

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

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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**

**Bobby Feemster  
Executive Director**

**Housing Authority of Orange County**

## PHA Plan Agency Identification

**PHA Name:** Housing Authority of Orange County

**PHA Number:** TX113

**PHA Fiscal Year Beginning:** 10/01/2002

### PHA Plan Contact Information:

Name: Tammy Padilla

Phone: 409-769-8739

TDD:

Email (if available): haoc@exp.net

### 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

## 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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X Attachment __: Membership of Resident Advisory Board or Boards	
X Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
Other (List below, providing each attachment name)	

#### ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

To continue to offer programs that will enable our clients to become self-sufficient.

### 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 changes at this time.**

**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? \$ 272,891.00

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

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment

**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

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition Disposition

<p>3. Application status (select one)</p> <p>Approved</p> <p>Submitted, pending approval</p> <p>Planned application</p>
<p>4. Date application approved, submitted, or planned for submission: (DD/MM/YY)</p>
<p>5. Number of units affected:</p> <p>6. Coverage of action (select one)</p> <p>Part of the development</p> <p>Total development</p>
<p>7. Relocation resources (select all that apply)</p> <p>Section 8 for <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> units</p> <p>Public housing for <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> units</p> <p>Preference for admission to other public housing or section 8</p> <p>Other housing for <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> units (describe below)</p>
<p>8. Timeline for activity:</p> <p>a. Actual or projected start date of activity:</p> <p>b. Actual or projected start date of relocation activities:</p> <p>c. Projected end date of activity:</p>

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

A. Yes X 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.

A. Yes X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?  
N/A

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$  
\_\_\_\_\_

C. Yes 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. Yes 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. Yes X 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)
3. In what manner did the PHA address those comments? (select all that apply)
  - The PHA changed portions of the PHA Plan in response to comments
  - A list of these changes is included
    - Yes No: below or
    - Yes No: at the end of the RAB Comments in Attachment \_\_\_\_\_.
  - 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 \_\_\_\_\_.
  - Other: (list below)

### **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: (provide name here)
  - State of Texas
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)
  - X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
    - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
    - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
    - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
    - Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
  - Yes X 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: (describe below)

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. 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:

1. changes in rent or Administration Policies or waiting list
2. addition of new activities under Grant if received
3. any changes with regards to demolition/disposition

#### B. Significant Amendment or Modification to the Annual Plan:

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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 (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
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs 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/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents 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 check here if included in the public housing A & O Policy	Annual Plan: Rent Determination



X	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
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	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures 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
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	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, 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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	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

	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	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	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· 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);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	Pet Policy
X	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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: HAOC		Grant Type and Number Capital Fund Program: TX11391399 Capital Fund Program 1999 Replacement Housing Factor Grant No:		Federal FY of Grant: 1999	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> )			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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	30,368.00	30,368.00	30,368.00	30,368.00
3	1408 Management Improvements		25,000.00	25,000.00	25,000.00
4	1410 Administration	10,776.00	10,776.00	10,776.00	10,766.00
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	36,739.00	17,187.00	17,187.00	17,187.00
8	1440 Site Acquisition				
9	1450 Site Improvement	59,824.00	43,930.00	43,930.00	33,163.15
10	1460 Dwelling Structures	174,980.00	103,761.00	103,761.00	102,847.17
11	1465.1 Dwelling Equipment—Nonexpendable		9,081.00	9,081.00	9,081.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment		63,584.00	63,584.00	59,129.37
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)				
21	Amount of line 20 Related to LBP Activities				

