

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

Housing Authority of the City of
Lockhart

Small PHA Plan Update
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**

**Housing Authority of the City of Lockhart
PHA Plan
Agency Identification**

PHA Name: Housing Authority of the City of Lockhart

PHA Number: TX211

PHA Fiscal Year Beginning: (mm/yyyy) 1 October 2002

PHA Plan Contact Information:

Name: Beverly J. Haug

Phone: 512-398-2715

TDD: 512-398-2464

Email (if available): lha@austin.rr.com

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

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
- Main administrative office of the local, county or 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)

PHA Programs Administered:

Public Housing and Section 8 Section 8 Only Public Housing Only

Housing Authority of the City of Lockhart
Annual PHA Plan
Fiscal Year 2002
[24 CFR Part 903.7]

i. Table of Contents

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

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

No substantial deviations from previous Agency Plans are reflected herein.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$188,303**

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment **C**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **B**

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: 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 next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. 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 next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided,

insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

formcheckbox Yes FORMCHECKBOX No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? N/A

C. formcheckbox Yes FORMCHECKBOX No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. formcheckbox Yes formcheckbox No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)A.]

Resident Advisory Board (RAB) Recommendations and PHA Response

1. formcheckbox Yes FORMCHECKBOX No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name) formt

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

formcheckbox The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included

formcheckbox Yes formcheckbox No: below or

formcheckbox Yes formcheckbox No: at the end of the RAB Comments in Attachment _____.

formcheckbox Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA’s consideration is included at the at the end of the RAB Comments in Attachment _____.

FORMCHECKBOX Other: N/A

B. 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 Texas via Texas Department of Housing and**

Housing Authority of the City of Lockhart
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Community Affairs

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)

- FORMCHECKBX The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- formcheckbx The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- formcheckbx The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- formcheckbx Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- formcheckbx Other: (list below3.)

PHA Requests for support from the Consolidated Plan Agency

formcheckbx Yes FORMCHECKBX No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: **Increase and preserve the availability of safe, decent, and affordable housing for very low, low, and moderate income persons and families.**

C. Criteria for Substantial Deviation and Significant Amendment² s

Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Υντιλ δεφινιτιονσ οφ □Συβσταντιαλ Δεπιατιον□ ορ □Σιγνιφιχαντ Αμενδμεντ οφ Μοδιφιχατιον□ αρε δεφινεδ βψ ΗΥΔ, τηε ΠΗΑ ωιλλ αχχεπτ τηε δεφινιτιονσ ασ σετ φορτη ιν ΠΗΗ Νοτιχε 99-51 ωηιχη ινχλυδε τηε φολλοωινγ αχτιονσ :

χηανγεσ το ρεντ ορ αδμισσιονσ πολιχιεσ ορ οργανιζατιον οφ τηε ωαιτινγ λιτ;

αδδιτιονσ οφ νον-εμεργενχψ ωορκ ιτεμσ (ιτεμσ νοτ ινχλυδεδ ιν τηε χυρρεντ Αννυαλ Στατεμεντ ορ 5-Ψεαρ Αχτιον Πλαν) ορ χηανγε ιν υσε οφ ρεπλαχεμεντ ρεσερπε φυνδσ υνδερ τηε Χαπιταλ Φυνδσ ;

αδδιτιονσ οφ νεω αχτιπιτιεσ νοτ ινχλυδεδ ιν τηε χυρρεντ ΠΗΔΕΠ Πλαν; αν d any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

In addition, an exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by **HUD**.

