

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

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# **East Haven Housing Authority**

## **Tenant-Based Assistance Plans**

5 Year Plan for Fiscal Years 2000 - 2004  
Annual Plan for Fiscal Year 2003

**PHA Plan  
Agency Identification**

**PHA Name:** East Haven Housing Authority

**PHA Number:** CT-063-VO

**PHA Fiscal Year Beginning:** (07/01/2003)

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**

Main administrative office of the PHA located at following address:

East Haven Housing Authority  
250 Main Street  
East Haven CT 06512  
(203) 468-3286

Contract Administrator office located at the following address:

Imagineers  
635 Farmington Avenue  
Hartford, CT 06105  
(860) 247-2318

**Display Locations for PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at:

Main administrative office of the PHA located at following address:

East Haven Housing Authority  
250 Main Street  
East Haven CT 06512  
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**5-YEAR PLAN**  
**PHA FISCAL YEARS 2000 - 2004**  
[24 CFR Part 903.5]

**A. Mission**

The primary objective of the East Haven Housing Authority's Section 8 Tenant Based Assistance, Housing Choice Voucher program is to assist eligible low-income families to obtain decent, safe and sanitary housing. The mission of the East Haven Housing Authority is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation

**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:

PHA Goal: Improve the quality of assisted housing

Objectives:

Obtain a high SEMAP score.

Continue to improve voucher management: (SEMAP score)

Concentrate on efforts to improve specific management functions: (increase lease up rate percentage, increase percentage of corrected determined adjusted income, increase supporting data for rent reasonableness determination).

Promote awareness to program participants of the dangers of lead poisoning hazards by providing additional handout material during orientation and recertification. (Supported by case file documentation)

PHA Goal: Increase assisted housing choices

Objectives:

Provide voucher mobility counseling (measurable by the number of participants that chose to practice mobility).

- X Conduct outreach efforts to potential voucher landlords through the listings of advertised available apartment rentals.
- X Review the need to increase the voucher payment standards annually.
- X Consider implementing voucher homeownership program.

**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:

- X Increase the number and percentage of employed persons in assisted families:
- X Attract supportive services to improve assistance recipients' employability:
- X Attract supportive services to increase independence for the elderly or families with disabilities.

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: (recorded in fair housing documentation)
- X 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: (recorded in fair housing documentation)
- X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: (recorded in fair housing documentation)

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

PHA Goal: Improve tenant-based assistance program services to better serve program participants.

Objectives:

1. Develop more comprehensive rental survey data to assist in rent reasonableness determinations and need for exception rents or higher payment standards using the following strategies:
  - Routinely review payment standard levels to determine the appropriate

level that maximizes both adequate housing choices without reducing total number of rental subsidies.

- Maintain payment standard levels equal to 100% of published fair market rent or greater.
  - Develop rental survey data to review the adequacy of payment standard levels.
  - Track rental information on cases where apartment units became ineligible for program participation due to rent being too high for client. Compile this information and analyze to determine if higher payment standards are necessary (December 31, 2001).
2. Maximize enrollment and housing choice opportunities based on funding availability (ongoing).
  3. Develop a more comprehensive listing of handicap accessible units using the following strategies:
    - Assign a specific staff person to coordinate identification and dissemination of known or available handicap accessible units.
    - Identify possible agencies that might have listings of handicapped accessible units.
    - Have program staff identify handicap accessible units through normal program operation and forward information to staff person responsible for maintaining list.
    - Ensure that property owners that list vacant apartments are screened to determine if the units are handicap accessible and if so identify them in that manner.
    - Develop a handicap accessible handout for interested clients with a comprehensive listing of known units (not necessarily vacant).

**Annual PHA Plan**  
**PHA Fiscal Year 2003**  
 [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)]

The East Haven Housing Authority (EHHA) Tenant Based Assistance plan(s) represents an overview of the policies, rules and requirements concerning the EHHA Tenant Based Assistance operations, programs and services. Through this 5-year plan and annual plan East Haven Housing Authority advises HUD, it program participants and interested parties of its mission for serving the needs of low-income and very low-income families, and the EHHA strategy for addressing those needs. The East Haven Housing Authority is only required to submit a streamlined plan on the following information: Housing needs, financial resources, (policies that govern eligibility, selection and admission), rent determination policies, grievance procedures, homeownership programs, community service and self-sufficiency, civil rights certification, and fiscal audit results.

**iii. Annual Plan Table of Contents**

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**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.

Attachments:

- Attachment A Brief statement on first year’s progress toward meeting the mission and goals described in the 5-year plan
- Attachment B Comments of Resident Advisory Board or Boards
- Attachment C PHA Plan Certification of Compliance with the PHA Plans and Related Regulations
- Attachment D State/Local Government Certification of Consistency with Consolidated Plan
- Attachment E Fair Housing Documentation
- Attachment F East Haven Housing Authority Tenant Based Assistance Administrative Plan
- Attachment G Basic criteria used to determine a substantial deviation from 5-Year Plan and significant amendment or modification to 5-year plan and annual plan.
- Attachment H Membership of the Resident Advisory Board
- Attachment I Resident Membership of the PHA Governing Board
- Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

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



| <b>List of Supporting Documents Available for Review</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Applicable Plan Component</b>                             |
| 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:<br>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 jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction                                                                                                                                                                                                                                      | Annual Plan:<br>Housing Needs                                |
| X                                                        | Section 8 Administrative Plan                                                                                                                                                                                                                                                                                                                                                                                                                                               | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X                                                        | Section 8 rent determination (payment standard) policies<br><input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan                                                                                                                                                                                                                                                                                                                     | Annual Plan: Rent Determination                              |
| X                                                        | Section 8 informal review and hearing procedures<br><input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan                                                                                                                                                                                                                                                                                                                             | Annual Plan: Grievance Procedures                            |
|                                                          | Policies governing any Section 8 Homeownership program<br>check here if included in the Section 8 Administrative Plan (final regulations not published.)                                                                                                                                                                                                                                                                                                                    | Annual Plan:<br>Homeownership                                |
|                                                          | Any cooperative agreement between the PHA and the TANF agency                                                                                                                                                                                                                                                                                                                                                                                                               | Annual Plan: Community Service & Self-Sufficiency            |
|                                                          | FSS Action Plan/s for public housing and/or Section 8                                                                                                                                                                                                                                                                                                                                                                                                                       | Annual Plan: Community Service & Self-Sufficiency            |
|                                                          | 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                                    |
|                                                          | Other supporting documents (optional)<br>(list individually; use as many lines as necessary)                                                                                                                                                                                                                                                                                                                                                                                | (specify as needed)                                          |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

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

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

| <b>Housing Needs of Families in the Jurisdiction<br/>by Family Type</b> |                  |                |        |         |                |      |           |
|-------------------------------------------------------------------------|------------------|----------------|--------|---------|----------------|------|-----------|
| Family Type                                                             | Overall          | Afford-ability | Supply | Quality | Access-ibility | Size | Loca-tion |
| Income <= 30% of AMI (<\$13,650)                                        | 2,109            |                | NA     | NA      | NA             | NA   | NA        |
| Income >30% but <=50% of AMI (>\$13,651, <=\$22,600)                    | 1,290            |                | NA     | NA      | NA             | NA   | NA        |
| Income >50% but <80% of AMI (>\$22,601, <=\$36,400)                     | 2,565            |                | NA     | NA      | NA             | NA   | NA        |
| Elderly(total elderly pop. of total population in jurisdiction)         | 6,544/<br>29,157 |                | NA     | NA      | NA             | NA   | NA        |
| Families with Disabilities                                              | 4,284/<br>29,157 |                | NA     | NA      | NA             | NA   | NA        |
| Race1/Ethnicity2                                                        | 27,958           |                | NA     | NA      | NA             | NA   | NA        |
| Race2/Ethnicity2                                                        | 348              |                | NA     | NA      | NA             | NA   | NA        |
| Race3/Ethnicity2                                                        | 17               |                | NA     | NA      | NA             | NA   | NA        |
| Race4/Ethnicity2                                                        | 130              |                | NA     | NA      | NA             | NA   | NA        |
| Race1/Ethnicity1                                                        | 446              |                | NA     | NA      | NA             | NA   | NA        |

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.)

U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset1990

- X American Housing Survey data  
Indicate year: 1995
- X State of Connecticut Department of Economic and Community Development  
Analysis of Impediments to Fair Housing Choice.
- X State of Connecticut Department of Economic and Community Development  
Consolidated Plan. September 1999
- X CHAS Table 1C provided through  
<http://webprod.aspensys.com/com/housing/chas/reports.asp>

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

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

| <b>Housing Needs of Families on the Section 8 Tenant-Based Waiting List</b> |               |                     |                 |
|-----------------------------------------------------------------------------|---------------|---------------------|-----------------|
| Waiting list type:<br>Section 8 tenant-based assistance                     |               |                     |                 |
|                                                                             | # of families | % of total families | Annual Turnover |
| Waiting list total                                                          | 132           |                     | 50              |
| Extremely low income<br><=30% AMI                                           | 84            | 64%                 |                 |
| Very low income<br>(>30% but <=50%<br>AMI)                                  | 35            | 26%                 |                 |
| Low income<br>(>50% but <80%<br>AMI)                                        | 13            | 10%                 |                 |
| Families with children                                                      | 78            | 59%                 |                 |
| Elderly families                                                            | 22            | 17%                 |                 |
| Families with<br>Disabilities                                               | 32            | 24%                 |                 |
| Race=1/ethnicity=2<br>White                                                 | 56            | 42%                 |                 |
| Race=2/ethnicity=2<br>Black                                                 | 50            | 38%                 |                 |
| Race=4/ethnicity=2<br>Asian/Pacific                                         | 0             | 0%                  |                 |
| Race=1/ethnicity=1                                                          | 26            | 20%                 |                 |

| <b>Housing Needs of Families on the Section 8 Tenant-Based Waiting List</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Hispanic (any race)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| <p>Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>If yes:</p> <p style="padding-left: 40px;">How long has it been closed (# of months)? 3 months</p> <p style="padding-left: 40px;">Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="padding-left: 40px;">Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> |  |  |  |

**C. Strategy for Addressing Needs**

The East Haven Housing Authority through its contractor may reopen the Section 8 tenant-based waiting list within the next eighteen months. This decision will be based on the need to have more families qualified in anticipation of available tenant-based subsidies. When the waiting list is reopened every effort will be made to offer all qualified families an equal opportunity to apply.

