of Community Oriented Policing (COP) program, with the Ripley Police Department increase Drug Prevention/Intervention among Housing Authority and community youth through juvenile incentives by working with Ripley Parks and Recreation Department. The Housing Authority will continue a summer activity day camp to inform and educate about the dangers of drugs. The Housing Authority closely monitors all PHDEP funded activities in-house and will continue this process.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY 2002 PHDEP Budget Summary Revised	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	\$61,337
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	\$5,000
9170 - Drug Intervention	

9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	\$66,337

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement						Total PHDEP Funding: \$66,337	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Community-Oriented Policing (COP)			4/03	4/05	\$61,337	\$1000/H.A.	
2.							
3.							

9120 - Security Personnel						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9130 - Employment of Investigators						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount)	Performance Indicators

						/Source)	
1.							
2.							
3.							

9140 - Voluntary Tenant Patrol						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention						Total PHDEP Funding: \$5,000	
Goal(s)							
Educate Housing Authority youth about the damages of drugs							
Objectives							
Teach proper family/social values and provide a safe alternative for juveniles.							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Summer Activities Day Camp	30	TN57-1,2,3,4,5,6	6/03	9/03	\$5,000	0	
2.							
3.							

9170 - Drug Intervention						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs						Total PHDEP Funds: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110	Activity 1	16,585	Activity 1	33,169
9120				
9130				
9140				
9150	Activity 1	1,250	Activity 1	2,500
9160				
9170				
9180				
9190				
TOTAL		17,385		35,669

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”

Attachment J

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:

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

ATTACHMENT L

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Ripley Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43P05750100 Replacement Housing Factor Grant No:
---	--

Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 6/30/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Obligated
		Original	Revised	
1	Total non-CFP Funds			
2	1406 Operations			
3	1408 Management Improvements Soft Costs Management Improvements Hard Costs			
4	1410 Administration	\$500		
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	\$93,840		\$74,355
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	\$353,332		
11	1465.1 Dwelling Equipment—Nonexpendable	\$7,410		
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	\$4,000		
18	1499 Development Activities			
19	1502 Contingency	\$21,000		
	Amount of Annual Grant: (sum of lines.....)	\$480,082		\$74,355
	Amount of line XX Related to LBP Activities			
	Amount of line XX Related to Section 504 compliance			
	Amount of line XX Related to Security –Soft Costs			
	Amount of Line XX related to Security-- Hard Costs			
	Amount of line XX Related to Energy Conservation Measures			
	Collateralization Expenses or Debt Service			

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

PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750100 Replacement Housing Factor Grant No:				Federal FY of C	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actua
					Original	Revised	
HA-WIDE	Publications		1410	1 LS	\$500		
HA-WIDE	AE Design		1430	1 LS	\$39,640		\$31,155
HA-WIDE	Construction Supervision		1430	1 LS	\$18,900		\$18,900
HA-WIDE	Clerk of the Works		1430	1 LS	\$11,000		
HA-WIDE	Management/Mod. Coordination		1430	1 LS	\$18,000		\$18,000
HA-WIDE	PHAP Preparation		1430	1 LS	\$6,300		\$6,300
TN57-1	Roofing		1460	4 DU	\$6,300		
TN57-3	Roofing		1460	4 DU	\$6,100		
TN57-3	Handrails		1460	1 LS	\$8,200		
TN57-4	HVAC Renovations		1460	16DU	\$65,600		
TN57-4	Kitchen Renovations		1460	16DU	\$92,320		
TN57-4	Floor Tile (Asbestos)		1460	16DU	\$68,672		
TN57-4	Electrical Renovations		1460	16DU	\$29,520		
TN57-4	Roofing		1460	4 DU	\$6,200		
TN57-4	Windows/Screens		1460	16 DU	\$37,620		
TN57-5	Carpet		1460	20 DU	\$32,800		
HA-WIDE	Ranges		1465.1	10 EA	\$2,900		
HA-WIDE	Refrigerators		1465.1	10 EA	\$4,510		
HA-WIDE	Relocation		1495.1	1 LS	\$4,000		
HA-WIDE	Contingency		1502	1 LS	\$21,000		

**Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part III: Implementation Schedule**

PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program No: TN43P05750100 Replacement Housing Factor No:					Federal FY of Grant: 20
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	3/31/02			9/30/03			
TN57-1	3/31/02			9/30/03			
TN57-3	3/31/02			9/30/03			
TN57-4	3/31/02			9/30/03			
TN57-5	3/31/02			9/30/03			

ATTACHMENT M

**Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750101 Replacement Housing Factor Grant No:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/01		<input type="checkbox"/> Final Performance and Evaluation Report	

Line No.	Summary by Development Account	Total Estimated Cost		Total Obligated
		Original	Revised	
1	Total non-CFP Funds			
2	1406 Operations	\$20,000		
3	1408 Management Improvements Soft Costs			
	Management Improvements Hard Costs			
4	1410 Administration	\$500		
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	\$94,040		
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	\$336,722		
11	1465.1 Dwelling Equipment—Nonexpendable	14,820		
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	\$4,000		
18	1499 Development Activities			
19	1502 Contingency	\$19,768		
	Amount of Annual Grant: (sum of lines.....)	\$489,850		
	Amount of line XX Related to LBP Activities			
	Amount of line XX Related to Section 504 compliance			
	Amount of line XX Related to Security –Soft Costs			
	Amount of Line XX related to Security-- Hard Costs			
	Amount of line XX Related to Energy Conservation Measures			
	Collateralization Expenses or Debt Service			

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

PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750101 Replacement Housing Factor Grant No:				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost	
					Original	Revised
HA-WIDE	Operations		1406	1 LS	\$20,000	
HA-WIDE	Publications		1410	1 LS	\$500	
HA-WIDE	AE Design		1430	1 LS	\$39,640	
HA-WIDE	Construction Supervision		1430	1 LS	\$18,900	
HA-WIDE	Clerk of the Works		1430	1 LS	\$11,000	
HA-WIDE	Management/Mod. Coordination		1430	1 LS	\$18,000	
HA-WIDE	PHAP Preparation		1430	1 LS	\$6,500	
TN57-4	HVAC Renovations		1460	16 DU	\$72,022	
TN57-4	Kitchen Renovations		1460	16 DU	\$103,000	
TN57-4	Floor Tile (Asbestos)		1460	16 DU	\$71,000	
TN57-4	Electrical Renovations		1460	16 DU	\$31,600	
TN57-4	Roofing/Ext. Bldg. Improvements		1460	4 DU	\$16,100	
TN57-4	Windows/Screens		1460	16 DU	\$43,000	
HA-WIDE	Ranges		1465.1	20 EA	\$5,800	
HA-WIDE	Refrigerators		1465.1	20 EA	\$9,020	
HA-WIDE	Relocation		1495.1	1 LS	\$4,000	
HA-WIDE	Contingency		1502	1 LS	\$10,000	

**Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part III: Implementation Schedule**

PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program No: TN43P05750101 Replacement Housing Factor No:					Federal FY of Grant: 20
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	3/31/03			9/30/04			
TN57-4	3/31/03			9/30/04			

Attachment O

Deconcentration Policy











The Ripley Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement.

MAIN MENU

- ◆ [Choose Desired Worksheet by Pressing Worksheet Button Adjacent to Worksheet Name.](#)

Go To

<u>Worksheet</u>	<u>Worksheet Name</u>	<u>Worksheet Description</u>
	Print	Provides a Print Menu for printing each worksheet.
	52837 Part I	Part I of the Annual Statement. All numbers on this form are calculated. There is no input required by the end-user.
	52837 Part II	Part II of the Annual Statement. All numbers on this form are calculated. There is no input required by the end-user.
	52837 Part III	Part III of the Annual Statement. All numbers on this form are calculated. There is no input required by the end-user.
	Management Needs Assessment	Management Needs Assessment for the Five-Year Plan. This form provides a summary of all identified management needs. All numbers on this form are calculated. There is no input required by the end-user.
	5-Year Plan Part I - Summary	Part I-Summary of the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.
	5-Year Plan Part I-SC	This is the continuation sheet for Part I-Summary of the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.
	5-Year Plan Part II	Part II-Supporting Pages, Physical Needs Work Statement for the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.
		
		



5-Year Plan Part III

Part III-Supporting Pages, Management Needs Work Statement for the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.



Executive Summary

Executive Summary of Preliminary Estimated Hard - Costs for Physical and Management Needs for the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.



Physical Needs Assessment

Part I-Summary of the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.



