

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

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# PHA Plans

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

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

## PHA Plan Agency Identification

**PHAName:** St.ClairCountyHousingAuthority

**PHANumber:** IL030

**PHAFiscalYearBeginning:(mm/yyyy)** 07/2003

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

**5-YEAR PLAN**  
**PHAF ISCAL YEARS 2000 -2004**  
 [24CFRPart903.5]

**A.Mission**

State the PHA's mission for serving the needs of low -income, very low income, and extremely low -income families in the PHA's jurisdiction. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: It is the mission of the St. Clair County Housing Authority (SCCHA) to provide well -maintained and safe assisted housing to the eligible low-income residents of St. Clair County. SCCHA is committed to assisting residents in meeting their personal development goals, especially those related to achieving economic self -sufficiency and those related to senior citizens maintaining an independent lifestyle. SCCHA is committed to providing its services in an efficient, economical, and legally responsible manner.

**B.Goals**

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

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

- PHA Goal: Expand the supply of assisted housing  
 Objectives:
  - Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
 Objectives:
  - Obtain "High Performer" status under PHAS
  - Obtain "High Performer" status under SEMAP

- Increase customer satisfaction:
- Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: Develop Asset Management system for property assessment

- PHA Goal: Increase assisted housing choices  
Objectives:
  - Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs:
  - Implement public housing site -based waiting lists:
  - Convert public housing to vouchers:
  - Other:
    - Pursue renewal of project -based Section 8 HAP Contracts
    - Develop local homebuyer assistance program in 2002

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

- PHA Goal: Provide an improved living environment  
Objectives:
  - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - Implement public housing security improvements:
  - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
  - Other:
    - Continue aggressive applicant screening and resident lease enforcement efforts.

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

PHAGoal:Promoteself -sufficiencyandassetdevelopmentofassisted households

Objectives:

- Increase thenumberandpercentageofemployedpersons inassisted families:
- Provideorattra ctsupportiveservicestoimproveassistancerecipients' employability:
- Provideoratractsupportiveservicestoincreaseindependenceforthe elderlyorfamilieswithdisabilities.
- Other:
  - Encourageresidentparticipationineducation/trainingprograms.
  - Establishflatrentscheduleeffective7/2000usingSection8 FairMarketRentsandupdateby7/2001usingmarketdata.
  - AdministerFamilySelf -SufficiencyProgramserving25clients.

**HUDStrategicGoal:Ens ureEqualOpportunityinHousingforallAmericans**

PHAGoal:Ensureequaloppportunityandaffirmativelyfurtherfairhousing

Objectives:

- Undertakeaffirmativemeasurestoensureaccesstoassistedhousing regardless ofrace,color,religionnationalorigin,sex,familialstatus,and disability:
- Undertakeaffirmativemeasurestoprovideasuitablelivingenvironment forfamilieslivinginassistedhousing,regardless ofrace,color,religion nationalor igin,sex,familialstatus,anddisability:
- Undertakeaffirmativemeasurestoensureaccessiblehousingtopersons withallvarietiesofdisabilitiesregardless ofunitsizerequired:
- Other:(listbelow)

**OtherPHAGoalsandObjectives:(listbelow)**

**AnnualPHAPlan**  
**PHAFiscalYear2003**  
[24CFRPart903.7]

**i. AnnualPlanType:**

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

**StandardPlan**

**StreamlinedPlan:**

- HighPerformingPHA**
- SmallAgency(<250PublicHousingUnits)**
- AdministeringSection8Only**

**TroubledAgencyPlan**

**ii. ExecutiveSummaryoftheAnnualPHAPlan**

[24CFRPart903.79(r)]

SCCHAhasprepareditsAgencyPlanincompliancewithSection511oftheQualityHousingandWork ResponsibilityActof1998andtheensuingHUDrequirements.

Althoughtherearemanycapital -improvementneeds,allofSCCHA’spublichousingstockisviable. Therefore,nodemolitionorconv ersionactivityisplanned.

TherearenoplanstoexpandthePublicHousingorSection8Tenant -BasedAssistanceProgramsduetoa varietyoflocalfactors.

SCCHA’seffortsarefocusedonimprovingthemanagementofthepublichousingandadministrationofthe Section8programs(obtain“highperformer”statusunderPHASandSEMAP).

AnnualPlanhighlightsandSCCHAdiscretionarypoliciesinclude:

- DevelopAssetManagementSystemtoasseseachpublichousingdevelopment
- UtilizeCapitalImprovementFundstoupgrade/modernizethepublichousingstock
- Utilizeavailablefundsforsupplementallawenforcementandpreventionprogramstoreducethelevel ofdrug -relatedcrimeinthetargeteddevelopmentstoalevelequaltoorlessthanthesurrounding neighborhood
- DeveloplocalhomebuyerassistanceprogramservingpublichousingresidentsandSection8 participants
- Implementpublichousing site -basedwaitinglists
- Pursuerenewalofproject -basedSection8HousingAssistancePaymentsContractsthatexpirewi thin next5years
- Applyfordesignationofthreehi -risebuildingsas“senioronly”
- EstablishFlatRentsforpublichousingusingSection8FMRsbyJuly2000andupdatebyJuly2001 using“marketbased”approach
- Establish\$50minimumrentforpublichousingandSection8
- Retainupdatedceilingrentscheduleforpublichousingforallowablethreeyearperiod

- Interim recertification shall not be required for public housing residents or Section 8 program participants who have an increase in income
- The Section 8 Payment Standard shall be initially established at a level between 90% - 100% of the public FMR.

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

[24CFR Part 903.79(r)]

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

#### **Table of Contents**

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

#### **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 filename in parentheses in the space to the right of the title.

#### Required Attachments:

- Admissions Policy for Deconcentration -IL30a01
- FY2003 Capital Fund Program Annual Statement -IL30b01
- Most recent board -approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

#### Optional Attachments:

- PHA Management Organizational Chart
- FY2003 Capital Fund Program 5 Year Action Plan –IL30c01
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards –IL30d01
- 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 Certification 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
	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction 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: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certification of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/ 18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the	Annual Plan: Rent



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Determination
	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD - approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self - Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self - Sufficiency

<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	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

[24CFR Part 903.79(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 by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford-ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access-ibility</b>	<b>Size</b>	<b>Loca-tion</b>
Income ≤ 30% of AMI	8,468	5	5	5	5	5	5
Income > 30% but ≤ 50% of AMI	4,791	4	4	4	4	4	4
Income > 50% but < 80% of AMI	6,751	3	3	3	3	3	3
Elderly	5,345	3	3	3	3	3	3
Families with Disabilities	2,001	5	5	5	5	5	5
Race/Ethnicity White	15,880	3	3	3	3	3	3
Race/Ethnicity Black	2,649	4	4	4	4	4	4
Race/Ethnicity Other	1,481	3	3	3	3	3	3

Housing Need of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Race/Ethnicity							

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2002
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year: National Low Income Housing Coalition “Out of Reach” Sept. 2000.
- Other sources: Estimate for “Families with Disabilities” based upon information from the “Living Independently Now Center (LINC) indicating that approximately 10% of the population suffers from a disability that impacts housing choices.

## B. Housing Need 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.** PHA may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Need of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	3,200		
Extremely low income <= 30% AMI	2,539	79.22	
Very low income (> 30% but <= 50% AMI)	586	18.28	

<b>Housing Needs of Families on the Waiting List</b>			
Low income (>50% but <80% AMI)	75	2.34	
Families with children	1,346	4.21	
Elderly families	183	5.7	
Families with Disabilities	540	16.9	
Race/ethnicity	2,579/Black	80.6	
Race/ethnicity	601/White	18.8	
Race/ethnicity	2/Hispanic	.06	
Race/ethnicity	4/Asian	.12	
Race/ethnicity	14/Other	.44	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2BR			
3BR			
4BR			
5BR			
5+BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to open the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Housing Needs of Families on the Waiting List**

<b>HousingNeedsofFamiliesontheWaitingList</b>			
Waitinglisttype:(selectone)			
<input type="checkbox"/> Section8tenant -basedassistance			
<input checked="" type="checkbox"/> PublicHousing			
<input type="checkbox"/> CombinedSection8andPublicHousing			
<input type="checkbox"/> PublicHousingSite -Basedorsub -jurisdictionalwaitinglist(optional)			
Ifused,identifywhichdevelopment/subjurisdiction:			
	#offamilies	%oftotalfamilies	AnnualTurnover
Waitinglisttotal	2,001		
Extremelylow income<=30%AMI	1,647	81.90	
Verylowincome (>30%but<=50%AMI)	313	15.56	
Lowincome (>50%but<80%AMI)	44	2.18	
Familieswith children	479	2.40	
Elderlyfamilies	79	4	
Familieswith Disabilities	439	22	
Race/ethnicity	1,613/Black	80.6	
Race/ethnicity	385/White	18.8	
Race/ethnicity	1/Hispanic	.05	
Race/ethnicity	2/Asian	.10	
Race/ethnicity	4/Other	.20	
Characteristicsby BedroomSize (PublicHousing Only)			
1BR	890		
2BR	755		
3BR	280		
4BR	73		
5BR	11		
5+BR	0		

<b>Housing Needs of Families on the Waiting List</b>	
Isthe waiting list closed (select one)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes:	
How long has it been closed (# of months)?	
Does the PHA expect to reopen the list in the PHA Plan year?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?	<input type="checkbox"/> No <input type="checkbox"/> Yes

**C. Strategy for Addressing Needs**

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

**(1) Strategies**

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

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off -line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed financed development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease -uprates 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 -uprates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease -uprates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed -finance housing
- Pursue housing resources other than public housing or Section 8 tenant -based assistance.
- Other:  
Support the effort so for othersto increase the number of affordable housing units.