**(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:**

- 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
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

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

- Consider applying for additional section 8 units should they become available
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.

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

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

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance. The pool of applicant families ensures that the PHA will meet income-targeting requirements.

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

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

- Apply for special-purpose vouchers targeted to the elderly, should they become available

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

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

- 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

**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:**

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs

**Strategy 2: Conduct activities to affirmatively further fair housing**

- 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 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

## **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.

| <b>Financial Resources:<br/>Planned Sources and Uses</b>                              |                   |                     |
|---------------------------------------------------------------------------------------|-------------------|---------------------|
| <b>Sources</b>                                                                        | <b>Planned \$</b> | <b>Planned Uses</b> |
| <b>1. Federal Grants (FY 2000 grants)</b>                                             | 0                 | 0                   |
| a) Public Housing Operating Fund                                                      | 0                 |                     |
| b) Public Housing Capital Fund                                                        | 0                 |                     |
| c) HOPE VI Revitalization                                                             | 0                 |                     |
| d) HOPE VI Demolition                                                                 |                   |                     |
| e) Annual Contributions for Section 8 Tenant-Based Assistance                         | 235,731           |                     |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | 0                 |                     |
| g) Resident Opportunity and Self-Sufficiency Grants                                   | 0                 |                     |
| h) Community Development Block Grant                                                  | 0                 | 0                   |
| i) HOME                                                                               | 0                 | 0                   |

| <b>Financial Resources:<br/>Planned Sources and Uses</b>                          |                   |                     |
|-----------------------------------------------------------------------------------|-------------------|---------------------|
| <b>Sources</b>                                                                    | <b>Planned \$</b> | <b>Planned Uses</b> |
| Other Federal Grants (list below)                                                 | 0                 | 0                   |
|                                                                                   |                   |                     |
| <b>2. Prior Year Federal Grants<br/>(unobligated funds only) (list<br/>below)</b> |                   |                     |
|                                                                                   | 0                 | 0                   |
|                                                                                   |                   |                     |
| <b>3. Public Housing Dwelling Rental<br/>Income</b>                               |                   |                     |
|                                                                                   | 0                 | 0                   |
|                                                                                   |                   |                     |
| <b>4. Other income (list below)</b>                                               | 0                 | 0                   |
|                                                                                   |                   |                     |
|                                                                                   |                   |                     |
| <b>4. Non-federal sources (list below)</b>                                        | 0                 | 0                   |
|                                                                                   |                   |                     |
|                                                                                   |                   |                     |
| <b>Total resources</b>                                                            | <b>235,731</b>    | <b>235,731</b>      |
|                                                                                   |                   |                     |
|                                                                                   |                   |                     |

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

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing (N/A)**

#### **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?

- Screening for income eligibility.
- Screening criteria outlined in administrative plan.
- Criminal or drug-related activity only to the extent required by law or regulation.

- b. The PHA does not request criminal records from local law enforcement agencies for screening purposes.
- c. The PHA does not request criminal records from State law enforcement agencies for screening purposes.
- d. The PHA does not 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?

*Information is provided to prospective owners regarding participating families in the following manner; upon request the PHA gives prospective owners the family's current address and if known, the name and address of the owner of the family's current address and prior address.*

*The PHA may also provide any tenancy history that involves eviction action initiated against the family. Or information pertaining to damage, vacancy and unpaid rent claims paid out on behalf of the family.*

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

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged?

None

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

East Haven Housing Authority office located at the following address:  
East Haven Housing Authority  
250 Main Street  
East Haven, CT 06512



**(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:

*Difficulties encountered in obtaining or locating decent and safe housing. (See Administrative Plan for policies pertaining to this issue.)*

**(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)

Preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition, Victims of Domestic Violence)
- Disabled or Handicapped family members(disabled or handicapped as defined in Section 223 of the Social Security Act).
- Extremely Low Income

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

same number next to each. That means you can use “1” more than once, “2” more than once, etc.

1 Date and Time

Preferences

- 1 The combination of any two preferences (to include Involuntarily Displaced, Disabled, Handicapped and Extremely Low Income).
- 2 One preference (i.e. Involuntarily Displaced, Disabled, Handicapped and Extremely Low Income).
- 3 No Preference

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

- X 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
- X 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)

- X The Section 8 Administrative Plan
- X Briefing sessions and written materials

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

- X Through published notices

– Other

#### **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.

(N/A)

##### **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)

HUD approved exception rents that exceed the FMR by 115%.

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

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

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually

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 (Rent Survey and Market Data)

**(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? The PHA has followed the requirements outlined as follows:

*(QHWRA established certain exemptions to the minimum rent requirements for hardship circumstances. Section 3(a)(3)(B) of the USHA generally states that financial hardship includes the following situations: (1) the family has lost eligibility determinations for a Federal, State, or local assistance program; (2) the family would be evicted as a result of the imposition of the minimum rent requirement; (3) the income of the family has decreased because of changed circumstances, including loss of employment; (4) a death in the family has occurred; and (5) other circumstances determined by the PHA or HUD.)*

**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. (See Attachment A and B)
- X A brief description of the management structure and organization of the PHA follows:

The East Haven Housing Authority (EHHA) is the Public Housing Agency. EHHA staff oversee the contractors administration of the Section 8 Program. The contractor prepares an annual program budget and submits it for the PHA manager's review and approval. It is then forwarded to HUD for approval. The contractor prepares all documents necessary to requisition approved program funds from HUD to the EHHA.

The contractors program staff of twenty-seven handles all inquires about eligibility, maintains a waiting list, enrolls and orients new participants, verifies tenant income, calculates tenant rent and housing assistance payments, inspects apartment under consideration for subsidy, solves problems which arise between tenants and landlords, and processes and mails rental subsidy payments. The EHHA Administrative Plan and Program Controls (see Attachment E ) also provides further discussion regarding the management structure and the organization of the PHA.

### **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.)

| <b>Program Name</b>                                                 | <b>Units or Families Served at Year Beginning</b> | <b>Expected Turnover</b> |
|---------------------------------------------------------------------|---------------------------------------------------|--------------------------|
| Public Housing                                                      | NA                                                | NA                       |
| Section 8 Vouchers                                                  | 22                                                | 2                        |
| Section 8 Certificates                                              | 0                                                 | 0                        |
| Section 8 Mod Rehab                                                 | NA                                                | NA                       |
| Special Purpose Section 8 Certificates/Vouchers (list individually) | NA                                                | NA                       |
| Public Housing Drug Elimination Program (PHDEP)                     | NA                                                | NA                       |
|                                                                     |                                                   |                          |
|                                                                     |                                                   |                          |
| Other Federal                                                       | NA                                                | NA                       |

|                             |  |  |
|-----------------------------|--|--|
| 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)  
(N/A)
- (2) Section 8 Management: (list below)  
East Haven Housing Authority Administrative Plan

**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**  
(N/A)

**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:

*The Contractor will provide an applicant an opportunity for an informal review of a decision denying an applicant:*

- 1. *listing on the waiting list, and/or*

2. *participation in the program.*

*The Contractor shall give the applicant written notification of its decision denying assistance. The notice shall:*

1. *be given personally to the applicant or member of the family or sent by first class mail to the last known address;*
2. *give a brief statement of the reasons for the decision, and*
3. *inform the applicant that within ten (10) days of the date of the notice, the applicant may request, in writing, that an informal hearing be held to present objections and review the decision.*

### ***Informal Hearing for Participants***

*The Contractor will provide an opportunity for an informal hearing to a participant to consider whether decisions made against participants are in accordance with HUD regulations and the Contractor rules in the following situations:*

1. *A determination of the amount of total tenant payment or tenant rent. This requirement does not apply to utility allowance schedules.*
2. *A decision to deny or terminate assistance.*
3. *A determination that a participant is residing in an overcrowded or under utilized unit.*
4. *In the case of a participant who wants to move to another dwelling unit a determination of the number of bedrooms to be entered on a voucher when a participant family desires to move to another unit.*

*In the case of a decision to deny or terminate assistance, the Contractor shall give the applicant written notification of its decision denying or terminating assistance. The notice shall:*

1. *be given personally to the applicant or member of the family or sent by first class mail to the last known address;*
2. *give a brief statement of the reasons for the decision, and*
3. *inform the applicant that within ten (10) days of the date of the notice, the applicant may request, in writing, that an informal hearing be held to present objections and review the decision.*

### ***Conduct of Hearings***

*If an applicant or participant requests an informal hearing within the time frame set forth above, the HA shall conduct a hearing in accordance with the following procedures:*

1. *The Contractor shall appoint a hearing officer to conduct the hearing who must be an employee or outside person other than the person who made or approved the decision under review or a subordinate of such person.*
2. *The hearing officer shall issue a written decision stating briefly the factual and other basis for the decision, a copy of which shall be furnished promptly to the applicant.*

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

Other: Contract Administrator office located at the following address:

Imagineers  
635 Farmington Avenue  
Hartford, CT 06105  
(860) 247-2318

## **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.

(N/A)

## **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.

(N/A)

## **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.

(N/A)

## **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**

(N/A)

**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.

(N/A)

**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: Section 8 Homeownership:

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

ttyu

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 (1)]

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 has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

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

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

- 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)

**NA** Public housing rent determination policies

**NA** Public housing admissions policies

- Section 8 admissions policies
- NA 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
- NA Preference/eligibility for public housing homeownership option participation
- X 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) |
|                                                                 |                |                                                                           |                                                                     |                                                                |
|                                                                 |                |                                                                           |                                                                     |                                                                |

**(2) Family Self Sufficiency program/s**

a. Participation Description

| Family Self Sufficiency (FSS) Participation |                                                             |                                               |
|---------------------------------------------|-------------------------------------------------------------|-----------------------------------------------|
| Program                                     | Required Number of Participants (start of FY 2000 Estimate) | Actual Number of Participants (As of: 9/1/99) |
| Public Housing                              | NA                                                          | NA                                            |
| Section 8                                   | 0                                                           | 0                                             |

- 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? **NA**  
 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)
- NA** Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies
  - X** Informing residents of new policy on admission and reexamination
  - NA** Actively notifying residents of new policy at times in addition to admission and reexamination.
  - X** Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - X** 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.  
 (N/A)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]  
 (N/A)

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

(N/A)

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?  
*(Provided in Attachment B)*
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
 Attached as Attachment B "Comments of Resident Advisory Board"  
 Provided below:
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**