Year Total

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PRINT MENU

Menu

52837 Part I

[Print 52837 Part I - Annual Statement/Performance and Evaluation Report](#)

52837 Part II

[Print 52837 Part II - Annual Statement/Performance and Evaluation Report](#)

52837 Part III

[Print 52837 Part III - Annual Statement/Performance and Evaluation Report](#)

52833 Mgmt.

[Print 52833 - Management Needs Assessment](#)

52834 Part I

[Print 52834 - 5 Year Plan, Part I: Summary](#)

52834 Part I, C

[Print 52834 - 5 Year Plan, Part I: Summary \(Continuation\)](#)

52834 Part II

[Print 52834 - 5 Year Plan, Part II: Supporting Pages \(Physical Needs Work Statements\)](#)

52834 Part III

[Print 52834 - 5 Year Plan, Part II: Supporting Pages \(Management Needs Work Statements\)](#)

52831

[Print 52831 - Executive Summary of Preliminary Estimated Costs](#)

52832

[Print 52832 - Physical Needs Assessment](#)

MACROS (Go To Worksheet)

Menu

<u>TITLE</u>	<u>CODE</u>	<u>DESCRIPTION</u>
Go To	{ED11-GO10 a:A15}	Go to Menu
Go To	{ED11-GO10 b:A1}	Go to Information
Go To	{ED11-GO10 c:A1}	Go to PHA Data
Go To	{ED11-GO10 d:A1}	Go to Print
Go To	{ED11-GO10 e:A1}	Go to Database
Go To	{ED11-GO10 f:A1}	Go to Macros
Go To	{ED11-GO10 g:A1}	Go to Summary
Go To	{ED11-GO10 h:A1}	Go to FYP Summary
Page Up	{PGUP}	Move up one page
Page Down	{PGDN}	Move down one page
Go To	{ED11-GO10 i:A1}	Go to FYP Year 2 Sort
Go To	{ED11-GO10 j:A1}	Go to FYP Year 3 Sort
Go To	{ED11-GO10 k:A1}	Go to FYP Year 4 Sort
Go To	{ED11-GO10 l:A1}	Go to FYP Year 5 Sort
Go To	{ED11-GO10 m:A1}	Go to Annual Statement Part I
Go To	{ED11-GO10 n:A1}	Go to Annual Statement Part II
Go To	{ED11-GO10 o:A1}	Go to Annual Statement Part III
Go To	{ED11-GO10 p:A1}	Go to Management Needs Assessment
Go To	{ED11-GO10 q:A1}	Go to FYP Part I - Summary
Go To	{ED11-GO10 r:A1}	Go to FYP Part I - Summary, Continuation
Go To	{ED11-GO10 s:A1}	Go to FYP Part II - Physical Needs
Go To	{ED11-GO10 t:A1}	Go to FYP Part II - Management Needs
Go To	{ED11-GO10 u:A1}	Go to Executive Summary
Go To	{ED11-GO10 v:A1}	Go to Physical Needs Assessment

MAC

TITLE

ROS (Printing)

CODE

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{SEI "PRINT-HEADER-CENTER-TEXT";}
{SEI "PRINT-HEADER-RIGHT-TEXT";}
{SEI "PRINT-FOOTER-LEFT-TEXT";}
{SEI "PRINT-FOOTER-CENTER-TEXT";}
{SEI "PRINT-FOOTER-RIGHT-TEXT";}
{SEI "PRINT-SIZE";"FIT-ALL"}
{SEI "PRINT-ORIENTATION";"LANDSCAPE"}
{SEI "PRINT-MARGIN-TOP";"0.25in"}
{SEI "PRINT-MARGIN-BOTTOM";"0.25in"}
{SEI "PRINT-MARGIN-LEFT";"0.25in"}
{SEI "PRINT-MARGIN-RIGHT";"0.5in"}
{SEI "PRINT-CENTERED";"HORIZONTAL"}
{SEI "PRINT-WORKSHEET-FRAME";"OFF"}
{SEI "PRINT-GRID-LINES";"OFF"}
{SEI "PRINT-DRAWN-OBJECTS";"ON"}
{SEI "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```

DESCRIPTION

Print 5283/ Part I

```
{SELECT 5283/ Part 2:A1..5283/ Part 2:K180;5283/ Part 2:A1}
{SEI "PRINT-HEADER-LEFT-TEXT";}
{SEI "PRINT-HEADER-CENTER-TEXT";}
{SEI "PRINT-HEADER-RIGHT-TEXT";}
{SEI "PRINT-FOOTER-LEFT-TEXT";}
{SEI "PRINT-FOOTER-CENTER-TEXT";}
{SEI "PRINT-FOOTER-RIGHT-TEXT";}
{SEI "PRINT-SIZE";"FIT-ALL"}
{SEI "PRINT-ORIENTATION";"LANDSCAPE"}
{SEI "PRINT-MARGIN-TOP";"0.25in"}
{SEI "PRINT-MARGIN-BOTTOM";"0.25in"}
{SEI "PRINT-MARGIN-LEFT";"0.25in"}
{SEI "PRINT-MARGIN-RIGHT";"0.5in"}
{SEI "PRINT-CENTERED";"HORIZONTAL"}
{SEI "PRINT-WORKSHEET-FRAME";"OFF"}
{SEI "PRINT-GRID-LINES";"OFF"}
{SEI "PRINT-DRAWN-OBJECTS";"ON"}
{SEI "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```

Print 5283/ Part II

```
{SELECT 5283/ Part 3:A1..5283/ Part 3:L118;5283/ Part 3:A1}
{SEI "PRINT-HEADER-LEFT-TEXT";}
{SEI "PRINT-HEADER-CENTER-TEXT";}
{SEI "PRINT-HEADER-RIGHT-TEXT";}
{SEI "PRINT-FOOTER-LEFT-TEXT";}
{SEI "PRINT-FOOTER-CENTER-TEXT";}
{SEI "PRINT-FOOTER-RIGHT-TEXT";}
{SEI "PRINT-SIZE";"FIT-COLUMNS"}
{SEI "PRINT-ORIENTATION";"LANDSCAPE"}
{SEI "PRINT-MARGIN-TOP";"0.25in"}
{SET "PRINT-MARGIN-BOTTOM";"0.25in"}
{SET "PRINT-MARGIN-LEFT";"0.25in"}
```

Print 5283/ Part III


```
{SET "PRINT-MARGIN-RIGHT";"0.5in"}
{SET "PRINT-CENTERED";"HORIZONTAL"}
{SET "PRINT-WORKSHEET-FRAME";"OFF"}
{SET "PRINT-GRID-LINES";"OFF"}
{SET "PRINT-DRAWN-OBJECTS";"ON"}
{SET "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```

```
{SELECT 52833 Mgmt N A:A1..52833 Mgmt N A:K73;52833 Mgmt N A:A1} Print Mgmt. Needs Assess.
```

```
{SET "PRINT-HEADER-LEFT-TEXT";""}
{SET "PRINT-HEADER-CENTER-TEXT";""}
{SET "PRINT-HEADER-RIGHT-TEXT";""}
{SET "PRINT-FOOTER-LEFT-TEXT";""}
{SET "PRINT-FOOTER-CENTER-TEXT";""}
{SET "PRINT-FOOTER-RIGHT-TEXT";""}
{SET "PRINT-SIZE";"FIT-COLUMNS"}
{SET "PRINT-ORIENTATION";"PORTRAIT"}
{SET "PRINT-MARGIN-TOP";"0.25in"}
{SET "PRINT-MARGIN-BOTTOM";"0.25in"}
{SET "PRINT-MARGIN-LEFT";"0.75in"}
{SET "PRINT-MARGIN-RIGHT";"0.5in"}
{SET "PRINT-CENTERED";"HORIZONTAL"}
{SET "PRINT-WORKSHEET-FRAME";"OFF"}
{SET "PRINT-GRID-LINES";"OFF"}
{SET "PRINT-DRAWN-OBJECTS";"ON"}
{SET "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```

```
{SELECT FYP Pt. I S:A1..FYP Pt. I S:R40;FYP Pt. I S:A1}
```

```
Print 5-Year Plan Part I, Summary
```

```
{SET "PRINT-HEADER-LEFT-TEXT";""}
{SET "PRINT-HEADER-CENTER-TEXT";""}
{SET "PRINT-HEADER-RIGHT-TEXT";""}
{SET "PRINT-FOOTER-LEFT-TEXT";""}
{SET "PRINT-FOOTER-CENTER-TEXT";""}
{SET "PRINT-FOOTER-RIGHT-TEXT";""}
{SET "PRINT-SIZE";"FIT-COLUMNS"}
{SET "PRINT-ORIENTATION";"LANDSCAPE"}
{SET "PRINT-MARGIN-TOP";"0.25in"}
{SET "PRINT-MARGIN-BOTTOM";"0.25in"}
{SET "PRINT-MARGIN-LEFT";"0.5in"}
{SET "PRINT-MARGIN-RIGHT";"0.25in"}
{SET "PRINT-CENTERED";"HORIZONTAL"}
{SET "PRINT-WORKSHEET-FRAME";"OFF"}
```