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

**Strategy1: TargetavailableassistancetoFamilieswithDisabilities:**

Selectallthatapply

- Seekdesignationofpublichousingforfamilieswithdisabilities
- Carryoutthomodificationsneededinpublichousingbasedonthesection504NeedsAssessmentforPublicHousing
- Applyforspecial -purposevoucher targetedtofamilieswithdisabilities,shouldtheybecomeavailable
- Affirmativelymarketto localnon -profitagenciesthatassistfamilieswithdisabilities
- Other:(listbelow)

**Need:SpecificFamilyTypes:Racesorethnicitieswithdisproportionatehousingneeds**

**Strategy1:IncreaseawarenessofPHAresourcesamongfamiliesofracesandethnicitieswithdisproportionateneeds:**

Selectifapplicable

- Affirmativelymarkettoraces/ethnicitiesshowntohavedisproportionatehousingneeds
- Other:(listbelow)

**Strategy2:Conductactivitiestoaffirmativelyfurtherfairhousing**

Selectallthatapply

- Counselsection8tenantsastolocationofunitsoutsideofareasofpovertyor minorityconcentrationandassistthemto locatethoseunits
- Marketthesection8programtoownersoutsideofareasofpoverty/minority concentrations
- Other:(listbelow)

**OtherHousingNeeds&Strategies:(listneedsandstrategiesbelow)**

**(2)ReasonsforSelectingStrategies**

Ofthefactorslistedbelow,selectallthatinfluencedthePHA'sselectionofthestrategiesitwillpursue:

- Fundingconstraints
- Staffingconstraints
- Limitedavailabilityofsites forassistedhousing
- Extenttowhichparticularhousingneedsaremetbyotherorganizationsinthecommunity
- EvidenceofhousingneedsasdemonstratedintheConsolidatedPlanandother informationavailabletothePHA
- InfluenceofthehousingmarketonPHAprograms



- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

## **2. Statement of Financial Resources**

[24CFR Part 903.79(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 support services, Section 8 tenant-based assistance, Section 8 support services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$000</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2000 grants)</b>		
a) Public Housing Operating Fund	2,418	
b) Public Housing Capital Fund	1,951	
c) HOPEVI Revitalization		
d) HOPEVI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	8,830	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants	35	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	1,500	Routine Operating Expenses

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$000</b>	<b>Planned Uses</b>
<b>4. Other income</b> (list below)		
Interest Income	125	Other
Entrepreneurial Activities	60	Other
<b>4. Non -federal sources</b> (list below)		
<b>Total resources</b>	14,919	

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

[24CFR Part 903.79(c)]

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

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

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

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: 90 - 120 days
- Other: (describe)

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

- Criminal or Drug -related activity
- Rental history
- Housekeeping
- Other

-Credit history, history of alcohol abuse, prior experience in other subsidized housing programs.

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

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

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

**(2) Waiting List Organization**

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

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists (Implementations scheduled for July 1, 2003.
- Other (describe)

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

- PHA main administrative office
- PHA development site management office
- Other

-Persons with disabilities may apply by mail or otherwise be accommodated.

c. If the PHA plan to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year? 18

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously HUD-approved site based waiting list plan)? If yes, how many lists? 18

3.  Yes  No: May families be on more than one list simultaneously? If yes, how many lists? 18

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of a roster removed from the waiting list? (select one)

- One (New with site based waiting list)
- Two
- Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

- Emergencies
- Overhoused
- Underhoused (Subject to policy limitations/provisions)
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

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

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

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence

- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Household that contribute to meeting income goals (broad range of incomes)
- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisal or hate crimes
- Other preference(s)
  - Inter-program Transfers
  - Local Disaster Victims
  - Law Enforcement/Teachers
  - Excessive Shelter Costs/Unstable Housing

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 points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability -2
- Veterans and veterans' families -1
- Residents who live and/or work in the jurisdiction -10
- Those enrolled currently in educational, training, or upward mobility programs -2
- Household that contribute to meeting income goals (broad range of incomes)
- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs

- Victims of reprisals or hate crimes
- Other preference(s)
  - Inter-Program Transfers 7points
  - Law Enforcement officials/Teachers 6points
  - Local Disaster Victims 5points
  - Excessive Shelter Costs/unstable housing 1point

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

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

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

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

**(6) Deconcentration and Income Mixing**

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

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

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

- Adoption of site based waiting lists
- If selected, list targeted developments below:

Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:

Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

Other (list policies and development targeted below)

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

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

Additional affirmative marketing

Actions to improve the marketability of certain developments

Adoption or adjustment of ceiling rents for certain developments

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

Other (list below)

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

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

List (any applicable) developments below:

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

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

List (any applicable) developments below:

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

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

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

If yes, list these developments as follows:

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

**B. Section 8**

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

**(1) Eligibility**

a. What is the extent of screening conducted by the PHA? (select all that apply)

- Criminal or drug -related activity only to the extent required by law or regulation
- Criminal and drug -related activity, more extensively than required by law or regulation
- More general screening than criminal and drug -related activity (list factors below)
- Other  
 -Outstanding debt to PHA or other federally assisted housing provider.

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

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

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

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Criminal or drug -related activity
- Other (describe below)

Prior housing history information (including rent payment and general occupancy matters).



**(2)WaitingListOrganization**

a. With which of the following program waiting lists is the section 8 tenant -based assistance waiting list merged? (select all that apply)

- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project -based certificate program
- Other federal or local program (list below)

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

- PHA main administrative office
- Other -Mailed upon request .

**(3)SearchTime**

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

Extensions not currently granted due to over -utilization

If yes, state circumstances below:

**(4)AdmissionsPreferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence

- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Household that contribute to meeting income goals (broad range of incomes)
- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)
  - Excessive Shelter Costs/Unstable Housing -1 point (similar to former federal preferences)

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 points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- 2 Working families and those unable to work because of age or disability
- Veterans and veterans' families
- 10 Residents who live and/or work in your jurisdiction
- 2 Those enrolled currently in educational, training, or upward mobility programs
- Household that contribute to meeting income goals (broad range of incomes)
- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- 1 Other preference(s) (list below)
  - Excessive Shelter Costs/Unstable Housing -1 point

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

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

5. If the PHA plan to employ preferences for “residents who live \_\_\_\_\_ and/or work in the \_\_\_\_\_ jurisdiction” (select one)

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

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensure 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 admission to any special \_\_\_\_\_ -purpose section 8 program administered by the PHA contained? (select all that apply)

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

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

- Through published notices
- Other (list below)

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

[24CFR Part 903.79(d)]

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

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

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

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

3. If yes to question 2, list these policies below :

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

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

1. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

Flat Rent Schedule

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

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent -setting policy)  
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent -setting policy)  
If yes, state percentage/s and circumstances below:

- Forhouseholdheads
- Forotherfamilymembers
- Fortransportationexpenses
- Forthenon -reimbursedmedicalexpensesofnon -disabledornon -elderly families
- Other(describellow)

e.Ceilingrents

1. Doyouhaveceilingrents?(rentssetatalevellowerthan30%ofadjustedincome)  
(selectone)

- Yesforalldevelopments
- Yesbutonlyforsomededevelopments
- No

2. Forwhichkindsofdevelopmentsareceilingrentsinplace?(selectallthatapply)

- Foralldevelopments
- Forallgeneraloccupancydevelopments(notelderlyordisabledorelderlyonly)
- Forspecifiedgeneraloccupancydevelopments
- Forcertainpartsofdevelopments;e.g.,thehigh -riseportion
- Forcertainsizeunits;e.g.,largerbedroomsizes
- Other(listbelow)

3. Selectthespaceorspacesthatbestdescribehowsyouarriveatceilingrents(selectall thatapply)

- Marketcomparabilitystudy
- Fairmarketrents(FMR)
- 95<sup>th</sup>percentilerents
- 75percentofoperatingcosts
- 100percentofoperatingcostsf orgeneraloccupancy(family)developments
- Operatingcostsplusdebt service
- The“rentalvalue”oftheunit
- Other(listbelow)

f.Rentre -determinations:

1. Betweenincomereexaminations,howoftenmusttenantsreportchangesinincome orfamilycompositiontothePHAsuchthatthechangesresultinanadjustmentto rent?(selectallthatapply)

- Never
- Atfamilyoption

- Anytime the family experiences an income increase
- Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \_\_\_\_\_
- Other (list below)

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

**(2) Flat Rents**

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

- Thesection8rentreasonablenessstudyofcomparablehousing
- Surveyofrentslistedinlocalnewspaper
- Surveyofsimilarunassistedunitsintheneighborhood
- Other(list/describellow)

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

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

**(1) Payment Standards**

Describe the voucher payment standards and policies .

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

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard

- Reflectsmarketorsubmarket
- Other(lis tbelow)

c.IfthepaymentstandardishigherthanFMR,whyhasthePHAchosenthislevel?  
(selectallthatapply)

- FMRsarenotadequatetoensuresuccessamongassistedfamiliesinthePHA’s segmentoftheFMRarea
- Reflectsmarketorsubmarket
- Toincreasehousingoptionsforfamilies
- Other(listbelow)

d.Howoftenarepaymentstandardsreevaluatedforadequacy?(selectone)

- Annually
- Other(lis tbelow)  
-EverySix(6)months

e.WhatfactorswillthePHAconsiderinitsassessmentoftheadequacyofitspayment standard?(selectallthatapply)

- Successratesofassistedfamilies
- Rentburdensofassistedfamilies
- Other(listbelow)

## **(2)MinimumRent**

a.WhatamountbestreflectsthePHA’sminimumrent?(selectone)

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

b.  Yes  No:Has thePHAadoptedanydiscretionaryminimumrenthardship exemptionpolicies?(ifyes,listbelow)

## **5.OperationsandManagement**

[24CFRPart903.79(e)]

ExemptionsfromComponent5:HighperformingandsmallPHAsarenotrequiredtocompletethis section.Section8onlyPHAsmustcompletepartsA,B,andC(2)

### **A.PHAManagementStructure**

DescribethethePHA’smanagementstructureandorganization.

(selectone)

- AnorganizationchartshowingthePHA’smanagementstructureandorganizati on isattached.

- ☒ A brief description of the management structure and organization of the PHA follows:

For efficiency and effective management, SCCHA is organized into five functional departments: Administrative, Finance, Management (Public Housing), Maintenance/Technical Services, and Section 8. Data Processing is under the direction of Finance. Procurement is considered an administrative function. Application Intake (for all programs) is performed under the supervision of the Program Director (i.e. Section 8). Modernization activities fall under the purview of the Technical Services division.