B. Significant Amendment or Modification to the Annual Plan: See C.1.A. aboe.

Attachment A

Supporting Documents Available for Review

PHAs are to 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		
w		Applicable & On Display Supporting Document Related Plan Component
	X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations
5 Year and Annual Plans		N/A State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)
5 Year and Annual Plans		X Fair Housing Documentation Supporting Fair Housing Certifications: 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		XHousing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdictionAnnual 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/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]
Annual Plan: Eligibility, Selection, and Admissions Policies		XAny policy governing occupancy of Police Officers in Public Housing FORMCHECKBX check here if included in the public housing A&O PolicyAnnual Plan: Eligibility, Selection, and Admissions Policies
	N/A	Section 8 Administrative Plan Annual Plan: Eligibility, Selection, and Admissions Policies

	X	<p>Public housing rent determination policies, including the method for setting public housing flat rents</p> <p>FORMCHECK BX check here if included in the public housing A & O Policy Annual Plan: Rent Determination</p>
	X	<p>Schedule of flat rents offered at each public housing development</p> <p>FORMCHECK BX check here if included in the public housing A & O Policy Annual Plan: Rent Determination</p>
	N/A	<p>Section 8 rent determination (payment standard) policies</p> <p>FORMCHECK BX check here if included in Section 8 Administrative Plan Annual Plan: Rent Determination</p>
	X	<p>Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)</p>
Annual Plan: Operations and Maintenance		<p>X Results of latest binding Public Housing Assessment System (PHAS) Assessment</p>

Annual Plan: Management and Operations		N/A Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)
Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency		N/A Results of latest Section 8 Management Assessment System (SEMAP)
Annual Plan: Management and Operations		N/A Any required policies governing any Section 8 special housing types FORMCHECKBX check here if included in Section 8 Administrative Plan Annual Plan: Operations and Maintenance
	X	Public housing grievance procedures FORMCHECKBX check here if included in the public housing A & O Policy Annual Plan: Grievance Procedures
	N/A	Section 8 informal review and hearing procedures FORMCHECKBX 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 any active grant year
Annual Plan: Capital Needs		N/A Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants
Annual Plan: Capital Needs		N/A 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		X Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing symbol 167 \f "Colonna MT" \s 10 § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).
Annual Plan: Capital Needs		N/A Approved or submitted applications for demolition and/or disposition of public housing
Annual Plan: Demolition and Disposition		N/A Approved or submitted applications for designation of public housing (Designated Housing Plans)

Annual Plan: Designation of Public Housing		N/A Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937
Annual Plan: Conversion of Public Housing		N/A Approved or submitted public housing homeownership programs/plans
Annual Plan: Homeownership		N/A Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan) Annual Plan: Homeownership
	N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies
Annual Plan: Community Service & Self-Sufficiency		N/A FSS Action Plan/s for public housing and/or Section 8
Annual Plan: Community Service & Self-Sufficiency		X Section 3 documentation required by 24 CFR Part 135, Subpart E

<p>Annual Plan: Community Service & Self-Sufficiency</p>		<p>N/A Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports</p>
<p>Annual Plan: Community Service & Self-Sufficiency</p>		<p>N/A The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report</p>
<p>Annual Plan: Safety and Crime Prevention</p>		<p>N/APHDEP-related documentation:</p> <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;
	<p>Housing Authority of the City of Lockhart Small PHA Plan Update Page 15</p>	<ul style="list-style-type: none"> · Coordination with other law enforcement efforts; · Written agreement(s) with local law

specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. Annual Plan: Safety and Crime Preventi
On

	X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) FORMCHECKBOX check here if included in the public housing A & O PolicyPet Policy
	N/A	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings
Annual Plan: Annual Audit		N/ATroubled PHAs: MOA/Recovery Plan
Troubled PHAs		N/AOther supporting documents (optional) (list individually; use as many lines as necessary)(specify as needed