```
{SET "PRINT-GRID-LINES";"OFF"}
{SET "PRINT-DRAWN-OBJECTS";"ON"}
{SET "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```

```
{SELECT FYP Pt. ISC:A1..FYP Pt. ISC:H86;FYP Pt. ISC:A1}
{SET "PRINT-HEADER-LEFT-TEXT";""}
{SET "PRINT-HEADER-CENTER-TEXT";""}
{SET "PRINT-HEADER-RIGHT-TEXT";""}
{SET "PRINT-FOOTER-LEFT-TEXT";""}
{SET "PRINT-FOOTER-CENTER-TEXT";""}
{SET "PRINT-FOOTER-RIGHT-TEXT";""}
{SET "PRINT-SIZE";"FIT-COLUMNS"}
{SET "PRINT-ORIENTATION";"LANDSCAPE"}
{SET "PRINT-MARGIN-TOP";"0.25in"}
{SET "PRINT-MARGIN-BOTTOM";"0.25in"}
{SET "PRINT-MARGIN-LEFT";"0.5in"}
{SET "PRINT-MARGIN-RIGHT";"0.25in"}
{SET "PRINT-CENTERED";"HORIZONTAL"}
{SET "PRINT-WORKSHEET-FRAME";"OFF"}
{SET "PRINT-GRID-LINES";"OFF"}
{SET "PRINT-DRAWN-OBJECTS";"ON"}
{SET "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```

Print 5-Year Plan Part I, Summary (C

```
{SELECT FYP PT. II:A1..FYP PT. II:I184;FYP PT. II:A1}
{SET "PRINT-HEADER-LEFT-TEXT";""}
{SET "PRINT-HEADER-CENTER-TEXT";""}
{SET "PRINT-HEADER-RIGHT-TEXT";""}
{SET "PRINT-FOOTER-LEFT-TEXT";""}
{SET "PRINT-FOOTER-CENTER-TEXT";""}
{SET "PRINT-FOOTER-RIGHT-TEXT";""}
{SET "PRINT-SIZE";"FIT-COLUMNS"}
{SET "PRINT-ORIENTATION";"LANDSCAPE"}
{SET "PRINT-MARGIN-TOP";"0.25in"}
{SET "PRINT-MARGIN-BOTTOM";"0.25in"}
{SET "PRINT-MARGIN-LEFT";"0.5in"}
{SET "PRINT-MARGIN-RIGHT";"0.25in"}
{SET "PRINT-CENTERED";"HORIZONTAL"}
{SET "PRINT-WORKSHEET-FRAME";"OFF"}
{SET "PRINT-GRID-LINES";"OFF"}
{SET "PRINT-DRAWN-OBJECTS";"ON"}
{SET "PRINT-TITLES-CLEAR";"ROWS"}
```

Print 5-Year Plan Part II

```
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```

```
{SELECT FYP Pt.III :A1..FYP Pt.III :I92;FYP Pt.III :A1}
{SET "PRINT-HEADER-LEFT-TEXT";""}
{SET "PRINT-HEADER-CENTER-TEXT";""}
{SET "PRINT-HEADER-RIGHT-TEXT";""}
{SET "PRINT-FOOTER-LEFT-TEXT";""}
{SET "PRINT-FOOTER-CENTER-TEXT";""}
{SET "PRINT-FOOTER-RIGHT-TEXT";""}
{SET "PRINT-SIZE";"FIT-COLUMNS"}
{SET "PRINT-ORIENTATION";"LANDSCAPE"}
{SET "PRINT-MARGIN-TOP";"0.25in"}
{SET "PRINT-MARGIN-BOTTOM";"0.25in"}
{SET "PRINT-MARGIN-LEFT";"0.5in"}
{SET "PRINT-MARGIN-RIGHT";"0.25in"}
{SET "PRINT-CENTERED";"HORIZONTAL"}
{SET "PRINT-WORKSHEET-FRAME";"OFF"}
{SET "PRINT-GRID-LINES";"OFF"}
{SET "PRINT-DRAWN-OBJECTS";"ON"}
{SET "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```

Print 5-Year Plan Part III

```
{SELECT Exec Summ:A1..Exec Summ:H108;Exec Summ:A1}
{SET "PRINT-HEADER-LEFT-TEXT";""}
{SET "PRINT-HEADER-CENTER-TEXT";""}
{SET "PRINT-HEADER-RIGHT-TEXT";""}
{SET "PRINT-FOOTER-LEFT-TEXT";""}
{SET "PRINT-FOOTER-CENTER-TEXT";""}
{SET "PRINT-FOOTER-RIGHT-TEXT";""}
{SET "PRINT-SIZE";"FIT-COLUMNS"}
{SET "PRINT-ORIENTATION";"PORTRAIT"}
{SET "PRINT-MARGIN-TOP";"0.25in"}
{SET "PRINT-MARGIN-BOTTOM";"0.25in"}
{SET "PRINT-MARGIN-LEFT";"0.25in"}
{SET "PRINT-MARGIN-RIGHT";"0.25in"}
{SET "PRINT-CENTERED";"HORIZONTAL"}
{SET "PRINT-WORKSHEET-FRAME";"OFF"}
{SET "PRINT-GRID-LINES";"OFF"}
{SET "PRINT-DRAWN-OBJECTS";"ON"}
{SET "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```