### **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	977	131 (13%)
Section 8 Vouchers	2,027	346 (17%)
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs (list individually)		
Elderly Service Coordination	462	60

### **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)



- AdmissionsandContinuedOccupancyPolicy
- Ban&BarPolicy
- BloodBorneDiseasePolicy
- CapitalizationPolicy
- CheckSigningPolicy
- CollectionPolicy
- CriminalRecordsManagementPolicy
- DispositionPolicy
- DrugFreePolicy
- EmergencyServiceGuidelines
- EqualHousingOpportunitiesPolicy
- EthicsPolicy
- FacilitiesUsePolicy
- FundsTransferPolicy
- GrievancePolicy
- HazardousMaterialsPolicy
- InvestmentPolicy
- MaintenancePolicy
- NaturalDisasterPolicy
- PersonnelPolicy
- PestInfestationControlPolicy
- ProcurementPolicy
- ServiceChargePolicy
- TravelPolicy

(2)Section8Management:(listbelow)

- AdministrativePolicy

## **6. PHAGrievanceProcedures**

[24CFRPart903.79(f)]

Exemptionsfromcomponent6:HighperformingPHAsarenotrequiredtocompletecomponent6.Section 8-OnlyPHAsareexemptfromsub -component6A.

### **A. PublicHousing**

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24CFRPart966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

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

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

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

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
- Other (list below)

**7. Capital Improvement Needs**

[24 CFR Part 903.79(g)]

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

**A. Capital Fund Activities**

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

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

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) IL30b01

-or-

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

**(2) Not Optional 5 -Year Action Plan**

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

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

b. If yes to question a, select one:

- The Capital Fund Program 5 -Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) IL20c01

-or-

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

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

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

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

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development  
 Revitalization Plan submitted, pending approval  
 Revitalization Plan approved  
 Activities pursuant to an approved Revitalization Plan underway

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

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

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

## **8. Demolition and Disposition**

[24CFR Part 903.79(h)]

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

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

### 2. Activity Description

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

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

<input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24CFR Part 903.79(i)]

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

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

2. Activity Description

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

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: Bel - Plaza I & II	
1b. Development (project) number: IL06 - P030016	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input checked="" type="checkbox"/> April 2003
4. Date this designation approved, submitted, or planned for submission:	(04/01/03)

<p>5.If approved, will this designation constitute a (select one)</p> <p><input checked="" type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously -approved Designation Plan?</p>
<p>6. Number of units affected: 86</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: Adeline James	
1b. Development (project) number: IL30 -6	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input checked="" type="checkbox"/> April 2003
4. Date this designation approved, submitted, or planned for submission:	<u>(04/01/03)</u>
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously -approved Designation Plan?	
6. Number of units affected: 40	
7. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

<b>Designation of Public Housing Activity Description</b>
---

1a. Development name: Amber Court	
1b. Development (project) number: IL30 -27	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input checked="" type="checkbox"/> April 2003
4. Date this designation approved, submitted, or planned for submission: (04/01/03)	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously -approved Designation Plan?	

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: New Athens	
1b. Development (project) number: IL30 -21	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input checked="" type="checkbox"/> April 2003
4. Date this designation approved, submitted, or planned for submission: (04/01/03)	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously -approved Designation Plan?	
6. Number of units affected: 16	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	

<b>Designation of Public Housing Activity Description</b>
---

1a. Development name: Swansea	
1b. Development (project) number: IL30 -18	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input checked="" type="checkbox"/> April 2003
4. Date this designation approved, submitted, or planned for submission: (04/01/03)	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously -approved Designation Plan?	
6. Number of units affected: 16	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: New Athens	
1b. Development (project) number: IL30 -13	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input checked="" type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input checked="" type="checkbox"/> April 2003
4. Date this designation approved, submitted, or planned for submission: (04/01/03)	
5. If approved, will this designation constitute a (select one )	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously -approved Designation Plan?	
6. Number of units affected: 4	
7. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: Millstadt	



1b. Development (project) number: IL30 -22	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input checked="" type="checkbox"/> April 2003
4. Date this designation approved, submitted, or planned for submission: (04/01/03)	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously approved Designation Plan?	
6. Number of units affected: 12	
7. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

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

[24CFR Part 903.79(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 FY1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

#### 2. Activity Description

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

<b>Conversion of Public Housing Activity Description</b>
--

1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD - approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPEVI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPEVI Revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

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

See Attachment #IL30e01 for the Required Initial Conversion Assessment.

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

**11. Homeownership Programs Administered by the PHA**

[24CFR Part 903.79(k)]

**A. Public Housing**

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

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h)

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

2. Activity Description

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

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

**B. Section 8 Tenant Based Assistance**

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA established eligibility criteria

- Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  
 If yes, list criteria below:

**12. PHA Community Service and Self -sufficiency Programs**

[24CFR Part 903.79(l)]

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

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

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 06/06/96

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)

- Coordinatetheprovisionofspecificsocialandself -sufficiencyservicesand programstoeligiblefamilies
- Jointlyadministerprograms
- PartnertoadministeraHUDWelfare -to-Workvoucherprogram
- Jointadministrationofotherdemonstrationprogram
- Other(describe)

**B. Servicesandprogramsofferedtoresidentsandparticipants**

**(1)General**

a. Self -SufficiencyPolicies

Which,ifanyofthefollowingdiscretionarypolicieswillthePHAemployto enhancetheeconomicandsocialself -sufficiencyofassistedfamiliesinthe followingareas?(selectallthatapply)

- Publichousingrentdeterminationpolicies
- Publichousingadmissionspolicies
- Section8admissionspolicies
- Preferenceinadmissionto section8forcertainpublichousingfamilies
- Preferencesforfamiliesworkingorengagingintrainingoreducation programsfornon -housingprogramsoperatedorcoordinatedbythePHA
- Preference/eligibilityforpublichousinghomeownershipoption participation
- Preference/eligibilityforsection8homeownershipoptionparticipation
- Otherpolicies(listbelow)

b. EconomicandSocialself -sufficiencyprograms

- Yes  No: DoesthePHAcoordinate,promoteorprovideanyprograms toenhancetheeconomicandsocialself -sufficiencyof residents?(If“yes”,completethefollowingtable;if“no”skip tosub -component2,FamilySelfSufficiencyPrograms.The positionofthetablemaybealteredtofacilitateitsuse.)

ServicesandPrograms				
ProgramName&Description (includinglocation,ifappropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (developmentoffice/ PHAmainoffice/ otherprovidername)	Eligibility (publichousingor section8 participantsor both)

FamilyResourceCenter(I&R)		OpenEnrollment	DevelopmentOffice (4)	PublicHousing
FamilySelfSufficiency -Local	25	SpecificCriteria	MainOffice	PublicHousing

**(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: DD/MM/YY)
Public Housing		
Section 8		

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

**C. Welfare Benefit Reductions**

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

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

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

### **13.PHASafetyandCrimePreventionMeasures**

[24CFRPart903.79(m)]

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

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

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

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

2. What information or data did the PHA use to determine the need for PHA action to improve safety of residents (select all that apply).

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

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

Developments in Alorton, Brooklyn, Centreville and Washington Park.

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

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

- Contracting with outside and/or resident organizations for the provision of crime and/or drug -prevention activities

- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

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

Developments in Alorton, Brooklyn, and Centreville.

### C. Coordination between PHA and the police

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

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

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

Alorton, Brooklyn, and Centreville

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

PHA eligible for FY2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY2000 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_)

## 14. RESERVED FOR PET POLICY

[24CFR Part 903.79(n)]

## 15. Civil Rights Certifications

[24CFR Part 903.79(o)]

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



## **16. Fiscal Audit**

[24CFRPart903.79(p)]

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

## **17. PHA Asset Management**

[24CFRPart903.79(q)]

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

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - Not applicable
  - Private management
  - Development-based accounting
  - Comprehensive stock assessment
  - Other: (list below)
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table? See Attached IL30f01

## **18. Other Information**

[24CFRPart903.79(r)]

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

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

Attached at Attachment IL30h01

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:

See RAB Meeting minutes, Attachment IL30d01

Other: (list below)

Used Resident Advisory input in developing the plan.

### **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 assistance) -based
- 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: St. Clair County

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)

- Use of CDBG funds to address infrastructure needs of communities
- Administration of homebuyers assistance program for low and moderate income families
- Administration of employment training programs
- Homeless Prevention Program
- Utility Assistance Program

### D. Other Information Required by HUD

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

## Attachments

II030a02 -AdmissionandContinuedOccupancyPolicy  
II030b02 -AnnualStatementCapitalFundProgram -Part1 -501- 03  
AnnualStatementCapitalFundProgram -Part2 -5 01-03  
II030c02 -FiveYearActionPlan -Part1  
FiveYearActionPlan -Part2  
II030d02 -ResidentAdvisoryBoardMinutes(withheldatthistime) ---publiccomment  
periodcontinuesuntil4/7/03)  
II030e02ConversionAnalysis  
II030f02 -PublicHousingAssetManagementTable  
II030g02 -ResponsetoResidentCommentsReceived  
II030h02 -P&EReportFormCapitalFundProgram -Part1 -501- 01  
P&EReportFormCapitalFundProgram -Part2 -501- 01  
II030i02 - P&EReportForm52837 -Part1 -501 -00  
II030j02 -P&EReportForm52837 -Part2 -501 -00  
II030k02 - P&EReportForm52837 -Part1 -501 -02  
P&EReportForm52837 -Part2 -501 -02

## Supporting Documentation

ManagementNeedsAssessment  
ManagementImprovement5YearProjections(includedinCapitalGrantsProgram)  
PublicHousingFlatRentSchedule  
Section8AdministrativePlan -withheld(nochangesfromlastyear)  
AnnualPlanStatusReport  
FiveYearPlanStatusReport  
ResidentSurveyFollow -upPlan  
CommunityServicePolicy -withheld(nochangesfromlastyear)  
PetPolicy -withheld(nochangesfromlastyear)  
Section8HomeownershipCapacityStatement -withheld(nochangesfromlastyear)  
PublicHearingMinutes  
UtilityAllowanceSchedule  
DeconcentrationAnalysis  
DesignationNarrative  
SiteBasedWaitingListNarrative  
FireLossRe -housingPolicy  
Hi RiseBuildingSmokingPolicy

# PHA Plan Table Library

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

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

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

Original Annual Statement

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

**AnnualStatement**  
**CapitalFundProgram(CFP)PartII:SupportingTable**

Development Number/Name HA-WideActivities	GeneralDescriptionofMajorWork Categories	Development Account Number	Total Estimated Cost

**AnnualStatement  
CapitalFundProgram(CFP)PartIII:ImplementationSchedule**

Development Number/Name HA-WideActivities	AllFundsObligated (QuarterEndingDate)	AllFundsExpended (QuarterEndingDate)