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: (East Haven)
  
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

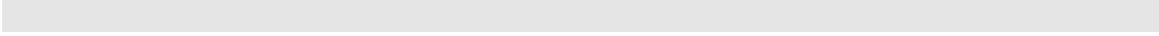
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**D. Other Information Required by HUD**

## Attachments

|              |                                                                                                                                                     |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Attachment A | Brief statement on first year's progress toward meeting the mission and goals described in the 5-year plan                                          |
| Attachment B | Comments of Resident Advisory Board or Boards                                                                                                       |
| Attachment C | PHA Plan Certification of Compliance with the PHA Plans and Related Regulations                                                                     |
| Attachment D | State/Local Government Certification of Consistency with Consolidated Plan                                                                          |
| Attachment E | Fair Housing Documentation                                                                                                                          |
| Attachment F | East Haven Housing Authority Tenant Based Assistance Administrative Plan                                                                            |
| Attachment G | Basic criteria used to determine a substantial deviation from 5-Year Plan and significant amendment or modification to 5-year plan and annual plan. |
| Attachment H | Membership of the Resident Advisory Board                                                                                                           |
| Attachment I | Resident Membership of the PHA Governing Board                                                                                                      |





## Attachment A

### **Brief statement on first year's progress toward meeting the mission and goals described in the 5-year plan.**

East Haven Housing Authority has made steady progress toward meeting its goals outlined in the 5-Year plan. EHHA applied for and was awarded (25) twenty five new housing voucher units in an effort to expand the supply of assisted housing. HUD did not award any fair share allocation funds to East Haven Housing Authority.

East Haven Housing Authority lease up rate continues to be 100%. The number of portability inbound cases has now grown to 56 or 2 ½ times the EHHA regular section 8 Voucher program.

The East Haven Housing Authority has been rated by HUD as a *high-performing PHA* in the SEMAP scoring for fiscal year 2001.

EHHA continues to work to improve the quality of the tenant-based program by focusing on the management indicators provided in the SEMAP scoring. EHHA continues to assist in housing choices. Each voucher or certificate holder is notified of the full range of areas where they may lease units and explained portability. Apartment listings are provided when available. The booklet "Section 8 Program Certificate and Housing Voucher's Handbook is provided to program participants to help assist their understanding of their full housing options. Currently sixty-one participants on the program are practicing portability inbound. Exception rents to assist this process are currently in place.

EHHA continues to work to further fair housing objectives. Specifically, EHHA has developed a more comprehensive listing of handicap units, conducted staff training on fair housing laws, continued to use payment standards above the FMR and develop strategies to improve the fair housing compliant and referral procedures.

EHHA has conducted an updated rental survey to assist in rent reasonableness determinations and payment standards.

**Comments from Program Participants in Lieu of Resident Advisory Board**

**YEAR ONE - 2000**

A mailing was conducted on March 15, 2000 to all current program participants (72). The mailing included the draft 5-year and Annual Plan, a survey response form, a self-addressed stamp envelope and a cover letter. The mailing invited all program participants to serve on a resident advisory board and/or make comments or recommendations on the draft 5-year and Annual Plan.

No one expressed interest in serving on the resident advisory board. No survey forms were returned.

Several participants called in with questions but declined to provide recommendations or comments.

---

**YEAR TWO - 2001**

A mailing was conducted on January 30, 2001 to all current program participants (78). The mailing included the draft 5-year and Annual Plan, a survey response form, a self-addressed stamp envelope and a cover letter. The mailing invited all program participants to serve on a resident advisory board and/or make comments or recommendations on the draft 5-year and Annual Plan.

Several participants called in with questions but declined to provide recommendations or comments.

---

**YEAR THREE - 2002**

A mailing was conducted on February 22, 2002 to all current program participants (82). The mailing included the draft 5-year and Annual Plan, a survey response form, a self-addressed stamp envelope and a cover letter. The mailing invited all program participants to serve on a resident advisory board and/or make comments or recommendations on the draft 5-year and Annual Plan.

No one expressed interest in serving on the resident advisory board. No survey forms were returned, no comments were received.

---

## **YEAR FOUR - 2003**

A mailing was conducted on January 23, 2003 to all current program participants (80). The mailing included the draft 5-year and Annual Plan, a survey response form, a self-addressed stamp envelope and a cover letter. The mailing invited all program participants to serve on a resident advisory board and/or make comments or recommendations on the draft 5-year and Annual Plan.

No one expressed interest in serving on the resident advisory board. No survey forms were returned and no comments were received.

**Reserved for  
PHA Certification of Compliance with the PHA Plans  
And Related Regulations  
Board Resolution to Accompany the PHA Plan**

**Reserved for  
Certification by State or Local Official of PHA Plans Consistency with  
The Consolidated Plan**

**MEETING REPORT:** Number Three

**DATE:** June 18, 2002

**TOPIC:** Analysis of Impediments to Fair Housing Choice

**ATTENDING:**

|                 |                                |
|-----------------|--------------------------------|
| K. Schultz      | Director, Program Management   |
| S. Butler       | Assistant Director             |
| V. Ithier       | Assistant Director             |
| Jerome Williams | Resident Advisory Board Member |
| Teresa Duque    | Resident Advisory Board Member |

**Meeting Record:** A meeting was conducted between the above personnel to discuss issues relating to the annual review of impediments of fair housing choice in the Tenant Based Section 8 Program. This action was initiated in response to new requirements outlined in Section 982.53 (c) of the Federal Regulations. The new equal opportunity requirements obligate housing agencies to affirmatively further fair housing in the programs that it administers. This meeting report constitutes the annual meeting on this issue and a commitment to document the continuation of this analysis and action taken as a result of this review. This memo constitutes a summary of topics discussed and/or conclusions reached at this meeting.

What follows is review of progress made on previous year's goals, as well as, further analysis of additional impediments and specific action outlined to address those impediments. (This analysis was guided by discussions with program participants, staff review of program records and relevant program experience):

**Analysis of impediments to fair housing choice for the Tenant-Based Section 8 Program**

**1. Listing of handicap accessible units to interested clients is sometimes insufficient.**

*Goal: Develop a more comprehensive listing of handicap accessible units.*

*Progress:*

- We assigned a specific staff person to coordinate identification and dissemination of known or available handicap accessible units.
- We identified agencies that have listings of handicapped accessible units.
- We had program staff identify handicap accessible units through normal program operation and forward information to staff person responsible for maintaining list.
- We ensured that property owners that list vacant apartments are screened to determine if the units are handicap accessible and if so identified them in that manner.
- We developed a handicap accessible handout for interested clients with a comprehensive listing of known units (not necessarily vacant).

**2. Program staff could benefit from ongoing training regarding fair housing laws and responsibilities.**

*Goal: Continue to ensure that program staff is properly trained regarding fair housing laws and responsibilities.*

*Progress:*

- We identified fair housing agencies offering fair housing training and orientation for program staff.
- We continued to gather information from organizations and agencies involved with fair housing and distributed to program staff to make available to program participants.
- We reserve time at regularly scheduled program staff meetings to discuss fair housing issues.
- We ensure adequate fair housing training for program staff by attending fair housing seminars.

**3. If payment standard is not set at a high enough rate then it limits the number of housing choices for program participants.**

*Goal: Routinely review payment standard levels to determine the appropriate level that maximizes both adequate housing choices without reducing total number of rental subsidies using the following strategies:*

*Progress:*

- We maintain payment standard levels equal to 100% of published fair market rent or greater.
- We obtained rental survey data to review the adequacy of payment standard levels.
- We committed to tracking Request for Tenancy Approval (RTA) that failed due to 40% rent burden limit.
- We track on an ongoing basis rental information on cases where apartment units became ineligible for program participation due to rent being too high for client. We plan to compile this information and analyze to determine if higher payment standards are necessary.

**4. Program Participants don't always report housing discrimination that they may encounter or are unwilling to take further action when they do report housing discrimination (they may complain about encountering discrimination but are unwilling to take action).**

*Goal: Develop further strategies to ensure program participants consider reporting housing discrimination and are properly informed regarding their rights under fair housing laws.*

*Progress:*

- We ensure that updated fair housing material is routinely gathered and being provided to program participants during orientation.
- We developed office procedures to have program staff record basic facts surrounding any reported incident of housing discrimination (whether further action was taken or not taken).
- We developed a system where reported incidents of housing discrimination are gathered and reviewed routinely to identify patterns or possible follow-up action.



**5. Improve fair housing compliant process including a full understanding of appropriate complaint referral procedures.**

*Goal: Develop further strategies to improve the fair housing complaint process and referral procedures:*

*Progress:*

- Assign a specific staff person to coordinate fair housing activities.
- Develop a formal process for referring fair housing complaints to appropriate agencies.
- Commit to conducting an analysis of the impediments to fair housing choice on an annual basis and include member(s) of the resident advisory board in the process.

**6. The general lack of affordable rental units in the market creates impediments to fair housing choice, particularly for those families searching for larger size apartment units.**

*Goals: Develop strategies to counteract the general lack of affordable rental units for families searching for larger size units:*

*Progress:*

- We affirmatively marketed the Section 8 tenant based program to rental property owners.
- We disseminated information regarding the Section 8 program to rental property owners.

**7. The analysis of impediments to fair housing choice could benefit from greater resident participation.**

*Conduct additional outreach to program participants to elicit interest in the resident advisory board and participation in the analysis to impediments to fair housing choice.*

- Develop a resident advisory board (RAB) handout or brochure to explain the purpose of the resident advisory board and a signed-up sheet for those interested in participating.
- Provide the RAB handout to new admissions.
- Provide the RAB handout to program participants during recertifications.

**EAST HAVEN  
HOUSING AUTHORITY**

**HOUSING CHOICE  
VOUCHER PROGRAM  
ADMINISTRATIVE PLAN**

**October 2002**

**HOUSING CHOICE VOUCHER ADMINISTRATIVE PLAN  
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# HOUSING CHOICE VOUCHER PROGRAM

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## 1.0 APPLICABILITY AND SCOPE

### 1.1 MISSION STATEMENT

The primary objective of the East Haven Housing Authority Section 8 Tenant Based Assistance, Housing Choice Voucher program is to assist eligible low-income families to obtain decent, safe and sanitary housing. The mission of the East Haven Housing Authority through the its Section 8 program is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

### 1.2 GENERAL

The East Haven Housing Authority is the designated Housing Agency (HA) for the town of East Haven. The HA has contracted for the preparation and submission of Section 8 Housing Assistance funding applications and for the administration and enforcement of these programs. The HA's HA is Imagineers, LLC.