Print Executive Summary

```
{SELECT Phy. Nds Assess:A2..Phy. Nds Assess:IP149;Phy. Nds Assess:A2} Print Physical Needs Assessment
{SET "PRINT-HEADER-LEFT-TEXT";""}
{SET "PRINT-HEADER-CENTER-TEXT";""}
{SET "PRINT-HEADER-RIGHT-TEXT";""}
{SET "PRINT-FOOTER-LEFT-TEXT";""}
{SET "PRINT-FOOTER-CENTER-TEXT";""}
{SET "PRINT-FOOTER-RIGHT-TEXT";""}
{SET "PRINT-SIZE";"FIT-COLUMNS"}
{SET "PRINT-ORIENTATION";"PORTRAIT"}
{SET "PRINT-MARGIN-TOP";"0.25in"}
{SET "PRINT-MARGIN-BOTTOM";"0.75in"}
{SET "PRINT-MARGIN-LEFT";"0.25in"}
{SET "PRINT-MARGIN-RIGHT";"0.5in"}
{SET "PRINT-CENTERED";"HORIZONTAL"}
{SET "PRINT-WORKSHEET-FRAME";"OFF"}
{SET "PRINT-GRID-LINES";"OFF"}
{SET "PRINT-DRAWN-OBJECTS";"ON"}
{SET "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```


cont)

No	Item	Dev Acct	Quantity
----	------	----------	----------

Total

No	Item	Quantity	Total
----	------	----------	-------

No

Item

Quantity

Total

No

Item

Quantity

Total

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

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

HA Name: **RIPLEY HOUSING AUTHORITY** Comprehensive Grant I FFY of Grant Approval: **TN43P05770799 1999**

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement/Revised Performance and Evaluation Report for Period **06/30/2001**
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Costs		Total Actual Costs (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				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$89,460.00	\$97,445.00	\$97,445.00	\$68,068.95
8	1440 Site Acquisition				
9	1450 Site Improvements	\$8,300.00	\$37,931.00	\$37,931.00	\$25,552.00
10	1460 Dwelling Structures	\$219,695.00	\$208,429.00	\$208,429.00	\$139,434.68
11	##### Dwelling Equipment--Nonexpendable	\$7,700.00	\$7,700.00	\$7,700.00	\$7,700.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$20,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	##### Relocation Costs	\$3,000.00			
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)	\$3,350.00			
19	Amount of Annual Grant (Sum of Lines 2-18)	\$351,505.00	\$351,505.00	\$351,505.00	\$240,755.63
20	Amount of Line 19 Related to LBP Activities				
21	Amount of Line 19 Related to Section 504 Compliance				
22	Amount of Line 19 Related to Security				

Signature of Executive Director & Date: **X** Signature of Public Housing Director/Office of Native American Programs Administrator & Date. **X**

Development Name/Number HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost	
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)
HA-WIDE	CGP Annual Update	1430	1 LS	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
HA-WIDE	Design	1430	1 LS	\$27,160.00	\$35,645.00	\$35,645.00	\$27,160.00
HA-WIDE	Construction Supervision	1430	1 LS	\$17,300.00	\$17,300.00	\$17,300.00	\$6,308.95
HA-WIDE	CGP Management	1430	1 LS	\$18,000.00	\$18,000.00	\$18,000.00	\$18,000.00
HA-WIDE	Clerk of the Works	1430	1 LS	\$11,000.00	\$11,000.00	\$11,000.00	\$1,100.00
HA-WIDE	QHRWA Agency Plan	1430	1 LS	\$9,000.00	\$8,500.00	\$8,500.00	\$8,500.00
HA-WIDE	PHDEP Grant Application	1430	1 LS	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00
TN57-6	Fencing	1450	1 LS	\$0.00	\$18,560.00	\$18,560.00	\$11,872.00
TN57-4	Site Improvements	1450	1 LS	\$8,300.00	\$19,371.00	\$19,371.00	\$13,680.00
TN57-4	HVAC Renovations	1460	11 DU	\$45,100.00	\$49,980.00	\$49,980.00	\$35,599.80
TN57-4	Kitchen Renovations	1460	11 DU	\$68,200.00	\$32,960.00	\$32,960.00	\$18,853.99
TN57-4	Floor Tile (Abestos)	1460	11 LS	\$49,500.00	\$36,452.00	\$36,452.00	\$26,825.80
TN57-4	Electrical Upgrades	1460	11 LS	\$20,295.00	\$8,400.00	\$8,400.00	\$5,039.99
TN57-6	Flooring/Subfloor Replcmt/Renov	1460	14 DU	\$27,800.00	\$51,937.00	\$51,937.00	\$35,895.10
TN57-4	Patch/Paint, Walls and Ceilings	1460	11 DU	\$8,800.00	\$28,700.00	\$28,700.00	\$17,220.00
TN57-4	Ranges	1465.1	11 EA	\$3,190.00	\$3,190.00	\$3,190.00	\$3,190.00
TN57-4	Refrigerators	1465.1	11 EA	\$4,510.00	\$4,510.00	\$4,510.00	\$4,510.00
HA-WIDE	Computer Hardware	1475	1 LS	\$20,000.00	\$0.00	\$0.00	\$0.00
HA-WIDE	Relocation	1495.1	11 DU	\$3,000.00	\$0.00	\$0.00	\$0.00
HA-WIDE	Contingency	1502	1 LS	\$3,350.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director & Date: **X**

Signature of Public Housing Director/Office of Native American F **X**

(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.

1999

Status of Proposed Work (2)

Complete

1999 and portion of 2000 fees

In Process

Complete

In Process

Complete

Complete

Transferred from yr 3 of 1999 CGP

In Process

In Process

In Process

In Process

In Process

In Process

In Process

Complete

Complete

Not Used

In Process

In Process

Programs Administrator & Date:

form HUD - 52837 (10/96)
ref Handbook 7485.3

Development Name / Number HA-Wide Activities	All Funds 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)	
TN57-4	3/01		3/01	9/02			
TN57-6	3/01		3/01	9/02			
HA-WIDE	3/01		3/01	9/02			

Signature of Executive Director & Date:

X

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

X

(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.

1999

Management Needs Assessment
Comprehensive Grant Program (CGP)

Menu

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

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

HA Name	<input type="checkbox"/> Original	<input type="checkbox"/> Revision Number _____
General Description of Management Needs	Urgency of Need (1-5)	Preliminary Estimated HA-Wide Cost

Total Preliminary Estimated HA-Wide Cost	\$
Date Assessment Prepared	

Souces of Information:

PHMAP, HUD Monitoring Handbook, Resident Comments, HA Self-Assessment

Five-Year Action Plan

Part I : Summary

Comprehensive Grant Program (CGP)

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2

HA Name:	Locality: (City/County & State)	<input type="checkbox"/> Original <input type="checkbox"/>
----------	---------------------------------	--

A. Development Number/Name	Work Statement for Year 1	Work Statement For Year 2	Work Statement For Year 3	Work Statement For Year 4	Work Statement For Year 5
See Continuation Sheet	See Annual Statement	See Continuation Sheet	See Continuation Sheet	See Continuation Sheet	See Continuation Sheet
B. Physical Improvements Subtotal					
C. Management Improvements					
D. HA-Wide Nondwelling Structures and Equipment					
E. Administration					
F. Other					
G. Operations					
H. Demolition					
I. Replacement Reserve					
J. Mod Used for Development					
K. Total CGP Funds					
L. Total Non-CGP Funds					
M. Grand Total					

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

Five-Year Action Plan
Part I : Summary (Continuation)
Comprehensive Grant Program (CGP)

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

01

A. Development Name/Number	Work Stmt. for Year FFY:	Work Statement For Year 2 FFY:	Work Statement For Year 3 FFY:	Work Statement For Year 4 FFY:
	See Annual Statement			

Five-Year Action Plan
Part I : Summary (Continuation)
 Comprehensive Grant Program (CGP)

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

01

A. Development Name/Number	Work Stmt. for Year	Work Statement For Year 2	Work Statement For Year 3	Work Statement For Year 4
	FFY:	FFY:	FFY:	FFY:
	<p>See</p> <p>See</p> <p>Annual</p> <p>Statement</p>			

Work Statement For
Year 5

FFY:

form HUD - 52834 (10/96)

ref Handbook 7485.3

Work Statement For
Year 3

FY:

Five-Year Action Plan
Part II : Supporting Pages
Physical Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

Menu

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

OMB Approval No.

Work Statement for Year 1	Work Statement for Year 2			Work Statement for Year 3	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
See Annual Statement					

Five-Year Action Plan
Part II : Summary
Physical Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

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

OMB Approval No.

Work Statement for Year 1	Work Statement for Year 2			Work Statement for Year 3		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	
See Annual Statement	TN 57-1 Exterior Building Improvements	10 DU	\$9,200.00	TN 57-4 HVAC Renovation	12 DU	
	Roofing	4 BDGS	\$12,100.00		Kitchen Renovations	12 DU
					Floor Tile (Asbestos)	12 DU
					Electrical Upgrades	12 DU
	TN 57-2 Security Screen Doors	80 EA	\$2,800.00	TN 57-5 Site/Drainage Improvements	1 LS	
	Electrical Renovations	40 DU	\$12,800.00			
	Roofing	2 BDGS	\$6,300.00	Roofing	5 BDGS	
	TN 57-3 Floor Tile	10 DU	\$36,800.00	TN 57-6 Security Storm Doors	80 EA 3 BDGS	
	TN 57-4 HVAC Renovations	9 DU	\$26,950.00			
	Kitchen Renovations	9 DU	\$55,800.00			
	Floor Tile (Asbestos)	9 DU	\$40,500.00			
	Electrical Upgrade	9 DU	\$14,805.00			
	Roofing	3 DU	\$5,245.00			
	Ranges	9 EA	\$2,610.00			
	Refrigerators	9 EA	\$3,690.00			
Subtotal of Estimated Costs			\$264,800.00	Subtotal of Estimated Costs		

Five-Year Action Plan
Part II : Supporting Pages
Physical Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

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

OMB Approval No.

Work Statement for Year 1	Work Statement for Year 4			Work Statement for Year 5	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
See Annual Statement					
	Subtotal of Estimated Costs			Subtotal of Estimated Costs	

Five-Year Action Plan
Part II : Summary
Physical Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

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

OMB Approval No.

Work Statement for Year 1	Work Statement for Year 4			Work Statement for Year 5	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
See Annual Statement					
	Subtotal of Estimated Costs			Subtotal of Estimated Costs	

Estimated Cost

Estimated Cost

\$49,200.00
\$74,400.00
\$53,580.00
\$21,940.00

\$7,200.00
\$17,400.00

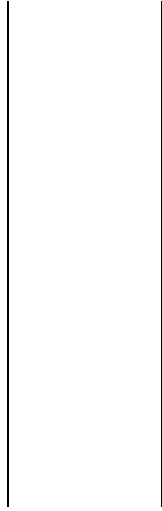
\$32,030.00
\$9,650.00

\$265,400.00

Estimated Cost

Estimated Cost

0



Five-Year Action Plan
Part III : Supporting Pages
Management Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

Menu

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

Work Statement for Year 1	Work Statement for Year 2 FFY: 2000			Work Statement for Year 3	
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity
See Annual Statement					
	Subtotal of Estimated Costs			Subtotal of Estimated Costs	

Five-Year Action Plan
Part III : Supporting Pages
Management Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

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

Work Statement for Year 1	Work Statement for Year 4 FFY: 2000			Work Statement for Year 5	
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity
See Annual Statement					
	Subtotal of Estimated Costs			Subtotal of Estimated Costs	

Estimated Cost

form HUD - 52834 (01/95)
ref Handbook 7485.3

Statement for Year 5

Estimated Cost

form HUD - 52834 (01/95)
ref Handbook 7485.3

**Executive Summary
of Preliminary Estimated Costs**
Physical and Management Needs
Comprehensive Grant Program (CGP)

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

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

HA Name				Federal Fiscal Year	
Development Number Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long-Term Viability (Y/N)	Percentage of Vacant Units
Total Preliminary Estimated Hard Cost for Physical Needs			\$		
Total Preliminary Estimated Cost for HA-Wide Management Needs			\$		
Total Preliminary Estimated Cost for HA-Wide Non-Dwelling Structures and Equipment			\$		
Total Preliminary Estimated Cost for HA-Wide Administration			\$		
Total Preliminary Estimated Cost for HA-Wide Other			\$		
Grand Total of HA Needs			\$		
Signature of Executive Director:			Date:		

**Executive Summary
of Preliminary Estimated Costs**
Physical and Management Needs
Comprehensive Grant Program (CGP)

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

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

HA Name				Federal Fiscal Year	
Development Number Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long-Term Viability (Y/N)	Percentage of Vacant Units
Total Preliminary Estimated Hard Cost for Physical Needs			\$		
Total Preliminary Estimated Cost for HA-Wide Management Needs			\$		
Total Preliminary Estimated Cost for HA-Wide Non-Dwelling Structures and Equipment			\$		
Total Preliminary Estimated Cost for HA-Wide Administration			\$		
Total Preliminary Estimated Cost for HA-Wide Other			\$		