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

ry	PHA Name: FORMTET Housing Authority of the City of Lockhart	Grant Type and Number Capital Fund Program: FORMTET TX59-P211-50102 Capital Fund Program Replacement Housing Factor Grant NO: formtet Federal FY of Grant: FORMTET 2002
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FORMCHECKB formcheckbs formcheckbn: formte)

t	Line No.	Summary by Development Account	Total Estimated Cost	
st			Original	Revised
Obligated	d	1	Total non-CFP Funds	
		2	1406 Operations	\$ 33,531
		3	1408 Management Improvements	
		4	1410 Administration	2,500
		5	1411 Audit	
		6	1415 liquidated Damages	
		7	1430 Fees and Costs	11,500
		8	1440 Site Acquisition	
		9	1450 Site Improvement	10,000
		10	1460 Dwelling Structures	91,642
		11	1465.1 Dwelling Equipment—Nonexpendable	
		12	1470 Nondwelling Structures	
		13	1475 Nondwelling Equipment	35,000
		14	1485 Demolition	
		15	1490 Replacement Reserve	
		16	1492 Moving to Work Demonstration	
		17	1495.1 Relocation Costs	
		18	1498 Mod Used for Development	
		19	1502 Contingency	
		Housing Authority of the City of Lockhart Small PHA Plan Update Page 18		\$184,173
		21	Amount of line 20 Related to LBP Activities	HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002
		22	Amount of line 20 Related to Section	

	PHA Name	Capital Fund Program Replacement Housing 2
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Status of Proposed	Work	Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.		Quantity		Total Estimated Cost Total Actual Cost
						Original	Revised	Funds Obligated
Funds Expended			HA Wide	Operations	1406	Various	\$ 33,531	
			HA Wide	CFP Administration	1410	Various	2,500	
			HA Wide	Fees and Costs	1430	Various	11,500	
			TX211-01&002	Playground	1450	Various	10,000	
			TX211-01&002	Cont. of Soffit and Eaves Replacement	1460	Various	61,642	
			TX211-01&002	Exterior Painting	1460	Various	10,000	
			TX211-01&002	Bathroom Improvements	1460	Various	10,000	
			TX211-01&002	Kitchen Improvements	1460	Various	10,000	
			TX211-01&002	Replacement of H/C Van	1475	1	35,000	

Capital Fund Program and Capital

Title	PHA Name	2
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Reasons for Revised Target Dates	Development Number Name/HA-Wide Activities				All Fund Obligated (Quarter Ending Date)	
	Original	Revised	Actual	Original	Revised	Actual

Housing Authority of the City of Lockhart

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		TX211-001&002	09/30/2004			09/30/2006	
		HA Wide	09/30/2004			09/30/2006	

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FORMCHECKB#1)
FORMCHECKB

Final Performance and Evaluation Report	Line No.	Summary by Development Account	Total Estimated Cost	
			Original	Revised
Total Actual Cost				
Obligated	Expended		1	Total non-CFP Funds
			2	1406 Operations \$ 37,661 \$ 37,661
\$ 37,661	\$ 37,661		3	1408 Management Improvements
			4	1410 Administration 2,5002,500
			5	1411 Audit
			6	1415 liquidated Damages
			7	1430 Fees and Costs 11,50011,500
			8	1440 Site Acquisition

			9	1450 Site Improvement	
			10	1460 Dwelling Structures	136,642136,642
			11	1465.1 Dwelling Equipment—None expendable	
			12	1470 Nondwelling Structures	
			13	1475 Nondwelling Equipment	
			14	1485 Demolition	
			15	1490 Replacement Reserve	
			16	1492 Moving to Work Demonstration	
			17	1495.1 Relocation Costs	
			18	1498 Mod Used for Development	
			19	1502 Contingency	
			20	Amount of Annual Grant: (sum of lines 2-19)	\$188,303\$188,303
\$ 37,661	\$ 37,661		21	Amount of line 20 Related to LBP Activities	
			22	Amount of line 20 Related to Section 504 Compliance	
			23	Amount of line 20 Related to Security	
			24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)		
Part II: Supporting Pages	PHA Name: FORMTEXT Housing Authority of the City of Lockhart	Grant Type and Number Capital Fund Program #: FORMTEXT TX59-P211-50101 Capital Fund Program Replacement Housing Factor #: formtext Federal FY of Grant: FORMTEXT 2001