The East Haven Housing Authority recognizes the housing needs of its low and moderate income residents. The Section 8 Tenant Based Assistance, Housing Choice Voucher program is a responsive mechanism for providing immediate housing assistance for low and very-low income households. The rental subsidy enables tenants to afford standard units while providing rental income sufficient to meet the operating expenses of the landlords.

The Contractor prepares for HA review and approval all necessary annual budgets, revisions, increments, and quarterly requisitions required by HUD. The Contractor processes monthly Housing Assistance Payments requisitions through the HA. The Contractor submits financial audits and management reports as required by the HA or Housing and Urban Development (HUD) office. The Contractor makes available for review at any time all program financial records. The Contractor maintains a financial system designed to comply with HUD issuances HM75-32 and the applicable section of the "Low-Rent Housing Accounting Handbook" 7501.1 as well as other directives of HUD and the HA.

In addition to the reports required from the HA by HUD, the Contractor provides monthly program activity reports to the HA. More frequent and additional reports can be provided as requested by the HA. Special reports required by HUD will be prepared and additional requests will be met as directed by the HA.

The policies and procedures contained herein are applicable to implementation of housing assistance payments on behalf of eligible families by leasing existing housing pursuant to the provisions of Section 8 of the U.S. Housing Act of 1937.

The overall administrative approach includes an accessible office suitable to accommodate client households and other interested parties, in the performance of all tasks required by the Section 8 regulations.

The HA through its Contractor provides the following program services as specified by HUD for proper administration of Section 8 Tenant Based Assistance, Housing Choice Voucher program. (Hereinafter the administrative plan will refer to the Contractor and the East Haven Housing Authority as the HA)

### ***1.3 EQUAL OPPORTUNITY STATEMENT***

The HA will comply with the Fair Housing Act, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act and all related rules, regulations, and requirements.

The HA will not on account of race, color, creed, national origin, sex, handicap, or familial status deny to any family the opportunity to apply for admission nor deny an eligible applicant the opportunity to lease or rent a dwelling unit; if suitable to its needs. In the selection of families, there will be no discrimination against families otherwise eligible for admission because their income is derived in whole or in part from public assistance.

### ***1.4 OUTREACH TO FAMILIES AND CONTACT WITH OWNERS***

The HA utilizes a variety of means to publicize and disseminate information regarding the Section 8 Tenant Based Assistance, Housing Choice Voucher program for income-eligible households. Aside from the conventional print and broadcast media, the HA meets with community organizations, owner and renter associations, block groups, neighborhood planning and development committees, housing advocates, governmental departments, advocacy agencies, and church groups. The HA will use its management experience and capabilities to disseminate useful relevant information to the widest audience.

The HA also recognizes that special outreach may be necessary to assist the following: families suffering a language barrier, disabled or handicapped persons, and the very low income, or very large families.

## **2.0 ELIGIBILITY FOR ADMISSION**

### **2.1 ELIGIBILITY CRITERIA**

In order to be eligible for admission to the Housing Choice Voucher program all applicants must meet the following criteria:

1. An applicant's income can not exceed the applicable Section 8 very-low income limits or an applicant must be income eligible according to the HUD Housing Choice Voucher program standards. (Income limits apply only at admission and are not applicable for continued occupancy; however, as income rises the assistance will decrease).
2. An applicant must meet the citizenship/eligible immigrant status criteria. To be eligible each member of the family must be a citizen, national, or a non-citizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U. S. C. 1436a(a)).
3. An applicant must provide social security number documentation for all family members 6 years of age or older or certify that they do not have one.
4. An applicant must have each member of the family who is 18 years of age or older and each family head of household and spouse regardless of age sign one or more of the following consent forms; HUD-9886 Authorization for the Release of Information/Privacy Act Notice, INS consent forms.
5. An applicant head of household and spouse must sign the Applicant Certification form to certify that the information given to the HA on household composition, income, net family assets and allowances and deductions is accurate and complete.
6. An applicant has not committed fraud or misrepresentation in connection with any Federally assisted housing program.
7. An applicant does not owe rent or other amounts to the HA or any public housing in connection with Section 8 or public housing assistance under the U.S. Housing Act of 1937.
8. An applicant has reimbursed the HA or any public housing authority for any amounts paid to an Owner.

9. An applicant must not be evicted from public housing or any Section 8 program for drug-related criminal activity within the last three years.
10. The head of household or oldest family member is at least 18 years old or emancipated.
11. All applicants will be required to certify prior to admission that they do not have a pattern of illegal use of controlled substance or pattern of abuse of alcohol that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. Applicants may elect not to sign the Non-Alcohol and Drug Abuser Certification provided they demonstrate to the HA's satisfaction that they are no longer engaging in illegal use of a controlled substance or abuse of alcohol through one of the following means:
  - a) Applicant that has successfully completed a supervised drug or alcohol rehabilitation program.
  - b) Applicant has otherwise been rehabilitated successfully.
  - c) Applicant is participating in a supervised drug or alcohol rehabilitation program.

### **3.0 MANAGING THE WAITING LIST**

#### ***3.1 OPENING AND CLOSING THE WAITING LIST***

The decision to open or close the waiting list will be based on whether the existing waiting list contains an adequate pool of applicants for the use of available program funding.

Opening of the waiting list will be announced via public notice. The public notice will announce that applications for the Housing Choice Voucher program will again be accepted. The public notice will state where, when, and how to apply. The notice will be published in a local newspaper of general circulation, and also through available minority media. The public notice will state any limitations to who may apply. Closing the waiting list will be advertised through a public notice in a similar manner.

The notice will include the Fair Housing logo and slogan and otherwise be in compliance with Fair Housing requirements.

Public Notice will be provided (at minimum) to the following media:

New Haven Register



Local Newspaper of general circulation and also by minority media.

### **3.2 TAKING APPLICATIONS**

All applicants will be required to complete a pre-application form, which will contain information necessary for the HA to determine whether the applicant is eligible.

The method that the HA will use to take pre-applications will include advertising that applications will be accepted by telephone call-in during a defined time period. Applicants will be required to complete a standardized pre-application form and return by mail, instead of applying in person. This application acceptance process will accommodate an applicant who has difficulty traveling to the HA office, either because of a disability, hospitalization, childcare constraints or employment schedule. Reasonable accommodations will be afforded to those elderly or disabled applicants that need support to make application through this method.

The HA will use the pre-application as the basis for follow-up phone calls, correspondence or direct appointments to obtain additional information and to ascertain the accuracy of all entries on the application form.

Pre-applications accepted through the mail will be established based on the date and time of application.

All pre-applications that meet the minimum qualifications will be ranked based on the date and time randomly by a computer lottery. The rules that govern how pre-applications will be accepted are as follows:

1. Only pre-applications that are eligible for admission will be considered.
2. Only one pre-application will be allowed per family.
3. Only pre-applications that are received during the advertised commencement date and time will be considered.

### **3.3 COMPLETION OF APPLICATION**

For purposes of applying “family” is defined as a single person or a group of persons and includes but is not limited to: a household with or without children; a elderly person(s) (at least 62 years old or older); a disabled person(s); the remaining member of an assisted tenant family who remains in the unit when other members of the family have left; a displaced person(s) and a single person who is not an elderly or displaced person; or a person with disabilities; or remaining members of a tenant family.

For purposes of applying “continuously assisted” is defined as an applicant who is continuously assisted under the 1937 Housing Act if the family is already receiving assistance under any 1937 Housing Act program when the family is admitted to the voucher program.

The application process will involve two phases. The first phase is the initial application for housing assistance or the pre-application. The pre-applications require the family to provide basic information including name, address, phone number, family composition, income category, and information establishing any preferences to which they may be entitled. This first phase result in the family’s placement on the waiting list.

Upon receipt of the families initial application, the HA will make a preliminary determination of eligibility. If the HA determines the family to be ineligible, a letter will be sent to the applicant. The notice will state the reason(s) and offer the family the opportunity for an informal review of this determination within a set number of days.

An applicant may at any time report changes in their applicant status including changes in family composition, income, or preference factors. The HA will annotate the applicant’s file and will update their place on the waiting list.

The HA will provide written notification confirming initial acceptance of pre-application. The notice will also inform applicants that it their responsibility to notify the HA immediately of any changes affecting (1) their eligibility status or (2) the PHA’s ability to locate the applicant. The applicants failure to comply with these requirements is grounds for removal from the waiting list.

The second phase is the final determination of eligibility and verification of information presented. This takes place when the family nears the top of the waiting list. The HA will ensure that verification of all preferences, eligibility, and suitability selection factors are confirmed so as to determine the family’s final eligibility for admission into the Housing Choice Voucher program.

Applicant data is maintained on the initial pre-application form. Waiting list reports will maintain data in two different manners first; in chronological order by lottery selection and level of priority and second; alphabetically by applicant's last name, and numerically by head of households social security number.

The HA reserves the right to screen applicants for criminal or drug-related activity during the intake process if information or allegations are brought to the HA’s attention. Ultimately the owner is responsible for screening the applicants’ suitability for tenancy.

### ***3.4 FAMILIES NEARING THE TOP OF THE WAITING LIST***

When the family appears to be within two months of being offered assistance, the family will be invited to an interview and the final verification process will be completed. It is at this point in time that the family's preference will be verified.

Once the preference has been verified the pre-application process will be completed. All the remaining documents must be submitted at this time. All required signatures must be obtained.

### ***3.5 MISSED APPOINTMENTS***

All applicants who fail to keep a scheduled appointment in accordance with the paragraph below will be sent a notice of denial.

The HA will allow the family to reschedule appointments for good cause. Generally, no more than one opportunity will be given to reschedule without good cause and no more than two opportunities with good cause. When a good cause exists, the HA will work closely with the family to find a more suitable time. Applicants will be offered the right to an informal review before being removed from the waiting list.

### ***3.6 PURGING THE WAITING LIST***

Periodically the HA conducts mailings to purge inactive applicants from the waiting list. The purging of the waiting list enables the HA to update the information regarding address, family composition, income category and preferences. Applicants will be removed from the waiting list when they have not maintained a current mailing address with the HA or when correspondence to them is unanswered or returned by the post office marked "undeliverable". An exception will be granted when an applicant has demonstrated that they have a disability that prevented them from responding to our correspondence.