22	Amount of line 20 Related to Section 504 Compliance	50,511.00	50,511.00		
23	Amount of line 20 Related to Security	25,000.00	25,000.00		
24	Amount of line 20 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of Orange County			Grant Type and Number Capital Fund Program #: TX21P11391399 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX113-03-05	Weatherstripping	1960	74 Units	3,404.00			1,674.88	Complete
TX113-03	Repaint Office and Shop (ext.0	1460	1	2,605.00			2,605.0	Complete
TX113-04	Repaint 20 units & Office (ext)	1460	20 Units	8,300.00			8,300.00	Complete
TX113-03-05	Install Hardwire smoke alarms	1460	74 units	3,970.00			3,970.00	Complete
TX113-04	Install Chain link Fence	1950	1	9,439.00			9,439.00	Complete
TX113-01	“ “ “	1950	1	9,000.00			9,000.00	Complete
TX113-02	“ “ “	1950	1	10,061.00			10,061.00	Complete
TX113-01	Replace Sofit & Facial Boards	1460	20 units	42,600.00			38,101.00	Complete
TX113-01	Doors, jams, Weatherstripping							
TX113-04	Modify I Unit 504 Req.	1460	1 unit	12,575.00			31,200.00	Complete
TX113-HA	Architectural Fees	1430	HAW	28,650.00			8,659.00	Complete
TX113-HA	Operating Budget	1906	HAW	30,568.00			30,568.00	Complete
TX113-HA	New Vehicles for Maint.	1475	HAW	55,020.00			53,276.00	Complete
TX113-HA	New Ref & Ranges	1465.1	HAW	9,081.00			9,081.00	Complete
TX113-HA	Security on sites	1408	HAW	25,000.00			25,000.00	Complete
TX113-HA	Administration	1410	HAW	10,776.00			10,766.00	Complete
TX113-HA	Tools & Misc.	1475	HAW	8,564.00			4,454.63	Not Complete
TX113-02	Plumbing – cove	1450	14 units	10,766.00			5,289.00	Complete
TX113-04	Electrical – warehouse	1460	1 unit	913.83			880.00	Complete

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: HOUSING AUTHORITY OF ORANGE COUNTY		<b>Grant Type and Number</b> Capital Fund Program #:tx21P113913-99 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant: 1999</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX113-001		09-30-01			09-30-02		
TX113-002		09-30-01			09-30-02		
TX113-003		09-30-01			09-30-02		
TX113-004		09-30-01			09-30-02		
TX113-HA WIDE		09-30-01			09-30-02		

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HAOC		Grant Type and Number Capital Fund Program: TX21P11391350100 Capital Fund Program 2000 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
Original Annual Statement		Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> )			
X Performance and Evaluation Report for Period Ending: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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	20,844.80	28,844.80	28,844.80	28,844.80
3	1408 Management Improvements	76,703.20	71,703.20	71,703.20	20,167.22
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs		13,000.00	13,000.00	
8	1440 Site Acquisition				
9	1450 Site Improvement	182,900.00	134,000.00	134,000.00	14,718.53
10	1460 Dwelling Structures		40,900.00	40,900.00	1,200.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				

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	25,000.00	25,000.00		
24	Amount of line 20 Related to Energy Conservation Measures				



<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of Orange County		Grant Type and Number Capital Fund Program #: TX21P11391350100 Capital Fund Program 2000 Replacement Housing Factor #:			FEDERAL FY OF GRANT: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX113-001	SURFACE SEALER COURT DRIVE IN BRIDGE CITY/SIDEWALKS TO 504 SPECS.	1450		31,000.00	31,000.00			5%
TX113-002	STREET &SIDEWALK REPAIR TO 504 SPECS.	1450		72,000.00	72,000.00			5%
TX113-002	FOUNDATION REPAIR	1460		8,300.00	40,900.00	40,900.00	14,900.00	50%
TX113-003	REPLACE SEWER LINES	1460		36,000.00			3,970.00	5%
TX113-004	RESURFACE ROAD SIDEWALKS	1450		26,000.00		26,000.00	14,718.00	55%
TX113-HA	FUNDS OPERATING BUDGET	1406		28,844.80		28,844.80	28,844.80	100%
TX113-HA	LBP TESTING	1408		16,703.00		11,971.90	11,971.90	100%
TX113-HA	VEHICLE SECURITY	1408		35,000.00		35,000.00	7,440.00	22%
TX113-HA	ARCHITECTURAL SERVICES	1430		13,000.00		13,000.00	3,249.00	25%