Status of Proposed	Development Number	Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.		Quantity		Total Estimated Cost Total Actual Cost
						Original	Revised	Funds Obligated
Funds Expended	Work							
			HA Wide	Operations	1406	Various	\$ 37,661	\$ 37,661\$ 37,661
\$ -0-	Completed		HA Wide	CFP Administration	1410	Various	2,500	2,500
	Contracted		HA Wide	Fees and Costs	1430	Various	11,500	11,500
	Contracted		TX211-01&002	Continuation of Roofing	1460	Various	66,000	-0-
	Contracted		TX211-01&002	Exterior painting, soffit, and Eaves Imp.	1460	Various	70,642	70,642
	Contracted		TX211-01&002	Bathroom Improvements	1460	Various	-0-	33,000
	Contracted		TX211-01&002	Kitchen Improvements	1460	Various	-0-	33,000
	Contracted							

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

Part III: Implementation Schedule	PHA Name: FORMTEXT Housing Authority of the City of Lockhart	Grant Type and Number Capital Fund Program #: FORMTEXT TX59-P211-50101 Capital Fund Program Replacement Housing Factor #: formtext Federal FY of Grant: FORMTEXT 2001
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Reasons for Revised Target Dates	Development Number Name/HA-Wide Activities						All Fund Obligated (Quarter Ending Date) All Funds Expended (Quarter Ending Date)
	Original	Revised	Actual	Original	Revised	Actual	
	1			Housing Authority of the City of Lockhart			
	TX211-001&002	09/30/2003			09/30/2005		

		HA Wide	09/30/ 2003			09/30/2 005	
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Annual Statement/Performance and Evaluation Report

<p>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</p>	<p>PHA Name: FORMTEXT Housing Authority of the City of Lockhart</p>	<p>Grant Type and Number Capital Fund Program: FORMTEXT TX59-P211-50100 Capital Fund Program Replacement Housing Factor Grant No: formtext Federal FY of Grant:</p>
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FORMTEXT 2000 formcheckbox Original Annual Statement Reserve for Disasters/ Emergencies FORMCHECKBOX Revised Annual Statement (revision no: FORMTEXT #2) formcheckbox

FORMCHECKBOX Performance and Evaluation Report for Period Ending:	Line No.	Summary by Development Account	Total Estimated Cost

Housing Authority of the City of Lockhart
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FORMTEXT 03/31/20

and
Evaluation
Report

Total Actual Cost				Original	Revised
Obligated	Expended		1	Total non-CFP Funds	
			2	1406 Operations	\$ 7,826\$ 27,826
\$ 7,826	\$7,826.00		3	1408 Management Improvements	2,500
			4	1410 Administration	2,500
			5	1411 Audit	
			6	1415 Liquidated Damages	
			7	1430 Fees and Costs	18,70018,700
			8	1440 Site Acquisition	
			9	1450 Site Improvement	44,35044,350
			10	1460 Dwelling Structures	66,00066,000
62,924	44,226.82		11	1465.1 Dwelling Equipment—None expendable	
			12	1470 Nondwelling Structures	20,000
			13	1475 Nondwelling Equipment	25,25025,250
17,350	17,346.48		14	1485 Demolition	
			15	1490 Replacement Reserve	

			16	1492 Moving to Work Demonstration	
			17	1495.1 Relocation Costs	
			18	1498 Mod Used for Development	
			19	1502 Contingency	
			20	Amount of Annual Grant: (sum of lines 2-19)	\$ 184,626\$ 184,626
\$ 88,100	\$69,399.30		21	Amount of line 20 Related to LBP Activities	
			22	Amount of line 20 Related to Section 504 Compliance	
			23	Amount of line 20 Related to Security	
			24	Amount of line 20 Related to Energy Conservation Measures	