### ***3.7 REMOVAL OF APPLICANTS FROM THE WAITING LIST***

Prior to removing an applicant's name from the waiting list, we will examine the applicant's file to ensure that we have exhausted all reasonable means to contact them before we remove the applicant from the waiting list. The HA will not remove an applicant's name from the waiting list unless:

1. The applicant requests that the name be removed.

2. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program or the applicant misses scheduled appointments.
3. The applicant does not meet either the eligibility or screening criteria for the program.
4. The applicant has been offered a housing voucher.

### **3.8 GROUND FOR DENIAL**

The following will constitute grounds for denying assistance to applicants on the waiting list:

1. Failure to supply information or documentation required by the application process.
2. Failure to respond to a written request for information or a request to declare continued interest in the program.
3. Failure to complete any aspect of the application process.
4. The applicant does not meet all of the eligibility for admission criteria.
5. Violation of any of the family obligations under 24 CFR 982.551.
6. A participant or family member engaged in drug-related criminal activity or violent criminal activity.
7. A participant has committed fraud (bribery or any other corrupt or criminal act) at the time of application or during assisted tenancy.
8. Failure to make payments for monies owed the HA or another HA.
9. If any family members of the family has been evicted from public housing within the last three years.
10. If the family has engaged in or threatened abusive or violent behavior toward HA personnel.
11. If it is determined that a family member has a lifetime registration under a State sex offender registration program.
12. An applicant or participant that abuses alcohol or drugs in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
13. All applicants that fail to certify prior to admission that they do not have a pattern of illegal use of controlled substance or pattern of abuse of alcohol that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

Applicants may elect not to sign the Non-Alcohol and Drug Abuser Certification provided they demonstrate to the HA's satisfaction that they are no longer engaging in illegal use of a controlled substance or abuse of alcohol through one of the following means:

- a) Applicant that has successfully completed a supervised drug or alcohol rehabilitation program.
- b) Applicant has otherwise been rehabilitated successfully.
- c) Applicant is participating in a supervised drug or alcohol rehabilitation program.

### ***3.9 NOTIFICATION OF NEGATIVE ACTIONS***

Any applicant whose name is being removed from the waiting list will be notified by the HA, in writing, that they have ten (10) business days from the date of the written correspondence, to present mitigating circumstances or request an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the specified timeframe. The HA system of removing applicants' names from the waiting list will not violate the rights of persons with disabilities. If an applicant's failure to respond to a request for information or updates was caused by the applicant's disability, the HA will provide a reasonable accommodation. If the applicant indicates that they did not respond due to a disability, the HA will verify that there is in fact a disability and that a reasonable accommodation they are requesting is necessary based on the disability.

### ***3.10 INFORMAL HEARING***

The HA will provide an applicant an opportunity for an informal review of a decision denying an applicant:

1. listing on the waiting list, and/or
2. participation in the program.

The HA shall give the applicant written notification of its decision denying assistance. The notice shall:

1. be given personally to the applicant or member of the family or sent by first class mail to the last known address;
2. give a brief statement of the reasons for the decision, and
3. inform the applicant that within ten (10) days of the date of the notice, the applicant may request, in writing, that an informal hearing be held to present objections and review the decision.

### ***3.11 CONDUCT OF HEARING***

If an applicant or participant requests an informal hearing within the time frame set forth above, the HA shall conduct a hearing in accordance with the following procedures:

1. The HA shall appoint a hearing officer to conduct the hearing who must be an employee or outside person other than the person who made or approved the decision under review or a subordinate of such person.
2. The hearing officer shall issue a written decision stating briefly the factual and other basis for the decision, a copy of which shall be furnished promptly to the applicant.

## **4.0 SELECTING FAMILIES FROM THE WAITING LIST**

### ***4.1 MAINTENANCE OF THE WAITING LIST AND SELECTION OF FAMILIES***

The HA may admit an applicant for participation in the program either as special admission or as a waiting list admission. If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, the HA will use the assistance for those families living in these units. The HA will maintain records showing that the family was issued a HUD-targeted Voucher

There is one waiting list for all applicants regardless of the bedroom size the applicant may need. Each applicant shall be assigned an appropriate place on the waiting list in sequence based upon lottery assigned number (lower digit numbers have priority over higher digit numbers), as well as the following identified preference factors.

### ***4.2 IDENTIFICATION OF PREFERENCES***

The following categories represent preferences on the waiting list:

***Disabled family*** - A family whose member(s) include a person(s) who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)).

***Handicapped family*** - A family whose member(s) include a person(s) having a physical or mental impairment that (a) is expected to be of a long-continued and indefinite duration, (b) substantially impedes his or her ability to live independently, and (c) is of such nature that such ability could be improved by more suitable housing.

***Involuntary displaced*** - includes the following documentation:

- a. certification from a unit of government concerning displacement due to disaster,
- b. certification from a unit of government concerning displacement due to code enforcement or public improvement/development,
- c. certification from an owner concerning displacement due to owner action,
- d. certification from local police, social service agency, court, clergyman, physician, or public/private shelter/counseling facility concerning displacement due to domestic violence.
- e. certification by law enforcement agency concerning displacement to avoid reprisals for providing information on criminal activities.
- f. certification by law enforcement agency concerning displacement due to hate crimes.
- g. certification by owner, social service agency, or physician concerning displacement due to the inaccessibility of the apartment unit.
- h. certification by HUD officials concerning displacement because of HUD disposition of multi-family project.

Further clarification of Involuntary Displacement: An applicant family who is evicted for reasons within their control is not considered displaced.

***Extremely Low-Income*** - families whose household income is at or below 30% of median area income for their family size:

### **4.3 RANKING OF THE PREFERENCES**

Ranking preferences are identified below by the numeric value next to the preference category (example: a “1” in the space that represents the first priority, a “2” in the box representing the second priority, and so on.) If equal weight is given to one or more of these choices the same number will be next to both.

Preferences

**1      Date and Time**

Preferences

- 1**      The combination of any two preferences (to include Involuntarily Displaced, Disabled, Handicapped and Extremely Low Income).
- 2**      One preference (i.e. Involuntarily Displaced, Disabled, Handicapped and Extremely Low Income).
- 3**      No Preference

#### **4.4 VERIFICATION REQUIREMENTS OF PREFERENCES CATEGORIES**

In order to be eligible to apply and to qualify for the preference categories, sufficient documentation must be provided by the applicant prior to admission. Applicants may provide additional documentation while on the waiting list that may improve their ranking.

*Disabled family member(s)* – documentation must be provided that an applicant family member(s) is disabled. A social security disability award letter or a medical letter that supports that the applicants meet the definition will constitute sufficient documentation.

*Handicapped family member(s)* – documentation must be provided that an applicant family member is handicapped. A medical letter that supports that the applicant meets the definition will constitute sufficient documentation.

*Involuntary displaced* - includes the following documentation:

- a. certification from a unit of government concerning displacement due to disaster,
- b. certification from a unit of government concerning displacement due to code enforcement or public improvement/development,
- c. certification from an owner concerning displacement due to owner action,
- d. certification from local police, social service agency, court, clergyman, physician, or public/private shelter/counseling facility concerning displacement due to domestic violence.
- e. certification by law enforcement agency concerning displacement to avoid reprisals for providing information on criminal activities.
- f. certification by law enforcement agency concerning displacement due to hate crimes.
- g. certification by owner, social service agency, or physician concerning displacement due to the inaccessibility of the apartment unit.
- h. certification by HUD officials concerning displacement because of HUD disposition of multi-family project.

Further clarification of Involuntary Displacement: An applicant family who is evicted for reasons within their control is not considered displaced.

*Extremely Low-Income* – Household income documentation must be provided demonstrating household income is at or below 30% of median area income for their family size:



#### **4.5 SELECTION FROM THE WAITING LIST**

Families will be selected from the waiting list based on the numerical position assigned by the lottery and above the stated preferences. If it is necessary to meet the statutory requirements that 75% of newly admitted families in any fiscal year be families who are extremely low-income, the HA retains the right to skip higher income families on the waiting list to reach extremely low-income families. This measure will only be taken if it appears the goal will not otherwise be met. To ensure that this goal is met, the HA will monitor incomes of newly admitted families and the income of the families on the waiting list. If there are not enough extremely low-income families on the waiting list we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

When it is determined that there are openings on the program, a letter is sent to the next eligible applicant from the waiting list regardless of the bedroom size that the applicant needs. The letter explains the papers needed in order to document eligibility, i.e., pay stubs, welfare budget sheets, social security award letters, savings account books, daycare receipts, etc. The family is assigned to a Program Supervisor who certifies the family's eligibility, conducts an orientation and issues the Housing Choice Voucher.

An applicant's income status may change while on the waiting list. Occasionally, a family who has been contacted for the purposes of enrollment may no longer meet the income eligibility requirements. When this happens, the reasons are fully explained by the HA at the time of the enrollment interview. Ineligible applicants may request an informal review.

Applicants may obtain their numerical position on the waiting list by requesting it in writing or in person. The request must include the applicant's name, current address and social security number. All requests will be responded to in writing promptly. This waiting list information will not be provided to applicants via the telephone or in person for security concerns. Once on the waiting list, it is the applicant's responsibility to maintain their current address. Failure to do so may result in removal from the waiting list. Update of applicant's address must be done in writing or in person.

Families may also be absorbed directly onto the program through portability if properly referred and authorized.

#### **5.0 SUBSIDY STANDARDS AND BRIEFING**

### 5.1 BEDROOM SIZE DETERMINATION (SUBSIDY STANDARDS)

The HA will issue a voucher for a particular bedroom size – the bedroom size is the factor in determining the family’s level of assistance. The following guidelines will determine each family’s level of assistance. To avoid overcrowding and prevent waste of space and program funds, units shall be leased in accordance with the subsidy standards set below.

| <u>Number of Bedrooms</u> | <u>Number of Persons</u> |                |
|---------------------------|--------------------------|----------------|
|                           | <u>Minimum</u>           | <u>Maximum</u> |
| 0                         | 1                        | 1              |
| 1                         | 1                        | 2              |
| 2                         | 2                        | 4              |
| 3                         | 3                        | 6              |
| 4                         | 5                        | 8              |
| 5                         | 8                        | 10             |

The family's unit size shall be determined using the following criteria:

1. The bedroom size assigned shall provide for the smallest number of bedrooms needed to house a family without overcrowding.
2. The bedroom size assigned shall not require more than two persons to occupy the same bedroom.
3. The bedroom size assigned shall not require persons of the opposite sex other than a adult couple to occupy the same bedroom with the exception of infants and very young children.
4. A family that consists of a pregnant woman only, and (no other persons), will be treated as a two-person family.
5. Foster adults and children will not be required to share a bedroom with family members.
6. Live-in aides will get a separate bedroom.
7. The family has the option to select a smaller-sized unit provided there is at least one bedroom of appropriate size for each two persons in the household. (For example, a two-bedroom voucher holder with a mother with an infant may select a one-bedroom unit.) For the Voucher Program, the payment standard that is used

for the family will be the lower of the subsidy standard that the family qualifies for or the payment standard for the unit rented by the family.