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

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

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





# A COPTABLE OF CONTENTS

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<b>1.0 FAIR HOUSING</b> .....	<b>4</b>
<b>2.0 REASONABLE ACCOMODATION</b> .....	<b>4</b>
2.1 COMMUNICATION .....	5
2.2 QUESTIONS TO ASK IN GRANTING THE ACCOMMODATION .....	5
<b>3.0 SERVICES FOR NON -ENGLISH SPEAKING APPLICANTS AND RESIDENTS</b> .....	<b>6</b>
<b>4.0 FAMILY OUTREACH</b> .....	<b>7</b>
<b>5.0 RIGHT TO PRIVACY</b> .....	<b>7</b>
<b>6.0 REQUIRED POSTINGS</b> .....	<b>7</b>
<b>7.0 TAKING APPLICATIONS</b> .....	<b>8</b>
<b>8.0 ELIGIBILITY FOR ADMISSION</b> .....	<b>9</b>
8.1 INTRODUCTION .....	9
8.2 ELIGIBILITY CRITERIA .....	9
8.3 SUITABILITY .....	12
8.4 GROUNDS FOR DENIAL .....	14
8.5 INFORMAL REVIEW .....	16
<b>9.0 MANAGING THE WAITING LIST</b> .....	<b>16</b>
9.1 OPENING AND CLOSING THE WAITING LIST .....	16
9.2 ORGANIZATION OF THE WAITING LIST .....	17
9.3 FAMILIES NEARING THE TOP OF THE WAITING LIST .....	19
9.4 PURGING THE WAITING LIST .....	19
9.5 REMOVAL OF APPLICANTS FROM THE WAITING LIST .....	19
9.6 MISSED APPOINTMENTS .....	20
9.7 NOTIFICATION OF NEGATIVE ACTIONS .....	20
<b>10.0 RESIDENT SELECTION AND ASSIGNMENT PLAN</b> .....	<b>20</b>
10.1 PREFERENCES .....	20
10.2 ASSIGNMENT OF BEDROOM SIZES .....	22
<b>10.3 DESIGNATED HOUSING</b> .....	<b>24</b>
10.4 ANNUAL ADMISSIONS .....	25
10.5 DECONCENTRATION POLICY .....	25
10.6 DECONCENTRATION INCENTIVES .....	26
10.7 SCREENING PROCESS .....	26
10.8 OFFER OF A UNIT .....	27
10.9 REJECTION OF UNIT .....	27
10.10 ACCEPTANCE OF UNIT .....	27
10.11 PRE AND POST LEASING REQUIREMENTS .....	29

**Due to drug related and violent criminal activity and as part of its effort to provide decent and safe housing, SCCHA reserves the right to ban certain individuals from its properties. The procedure for doing this are contained in the Ban and Bar Policy (Appendix G). . . . . 31**

**11.0 INCOME, EXCLUSIONS FROM INCOME, AND DEDUCTIONS FROM INCOME . . . . . 32**

- 11.1 INCOME . . . . . 32
- 11.2 ANNUAL INCOME EXCLUSIONS . . . . . 34
- 11.3 DEDUCTIONS FROM ANNUAL INCOME . . . . . 38

**12.0 VERIFICATION . . . . . 38**

- 12.1 ACCEPTABLE METHODS OF VERIFICATION . . . . . 39
- 12.2 TYPES OF VERIFICATION . . . . . 40
- 12.3 VERIFICATION OF CITIZENSHIP OR ELIGIBLE NONCITIZEN STATUS . . . . . 42
- 12.4 VERIFICATION OF SOCIAL SECURITY NUMBERS . . . . . 43
- 12.5 TIMING OF VERIFICATION . . . . . 44
- 12.6 FREQUENCY OF OBTAINING VERIFICATION . . . . . 44

**13.0 DETERMINATION OF TOTAL RESIDENT PAYMENT AND RESIDENT RENT . . . . . 44**

- 13.1 FAMILY CHOICE . . . . . 44
- 13.2 THE FORMULA METHOD . . . . . 45
- 13.3 MINIMUM RENT . . . . . 45
- 13.4 THE FLAT RENT . . . . . 46
- 13.5 RENT FOR FAMILIES UNDER THE NONCITIZEN RULE . . . . . 47
- 13.6 UTILITY ALLOWANCE . . . . . 48
- 13.7 PAYING RENT . . . . . 49

**14.0 CONTINUED OCCUPANCY AND COMMUNITY SERVICE . . . . . 50**

- 14.1 GENERAL . . . . . 50
- 14.2 EXEMPTIONS . . . . . 50
- 14.3 NOTIFICATION OF THEIR REQUIREMENT . . . . . 50
- 14.4 VOLUNTEER OPPORTUNITIES . . . . . 51
- 14.5 THE PROCESS . . . . . 51
- 14.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT . . . . . 52
- 14.7 OPPORTUNITY FOR CURE . . . . . 52

**15.0 RECERTIFICATIONS . . . . . 53**

- 15.1 GENERAL . . . . . 53
- 15.2 MISSED APPOINTMENTS . . . . . 53
- 15.3 FLAT RENTS . . . . . 53
- 15.4 THE FORMULA METHOD . . . . . 54
- 15.5 EFFECTIVE DATE OF RENT CHANGES FOR ANNUAL REEXAMINATIONS . . . . . 55
- 15.6 INTERIM REEXAMINATIONS . . . . . 55
- 15.7 SPECIAL REEXAMINATIONS . . . . . 57
- 15.8 EFFECTIVE DATE OF RENT CHANGES DUE TO INTERIM OR SPECIAL REEXAMINATIONS . . . . . 57
- 15.9 ADJUSTMENTS DUE TO ERRORS, MISREPRESENTATION, FAILURE TO REPORT . . . . . 58

15.10	FAILURE TO REPORT INCOME CHANGES AND/OR MISREPRESENTATION	58
15.11	PAYMENT ALLOCATIONS	58
15.12	FAILURE TO REPORT INCOME CHANGES WITH EXTENUATING CIRCUMSTANCES	58
15.13	AUTHORITY ERRORS	59
<b>16.0</b>	<b>UNIT TRANSFERS</b>	<b>59</b>
16.1	OBJECTIVES OF THE TRANSFER POLICY	59
16.3	CATEGORIES OF TRANSFERS	59
16.4	DOCUMENTATION	60
16.5	INCENTIVE TRANSFERS	60
16.6	PROCESSING TRANSFERS	61
16.7	ELIGIBILITY REQUIREMENTS	63
16.8	CONDITION OF THE TRANSFER BY THE FAMILY	63
16.9	REFUSING A TRANSFER	64
16.10	TRANSFER COSTS	64
16.11	TRANSFER REQUESTS	65
16.12	RIGHT OF THE ST. CLAIR COUNTY HOUSING AUTHORITY IN TRANSFER POLICY	65
<b>17.0</b>	<b>INSPECTIONS</b>	<b>65</b>
17.1	MOVE-IN INSPECTIONS	65
17.2	POST MOVE-IN INSPECTIONS	66
17.3	ANNUAL INSPECTIONS	66
17.4	PREVENTATIVE MAINTENANCE INSPECTIONS	66
17.5	SPECIAL INSPECTIONS	66
17.6	HOUSEKEEPING INSPECTIONS	66
17.7	NOTICE OF INSPECTION	66
17.8	EMERGENCY INSPECTIONS	67
17.9	PRE-MOVE-OUT INSPECTIONS	67
17.10	MOVE-OUT INSPECTIONS	67
<b>18.0</b>	<b>PET POLICY</b>	<b>67</b>
<b>19.0</b>	<b>REPAYMENT AGREEMENTS</b>	<b>67</b>
<b>20.0</b>	<b>TERMINATION</b>	<b>68</b>
20.1	TERMINATION BY RESIDENT	68
20.2	TERMINATION BY THE HOUSING AUTHORITY	68
20.3	ABANDONMENT	69
20.4	RETURN OF SECURITY DEPOSIT	70
<b>21.0</b>	<b>SERVICE CHARGES</b>	<b>70</b>
<b>22.0</b>	<b>COLLECTION PROCEDURES</b>	<b>70</b>
<b>23.0</b>	<b>GRIEVANCE POLICY</b>	<b>70</b>

# **ADMISSIONS AND CONTINUED OCCUPANCY POLICY**

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This Admissions and Continued Occupancy Policy defines the St. Clair County Housing Authority's policies for the operation for the Public Housing Program, incorporating Federal, State and local law. If there is any conflict between this policy and laws or regulations, the laws and regulations will prevail.

## **1.0 FAIR HOUSING**

It is the policy of the St. Clair County Housing Authority to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the St. Clair County Housing Authority's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the St. Clair County Housing Authority will provide Federal/State/local information to applicants/residents of the Public Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the St. Clair County Housing Authority office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The St. Clair County Housing Authority will assist any family that believes they have suffered illegal discrimination by providing them copies of the appropriate housing discrimination forms. The St. Clair County Housing Authority will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity.

## **2.0 REASONABLE ACCOMMODATION**

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the St. Clair County Housing Authority housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. This policy clarifies how people can request accommodations and the guidelines the St. Clair County Housing Authority will follow in determining whether it is reasonable to

provide requested accommodation. Because disabilities are not always apparent, the St. Clair County Housing Authority will ensure that all applicants/residents are aware of the opportunity to request reasonable accommodations.

## **2.1 COMMUNICATION**

Anyone requesting an application will also receive a Request for Reasonable Accommodation form.

Notifications of reexamination, inspection, appointment, or eviction will include information about requesting a reasonable accommodation. Any notification requesting action by the resident will include information about requesting a reasonable accommodation.

All decisions granting or denying requests for reasonable accommodations will be in writing.

## **2.2 QUESTIONS TO ASK IN GRANTING THE ACCOMMODATION**

A. Is the requestor a person with disabilities? For this purpose the definition of person with disabilities is different than the definition used for admission. The Fair Housing definition used for this purpose is:

A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. (The disability may not be apparent to others, i.e., a heart condition).

If the disability is apparent or already documented, the answer to this question is yes. It is possible that the disability for which the accommodation is being requested is a disability other than the apparent disability. If the disability is not apparent or documented, the St. Clair County Housing Authority will obtain verification that the person is a person with a disability.