Grand Total of HA Needs			\$		
Signature of Executive Director:			Date:		

Total Preliminary Estimated Hard Cost for Physical Needs (1450,1460, 1465.1 &1502)

Total Preliminary Estimated Cost for HA-Wide Management Needs (1408)

Total Preliminary Estimated Cost for HA-Wide Non-Dwelling Structures and Equipment (1470 &1475)

Total Preliminary Estimated Cost for HA-Wide Administration (1410)

Total Preliminary Estimated Cost for HA-Wide Other (1411, 1415, 1430, 1440, 1495.1 & 1490)

Grand Total of HA Needs

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

Menu

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

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

HA Name		<input type="checkbox"/> Original				
		<input type="checkbox"/> Revision Number				
Development Number	Development Name	DOFA Date _____				
		or _____				
		Construction Date _____				
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings			Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	Current Bedroom Distribution			
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	5+ <input type="checkbox"/>			Units
Section 23, Bond Financed <input type="checkbox"/>	General Description of Needed Physical Improvements					Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements						

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		

Souces of Information:

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment

Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number	Development Name	DOFA Date _____ or Construction Date _____	
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>
General Description of Needed Physical Improvements			Number of Vacant Units _____ Total Current Units _____ Urgency of Need (1-5) _____
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			_____

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

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HA Name		<input type="checkbox"/> Original			
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Development Number	Development Name	DOFA Date _____			
		or _____			
		Construction Date _____			
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	Current Bedroom Distribution		
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	5+ <input type="checkbox"/>	5 <input type="checkbox"/>	Total Current
Section 23, Bond Financed <input type="checkbox"/>	General Description of Needed Physical Improvements				Units
					Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements					

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Souces of Information:

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Physical Needs Assessment

Comprehensive Grant Program (CGP)

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

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General Description of Needed Physical Improvements				Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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General Description of Needed Physical Improvements				Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Souces of Information:

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Physical Needs Assessment

Comprehensive Grant Program (CGP)

**U.S Department of Housing
and Urban Development**
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General Description of Needed Physical Improvements			Number of Vacant Units _____ Total Current Units _____ Urgency of Need (1-5) _____
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			_____

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	Current Bedroom Distribution		
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Section 23, Bond Financed <input type="checkbox"/>	General Description of Needed Physical Improvements			Units	
					Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	
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Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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Section 23, Bond Financed <input type="checkbox"/>	General Description of Needed Physical Improvements				Units
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Total Preliminary Estimated Hard Cost for Needed Physical Improvements	
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Physical Needs Assessment

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Total Preliminary Estimated Hard Cost for Needed Physical Improvements				_____

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Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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General Description of Needed Physical Improvements				Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				

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Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment

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General Description of Needed Physical Improvements			Number of Vacant Units _____ Total Current Units _____ Urgency of Need (1-5) _____
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			_____

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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General Description of Needed Physical Improvements				Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment

Comprehensive Grant Program (CGP)

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and Urban Development**
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Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>
General Description of Needed Physical Improvements			Number of Vacant Units _____ Total Current Units _____ Urgency of Need (1-5) _____
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			_____

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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General Description of Needed Physical Improvements				Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				

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Physical Needs Assessment

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Physical Needs Assessment
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Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	5+ <input type="checkbox"/>	5 <input type="checkbox"/>	Total Current
Section 23, Bond Financed <input type="checkbox"/>	General Description of Needed Physical Improvements				Units
					Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	
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Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Physical Needs Assessment

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HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>	Number of Vacant Units Total Current Units
General Description of Needed Physical Improvements				Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment

Comprehensive Grant Program (CGP)

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

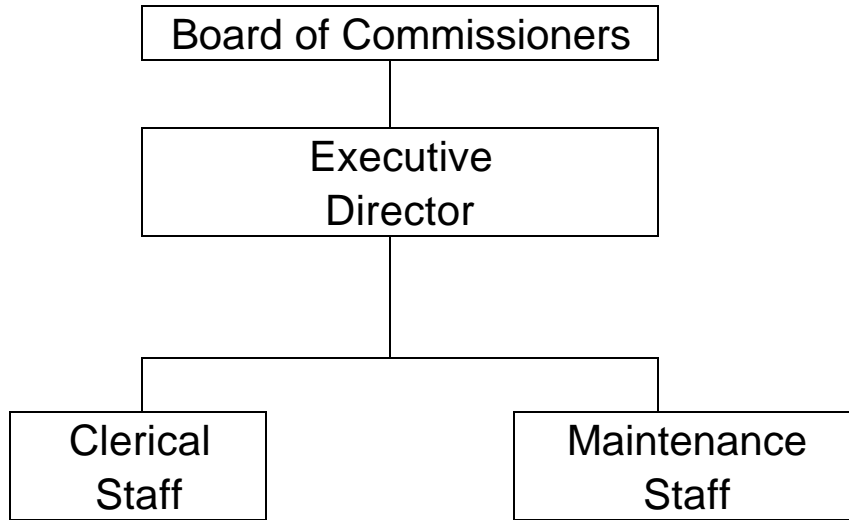
OMB Approval No. 2577 - 0157 (Exp 7/31/98)

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number	Development Name	DOFA Date _____ or Construction Date _____	
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>
General Description of Needed Physical Improvements			Number of Vacant Units _____ Total Current Units _____ Urgency of Need (1-5) _____
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			_____

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

ATTACHMENT H
RIPLEY HOUSING AUTHORITY
MANAGEMENT ORGANIZATIONAL CHART



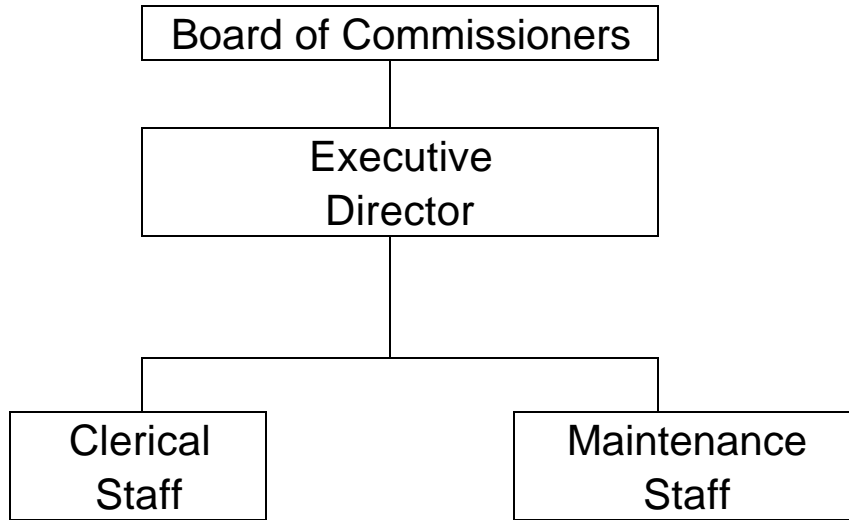
ATTACHMENT N

Ripley Housing Authority Voluntary Conversion Initial Assessment

As required by 24 CFR Part 972 - Conversion of Public Housing to Tenant-Based Assistance, we have:

1. Reviewed each development's operation as public housing;
2. Considered the implications of converting the public housing to tenant-based assistance; and
3. Concluded that the conversion of the development would be inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion.
 - a. How many of the PHA's developments are subject to the Required Initial Assessments? Five (5)
 - b. 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)? One (1)
 - c. How many Assessments were conducted for the PHA's covered developments? Five (5)
 - d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None
 - e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments. N/A











ATTACHMENT H
RIPLEY HOUSING AUTHORITY
MANAGEMENT ORGANIZATIONAL CHART



MAIN MENU

- ◆ [Choose Desired Worksheet by Pressing Worksheet Button Adjacent to Worksheet Name.](#)

Go To

<u>Worksheet</u>	<u>Worksheet Name</u>	<u>Worksheet Description</u>
	Print	Provides a Print Menu for printing each worksheet.
	52837 Part I	Part I of the Annual Statement. All numbers on this form are calculated. There is no input required by the end-user.
	52837 Part II	Part II of the Annual Statement. All numbers on this form are calculated. There is no input required by the end-user.
	52837 Part III	Part III of the Annual Statement. All numbers on this form are calculated. There is no input required by the end-user.
	Management Needs Assessment	Management Needs Assessment for the Five-Year Plan. This form provides a summary of all identified management needs. All numbers on this form are calculated. There is no input required by the end-user.
	5-Year Plan Part I - Summary	Part I-Summary of the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.
	5-Year Plan Part I-SC	This is the continuation sheet for Part I-Summary of the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.
	5-Year Plan Part II	Part II-Supporting Pages, Physical Needs Work Statement for the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.
		
		



5-Year Plan Part III

Part III-Supporting Pages, Management Needs Work Statement for the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.



Executive Summary

Executive Summary of Preliminary Estimated Hard - Costs for Physical and Management Needs for the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.



Physical Needs Assessment

Part I-Summary of the Five-Year Plan. All numbers on this form are calculated. There is no input required by the end-user.



Year Total

--	--	--	--	--



PRINT MENU

Menu

52837 Part I

[Print 52837 Part I - Annual Statement/Performance and Evaluation Report](#)

52837 Part II

[Print 52837 Part II - Annual Statement/Performance and Evaluation Report](#)

52837 Part III

[Print 52837 Part III - Annual Statement/Performance and Evaluation Report](#)

52833 Mgmt.

[Print 52833 - Management Needs Assessment](#)

52834 Part I

[Print 52834 - 5 Year Plan, Part I: Summary](#)

52834 Part I, C

[Print 52834 - 5 Year Plan, Part I: Summary \(Continuation\)](#)

52834 Part II

[Print 52834 - 5 Year Plan, Part II: Supporting Pages \(Physical Needs Work Statements\)](#)

52834 Part III

[Print 52834 - 5 Year Plan, Part II: Supporting Pages \(Management Needs Work Statements\)](#)

52831

[Print 52831 - Executive Summary of Preliminary Estimated Costs](#)

52832

[Print 52832 - Physical Needs Assessment](#)

MACROS (Go To Worksheet)

Menu

<u>TITLE</u>	<u>CODE</u>	<u>DESCRIPTION</u>
Go To	{ED11-GO10 a:A15}	Go to Menu
Go To	{ED11-GO10 b:A1}	Go to Information
Go To	{ED11-GO10 c:A1}	Go to PHA Data
Go To	{ED11-GO10 d:A1}	Go to Print
Go To	{ED11-GO10 e:A1}	Go to Database
Go To	{ED11-GO10 f:A1}	Go to Macros
Go To	{ED11-GO10 g:A1}	Go to Summary
Go To	{ED11-GO10 h:A1}	Go to FYP Summary
Page Up	{PGUP}	Move up one page
Page Down	{PGDN}	Move down one page
Go To	{ED11-GO10 i:A1}	Go to FYP Year 2 Sort
Go To	{ED11-GO10 j:A1}	Go to FYP Year 3 Sort
Go To	{ED11-GO10 k:A1}	Go to FYP Year 4 Sort
Go To	{ED11-GO10 l:A1}	Go to FYP Year 5 Sort
Go To	{ED11-GO10 m:A1}	Go to Annual Statement Part I
Go To	{ED11-GO10 n:A1}	Go to Annual Statement Part II
Go To	{ED11-GO10 o:A1}	Go to Annual Statement Part III
Go To	{ED11-GO10 p:A1}	Go to Management Needs Assessment
Go To	{ED11-GO10 q:A1}	Go to FYP Part I - Summary
Go To	{ED11-GO10 r:A1}	Go to FYP Part I - Summary, Continuation
Go To	{ED11-GO10 s:A1}	Go to FYP Part II - Physical Needs
Go To	{ED11-GO10 t:A1}	Go to FYP Part II - Management Needs
Go To	{ED11-GO10 u:A1}	Go to Executive Summary
Go To	{ED11-GO10 v:A1}	Go to Physical Needs Assessment

MAC

TITLE

ROS (Printing)

CODE