8. Provided there is adequate documentation, a child who is temporarily away from the house because of placement in foster care will be considered a member of the family for purposes of determining the family unit size.
9. The bedroom size assigned may be increased to a larger size than the family would ordinarily need if there is a documented medical reason that adequately supports the need for a larger size unit.

The HA will grant exceptions to the subsidy standards when a family request a larger size than the guidelines allow based on a documented medical reason.

## ***5.2 BRIEFING OF FAMILIES AND ISSUANCE OF HOUSING CHOICE VOUCHER***

If a person is determined to be eligible by the HA and is selected for participation, the applicant will be notified of an orientation meeting.

When a family initially receives its Housing Choice Voucher, a full explanation of the following shall be provided to assist the family in finding a suitable unit and to apprise the family of its responsibilities and the responsibilities of the owner.

Full opportunity shall be provided to the families to ask questions and receive answers.

## ***5.3 ORIENTATION PACKET***

The Housing Choice Voucher Holder's packet shall include the following:

1. Portability Notice explaining where a family may lease a unit.
2. The HUD-required "Lease Addendum".
3. The "Request for Tenancy Approval" form.
4. The policy on providing information about a family to prospective owners.
5. The subsidy standards.
6. The HUD lead-based paint (LBP) form.
7. Housing discrimination complaint form HUD-903 (2/89) and HUD 928.1 (3-89) form.
8. A listing of available apartment units. (Including handicap accessible units if applicable.)

9. A list of the obligations of being a participant of the Section 8 Tenant Based Assistance Housing Choice Voucher program and grounds for termination of assistance.
10. Protect Your Family From Lead In Your Home Booklet
11. Copy of Form Letter for Property Owners “Disclosure of Information on Lead-Based Paint Hazards.
12. Move-In Move-Out Checklist
13. Owner Certification of Rent Reasonableness
14. A guide booklet to the Section 8 Tenant Based Assistance Housing Voucher program (Appendix II) which includes information pertaining to the following:
  - a) Term of the voucher and policy regarding extensions or suspensions.
  - b) How the housing assistance payment is calculated.
  - c) The Utility Allowance Schedule and information on the Fair Market and Payment Standard.
  - d) What the family should consider in deciding whether to lease a unit.
  - e) Informal hearing procedures.
  - f) Information on how to select unit similar to the HUD brochure on how to select a unit.

#### ***5.4 INFORMATION TO BE PROVIDED PROSPECTIVE OWNERS***

Information is provided to prospective owners regarding participating families in the following manner; upon request the HA will give prospective owners the family's current address and if known, the name and address of the owner at the family's current and prior address.

The HA may also provide any tenancy history that involves eviction action initiated against the family. Or information pertaining to damage, vacancy and unpaid rent claims paid out on behalf of the family.

#### ***5.5 ASSISTANCE TO APPLICANTS AND PARTICIPANTS CLAIMING ILLEGAL DISCRIMINATION***

If families believe that they have been discriminated against on the basis of race, color, national origin, sex, disability, or familial status, the HA will offer to assist them in filling out HUD form 903 (Housing Discrimination Compliant form). This form is included in their briefing packet or available upon request. If the family request we will also will forward the completed Housing Discrimination Compliant form to the Department of Housing and Urban Development Regional Office in Boston. The family will be informed of other available option in which to pursue a discrimination compliant including an appropriate referral to the State Commission on Human Rights and Opportunities, the Connecticut Fair Housing Center and Statewide Legal Services of CT.

The HA may approve an request for extension or suspension on the term of the family's Housing Voucher if deemed necessary due to the compliant.

### **5.6 TERM OF THE HOUSING VOUCHER**

The Housing Choice Voucher shall expire at the end of sixty (60) days unless within that time the family locates an apartment unit. The inspection of the apartment need not occur prior to Housing Voucher expiration but must occur within a reasonable time period.

If the Housing Voucher expires or is about to expire, a family may submit the Housing Voucher to the HA with a request for an extension. If the applicant has demonstrated a good faith effort to secure an apartment unit, the HA may grant one or more extensions, provided the HA determines that the family's failure to find a suitable unit is not due to the fault or lack of diligence of the family.

The initial term of the Housing Voucher may also be extended at the discretion of the HA due to the voucher holders difficulty securing available and affordable apartment units due to rental market difficulties and/or as reasonable accommodations to make the program accessible to a family member who is a person with disabilities.

The HA may require that any extension that is granted on the term of the Housing Voucher be supported by progress reports made by the family during the initial term of the voucher and the HA's review of overall rental market conditions.

The Housing Voucher holder may request that the expiration period of their Housing Voucher be suspended. To be eligible for consideration the request must be for a documented medical reason or for a family emergency nature to justify the inability of the participant to make use of the Housing Voucher during that time period. Request will be reviewed on a case by case basis. The suspension request can not exceed 120 days.

### **5.7 ASSISTANCE PROVIDED TO FAMILIES THAT INCLUDE PERSONS WITH DISABILITIES**

The HA will provide additional assistance on behalf families that include persons with disabilities by attempting to collect a listing of available apartment units that are handicap accessible units and providing this information to the family. Additional time may be granted as outlined in the "term of the voucher" section and a higher

payment standard may be granted (if possible) as a reasonable accommodation due to a disability.

## **5.8 EXPANDING HOUSING OPPORTUNITIES**

The HA will encourage participation by owners of units outside areas of poverty or minority concentration. Outreach will be conducted on an ongoing basis by the HA. The prepared booklet “An Owners Guide to the Housing Choice Voucher Program” will be distributed to all interested parties to answer questions and encourage owner participation in the program (see housing mobility policy Appendix V).

Voucher holders will be counseled regarding the benefits of choosing housing opportunities outside areas of poverty and minority concentration. The HA will make available information about job opportunities, schools, services and maps and related information when briefing voucher holders.

The HA briefing packet includes an explanation of how mobility and portability works and explains how the HA will assist in identifying a portability contact person in other jurisdictions.

The HA will collect and distribute known available apartment units to Voucher-holders including subscribing to local newspapers to identify apartment rentals. When available the HA will refer clients to agencies that will help support finding units outside areas of poverty or minority concentration.

## **5.9 DISAPPROVAL OF OWNER**

The HA reserves the right to deny approval to lease a unit from an owner for any of the following reasons:

1. The owner has violated obligations under a housing assistance payment contract under Section 8 of the 1937 Act.
2. The owner has committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing programs.
3. The owner has engaged in drug-trafficking.
4. The owner has a history or practice of noncompliance with the HQS for units leased under the tenant-based programs or with applicable housing standards for units leased with project-based Section 8 assistance or leased under any other federal housing programs.

5. The owner has a history or practice of failing to terminate tenancy of tenants of units assisted under Section 8 or any other federally assisted housing program for activity by the tenant, any member of the household, a guest or another person under the control of any member of the household that:  
(i)Threatens the right to peaceful enjoyment of the premises by other residents; (ii)Threatens the health or safety of other residents, of employees of the PHA, or of owner employees of the PHA or of owner employees or other persons engaged in management of the housing; (iii)Threatens the health or safety of, or of owner employees or other persons engages in management of the housing; (iv)Is drug-related criminal activity or violent criminal activity.
6. The owner has a history or practice of renting units that fail to meet State or local housing codes.
7. The owner has not paid State or local real estate taxes, fines or assessments.

#### ***5.10 SECURITY DEPOSIT***

The owner may collect a security deposit from the tenant in an amount not in excess of amounts charged in the private market practice and not in excess of amounts charged by the owner to unassisted tenants. The limit on the amount of security deposit that owners can collect Housing Choice Voucher tenants is based on Connecticut State law (i.e. two month's rent unless the tenant is 55 years of age or older than the amount is one month's rent).

When the tenant moves out of the dwelling unit, the owner may use the security deposit, including interest on the deposit, as reimbursement for any unpaid rent payable by the tenant for damages to the unit or for other amounts the tenant owes under the lease.

The owner must give the tenant a written list of all items charged against the security deposit and the amount of each item. After deducting the amount, if any, used to reimburse the owner, the owner must promptly refund the full amount of the unused balance to the tenant.

If the security deposit is not sufficient to cover amounts the tenant owes under the lease, the owner may seek to collect the balance from the tenant.

#### ***6.0 RECERTIFICATION***

### **6.1 VERIFICATION OF INCOME AND DETERMINATION OF TOTAL TENANT PAYMENT**

Verification of income will be obtained by either third-party verification or using documentation provided directly by clients.

Accuracy of calculations of Total Tenant Payments is ensured through the following methods; computer software is programmed to make correct calculations of entered data. The HA has Program Supervisors who review calculations of all executed HAP contracts, as well as a random sampling of case files is audited to ascertain among other things that the Total Tenant Payment is calculated accurately.

Verification of income and determination of Total Tenant Payment will follow program regulations as identified in 24 CFR 813 with the exception of the issues identified below:

### **6.2 MISSED RECERTIFICATION APPOINTMENT**

If the family fails to respond to the recertification letter and fails to attend the recertification appointment, a second letter will be mailed. The second letter will advise the family of the deficiency and require the family to correct. If the deficiency is not corrected within a reasonable time frame than a notice of intent to terminate Section 8 benefits will be mailed. If the client fails to respond properly than they are subject to termination proceedings.

### **6.3 INTERIM REEXAMINATIONS OF INCOME AND HOUSEHOLD COMPOSITION**

All interim changes of family income or household composition must be reported to the housing agency as an interim reexamination within thirty days of the occurrence. Interim reexamination will be processed for the next month in which the change became effective. If changes of income occur frequently, the housing agency reserves the right to review household income changes in terms of a yearly average so as to excuse program participants from excessive reporting.