B. Is the requested accommodation related to the disability? If it is apparent that the request is related to the apparent or documented disability, the answer to this question is yes. If it is not apparent, the St. Clair County Housing Authority will obtain documentation that the requested accommodation is needed due to the disability. The St. Clair County Housing Authority will not inquire as to the nature of the disability.

C. Is the requested accommodation reasonable? In order to be determined reasonable, the accommodation must meet two criteria:

1. Would the accommodation constitute a fundamental alteration? The St. Clair County Housing Authority's business is housing. If the request would alter the fundamental business that the St. Clair County Housing Authority conducts, that would not be reasonable. For instance, the St. Clair County Housing Authority would deny a request to have the St. Clair County Housing Authority do grocery shopping for a person with disabilities.
  2. Would the requested accommodation create an undue financial hardship or administrative burden? Frequently the requested accommodation costs little or nothing. If the cost would be an undue burden, the St. Clair County Housing Authority may request a meeting with the individual to investigate and consider equally effective alternatives.
- D. Generally the individual knows best what it is they need; however, the St. Clair County Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the St. Clair County Housing Authority's programs or services.

If more than one accommodation is equally effective in providing access to the St. Clair County Housing Authority's programs and services, the St. Clair County Housing Authority retains the right to select the most efficient or economic choice.

The cost necessary to carry out approved requests, including requests for physical modifications, will be borne by the St. Clair County Housing Authority if there is no one else willing to pay for the modifications. If another party pays for the modification, the St. Clair County Housing Authority will seek to have the same entity pay for any restoration costs.

If the resident requests as a reasonable accommodation that they be permitted to make physical modifications at their own expense, the St. Clair County Housing Authority will generally approve such request if it does not violate codes or affect the structural integrity of the unit.

Any request for an accommodation that would enable a resident to materially violate essential lease terms will not be approved, i.e. allowing nonpayment of rent, destruction of property, disturbing the peaceful enjoyment of others, etc.

### **3.0 SERVICES FOR NON -ENGLISH SPEAKING APPLICANTS AND RESIDENTS**

The St. Clair County Housing Authority will endeavor to have bilingual staff for access to people who speak languages other than English in order to assist non -English speaking families.

## **4.0 FAMILY OUTREACH**

The St. Clair County Housing Authority will publicize the availability and nature of the Public Housing Program for extremely low -income, very low and low -income families in a newspaper of general circulation, minority media, and by other suitable means.

To reach people who cannot or do not read the newspapers, the St. Clair County Housing Authority will distribute fact sheets to the broadcasting media and initiate personal contacts with members of the news media and community service personnel. The St. Clair County Housing Authority will also try to utilize public service announcements.

SCCHA may suspend marketing activities when determined appropriate by the number on the waiting list.

The St. Clair County Housing Authority will communicate the status of housing availability to other service providers in the community and inform them of housing eligibility factors and guidelines so they can make proper referrals for the Public Housing Program.

## **5.0 RIGHT TO PRIVACY**

All adult members of both applicant and resident households are required to sign HUD Form 9886, Authorization for Release of Information and Privacy Act Notice. The Authorization for Release of Information and Privacy Act Notice states how family information will be released and includes the Federal Privacy Act Statement.

Any request for applicant or resident information will not be released unless there is a signed release of information request from the applicant or resident.

## **6.0 REQUIRED POSTINGS**

In each of its offices, the St. Clair County Housing Authority will post, in a conspicuous place and at a height easily read by all persons including persons with mobility disabilities, the following information:

- A. Statement of Policies and Procedures governing Admission and Continued Occupancy
- B. Notice of the status of the waiting list (opened or closed)
- C. A listing of all the developments by name, address, number of units, units designed with special accommodations, address of all development offices, office



hours, telephone numbers, TDD numbers, and Resident Facilities and operation hours

- D. Income Limits for Admission
- E. Utility Allowance Schedule
- F. Current Schedule of Routine Maintenance Charges and Service Charge Policy
- G. Dwelling Lease
- H. Grievance Procedure
- I. Fair Housing Poster
- J. Equal Opportunity in Employment Poster
- K. Any current St. Clair County Housing Authority Notices

## **7.0 TAKING APPLICATIONS**

Families wishing to apply for the Public Housing Program will be required to complete an application for housing assistance. Applications may be made in person:

Tuesdays and Thursdays – 9:00 a.m. – 11:00 a.m. and 1:00 p.m. – 3:00 p.m.  
St. Clair County Housing Authority  
100 North 48<sup>th</sup> Street  
Belleville, IL 62226

Applications are taken to compile a waiting list. Due to the demand for housing in the St. Clair County Housing Authority jurisdiction, the St. Clair County Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.

To be accepted, applications must be fully complete and include proof of address (i.e. occupancy permit, utility bill, lease agreement, etc.).

Applications will be mailed to interested families upon request.

The completed application will be dated and timestamped upon its return to the St. Clair County Housing Authority.

Persons with disabilities who require a reasonable accommodation in completing an application may call the St. Clair County Housing Authority to make special

arrangements. A Telecommunication Device for the Deaf (TDD) is available for the deaf. The TDD telephone number is 618- 277-3290.

The application process will involve two phases. The first phase is the initial application for housing assistance or the pre-application. The pre-application requires the family to provide limited basic information establishing any preferences to which they may be entitled. This first phase results in the family's placement on the waiting list.

Upon receipt of the family's pre-application, the St. Clair County Housing Authority will make a preliminary determination of eligibility. The St. Clair County Housing Authority will notify the family in writing of the date and time of placement on the waiting list, and the approximate wait before housing may be offered. If the St. Clair County Housing Authority determines the family to be ineligible, the notice will state the reasons therefore and will offer the family the opportunity of an informal review of the determination.

The applicant may at any time report changes in their applicant status including changes in family composition, income, or preference factors. The St. Clair County Housing Authority will annotate the applicant's file and will update their place on the waiting list. Confirmation of the changes will be confirmed with the family in writing.

The second phase is the final determination of eligibility, referred to as the full application. The full application takes place when the family nears the top of the waiting list. The St. Clair County Housing Authority will ensure that verification of all preferences, eligibility, suitability and selection factors are current in order to determine the family's final eligibility for admission into the Public Housing Program.

## **8.0 ELIGIBILITY FOR ADMISSION**

### **8.1 INTRODUCTION**

There are five eligibility requirements for admission to public housing:

- A) qualifies as a family
- B) has an income within the income limits;
- C) meets citizenship/eligible immigrant criteria;
- D) provides documentation of Social Security numbers;
- E) and signs consent authorization documents.

In addition to the eligibility criteria, families must also meet the St. Clair County Housing Authority screening criteria in order to be admitted to public housing.

### **8.2 ELIGIBILITY CRITERIA**

- A. Family status.

1. A **family with or without children** . Such a family is defined as a group of people related by blood, marriage, adoption or affinity that live together in a stable family relationship.
  - a. Children temporarily absent from the home due to placement in foster care are considered family members.
  - b. Unborn children and children in the process of being adopted are considered family members for the purpose of determining bedroom size but are not considered family members for determining income limit.
  
2. An **elderly family** , which is:
  - a. A family whose head, spouse, or sole member is a person who is at least 62 years of age;
  - b. Two or more persons who are at least 62 years of age living together; or
  - c. One or more persons who are at least 62 years of age living with one or more live-in aides.
  
3. A **near elderly family** , which is:
  - a. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;
  - b. Two or more persons, who are at least 50 years of age but below the age of 62, living together; or
  - c. One or more persons, who are at least 50 years of age but below the age of 62, living with one or more live-in aides.
  
4. A **disabled family** , which is:
  - a. A family whose head, spouse, or sole member is a person with disabilities;
  - b. Two or more persons with disabilities living together; or
  - c. One or more persons with disabilities living with one or more live-in aides.
  
5. A **displaced family** , which is a family in which each member, or whose sole member, has been displaced by governmental action, or whose

dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

6. A **remaining member of a resident family**.
7. A **single person** who is not an elderly or displaced person, a person with disabilities, or the remaining member of a resident family.

B. Income eligibility

1. The St. Clair County Housing Authority shall follow the statutory requirement that at least 40% of newly admitted families in any fiscal year be families whose annual income is at or below 30% of the area median income.
2. Income limits apply only at admission and are not applicable for continued occupancy.
3. A family may not be admitted to the public housing program from another assisted housing program (e.g., resident-based Section 8) or from a public housing program operated by another housing authority without meeting the income requirements of the St. Clair County Housing Authority.
4. If the St. Clair County Housing Authority acquires a property for federal public housing purposes, the families living there must have incomes within the low-income limit in order to be eligible to remain as public housing residents.
5. Income limit restrictions do not apply to families transferring within our Public Housing Program.

C. Citizenship/Eligibility Status

1. 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)).
2. Family eligibility for assistance.
  - a. A family shall not be eligible for assistance unless every member of the family residing in the unit is determined to have eligible status, with the exception noted below.

- b. Despite the ineligibility of one or more family members, a mixed family may be eligible for one of three types of assistance. (See Section 13.6 for calculating rents under the noncitizen rule)
- c. A family without any eligible members and receiving assistance on June 19, 1995 may be eligible for temporary deferral of termination of assistance.

D. Social Security Number Documentation

To be eligible, all family members 6 years of age and older must provide a Social Security number or certify that they do not have one.

E. Signing Consent Forms

1. In order to be eligible, each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.

2. The consent form must contain, at a minimum, the following:

- a. A provision authorizing HUD or the St. Clair County Housing Authority to obtain from State Wage Information Collection Agencies (SWICAs) any information or materials necessary to complete or verify the application for participation or for eligibility for continued occupancy; and
- b. A provision authorizing HUD or the St. Clair County Housing Authority to verify with previous or current employers income information pertinent to the family's eligibility for or level of assistance;
- c. A provision authorizing HUD to request income information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the family's eligibility or level of benefits; and
- d. A statement that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed.

**8.3 SUITABILITY**

A. Applicant families will be evaluated to determine whether, based on their recent behavior, such behavior could reasonably be expected to result in noncompliance with the public housing lease. The St. Clair County Housing Authority will look

at past conduct as an indicator of future conduct. Emphasis will be placed on whether a family's admission could reasonably be expected to have a detrimental effect on the development environment, other residents, St. Clair County Housing Authority employees, or other people residing in the immediate vicinity of the property. Otherwise eligible families will be denied admission if they fail to meet the suitability criteria.