```
{SELECT 5283/ Part I:A1..5283/ Part I:S40;5283/ Part I:A1}
{SEI "PRINT-HEADER-LEFT-TEXT";}
{SEI "PRINT-HEADER-CENTER-TEXT";}
{SEI "PRINT-HEADER-RIGHT-TEXT";}
{SEI "PRINT-FOOTER-LEFT-TEXT";}
{SEI "PRINT-FOOTER-CENTER-TEXT";}
{SEI "PRINT-FOOTER-RIGHT-TEXT";}
{SEI "PRINT-SIZE";"FIT-ALL"}
{SEI "PRINT-ORIENTATION";"LANDSCAPE"}
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{SEI "PRINT-GRID-LINES";"OFF"}
{SEI "PRINT-DRAWN-OBJECTS";"ON"}
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DESCRIPTION

Print 5283/ Part I

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{SELECT 5283/ Part 2:A1..5283/ Part 2:K180;5283/ Part 2:A1}
{SEI "PRINT-HEADER-LEFT-TEXT";}
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{SEI "PRINT-FOOTER-CENTER-TEXT";}
{SEI "PRINT-FOOTER-RIGHT-TEXT";}
{SEI "PRINT-SIZE";"FIT-ALL"}
{SEI "PRINT-ORIENTATION";"LANDSCAPE"}
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Print 5283/ Part II

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{SEI "PRINT-FOOTER-CENTER-TEXT";}
{SEI "PRINT-FOOTER-RIGHT-TEXT";}
{SEI "PRINT-SIZE";"FIT-COLUMNS"}
{SEI "PRINT-ORIENTATION";"LANDSCAPE"}
{SEI "PRINT-MARGIN-TOP";"0.25in"}
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Print 5283/ Part III

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{EDIT-GOTO d:A1}
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{SELECT 52833 Mgmt N A:A1..52833 Mgmt N A:K73;52833 Mgmt N A:A1} Print Mgmt. Needs Assess.

```
{SET "PRINT-HEADER-LEFT-TEXT";""}
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{SET "PRINT-FOOTER-LEFT-TEXT";""}
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{SET "PRINT-FOOTER-RIGHT-TEXT";""}
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{SET "PRINT-DRAWN-OBJECTS";"ON"}
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{EDIT-GOTO d:A1}
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{SELECT FYP Pt. I S:A1..FYP Pt. I S:R40;FYP Pt. I S:A1}

Print 5-Year Plan Part I, Summary

```
{SET "PRINT-HEADER-LEFT-TEXT";""}
{SET "PRINT-HEADER-CENTER-TEXT";""}
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{SET "PRINT-FOOTER-RIGHT-TEXT";""}
{SET "PRINT-SIZE";"FIT-COLUMNS"}
{SET "PRINT-ORIENTATION";"LANDSCAPE"}
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{SET "PRINT-CENTERED";"HORIZONTAL"}
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{SET "PRINT-GRID-LINES";"OFF"}
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{SET "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
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{SELECT FYP Pt. ISC:A1..FYP Pt. ISC:H86;FYP Pt. ISC:A1}
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{SET "PRINT-FOOTER-RIGHT-TEXT";""}
{SET "PRINT-SIZE";"FIT-COLUMNS"}
{SET "PRINT-ORIENTATION";"LANDSCAPE"}
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{SET "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```

Print 5-Year Plan Part I, Summary (C

```
{SELECT FYP PT. II:A1..FYP PT. II:I184;FYP PT. II:A1}
{SET "PRINT-HEADER-LEFT-TEXT";""}
{SET "PRINT-HEADER-CENTER-TEXT";""}
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{SET "PRINT-ORIENTATION";"LANDSCAPE"}
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{SET "PRINT-MARGIN-RIGHT";"0.25in"}
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Print 5-Year Plan Part II

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{PRINT "SELECTION";1;9999;1;1}
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{SELECT FYP Pt.III :A1..FYP Pt.III :I92;FYP Pt.III :A1}
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{SET "PRINT-FOOTER-RIGHT-TEXT";""}
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{SET "PRINT-GRID-LINES";"OFF"}
{SET "PRINT-DRAWN-OBJECTS";"ON"}
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Print 5-Year Plan Part III

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{SET "PRINT-FOOTER-CENTER-TEXT";""}
{SET "PRINT-FOOTER-RIGHT-TEXT";""}
{SET "PRINT-SIZE";"FIT-COLUMNS"}
{SET "PRINT-ORIENTATION";"PORTRAIT"}
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{SET "PRINT-MARGIN-BOTTOM";"0.25in"}
{SET "PRINT-MARGIN-LEFT";"0.25in"}
{SET "PRINT-MARGIN-RIGHT";"0.25in"}
{SET "PRINT-CENTERED";"HORIZONTAL"}
{SET "PRINT-WORKSHEET-FRAME";"OFF"}
{SET "PRINT-GRID-LINES";"OFF"}
{SET "PRINT-DRAWN-OBJECTS";"ON"}
{SET "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```

Print Executive Summary