### **6.4 MINIMUM RENT**

The HA elects not to impose a minimum rent based on the fact that the majority of clients (if not all) claiming zero income meet the financial hardship exception categories identified below:



*QHWRA* established certain exemptions to the minimum rent requirements for hardship circumstances. Section 3(a)(3)(B) of the USHA generally states that financial hardship includes the following situations: (1) the family has lost eligibility determinations for a Federal, State, or local assistance program; (2) the family would be evicted as a result of the imposition of the minimum rent requirement; (3) the income of the family has decreased because of changed circumstances, including loss of employment; (4) a death in the family has occurred; and (5) other circumstances determined by the PHA or HUD.)

Families or individuals claiming zero income will need to report income status quarterly.

## ***6.5 LEASE APPROVAL AND HOUSING ASSISTANCE PAYMENTS CONTRACT EXECUTION***

The Contractor shall forward to the East Haven Housing Authority all contracts for initial execution. The Contractor will execute contract renewals.

## ***7.0 INSPECTION POLICIES***

### ***7.1 HOUSING QUALITY STANDARDS AND INSPECTIONS***

The HA will use the guidelines delineated in 24 CFR 982.401 as the appropriate Housing Quality Standards.

Before approving a lease, the HA shall inspect the unit for compliance with the Housing Quality Standards. The inspection will be made as quickly as possible, but no later than ten (10) days after the owner's request.

If there are violations that must be corrected in order for the unit to be decent, safe and sanitary, the HA will advise both the owner and tenant of the work required to be done. The unit will be reinspected to ascertain that necessary work has been performed and that the unit meets the Housing Quality Standards before a contract is executed. The Assistant Director maintains a report to monitor Housing Quality Standards violations and the noncompliance sanctions.

### ***7.2 DETERIORATED PAINT SURFACES***

All painted surfaces of all buildings used or intended to be used in whole or part for human habitation shall be kept free of deteriorated paint surfaces. Deteriorated paint surfaces is defined as any interior or exterior paint or other coating that is peeling,

chipping, chalking or cracking, or any paint or coating located on an interior or exterior surface or fixture that is otherwise damaged or separated from the substrate.

All deteriorated paint must be stabilized or abated, even property exempt under the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C.4851-4856), and part 35, subparts A, B, M, and R of Code of Federal Regulations (CFR).

Property with deteriorated paint that is specifically exempt from part 35, subparts A, B, M, and R of the Code of Federal Regulations (*i.e. property where all occupants are age 6 or older; property that is built after January 1, 1978; properties that has zero bedrooms dwelling; property where all lead-based paint has been removed or the property has been found to be free of lead-based paint by a certified lead-based paint inspector*), will not require a clearance examination but will still need to be stabilized or abated according to “safe work practices”.

## **8.0 RENT AND HOUSING ASSISTANCE PAYMENTS**

### **8.1 PAYMENT STANDARDS**

The HA will set up an applicable payment standard schedule for each bedroom size in accordance with HUD regulations. The HA may establish an adjustment standard schedule on an annual basis (prior to FMR increases) in order to assure continued affordability for participating families.

The following factors will be considered in the assessment of the adequacy of the payment standard:

1. *Success rates of program participants:* The HA will review the number of voucher holders whose vouchers expire without having a leased unit. The HA will review the average time required for voucher holders to find units.
2. *Availability of suitable vacant units with rent below the payment standards (Rent survey data):* The HA will review its rent reasonableness data, vacancy rate data, and other relevant information to determine whether there is an ample supply of vacant units with rents below the payment standard amounts in each bedroom category.
3. *Rent burdens of program participants:* The HA will review the percentage of income voucher families use to pay rent to determine the extent to which rent burdens exceed 30 percent of income.
4. *Availability of greater housing choices:* The HA will review the availability of greater housing choices for voucher holders.

The HA will also review on a cases by case basis applying a higher payment standard within the basic range as a reasonable accommodation for a family with a family member with disabilities.

## **8.2 REVIEW AND ADJUSTMENT OF ALLOWANCES FOR UTILITIES**

The HA shall at least annually determine whether there has been a substantial change in utility rates or other charges of general applicability and whether an adjustment is required in the allowance for utilities and other services by reason of such change or because of errors in the original determination. The procedure for this determination shall be as follows:

The HA will request estimates and actual data from utility companies, heating companies and program participants. Utility Allowance schedules may be collected from other housing authorities in region to review ongoing rates currently in use. After reviewing the aforementioned data decisions will be made to determine if utility allowance schedule needs to be adjusted. If the HA determines that an adjustment should be made, the HA shall make the necessary adjustments taking into account the size of dwelling units and other pertinent factors.

## **8.3 RENT REASONABLENESS**

Rent Reasonableness will be determined using the following method:

Rent is reviewed at initial lease-up, as well as, requested rent increase, to determine whether it is reasonable in relation to rents currently being charged for other comparable unassisted units in the private market.

Initial rents and rent increase requests, will be reviewed for reasonableness by referring to the HA's compiled rental survey data for appropriateness. The location, quality, size, unit type, and age of the contract unit will be considered when making this determination. If the rent is deemed unreasonable the HA may provide the owner with a reasonable rental amount based on the compiled rental survey data. If the owner disputes the HA's determination the owner may be afforded the opportunity to provide additional rental survey data that supports the rent that is being requested. The owner's submission of rental survey information does not ensure approval of the requested rent. The HA will determine the rent based on the best rental survey data that is available.

The rental survey data used to make comparisons may be obtained through the services of a state certified real estate appraiser or through collected rental data information.

Each approved rent will contain a “Certification of Rent Reasonableness” form in the file that will certify and document that the rent has been approved. The “Certification of Rent Reasonableness” form will identify a specific comparable rent for a similar type unit considering the location, quality, size, unit type, and age of the contract unit.

In addition, initial lease-up rent request will require the owner to sign the “Owner’s Certification of Rent Reasonableness” form to require owners to support the rent they are charging. The “Owner’s Certification of Rent Reasonableness” form will require the owner to acknowledge that acceptance of housing assistance payments certifies that the rent is not more than rent charged by the owner for comparable unassisted units in the premises. The HA reserves the right to request and obtain information on the rents being charged by the owner for other units in the premises or elsewhere. Each case-file will contain this certification at initial lease-up.

Each file is subject to file review for completeness before payment is authorized. Payment will not be authorized unless the “Certification of Rent Reasonableness” form and the “Owner’s Certification of Rent Reasonableness” form is contained in the file.

If the compiled rental survey data does not have a comparable unit by location, quality, size, or unit type, then the next best comparable unit from the compiled rental survey data may be used to support the approved rent.

#### ***8.4 REVIEW OF FAMILY CIRCUMSTANCES, RENTS, UTILITIES AND HOUSING QUALITY STANDARDS.***

The HA's Director or Assistant Director of the program assigns annual re-examinations two months prior to each lease anniversary date, based on a computer generated monthly report intended for such purposes. The HA's Program Representatives thereby have sufficient opportunity to notify, in writing, both the owner and the tenant. Should either party have issues to resolve there is then adequate time to explore the issues, and to work toward their resolution prior to the expiration of the lease.

Changes in tenant income are processed upon verification throughout the lease term. All tenants who report zero income are asked to certify their income status at least every three months.

As detailed above, the HA will assign new cases, as well as annual recertifications, to Program Representatives. The Program Representative inspects as well as determines tenants continued eligibility and payment amounts.

Reinspection is done as required by the Program Representative or as requested by the tenant or owner.

At annual reinspections or during the lease term, should the apartment fail an inspection, the following will occur:

1. The owner is notified in writing as to the deficiencies. The owner is given a time period, determined by the Program Representative in which to make the necessary repairs. If the deficiencies are serious the family is issued a new Voucher and advised to relocate. The Assistant Director will maintain a report to monitor HQS violations and the noncompliance sanctions.
2. Program Representatives may abate all or part of the housing assistance payment if the owner is failing to supply contracted services. The Program Representative may hold the housing assistance payment until the repairs are made. If the repairs are made within the specified time, the payment will be released.
3. If the repairs are not made, the Program Representative may continue to withhold payments, abate the payments, or notify the owner of the termination of the contract, and issue the tenant a Housing Voucher. The participating family will be reinstated on the program when another apartment is secured and satisfactorily passes inspection within the time prescribed on the Housing Voucher.

The Assistant Director maintains a record of all requested repairs. The completion dates are monitored monthly to ensure that reinspection deadlines are met or if not, then the appropriate administrative sanctions are taken. Before monthly housing assistance payments are made, all repairs that are requested are reviewed to ensure that the Program Representatives follow through on administrative sanctions. In the instance where monies need to be recovered from participating families or program landlords, the attached Program Controls (Appendix III) should outline HA policy on this matter.

## **8.5 FAMILY BREAK-UP**

In the event that a family break-up occurs in an assisted household, the HA will review the following factors to determine which members of the family continues to receive assistance in the program:

1. What is in the best interest of minor children or ill, elderly or disabled family members.
2. Whether family members are forced to leave the unit as a result of actual or threatened physical violence against family members by a spouse or other member of the household.
3. Which family member has recognized custody of minor children in family.

## **8.6 ABSENCE FROM UNIT**

The family may be absent from the unit for brief periods. For longer absences the following HA policy shall apply:

Absence is defined as no family member residing in the unit.

Family members need to notify the HA of any extended absence from the unit and the reason for the absence. The HA may require the family to document the reason for the extended absence. In any event, family members may not be absent from the unit for a period of more than 60 consecutive calendar days.

Housing Assistance Payments terminate if the family is absent for longer than the maximum period permitted. The term of the HAP Contract and the assisted lease also terminate.

The HA reserves the right to consider special circumstances (such as absence due to hospitalization, medical emergency, etc.) as a basis to determine whether the HA may want to allow a resumption of assistance to the family. The family must supply any information requested by the HA to verify the special circumstances.

The HA conducts a random mailing to a sample of all program participants to verify continued occupancy. The random mailing is described more fully in the Program Controls document.

## **8.7 PAYMENT OF MONIES OWED BY OWNER OR FAMILY TO THE HA**

The HA staff must report all cases of suspected overpayments of program funds Program Supervisor(s). In every case, efforts will be undertaken to recover actual overpayments. The money may be recovered by withholding future HAP or utility payments, or by written mutual agreement to a repayment schedule approved by the Program Management. A monthly Accounts Receivable Report, which tracks all such activity, is generated by the Payments Coordinator and available for review by the Program Management staff.