B. The St. Clair County Housing Authority will consider objective and reasonable aspects of the family's background, including the following:

1. History of meeting financial obligations, especially rent;
2. Ability to maintain (or with assistance would have the ability to maintain) their housing in a decent and safe condition based on living or housekeeping habits and whether such habits could adversely affect the health, safety, or welfare of other residents;
3. History of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well-being of other residents or staff or cause damage to the property;
4. History of disturbing neighbors or destruction of property;
5. Having committed fraud in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived therefrom; and
6. History of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment by others.

C. The St. Clair County Housing Authority will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease. The St. Clair County Housing Authority will verify the information provided. Such verification may include but may not be limited to the following:

1. A credit check of the head, spouse and co-head, and any family member age 18 and over;
2. A rental history check of all adult family members;
3. A criminal background check on all adult household members, including live-in aides. This check will be made through State or local law enforcement or court records in those cases where the household member

has lived in the local jurisdiction for the last three years. Where the individual has lived outside the local area, the St. Clair County Housing Authority may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC);

4. A home visit. The home visit provides the opportunity for the family to demonstrate their ability to maintain their home in a safe and sanitary manner. This inspection considers cleanliness and care of rooms, appliances, and appurtenances. The inspection may also consider any evidence of criminal activity; and
5. A check of the State's lifetime sex offender registration program for each adult household member, including live-in aides. No individual registered with this program will be admitted to public housing.
6. A check with local and state agencies and/or social service providers currently or previously involved with the household.

#### **8.4 GROUNDSDENIAL**

The St. Clair County Housing Authority is not required or obligated to assist applicants who:

- A. Do not meet any one or more of the eligibility criteria;
- B. Do not supply information or documentation required by the application process;
- C. Have failed to respond to a written request for information or a request to declare their continued interest in the program;
- D. Have a history of not meeting financial obligations, especially rent;
- E. Do not have the ability to maintain (with assistance) their housing in a decent and safe condition where such habits could adversely affect the health, safety, or welfare of other residents;
- F. Have a history of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well-being of other residents or staff or caused damage to the property;
- G. Has a current "outstanding warrant" for non-traffic criminal activity;
- H. Have a history of disturbing neighbors or destruction of property;

- I. Currently owes rent or other amounts to any housing authority or other provider of federally assisted housing in connection with their public housing, Section 8 or similar programs;
- J. Have committed fraud, bribery or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived therefrom;
- K. Were evicted from assisted housing within three years of the projected date of admission because of drug -related criminal activity involving the personal use or possession for personal use;
- L. Were evicted from assisted housing within five years of the projected date of admission because of drug -related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;
- M. Are illegally using a controlled substance or are abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. The St. Clair County Housing Authority may waive this requirement if:
  - 1. The person demonstrates to the St. Clair County Housing Authority's satisfaction that the person is no longer engaging in drug -related criminal activity or abuse of alcohol;
  - 2. Has successfully completed a supervised drug or alcohol rehabilitation program;
  - 3. Has otherwise been rehabilitated successfully; or
  - 4. Is participating in a supervised drug or alcohol rehabilitation program.
- N. Have engaged in or threatened abusive or violent behavior towards any St. Clair County Housing Authority staff or residents;
- O. Have a household member who has ever been evicted from public housing;
- P. Have a family household member who has been terminated under the certificate or voucher program;
- Q. **Denied for Life:** If any family member has been convicted of manufacturing or producing methamphetamine (speed);



- R. **DeniedforLife:** HasalifetimeregistrationunderaStatesexoffenderregistration program.

**8.5 INFORMALREVIEW**

- A. If the St. Clair County Housing Authority determines that an applicant does not meet the criteria for receiving public housing assistance, the St. Clair County Housing Authority will promptly provide the applicant with written notice of the determination. The notice must contain a brief statement of the reason(s) for the decision and state that the applicant may request an informal review of the decision within 10 business days of the denial. The St. Clair County Housing Authority will describe how to obtain the informal review.

The informal review may be conducted by any person designated by the St. Clair County Housing Authority, other than a person who made or approved the decision under review or subordinate of this person. The applicant must be given the opportunity to present written or oral objections to the St. Clair County Housing Authority's decision. The St. Clair County Housing Authority must notify the applicant of the final decision within 14 calendar days after the informal review (or upon receipt of documentation/information requested at the informal hearing) including a brief statement of the reasons for the final decision.

- B. The participant family may request that the St. Clair County Housing Authority provide for an Informal Hearing after the family has notification of an INS decision on their citizenship status on appeal, or in lieu of request of appeal to the INS. This request must be made by the participant family within 30 days of receipt of the Notice of Denial or Termination of Assistance, or within 30 days of receipt of the INS appeal decision.

For the participant families, the Informal Hearing Process above will be utilized with the exception that the participant family will have up to 30 days of receipt of the Notice of Denial or Termination of Assistance, or of the INS appeal decision.

**9.0 MANAGING THE WAITING LIST**

**9.1 OPENING AND CLOSING THE WAITING LIST**

Opening of the waiting list will be announced with a public notice stating that applications for public housing 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 by any available minority media. The public notice will state any limitations to whom it may apply.

The notice will state that applicants already on waiting lists for other housing programs must apply separately for this program and such applicants will not lose their place on other waiting lists when they apply for public housing. The notice will include the Fair Housing logo and will be in compliance with Fair Housing requirements.

Closing of the waiting list will also be announced with a public notice. The public notice will state the date the waiting list will be closed and for what bedroom sizes. The public notice will be published in a local newspaper of general circulation and also by any available minority media.

## **9.2 ORGANIZATION OF THE WAITING LIST**

### **A. Site Based**

SCCHA shall maintain a total of 18 separate public housing waiting lists, as noted below:

Hawthorne Terrace, Alorton  
Thomas Terry Apts., Brooklyn  
Amber Court, Belleville  
Bel-Plaza I (114 S. Church St.), Belleville  
Bel-Plaza II (115 N. 47<sup>th</sup> St.), Belleville  
Ernest Smith Sr. Apts., Centreville  
Adeline James Building, Centreville  
Private Mathison Manor, Centreville  
Bluffside Apartments, Dupont  
Scattered Sites, Lebanon  
Lakeview Apts., Lenzburg  
Heritage Manor, Millstadt  
Clayton Manor, Marissa  
Jefferson Square, O'Fallon  
Becker Park and Rickert Station, New Athens  
Smithton Apts., Smithton  
Fullerton Road, Swansea  
Scattered Sites, Washington Park

### **B. Unit Type/Bedroom Categories**

Each waiting list shall be subdivided and organized by the following categories:

Elderly (as defined in 8.2, A, 2)  
-Efficiency  
-1 Bedroom  
-2 Bedroom

Family(asdefinedin8.2,A,1)

- 1Bedroom
- 2Bedroom
- 3Bedroom
- 4Bedroom
- 5Bedroom

C. ApplicantswithDisabilities

Within each bedroom category listed in 2 above, the waiting list will be maintained to reflect the type of disability possessed by the applicant, if any, as it relates to their special needs:

- W=Wheelchairuser
- M=MobilityImpaired
- V=VisionImpaired
- H=HearingImpaired
- O=Other

Persons under age 62 with a disability shall be placed on Family Waiting Lists with the nature of their disability noted.

D. OrderofSelection

The waiting list(s) will be computer generated according to the following hierarchical order.

- a) *Unit Category (Elderly/Family) and bedroom size needed by applicants according to occupancy standard;*
- b) *Total number of Preference Points;*
- c) *Date and time of application or reinstatement.*

**NOTE:** When a unit becomes available that has been modified to accommodate a person with a disability that impacts their housing needs (i.e. wheelchair confined or mobility, vision, or hearing impaired), SCCHA shall select for screening in priority order from the waiting list generated in accordance with the three criteria listed above, applicants who have indicated on their preliminary application that they or a household member has a disability of that nature.

E. MaintainingtheWaitingList

After the preliminary eligibility determination has been made, applicants are placed on the appropriate waiting list in order of preference. SCCHA will maintain an accurate waiting list, which conforms to HUD requirements.

The waiting list will contain at least the following information on apparently eligible households who have an active preapplication:

- a) *Name of head of household;*
- b) *Date and time the preapplication was received;*
- c) *Type and Number of Preference Points assigned.*

### **9.3 FAMILIES NEAR THE TOP OF THE WAITING LIST**

When a family appears to be within three (3) months of being offered a unit, the family will be invited to a briefing and the verification process will begin. It is at this point in time that the family's waiting list preference will be verified. If the family no longer qualifies to be near the top of the list, the family's name will be returned to the appropriate spot on the waiting list. The St. Clair County Housing Authority must notify the family in writing of this determination and give the family the opportunity for an informal review.

Once the preference has been verified, the family will complete a full application, present Social Security number information, citizenship/eligible immigrant information, and sign the Consent for Release of Information forms.

### **9.4 PURGING THE WAITING LIST**

SCCHA will periodically update the waiting list(s) to ensure that it is current and accurate.

A letter will be mailed to the applicant's last known address, requesting information regarding their continued interest in maintaining a place on the waiting list.

If the applicant did not notify SCCHA of a move as required, SCCHA is not responsible for applicant's failure to receive the update request.

The request letter will include a deadline date by which applicants must notify SCCHA of their continued interest. If SCCHA does not receive the applicant's notice by the deadline date, the applicant's name will be removed from the waiting list. SCCHA is not responsible for mail delays. Should the applicant subsequently notify SCCHA of their current status, their application will be reinstated using the date they contacted SCCHA.

### **9.5 REMOVAL OF APPLICANTS FROM A WAITING LIST(S)**

The St. Clair County Housing Authority will not remove an applicant's name from the waiting list unless:

- A. The applicant requests in writing that the name be removed;

- B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program; or
- C. The applicant does not meet either the eligibility or suitability criteria for the program.

**9.6 MISSED APPOINTMENTS**

All applicants who fail to keep a scheduled appointment with the St. Clair County Housing Authority will be sent a notice of termination of the process for eligibility.

The St. Clair County Housing Authority will allow the family to reschedule for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities will be given for good cause. When good cause exists for missing an appointment, the St. Clair County Housing Authority 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.