```
{SELECT Phy. Nds Assess:A2..Phy. Nds Assess:IP149;Phy. Nds Assess:A2} Print Physical Needs Assessment
{SET "PRINT-HEADER-LEFT-TEXT";""}
{SET "PRINT-HEADER-CENTER-TEXT";""}
{SET "PRINT-HEADER-RIGHT-TEXT";""}
{SET "PRINT-FOOTER-LEFT-TEXT";""}
{SET "PRINT-FOOTER-CENTER-TEXT";""}
{SET "PRINT-FOOTER-RIGHT-TEXT";""}
{SET "PRINT-SIZE";"FIT-COLUMNS"}
{SET "PRINT-ORIENTATION";"PORTRAIT"}
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{SET "PRINT-MARGIN-LEFT";"0.25in"}
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{SET "PRINT-GRID-LINES";"OFF"}
{SET "PRINT-DRAWN-OBJECTS";"ON"}
{SET "PRINT-TITLES-CLEAR";"ROWS"}
{PRINT "SELECTION";1;9999;1;1}
{EDIT-GOTO d:A1}
```


cont)

No	Item	Dev Acct	Quantity
----	------	----------	----------

Total

No	Item	Quantity	Total
----	------	----------	-------

No

Item

Quantity

Total

No

Item

Quantity

Total

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

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

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

HA Name: RIPLEY HOUSING AUTHORITY	Comprehensive Grant No: TN43P05770799	FFY of Grant Approval: 1999
---	---	---------------------------------------

<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number ____	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending	06/30/2001
<input type="checkbox"/> Final Performance and Evaluation Report				

Line No.	Summary by Development Account	Total Estimated Costs		Total Actual Costs (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				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$89,460.00	\$97,445.00	\$97,445.00	\$68,068.95
8	1440 Site Acquisition				
9	1450 Site Improvements	\$8,300.00	\$37,931.00	\$37,931.00	\$25,552.00
10	1460 Dwelling Structures	\$219,695.00	\$208,429.00	\$208,429.00	\$139,434.68
11	1465.1 Dwelling Equipment--Nonexpendable	\$7,700.00	\$7,700.00	\$7,700.00	\$7,700.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$20,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs	\$3,000.00			
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)	\$3,350.00			
19	Amount of Annual Grant (Sum of Lines 2-18)	\$351,505.00	\$351,505.00	\$351,505.00	\$240,755.63
20	Amount of Line 19 Related to LBP Activities				
21	Amount of Line 19 Related to Section 504 Compliance				
22	Amount of Line 19 Related to Security				

Signature of Executive Director & Date:

X

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

X

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

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

Development Name/Number HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost	
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)
HA-WIDE	CGP Annual Update	1430	1 LS	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
HA-WIDE	Design	1430	1 LS	\$27,160.00	\$35,645.00	\$35,645.00	\$27,160.00
HA-WIDE	Construction Supervision	1430	1 LS	\$17,300.00	\$17,300.00	\$17,300.00	\$6,308.95
HA-WIDE	CGP Management	1430	1 LS	\$18,000.00	\$18,000.00	\$18,000.00	\$18,000.00
HA-WIDE	Clerk of the Works	1430	1 LS	\$11,000.00	\$11,000.00	\$11,000.00	\$1,100.00
HA-WIDE	QHRWA Agency Plan	1430	1 LS	\$9,000.00	\$8,500.00	\$8,500.00	\$8,500.00
HA-WIDE	PHDEP Grant Application	1430	1 LS	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00
TN57-6	Fencing	1450	1 LS	\$0.00	\$18,560.00	\$18,560.00	\$11,872.00
TN57-4	Site Improvements	1450	1 LS	\$8,300.00	\$19,371.00	\$19,371.00	\$13,680.00
TN57-4	HVAC Renovations	1460	11 DU	\$45,100.00	\$49,980.00	\$49,980.00	\$35,599.80
TN57-4	Kitchen Renovations	1460	11 DU	\$68,200.00	\$32,960.00	\$32,960.00	\$18,853.99
TN57-4	Floor Tile (Abestos)	1460	11 LS	\$49,500.00	\$36,452.00	\$36,452.00	\$26,825.80
TN57-4	Electrical Upgrades	1460	11 LS	\$20,295.00	\$8,400.00	\$8,400.00	\$5,039.99
TN57-6	Flooring/Subfloor Replcmt/Renov	1460	14 DU	\$27,800.00	\$51,937.00	\$51,937.00	\$35,895.10
TN57-4	Patch/Paint, Walls and Ceilings	1460	11 DU	\$8,800.00	\$28,700.00	\$28,700.00	\$17,220.00
TN57-4	Ranges	1465.1	11 EA	\$3,190.00	\$3,190.00	\$3,190.00	\$3,190.00
TN57-4	Refrigerators	1465.1	11 EA	\$4,510.00	\$4,510.00	\$4,510.00	\$4,510.00
HA-WIDE	Computer Hardware	1475	1 LS	\$20,000.00	\$0.00	\$0.00	\$0.00
HA-WIDE	Relocation	1495.1	11 DU	\$3,000.00	\$0.00	\$0.00	\$0.00
HA-WIDE	Contingency	1502	1 LS	\$3,350.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director & Date: **X**

Signature of Public Housing Director/Office of Native American F **X**

(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.

1999

Status of Proposed Work (2)

Complete

1999 and portion of 2000 fees

In Process

Complete

In Process

Complete

Complete

Transferred from yr 3 of 1999 CGP

In Process

In Process

In Process

In Process

In Process

In Process

In Process

Complete

Complete

Not Used

In Process

In Process

Programs Administrator & Date:

form HUD - 52837 (10/96)
ref Handbook 7485.3

Development Name / Number HA-Wide Activities	All Funds 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)	
TN57-4	3/01		3/01	9/02			
TN57-6	3/01		3/01	9/02			
HA-WIDE	3/01		3/01	9/02			

Signature of Executive Director & Date:

X

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

X

(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.

1999

Management Needs Assessment
Comprehensive Grant Program (CGP)

Menu

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

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

HA Name	<input type="checkbox"/> Original	<input type="checkbox"/> Revision Number _____
General Description of Management Needs	Urgency of Need (1-5)	Preliminary Estimated HA-Wide Cost

Total Preliminary Estimated HA-Wide Cost	\$
Date Assessment Prepared	

Souces of Information:

PHMAP, HUD Monitoring Handbook, Resident Comments, HA Self-Assessment

Five-Year Action Plan

Part I : Summary

Comprehensive Grant Program (CGP)

U.S Department of Housing and Urban Development

OMB Approval No. 2

Office of Public and Indian Housing

HA Name:	Locality: (City/County & State)	<input type="checkbox"/> Original <input type="checkbox"/>
----------	---------------------------------	--

A. Development Number/Name	Work Statement for Year 1	Work Statement For Year 2	Work Statement For Year 3	Work Statement For Year 4	Work Statement For Year 5
See Continuation Sheet	See Annual Statement	See Continuation Sheet	See Continuation Sheet	See Continuation Sheet	See Continuation Sheet
B. Physical Improvements Subtotal					
C. Management Improvements					
D. HA-Wide Nondwelling Structures and Equipment					
E. Administration					
F. Other					
G. Operations					
H. Demolition					
I. Replacement Reserve					
J. Mod Used for Development					
K. Total CGP Funds					
L. Total Non-CGP Funds					
M. Grand Total					

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

Five-Year Action Plan
Part I : Summary (Continuation)
 Comprehensive Grant Program (CGP)

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

01

A. Development Name/Number	Work Stmt. for Year FFY:	Work Statement For Year 2 FFY:	Work Statement For Year 3 FFY:	Work Statement For Year 4 FFY:
	<p>See Annual Statement</p>			

Five-Year Action Plan
Part I : Summary (Continuation)
 Comprehensive Grant Program (CGP)

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

01

A. Development Name/Number	Work Stmt. for Year	Work Statement For Year 2	Work Statement For Year 3	Work Statement For Year 4
	FFY:	FFY:	FFY:	FFY:
	<p>See</p> <p>See</p> <p>Annual</p> <p>Statement</p>			

Work Statement For
Year 5

FFY:

form HUD - 52834 (10/96)

ref Handbook 7485.3

Work Statement For
Year 5

FY:

Five-Year Action Plan
Part II : Supporting Pages
Physical Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

Menu

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

OMB Approval No.

Work Statement for Year 1	Work Statement for Year 2			Work Statement for Year 3	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
See Annual Statement					

Five-Year Action Plan
Part II : Summary
Physical Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

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

OMB Approval No.

Work Statement for Year 1	Work Statement for Year 2			Work Statement for Year 3		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	
See Annual Statement	TN 57-1 Exterior Building Improvements	10 DU	\$9,200.00	TN 57-4 HVAC Renovation	12 DU	
	Roofing	4 BDGS	\$12,100.00		Kitchen Renovations	12 DU
					Floor Tile (Asbestos)	12 DU
					Electrical Upgrades	12 DU
	TN 57-2 Security Screen Doors	80 EA	\$2,800.00	TN 57-5 Site/Drainage Improvements	1 LS	
	Electrical Renovations	40 DU	\$12,800.00			
	Roofing	2 BDGS	\$6,300.00	Roofing	5 BDGS	
	TN 57-3 Floor Tile	10 DU	\$36,800.00	TN 57-6 Security Storm Doors	80 EA 3 BDGS	
	TN 57-4 HVAC Renovations	9 DU	\$26,950.00			
	Kitchen Renovations	9 DU	\$55,800.00			
	Floor Tile (Asbestos)	9 DU	\$40,500.00			
	Electrical Upgrade	9 DU	\$14,805.00			
	Roofing	3 DU	\$5,245.00			
	Ranges	9 EA	\$2,610.00			
	Refrigerators	9 EA	\$3,690.00			
Subtotal of Estimated Costs			\$264,800.00	Subtotal of Estimated Costs		

Five-Year Action Plan
Part II : Supporting Pages
Physical Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

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

OMB Approval No.

Work Statement for Year 1	Work Statement for Year 4			Work Statement for Year 5	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
See Annual Statement					
	Subtotal of Estimated Costs			Subtotal of Estimated Costs	

Five-Year Action Plan
Part II : Summary
Physical Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

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

OMB Approval No.

Work Statement for Year 1	Work Statement for Year 4			Work Statement for Year 5	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
See Annual Statement					
	Subtotal of Estimated Costs			Subtotal of Estimated Costs	

Estimated Cost

Estimated Cost

\$49,200.00
\$74,400.00
\$53,580.00
\$21,940.00

\$7,200.00
\$17,400.00

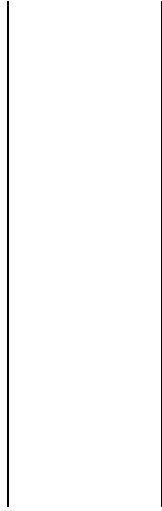
\$32,030.00
\$9,650.00

\$265,400.00

Estimated Cost

Estimated Cost

0



Five-Year Action Plan
Part III : Supporting Pages
Management Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

Menu

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

Work Statement for Year 1	Work Statement for Year 2 FFY: 2000			Work Statement for Year 3	
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity
See Annual Statement					
	Subtotal of Estimated Costs			Subtotal of Estimated Costs	

Five-Year Action Plan
Part III : Supporting Pages
Management Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

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

Work Statement for Year 1	Work Statement for Year 4 FFY: 2000			Work Statement for Year 5	
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity
See Annual Statement					
	Subtotal of Estimated Costs			Subtotal of Estimated Costs	

Estimated Cost

Statement for Year 5

Estimated Cost

form HUD - 52834 (01/95)
ref Handbook 7485.3

**Executive Summary
of Preliminary Estimated Costs**