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

Part II: Supporting Pages	PHA Name: FORMTEXT Housing Authority of the City of Lockhart	Grant Type and Number Capital Fund Program #: FORMTEXT TX59-P211-50100 Capital Fund Program Replacement Housing Factor #: formtext Federal FY of Grant: FORMTEXT 2000
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Status of Proposed	Development Number	General Description of Major Work Categories	Dev. Acct No.		Quantity		Total Estimated Cost Total Actual Cost
					Original	Revised	
Funds Expended	Work						Funds Obligated

			HA Wide	Operations	1406	N/A	\$27,826	\$27,826
\$7,826.00	Completed		HA Wide	Management Improvements	1408	N/A	2,500	-0-
	Contracted		HA Wide	Administrative Sundry	1410	N/A	-0-	2,500
	Contracted		HA Wide	Fees and costs	1430	N/A	18,700	18,700
	Contracted		TX211-01&2	Playground Equipment	1450	3 sets	44,350	-0-
	Contracted		TX211-01&2	Roofing	1460	11 buildings	66,000	66,000
44,226.82	Contracted		TX211-01&2	Exterior Painting, fascia and soffit	1460	various	-0-	44,350
	Contracted		HA Wide	Maintenance Vehicle	1475	1	25,250	25,250
17,346.48	Completed							17,350

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

Part III: Implementation Schedule	PHA Name: FORMTEXT Housing Authority of the City of Lockhart	Grant Type and Number Capital Fund Program #: FORMTEXT TX59-P211-50100 Capital Fund Program Replacement Housing Factor #: formtext Federal FY of Grant: FORMTEXT 2000
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Reasons for Revised Target Dates	Development Number Name/HA-Wide Activities			All Fund Obligated (Quart Ending Date) All Funds Expended (Quarter Ending Date)	
	Original	Revised	Actual	Original	Revised
Actual	TX211-001, 002, & HA Wide	09/30/2002	06/30/2002		09/30/2002 09/30/2004

Capital Fund Program 5-Year Action Plan

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

Optional 5-Year Action Plan Tables	Development Number	Development Name (or indicate PHA wide)	Number Vacant Units % Vacancies in Development
	TX211-001 & 002	PHA Wide	

00.0%

Planned Start Date (HA Fiscal Year)	
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Description of Needed Physical Improvements or Management Improvements Estimated Cost

Operations
Administration
Fees and Costs
Bathroom Improvements
Kitchen Improvements
Site Work, including sidewalks, grading and drainage
Improvements to Administrative Building
Dwelling Equipment, including waterheaters, ranges, and refrigerators

Total for Year 2003

Operations
Administration
Fees and Costs
Site Improvements, including landscaping, grading, drainage, concrete and paving
Bathroom Improvements
Kitchen Improvements
Waterheaters, ranges, and refrigerators

Total for Year 2004

		2004
		2005
		2005
		2005
		2005
		2005
		2005
		2005
	2006	
	Total estimated cost over next 5 years	

\$ 920,865

Housing Authority of the City of Lockhart

Required Attachment D: 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)

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

Eula Mae Grimes
Alta Stand. field

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

Elected

Appointed

C. The term of appointment is (include the date term expires): October 2004

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):

B. Date of next term expiration of a governing board member: October E. 2002

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

Mayor Ray Sanders

Housing Authority of the City of Lockhart

Required Attachment E: 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.)

Alta Stanfield
Dorothy Schneider
Eula Mae Grimes

Housing Authority of the City of Lockhart
Required Attachment F: Initial Voluntary Conversion Assessment

We have reviewed the subject development's operation as public housing, considered the implications of converting the public housing to tenant-based assistance, and concluded that the development does not meet the necessary conditions for voluntary conversion. Our analysis indicates that conversion of the develop1) ment:

Will be more expensive than continuing to operate the development (or portion of it) as public ho2) using;

Would not principally benefit the residents of the public housing development to be converted and the community3) ; and

Would adversely affect the availability of affordable housing in the community.

Housing Authority of the City of Lockhart
Required Attachment G: Responses by the Resident Advisory Board or Boards

None