**9.7 NOTIFICATION OF NEGATIVE ACTIONS**

Any applicant whose name is being removed from the waiting list will be notified by the St. Clair County Housing Authority, in writing, that they have ten (10) calendar 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 timeframe specified. The St. Clair County Housing Authority system of removing applicant names from the waiting list will not violate the rights of persons with disabilities. If an applicant claims that their failure to respond to a request for information or updates was caused by a disability, the St. Clair County Housing Authority will verify that there is in fact a disability and the disability caused the failure to respond, and provide a reasonable accommodation. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

**10.0 RESIDENT SELECTION AND ASSIGNMENT PLAN**

**10.1 PREFERENCES**

The St. Clair County Housing Authority will select families based on the following preferences within each bedroom size category :

A. Ranking Preferences – used to determine rank order of applications among the group of applicants qualifying for routine admission (as opposed to local preferences).

a) **Jurisdictional – 10points**

*Applicants who live or work in SCCHA’s jurisdiction (i.e. all of St. Clair County, excluding the City of East St. Louis).*

b) **Veteran Status – 1point**

*Applicants who are a Veteran or survivor of a Veteran who actively served in a branch of the United States Armed Services. The term Survivor includes the spouse or widow (Unless remarried) of a veteran.*

c) **Earned Income or Education/Training Program – 2points**

*Applicant households in which the Head of Household and/or Spouse has an earned income source. \* An applicant household shall be given the benefit of preference if the head and spouse, or sole member, are age 62 or older, or are receiving any payments based on their inability to work (i.e. SSDisability, SSI, etc.)*

Awarded to applicants with verifiable earnings from employment/self employment continuing over minimum 30 day period with gross earnings of at least \$300 or applicant enrolled in educational/training program.

d) **Excessive Shelter Costs or Unstable Housing – 1point**

*Excessive shelter costs is defined as situations when the applicant is paying 50% or more of their gross monthly income for rent and utilities, with the utilities being based upon the Section 8 Program’s Utility Allowance Schedule for the appropriate bedroom size. To be considered “rent” the applicant’s name must appear on the lease agreement and/or occupancy permit, if applicable.*

*Unstable housing situations include being overcrowded, displacement, substandard housing, homelessness, lack of permanent housing (i.e. temporarily living with family and/or friends), victim of domestic abuse, and families needing to relocate as a result of their cooperation with law enforcement in criminal investigations (i.e. witness protection purposes). The unstable housing situation must be verified in writing by a community service agency/organization, elected or public official, or other official acting in his/her professional capacity (such as an ordained minister). Letters from private citizens shall not be accepted.*

B. Local Preferences – used to determine rank order of applicants among the group of applicants screened based solely on local preference (regardless of their eligibility for a ranking preference).

a) **Inter-Program Transfers/Accommodations – 7 points – Applied as described below:**

i) Transfers (i.e. Between Public Housing, Section 8 Existing, Moderate Rehab and other federally assisted properties owned/managed by SCCHA and/or other PHAs/Owners due to identifiable need that can not be adequately accommodated within the constraints of the program under which the participant is currently being assisted or other circumstances approved by the Executive Director.

ii) Admissions to accommodate referrals from the Department of Children and Family Services (DCFS) and other agencies. Awarding of these points shall be considered on a case-by-case basis upon the written request of the agency/organization, with SCCHA retaining the sole discretion to award the preference points to any particular application. Admissions under this provision shall be limited to no more than 5% of annual admissions.

b) **Law Enforcement Officials/Teachers – 6 points**  
 Given to full-time law enforcement personnel and/or teachers to encourage residency in public housing.

c) **Local Disaster Victim – 5 points**  
 These preference points shall only be granted when a recognized disaster occurs within St. Clair County Housing Authority's jurisdictional boundaries as designated by St. Clair County Housing Authority's Executive Director.

**10.2 ASSIGNMENT OF BEDROOM SIZES**

The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8
5	5	10

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Zero bedroom units will only be assigned to one-person families.

Dwelling units will be assigned so that persons of different generations, persons of the opposite sex (other than husband and wife or cohabiting individuals and small children under the age of 10) and unrelated adults will not occupy the same bedroom.

In determining bedroom size, the St. Clair County Housing Authority will include the presence of children to be born to a pregnant woman, children who are in the process of being adopted, children whose custody is being obtained, children who are temporarily away at school, or children who are temporarily in foster care.

In addition, the following considerations may be taken in determining bedroom size:

- A. Children of the same sex may share a bedroom.
- B. Children of the opposite sex, both under the age of 10 will share a bedroom.
- C. Adults and children will not be required to share a bedroom.
- D. Foster – adults and/or foster – children will not be required to share a bedroom with family members (but SCCHA is under no obligation to transfer a family to accommodate newly placed foster children).
- E. Dwelling units will also be assigned as not to require use of the living room for sleeping purposes.

Exceptions to normal bedroom size standards include the following:

- A. Units smaller than assigned through the above guidelines – A family may request a smaller unit size than the guidelines allow. The St. Clair County Housing Authority will allow the smaller size unit so long as generally no more than two (2) people per bedroom are assigned. In such situations, the family will sign a certification stating they understand they will be ineligible for a larger size unit for 3 years unless necessitated sooner by subsequent changes in family composition.
- B. Units larger than assigned through the above guidelines – A family may request a larger unit size than the guidelines allow. The St. Clair County Housing Authority will allow the larger size unit if the family provides a verified medical need that the family be housed in a larger unit.
- C. If there are no families on the waiting list for a larger size, smaller families may be housed if they sign a release form stating they will transfer (at the family's



own expense) to the appropriate size unit when an eligible family needing the larger unit applies. The family transferring will be given a 30-day notice before being required to move.

- D. Larger units may be offered in order to improve the marketing of a development suffering a high vacancy rate.

### 10.3 DESIGNATED HOUSING

SCCHA has submitted to HUD for review and approval a Designated Housing Plan (See appendix for complete copy).

**Applicability:** The “Plan” covers the public housing developments involving the designations listed in Table #1.

Table #1

<u>Development#</u>	<u>Location</u>	<u>UnitCount</u>	<u>Designation</u>
IL30-6(partial)	Centreville	40	Elderly Only
IL30-16	Belleville	86	Elderly Only
IL30-21	New Athens	16	Elderly Only
IL30-27	Belleville	64	Elderly Only
IL30-13(partial)	New Athens	4	Young Disabled Only

It is noted that SCCHA shall continue to operate several developments as noted in Table #2. **“mixed population”**

Table #2

<u>Development#</u>	<u>Location</u>	<u>UnitCount</u>	<u>Designation</u>
IL30-3	Dupo	6	Mixed Populations
IL30-5	Smithton	6	Mixed Populations
IL30-7	Marissa	14	Mixed Populations
IL30-14	Lebanon	4	Mixed Populations
IL30-17	Washington Park	20	Mixed Populations
IL30-19	Lenzburg	4	Mixed Populations
IL30-20	Centreville	8	Mixed Populations

It is further noted that the developments listed in Table #3 include the specified number of one-bedroom units designated as **“family” housing**, which due to waiting list characteristics are expected to be occupied primarily by the young disabled population.

Table #1

<u>Development#</u>	<u>Location</u>	<u>UnitCount</u>	<u>Designation</u>
IL30-1	Brooklyn	16	Family
IL30-6	Centreville	8	Family
IL30-8	Centreville	18	Family
IL30-9	Brooklyn	8	Family

IL30-10	Centreville	11	Family
IL30-11	Alorton	6	Family
IL30-12	Brooklyn	4	Family

#### **10.4 ANNUAL ADMISSIONS**

##### *A) Statutory Requirements*

The St. Clair County Housing Authority shall follow the statutory requirement that at least 40% of newly admitted families in any fiscal year be families whose annual income is at or below 30% of the area median income. To insure this requirement is met we shall quarterly monitor the incomes of newly admitted families and the incomes of the families on the waiting list. If it appears that the requirement to house extremely low-income families will not be met, we will skip higher income families on the waiting list to reach extremely low-income families.

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.

##### *B) Local Criteria*

The selection of eligible families will be completed so that at least 50% of the annual admissions will be applicants qualifying on the basis of a ranking preference and not more than 50% of the annual admissions will be applicants qualifying on the basis of local preferences.

#### **10.5 DECONCENTRATION POLICY**

It is St. Clair County Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

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

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, and compare them to the Housing Authority wide average household income. Developments that fall outside the allowable 85% -115% range, will be identified as low or high income concentrated. Based on this analysis, we

will determine the waiting list actions, marketing strategies, and deconcentration incentives to implement. The worksheet for the analysis can be found in **Appendix D.**

## **10.6 DECONCENTRATION INCENTIVES**

The St. Clair County Housing Authority may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.

Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and non-discriminatory manner.

## **10.7 SCREENING PROCESS**

### **a) Briefing Session**

Upon selection from the waiting list, generally in groups of 20 - 50, applicants are scheduled to attend a group "briefing" session. The briefing session is designed to acquaint the applicants with the Public Housing Program, ensure their continued interest, and to initiate the process of determining eligibility. Applicants who cannot attend a briefing may remain on the waiting list provided they contact the staff and have "good cause" for not attending (as determined by staff). Failure to attend a subsequent briefing shall regardless of the reason result in the applicant's removal from the waiting list. The applicants shall be eligible to resubmit an application after six months.

### **b) Files In Process**

All applicants being screened remain "In Process" until the preliminary determination regarding eligibility is made in accordance with the criteria established in Section 8 of this document. Files categorized as "In Process" are not considered for unit offers. Eligibility determinations are made promptly upon receipt of all needed information/documentation. SCCHA is not responsible for applicants' delay in submitting required information/documentation.

### **c) Conditionally Approved Applicants**

Applicants determined preliminarily eligible are listed on the "Conditionally Approved List" (CAA) by bedroom size/category, preference points, date/time of application. The CAA, which is updated on a regular basis, is used by staff to make conditional offers to applicants.

## **10.8 OFFER OF A UNIT**

When making offers to fill vacancies (actual or anticipated) the St. Clair County Housing Authority will contact the first family on the waiting list (CAA) who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goal.

The St. Clair County Housing Authority will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail. The family will be given five (5) business days from the date the letter was mailed to contact the St. Clair County Housing Authority regarding the offer.

The family will be offered the opportunity to view the unit, provided they are available on a timely basis. After having the opportunity to view the unit, the family will have two (2) business days to accept or reject the unit. This verbal offer and the family's decision must be documented in the resident file. If the family rejects the offer of the unit, the St. Clair County Housing Authority will send the family a letter documenting the offer and the rejection.