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: HOUSING AUTHORITY OF ORANGE COUNTY		Grant Type and Number # TX21P11391350100 Capital fund Progrm Grant #2000 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX113-001		09-30-01			09-30-04		
TX113-003		09-30-01			09-30-04		
TX113-004		09-30-01			09-30-04		
HA WIDE		09-30-01			09-30-04		

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: HAOC		Grant Type and Number Capital Fund Program: TX21P11350101 Capital Fund Program 2001 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input checked="" type="checkbox"/> Original Annual Statement		Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> )			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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	29,314.00		29,314.00	
3	1408 Management Improvements	30,056.00		30,056.00	
4	1410 Administration				
5	1411 Audit	2,000.00		2,000.00	
6	1415 liquidated Damages				
7	1430 Fees and Costs	15,500.00		15,500.00	
8	1440 Site Acquisition				
9	1450 Site Improvement	23,000.00		23,000.00	
10	1460 Dwelling Structures	165,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	7,750.00	28,270.00	28,270.00	
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	20,520.00	0	20,520.00	
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				
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	25,000.00	25,000.00		
24	Amount of line 20 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of Orange County		Grant Type and Number Capital Fund Program #: TX21P11350101 Capital Fund Program 2001 Replacement Housing Factor #:			FEDERAL FY OF GRANT: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX113-002	SIDEWALK REPAIR	1450		23,000.00				2%
TX113-002	REPLACEMENT OF 350 WINDOWS	1460		84,000.00				2%
TX113-005	REPLACEMENT OF 336 WINDOWS	1460		81,000.00				2%
TX113-HA	OPERATING BUDGET	1406		29,314.00				0%
TX113-HA	MANAGEMENT IMPROVEMENT	1408		30,057.00				0%
TX113-HA	ARCHITECTURAL FEES	1430		15,500.00				2%
TX113-HA	REFGERATORS/RANGES	1465.1		28,270.00				28%

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: HOUSING AUTHORITY OF ORANGE COUNTY		Grant Type and Number # TX21P11350101 Capital fund Progrm Grant #2001 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX113-002	09-30-03				09-30-05		
TX113-002	09-30-03				09-30-05		
TX113-005	09-30-03				09-30-05		
HA WIDE	09-30-03				09-30-05		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HAOC		Grant Type and Number Capital Fund Program: TX72P11350102 Capital Fund Program 2002 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
X Original Annual Statement Performance and Evaluation Report for Period Ending: □□□□			Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: □□□□) 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	27,289.00			
3	1408 Management Improvements	26,000.00			
4	1410 Administration				
5	1411 Audit	2,000.00			
6	1415 liquidated Damages				
7	1430 Fees and Costs	16,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	12,000.00			
10	1460 Dwelling Structures	178,746.00			
11	1465.1 Dwelling Equipment—Nonexpendable	10,856.00			
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)	272,891.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	31,000.00			

23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				



<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of Orange County		<b>Grant Type and Number</b> Capital Fund Program #: TX721P11350102 Capital Fund Program 2002 Replacement Housing Factor #:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX21P-003	WINDOW REPLACEMENT	1460	44 UNITS	79,146.00				
TX21P-004	RENOVATE SELECTED KITCHEN AND BATHS	1460	20UNITS	99,600.00				
TX21P-HA	GENERAL REPAIRS/TREE MAINT.	1450		12,000.00				
TX21P-HA	RE. RNAGES/AC EQUIPMENT	1465.1		10,856.00				
	Operations	1406		27,289.00				
	Security	1408		20,000.00				
		1408		6,000.00				
	Audit	1411		2,000.00				
	Architectural Fees	1430		16,000.00				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: HOUSING AUTHORITY OF ORANGE COUNTY		Grant Type and Number # TX72P11350102 Capital fund Progrm Grant #2002 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX21P-003	09-30-03				09-30-05		
TX21P-004	09-30-03				09-30-05		
TX21P-HA	09-30-03				09-30-05		

### 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b> <input type="checkbox"/> <b>Revised statement</b> <input checked="" type="checkbox"/>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
Tx113-001	Country Courts	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
PROVIDE ADDITIONAL SIDEWALK AND REPAIR EXISTING	11,000.00	FY 2002
RENOVATE KITCHEN AND BATHROOMS (20 UNITS)	196,000.00	FY 2003
REPLACE FLOOR TILE (20 UNITS)	56,600.00	FY 2004
<b>Total estimated cost over next 5 years</b>	<b>263,600.00</b>	