Physical and Management Needs
Comprehensive Grant Program (CGP)

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

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

HA Name					Federal Fiscal Year
Development Number Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long-Term Viability (Y/N)	Percentage of Vacant Units
Total Preliminary Estimated Hard Cost for Physical Needs			\$		
Total Preliminary Estimated Cost for HA-Wide Management Needs			\$		
Total Preliminary Estimated Cost for HA-Wide Non-Dwelling Structures and Equipment			\$		
Total Preliminary Estimated Cost for HA-Wide Administration			\$		
Total Preliminary Estimated Cost for HA-Wide Other			\$		
Grand Total of HA Needs			\$		
Signature of Executive Director:			Date:		

**Executive Summary
of Preliminary Estimated Costs**
Physical and Management Needs
Comprehensive Grant Program (CGP)

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

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

HA Name				Federal Fiscal Year	
Development Number Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long-Term Viability (Y/N)	Percentage of Vacant Units
Total Preliminary Estimated Hard Cost for Physical Needs			\$		
Total Preliminary Estimated Cost for HA-Wide Management Needs			\$		
Total Preliminary Estimated Cost for HA-Wide Non-Dwelling Structures and Equipment			\$		
Total Preliminary Estimated Cost for HA-Wide Administration			\$		
Total Preliminary Estimated Cost for HA-Wide Other			\$		
Grand Total of HA Needs			\$		
Signature of Executive Director:			Date:		

Total Preliminary Estimated Hard Cost for Physical Needs (1450,1460, 1465.1 &1502)

Total Preliminary Estimated Cost for HA-Wide Management Needs (1408)

Total Preliminary Estimated Cost for HA-Wide Non-Dwelling Structures and Equipment (1470 &1475)

Total Preliminary Estimated Cost for HA-Wide Administration (1410)

Total Preliminary Estimated Cost for HA-Wide Other (1411, 1415, 1430, 1440, 1495.1 & 1490)

Grand Total of HA Needs

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date _____ or Construction Date _____		
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>	Number of Vacant Units _____ Total Current Units _____
General Description of Needed Physical Improvements				Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		

Souces of Information:

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment

Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____		
Development Number	Development Name		DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>	Number of Vacant Units Total Current Units Urgency of Need (1-5)
General Description of Needed Physical Improvements				
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: Rental Turnkey III - Vacant Turnkey III - Occupied Mutual Help Section 23, Bond Financed	Occupancy Type: Family Elderly Mixed	Structure Type: Detached/Semi-Detached Row Walk-Up Elevator	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>	Number of Vacant Units Total Current Units
General Description of Needed Physical Improvements				Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Date Assessment Prepared		

Souces of Information:

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment

Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number	Development Name	DOFA Date _____ or Construction Date _____	
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>
General Description of Needed Physical Improvements			Number of Vacant Units _____ Total Current Units _____ Urgency of Need (1-5) _____
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			_____

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

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

HA Name				<input type="checkbox"/> Original		
				<input type="checkbox"/> Revision Number		
Development Number	Development Name			DOFA Date or Construction Date		
Development Type:		Occupancy Type:		Structure Type:		Number of Vacant Units
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>	
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>	
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>	
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>	
Section 23, Bond Financed	<input type="checkbox"/>					
General Description of Needed Physical Improvements						Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	
--	--

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	No
Development Has Long-Term Physical and Social Viability	Yes	No
Date Assessment Prepared		

Souces of Information:

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment

Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____		
Development Number	Development Name		DOFA Date _____ or Construction Date _____	
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>	Number of Vacant Units _____ Total Current Units _____
General Description of Needed Physical Improvements				Urgency of Need (1-5) _____
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				_____

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original			
		<input type="checkbox"/> Revision Number			
Development Number	Development Name	DOFA Date _____ or Construction Date _____			
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	Current Bedroom Distribution		
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	5 <input type="checkbox"/>	5+ <input type="checkbox"/>	Total Current
Section 23, Bond Financed <input type="checkbox"/>	General Description of Needed Physical Improvements				Units
					Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	
--	--

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		

Souces of Information:

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment

Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number	Development Name	DOFA Date _____ or Construction Date _____	
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>
General Description of Needed Physical Improvements			Number of Vacant Units _____ Total Current Units _____ Urgency of Need (1-5) _____
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			_____

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original			
		<input type="checkbox"/> Revision Number			
Development Number	Development Name	DOFA Date _____			
		or _____			
		Construction Date _____			
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	Current Bedroom Distribution		
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	5+ <input type="checkbox"/>	5 <input type="checkbox"/>	Total Current
Section 23, Bond Financed <input type="checkbox"/>	General Description of Needed Physical Improvements				Units
					Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	
--	--

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Date Assessment Prepared		

Souces of Information:

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment

Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number	Development Name		DOFA Date _____ or Construction Date _____
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>
General Description of Needed Physical Improvements			Number of Vacant Units _____ Total Current Units _____ Urgency of Need (1-5) _____
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			_____

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original			
		<input type="checkbox"/> Revision Number			
Development Number	Development Name	DOFA Date _____ or Construction Date _____			
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	Current Bedroom Distribution		
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	5 <input type="checkbox"/>		Total Current
Section 23, Bond Financed <input type="checkbox"/>			5+ <input type="checkbox"/>		Units
General Description of Needed Physical Improvements					Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	
--	--

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment

Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number	Development Name	DOFA Date _____ or Construction Date _____	
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>
General Description of Needed Physical Improvements			Number of Vacant Units _____ Total Current Units _____ Urgency of Need (1-5) _____
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			

Date Assessment Prepared

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

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

HA Name		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+ <input type="checkbox"/>	Number of Vacant Units Total Current Units
General Description of Needed Physical Improvements				Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		

Annual Inspections, Resident Comments, 504 Transition plan, HUD Reviews, Site Investigation, Previous Modernization Documents & Energy Audit.

Physical Needs Assessment

Comprehensive Grant Program (CGP)

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

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

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General Description of Needed Physical Improvements			Number of Vacant Units _____ Total Current Units _____ Urgency of Need (1-5) _____
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			_____

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Development Number	Development Name	DOFA Date _____ or Construction Date _____			
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	Current Bedroom Distribution		
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>		5 <input type="checkbox"/>	Total Current
Section 23, Bond Financed <input type="checkbox"/>	General Description of Needed Physical Improvements				Units
					Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	
--	--

Per Unit Hard Cost		
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Development Number	Development Name	DOFA Date _____			
		or _____			
		Construction Date _____			
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Section 23, Bond Financed <input type="checkbox"/>			5+ <input type="checkbox"/>		
General Description of Needed Physical Improvements					Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements					

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ATTACHMENT N

Ripley Housing Authority Voluntary Conversion Initial Assessment

As required by 24 CFR Part 972 - Conversion of Public Housing to Tenant-Based Assistance, we have:

1. Reviewed each development's operation as public housing;
2. Considered the implications of converting the public housing to tenant-based assistance; and
3. Concluded that the conversion of the development would be inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion.
 - a. How many of the PHA's developments are subject to the Required Initial Assessments? Five (5)
 - b. 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)? One (1)
 - c. How many Assessments were conducted for the PHA's covered developments? Five (5)
 - d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None
 - e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments. N/A