If reasonable efforts do not result in repayment, the Program Management will re-evaluate each account for referral of legal action where appropriate.

HA staff must report all cases of suspected overpayments of program funds Program Supervisor(s). In every case, efforts will be undertaken to recover actual overpayments. The money may be recovered by withholding future HAP or utility payments, or by written mutual agreement to a repayment schedule approved by the

Program Management. A monthly Accounts Receivable Report, which tracks all such activity, is generated by the Payments Coordinator and available for review by the Program Management staff

If reasonable efforts do not result in repayment, the Program Management will re-evaluate each account for referral of legal action where appropriate.

Accounts receivable procedures for Payments made to a landlord for damages, unpaid rent or vacancy reimbursement or overpayments made on behalf of a tenant.

1. *Cancelled or inactive tenants* - for tenants who owe money and whose rental assistance benefits have been terminated either voluntarily or involuntarily the following will occur: The amount that the tenant owes will be maintained in the tenant's permanent file for future reference. Clients cannot reapply without paying money owed in full or entering into a repayment schedule if offered to them. If other Housing Authorities request status information, balance owed will be reported.
2. *Active tenants* - for tenants on the program who owe money as a result of payments being made on their behalf for damages, unpaid rent or vacancy reimbursement or overpayments the following will occur: Clients will enter into a repayment agreement for the amount of the monies owed. The terms and conditions of the payment schedule will be based on a reasonable standard. Tenant's name, allocation code, and the amount owed is entered onto the "Active Tenants with Damages Report". This report is updated monthly to identify delinquent accounts for subsequent mailing notices. Tenant's name and the total amount owed is entered into the Accounts Receivable computer program. If applicable, tenants utility checks are held by the Payments Coordinator.

## ***9.0 TERMINATION OF ASSISTANCE TO THE FAMILY***

### ***9.1 TERMINATION POLICY AND PROCEDURE***

The following will constitute grounds for removal of a tenant from the Housing Choice Voucher programs or deny assistance for an applicant:

1. Failure to make payments for monies owed the HA or another HA.
2. Violation of any of the family obligations under 24 CFR 982.551.
3. A participant or family member engaged in drug-related criminal activity or violent criminal activity.
4. A participant has committed fraud (bribery or any other corrupt or criminal act) at the time of application or during assisted tenancy.

5. A participant has failed to comply with the requirements under the family's contract of participation in the Family Self-Sufficiency program.
6. If any family members of the family has been evicted from public housing.
7. If the family has engaged in or threatened abusive or violent behavior toward HA personnel.
8. An applicant or participant that abuses alcohol or drugs in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.

All applicants will be required to certify prior to admission that they do not have a pattern of illegal use of controlled substance or pattern of abuse of alcohol that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

Applicants may elect not to sign the Non-Alcohol and Drug Abuser Certification provided they demonstrate to the HA's satisfaction that they are no longer engaging in illegal use of a controlled substance or abuse of alcohol through one of the following means:

- a) Applicant that has successfully completed a supervised drug or alcohol rehabilitation program.
- b) Applicant has otherwise been rehabilitated successfully.
- c) Applicant is participating in a supervised drug or alcohol rehabilitation program.

## ***9.2 PROCEDURE FOR REMOVING A SECTION 8 TENANT FROM THE PROGRAM:***

1. The tenant and landlord will be mailed a notice of intent to terminate Section 8 benefits. The notice shall state the grounds for removal. It shall advise the tenant that they have 10 days in which to respond and contest the action by requesting a hearing.
2. The tenant may have an advocate or attorney present at the hearing.
3. If the tenant does not respond, they may be automatically removed from the program effective the first day of the month coming after the date of the notice. Notice of termination will be sent to the tenant and landlord simultaneously.

## ***10.0 COMPLAINTS AND APPEALS***

### ***10.1 INFORMAL HEARING FOR PARTICIPANTS***



The HA will provide an opportunity for an informal hearing to a participant to consider whether decisions made against participants are in accordance with HUD regulations and the HA rules in the following situations:

1. A determination of the amount of total tenant payment or tenant rent. This requirement does not apply to utility allowance schedules.
2. A decision to deny or terminate assistance.
3. A determination that a participant is residing in an overcrowded or under utilized unit.
4. In the case of a participant who wants to move to another dwelling unit a determination of the number of bedrooms to be entered on a voucher when a participant family desires to move to another unit.

In the case of a decision to deny or terminate assistance, the HA shall give the applicant written notification of its decision denying or terminating assistance. The notice shall:

1. be given personally to the applicant or member of the family or sent by first class mail to the last known address;
2. give a brief statement of the reasons for the decision, and
3. inform the applicant that within ten (10) days of the date of the notice, the applicant may request, in writing, that an informal hearing be held to present objections and review the decision.

## ***10.2 CONDUCT OF HEARINGS***

If an applicant or participant requests an informal hearing within the time frame set forth above, the HA shall conduct a hearing in accordance with the following procedures:

1. The HA shall appoint a hearing officer to conduct the hearing who must be an employee or outside person other than the person who made or approved the decision under review or a subordinate of such person.
2. The hearing officer shall issue a written decision stating briefly the factual and other basis for the decision, a copy of which shall be furnished promptly to the applicant.

## Attachment G

### **Basic criteria used to determine a substantial deviation from 5-Year Plan and significant amendment or modification to 5-year plan and annual plan.**

The EHHA will consider the following definitions to be significant amendments or modifications to the 5-year plan and annual plan for the purposes of submitting a revised plan and meeting full public process requirements:

1. Changes to admission policies.
2. Changes to the organization of the waiting list.

(An exception may be made for any of the above definitions that are adopted by the EHHA in response to changes in HUD regulatory requirements.)

The EHHA will consider the following definition to be significant deviations to the 5-year plan and annual plan for the purposes of submitting a revised plan and meeting full public process requirements:

1. Changes to the EHHA's overall mission.
2. Changes to the goals and objectives that affect services to program participants.

(An exception may be made for any of the above definitions that are adopted by the EHHA in response to changes in HUD regulatory requirements.)

## Attachment H

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

List members of the Resident Advisory Board or Boards:

The PHA has made every effort to solicit Section 8 participants to serve on the Resident Advisory Board and no one has expressed. Therefore, the PHA has elected to appoint all of its residents as the RAB. EHHA will ensure that that all residents will be provided with the same opportunity to comment on the Plan and to submit any additional comments in writing to the EHHA. A mailing was conducted to all current program participants. The mailing included the draft 5-year and Annual Plan, a survey response form, a self-addressed stamp envelope and a cover letter. The mailing invited them to serve on a resident advisory board and/or make comments or recommendations on the draft 5-year and Annual Plan. EHHA will consider any comments from the RAB when drafting the final plan in the same manner as for other RABs and will include any comments provided by EHHA residents when submitting the Plan to HUD for approval.

#### Resident Advisory Board Members:

| Lname       | Fname     |
|-------------|-----------|
| AMODIO      | MICHELINA |
| AMORE       | JOHN      |
| ANDREWS     | JOSEPHINE |
| AYALA       | ALBERT    |
| BARR        | LORETTA   |
| BOKOWSKI    | VALERIE   |
| BRENYO      | AURELIA   |
| BROWN       | BRENDA    |
| BUSSERT     | MARION    |
| CANDELA     | WANDA     |
| CANNON-WOLF | LISA      |
| CAVALLARO   | SALVATORE |
| COTTO       | YOLANDA   |
| CRESPO      | MARIA     |
| CRICCHI     | CHRISTINA |
| CRONK       | LINDA     |
| CRUZ        | RITA      |
| CUSANELLI   | DENISE    |
| D'ALBERO    | MARIETTA  |
| DABBRACCIO  | ROSEANNE  |
| DACOSTA     | VANESSA   |
| DEGOURSEY   | ANN       |
| DELACRUZ    | LUZ       |
| DELCORTE    | BONITA    |
| DELOUGHERY  | ANGELA    |
| DEMAREST    | ROBIN     |
| DILAURO     | JESSICA   |

|            |            |
|------------|------------|
| DUBOSE     | TENEISHA   |
| DUBOSE     | YOLANDA    |
| DUREYEA    | MARY JANE  |
| ESPOSITO   | CHARLENE   |
| EUBANKS    | RHONDA     |
| FIGUEROA   | AGNES      |
| FURTAK     | WENDY      |
| GALLIMORE  | DIAMOND    |
| GARGANO    | JEAN MARIE |
| HARRELL    | JANITA     |
| HENDERSON  | TEBA       |
| HOWARD     | ROBERT     |
| HUFF       | TERRILYNN  |
| HUGHES     | ELLEN      |
| JAUDON     | SONYA      |
| JOHNSON    | TIA        |
| JOHNSON    | TRACY      |
| KENNIBREW  | ERIKA      |
| LATELLA    | RALPH      |
| LAVALLE    | RUTH ANN   |
| MAJESKI    | KASEY ANN  |
| MALDONADO  | THERESA    |
| MARTINELLI | BIAGIO     |
| MELENDEZ   | CHRISTINE  |
| MOCCIA     | JEANNE     |
| NAPOLITANO | NICOLE     |
| NEGRON     | JUNITA     |
| NELSON     | ELAINE     |
| PALANGE    | ROSE       |
| PALESKI    | FRANCES    |
| PANZRINO   | PAULA      |
| PAPPACODA  | LINDA      |
| PELLEGRINO | MATILDA    |
| PERRELL    | FRANK      |
| RAMIREZ    | VIVIANA    |
| REED       | MELINDA    |
| RIVERA     | SUSAN      |
| SANTIAGO   | SARA       |
| SARNO      | BARBARA    |
| SMALLS     | KEILA      |
| SNELL      | APRIL      |
| SOSA       | ZAIDA      |
| SOTO       | VICTORIA   |
| STEELE     | STACEY     |
| SUWARROW   | TASHA      |
| SWANSON    | MARY       |
| TAFT       | STEPHANIE  |
| TENESACA   | OMAYRA     |
| TORRES     | TIJUAN     |
| TRAVISANO  | JACQUELNE  |

|           |           |
|-----------|-----------|
| VALDEZ    | MICHAEL   |
| VELAZQUEZ | ANTONIO   |
| WEBSTER   | GEORGRANA |

**Attachment I**

**Required Attachment I : 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):

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):