### 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b> <input type="checkbox"/> <b>Revised statement</b> <input checked="" type="checkbox"/>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
TX113-002	COVE TERRACE	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
REPLACE FLOOR TILE (20 UNITS)	56,600.00	FY 2003
REPLACE FLOOR TILE (14 UNIT)	39,620.00	FY 2004
RENOVATE KITCHENS (34 UNITS)	216,000.00	FY 2005
<b>Total estimated cost over next 5 years</b>	<b>312,220.00</b>	

### 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.

CFP 5-Year Action Plan		
Original statement <input type="checkbox"/> Revised statement <input checked="" type="checkbox"/>		
Development Number	Development Name (or indicate PHA wide)	
TX113-004	WHISPERING OAKS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
RENOVATE KITCHENS AND BATHROOMS (19UNITS)	196,000.00	FY 2002
REPAIR WAREHOUSE AND ELECTRICAL STORAGE FACILITIES	21,000.00	FY 2003
Total estimated cost over next 5 years	217,000.00	

### 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b> <input type="checkbox"/> <b>Revised statement</b> <input checked="" type="checkbox"/>		
Development Number	Development Name (or indicate PHA wide)	
TX13-003-005	VILLAGE HOMES	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
REPLACE 296 WINDOWS	91,600.00	FY 2002
REPLACE FLOOR TILE (24 UNITS) ASBESTOTOS (003)	67,610.00	FY 2004
REPLACE FLOOR TILE (20 UNITS) “ “ (005)	56,600.00	FY 2004
REPLACE FLOOR TILE (21 UNITS) “ “ “ (005)	59,900.000	FY 2005
<b>Total estimated cost over next 5 years</b>		

### 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b> <input type="checkbox"/> <b>Revised statement</b> <input checked="" type="checkbox"/>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
TX13-HA WIDE	PHA WIDE	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
ADDITIONAL FUNDING FOR ASBESTOS ABATEMENT	136,800.00	FY 2002-2005
<b>Total estimated cost over next 5 years</b>	<b>136,800.00</b>	

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

**NO LONGER EXISTS**

**Section 1: General Information/History**

- A. Amount of PHDEP Grant \$** N/A
- B. Eligibility type (Indicate with an "x")**      N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_
- C. FFY in which funding is requested** \_\_\_\_\_
- 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

**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. Unit count information should be consistent with that available in PIC.

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)

**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).

**12 Months** \_\_\_\_\_    **18 Months** \_\_\_\_\_    **24 Months** \_\_\_\_\_

**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. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.



<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
FY 1999	32,551.00	TX21DEP1130199	0.00	0.00	11/16/1999	12/06/2000
FY 2000	33,925.00	TX21DEP1130100	0.00	0.00	10/15/2000	10/15/2001
FY 2001	36,362.00	TX21DEP1130101	21,578.93	0.00	10/16/2001	10/15/2002

## **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.

### **B. PHDEP Budget Summary**

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

<b>FFY 2001 PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	

9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	7,302.66
9160 - Drug Prevention	18,434.53
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	2,078.00
<b>BALANCE OF FUNDS</b>	8,546.81
<b>TOTAL PHDEP FUNDING</b>	36,362.00

**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.

<b>9110 – Reimbursement of Law Enforcement</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9115 - Special Initiative</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9116 - Gun Buyback TA Match</b>					<b>Total PHEDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9120 - Security Personnel</b>					<b>Total PHEDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1.							
2.							
3.							

<b>9130 – Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
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.							

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

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

**Required Attachment \_\_\_\_: 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:  
Dorthy Perkins Resident of Country Courts, Bridge City Texas

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):

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

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

Tammy Padilla, Deputy Director

**Required Attachment \_\_\_\_\_: 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.)

Dorthy Perkins of the Country Courts Development has served on the advisory board the least 4 years. She is very involved in any policy changes that the PHA may implement or is planning on implementing.