## **10.9 REJECTION OF UNIT**

If in making the offer to the family the St. Clair County Housing Authority skipped over other families on the waiting list in order to meet their deconcentration goal or offered the family any other deconcentration incentive and the family rejects the unit, the family will not lose their place on the waiting list and will not be otherwise penalized.

If the St. Clair County Housing Authority did not skip over other families on the waiting list to reach this family, did not offer any other deconcentration incentive, and the family rejects the unit without good cause, the family will be given a rejection. Once an applicant is approved for housing for a particular location, they can with good cause (as determined by staff) decline one unit offer. Upon the second "good cause" or first "without cause" declination, the application shall be withdrawn. The applicant shall be eligible to re-apply after six months. The family will be offered the right to an informal review of the decision to alter their application status.

## **10.10 ACCEPTANCE OF UNIT**

Upon an applicant's acceptance of a conditional offer, the applicant file is subject to review by the Property Manager and/or the Resident Council Screening Committee (RCSC), when applicable.

*Review By Property Manager and/or Resident Council Screening Committee*

All adult members (age 18 and over) of the applicant family must meet with the Property Manager and attend an interview with the RCSC with jurisdiction over the development. The purposes of the review and interview are:

- 1) It offers the potential for providing SCCHA with previously unobtained or unavailable information that may provide a legitimate basis for rejecting an undesirable applicant;
- 2) It gives the RCSC the opportunity to meet all new residents, inform the prospective resident of neighborhood values and expectations, acquaint the applicant with the RC's activities, and recruit new members.

Applicants that receive a favorable determination from the PM and RCSC are given final approval for occupancy. If either the PM or RCSC recommend rejection, the file is reviewed by the Management Director to determine if the rejection recommendation is consistent with established policy. Both the applicants and the RCSC have the opportunity to have the determination reviewed in accordance with the established Grievance Policy.

a) *Lease Execution and Orientations*

The family will be required to sign a lease that will become effective no later than three (3) business days after the date of acceptance or the business day after the day the unit becomes available, whichever is later.

Prior to or within 30 days of signing the lease all families (head of household) and other adult family members will be required to attend the Lease and Occupancy Orientation. The family will not be housed if they have not attended the orientation, unless management has waived the requirement. Applicants who provide prior notice of an inability to attend the orientation will be rescheduled. Failure of an applicant to attend the orientation, without good cause, may result in the cancellation of the occupancy process or lease termination (if housed).

The applicant will be provided a copy of the lease (including any addendum thereto), the grievance procedure, utility allowances, service charge policy, maintenance request procedures, collection policy, and a request for reasonable accommodation form. These documents will be explained in detail. The applicant will sign a certification that they have received these documents and that they have reviewed them with Housing Authority personnel. The certification will be filed in the resident's file.

The signing of the lease and the review of financial information are to be privately handled. The head of household and all adult family members will be required to execute the lease prior to admission. One executed copy of the lease will be furnished to the head of household and the St. Clair County Housing Authority will retain the original executed lease in the resident's file. A copy of the grievance procedure will be attached to the

resident's copy of the lease.

*b. Security Deposits*

The family will pay a security deposit at the time of lease signing. The security deposit will be equal to:

A. **Greater of \$200 or NTP (net tenant payment or one month's rent) for all apartments.**

B. **The greatest of \$300.00 or NTP for all single-family houses.**

In exceptional situations, the St. Clair County Housing Authority reserves the right to allow a new resident to pay their security deposit in up to three (3) payments. One third shall be paid in advance, one-third with their second rent payment, and one-third with their third rent payment. This shall be at the sole discretion of the Housing Authority.

In the case of a move within public housing, the security deposit for the first unit will be transferred to the second unit. Additionally, if the security deposit for the second unit is greater than that for the first, the difference will be collected from the family. Once collected, the security deposit or portion thereof shall not be refunded until the family vacates, and then is subject to applicable charges.

In the event there are costs attributable to the family for bringing the first unit into condition for re-renting, the family shall be billed for these charges.

The Security Deposit required from families in occupancy may be increased based upon documented damage to the premises and/or an established pattern of poor housekeeping and property damage. The Security Deposit required shall not exceed 150% of the Section 8 Fair Market Rent limit for the unit size.

The security deposit required of families upon move-in may be increased above the amounts listed herein if it is determined that the family is "high risk" based upon pertinent screening factors (i.e. lack of previous or unsuccessful prior rental experience, poor credit, etc.). The Security Deposit Schedule is included as Appendix E.

### ***10.11 PRE AND POST LEASING REQUIREMENTS***

A) *The Lease Agreement*

A Lease Agreement is to be entered into between the Housing Authority and each Family. The Agreement (which is contained in Appendix F of this Policy) is to be kept current at all times and are to reflect the obligations of the Families and SCCHA.

1. The Head of Household, Spouse, and all adult household members and the authorized SCCHA staff person, shall execute an Agreement prior to actual admission. A copy shall be given to the resident and the original shall be filed in the permanent record folder established for the Family.
2. If, through any cause, the signers of the Agreement cease to be the Head of Household, the Agreement is to be voided and a new one executed and signed by the new Head of Household; provided that the Family is eligible for continued occupancy as set forth in this Policy.
3. The established Head of Household shall at any time reserve the right to remove any household member, including a co-head or other adult member, from the agreement. When an adult member leaves the household, evidence of the new residency must be submitted to Management before the person is removed from the lease and/or his/her income is deleted from the rental calculation. SCCHA also reserves the right to require documentation regarding the new residency of minors who have reportedly left the household.
4. A leaseholder wanting to add a person(s) to their lease agreement, must submit a fully completed "Lease Add-On Application" before the person in question establishes residency at the leased premises. SCCHA reserves the right to approve or disapprove the addition of any person(s) or occupancy based upon the selection procedures used to screen new applicants, and subject to all other applicable provisions contained in the ACO Policy (i.e. maximum occupancy levels, care of foster children, live in aids, etc.).
5. If for any reason a Family transfer to a different dwelling unit, the existing Agreement is to be voided and a new Agreement executed for the dwelling unit into which the Family is moving.
6. If the Authority desires to change, amend or waive any provision of the Agreement with respect to any individual or group of residents, an appropriate rider is to be prepared, signed by the Head of Household and the Authority, and attached to and made part of the Agreement.

B) PHOTOGRAPHS

For identification purposes, all new residents at the time of their move-in and all existing residents at the time of their next scheduled rent review shall have their photograph taken for inclusion in SCCHA's resident file. Photographs are required for all household members age 12 and older. It is desirable to have a photograph on file of every household member, regardless of age. If household members are not readily available during business hours to have their photograph taken, a recent photograph the resident obtained may be submitted to Management.

C) PRINCIPAL RESIDENCE

All families must use the dwelling unit for their principal place of residence. Ownership or use of a secondary residence is prohibited and sufficient grounds for lease termination.

D) EMANCIPATED MINORS

The Authority will enter into a Lease Agreement with a minor only if the minor has been declared legally emancipated through verifiable court action.

E) RE-ADMISSION

The St. Clair County Housing Authority shall have the right to re-admit within twelve (12) months of their move-out residents who vacated upon their own initiative and left in good standing. The intent is to offer some level of protection to families that pursue self-sufficiency, but subsequently experience unexpected financial problems beyond their control and to allow residents whom must give up their unit due to medical/health problems to return once their health improves. Residents determined eligible for re-admission under this provision shall be eligible for immediate assignment on the Conditionally Approved Applicants Listing and shall bypass the waiting list.

F) ABSENCE FROM UNIT DUE TO MEDICAL REASONS

A resident may maintain their apartment for up to six months in the event that they are temporarily absent from the unit due to verifiable medical conditions (i.e. hospitalization, convalescent center, etc.), provided the monthly rent (and any other charges) are paid and utility service is maintained.

G) BANNING OF CERTAIN INDIVIDUALS

Due to drug related and violent criminal activity and as part of its effort to provide decent and safe housing, SCCHA reserves the right to ban certain individuals from its properties. The procedures for doing this are contained in the Ban and Bar Policy (Appendix G).



## **11.0 INCOME, EXCLUSIONS FROM INCOME, AND DEDUCTIONS FROM INCOME**

To determine annual income, the St. Clair County Housing Authority counts the income of all family members, excluding the types and sources of income that are specifically excluded. Once the annual income is determined, the St. Clair County Housing Authority subtracts all allowable deductions (allowances) to determine the Total Resident Payment.

### **11.1 INCOME**

Annual income means all amounts, monetary or not, that:

- A. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or
- B. Are anticipated to be received from a source outside the family during the 12 month period following admission or annual reexamination effective date; and
- C. Are not specifically excluded from annual income.

Annual income includes, but is not limited to:

- A. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
- B. The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession is included in income, except to the extent the withdrawal is a reimbursement of cash or assets invested in the operation by the family.
- C. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from an investment is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income includes the greater of the actual income derived from all net family assets or a

percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.

- D. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump sum amount or prospective monthly amounts for the delayed start of a periodic amount. (However, deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts are excluded.)
- E. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay. (However, lump sum additions such as insurance settlement payments from worker's compensation are excluded.)
- F. Welfare assistance.
  - 1. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income consists of:
    - a. The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
    - b. The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this requirement is the amount resulting from one application of the percentage.
  - 2. If the amount of welfare is reduced due to an act of fraud by a family member or because of any family member's failure to comply with requirements to participate in an economic self-sufficiency program or work activity, the amount of rent required to be paid by the family will not be decreased. In such cases, the amount of income attributable to the family will include what the family would have received had they complied with the welfare requirements and/or had not committed an act of fraud.
  - 3. If the amount of welfare assistance is reduced as a result of a lifetime time limit, the reduced amount is the amount that shall be counted as income.
- G. Periodic and determinable allowances, such as alimony, child support payments, and regular contributions or gifts received from organizations or from persons not

residing in the dwelling.

- H. All regular pay, special pay, and allowances of a member of the Armed Forces. (Special pay to a member exposed to hostile fire is excluded.)

## **11.2 ANNUAL INCOME EXCLUSIONS**

Annual income does not include the following:

- A. Income from employment of children (including foster children) under the age of 18 years;
- B. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the resident family, who are unable to live alone);
- C. Lump-sum additions to family assets, such as inheritances, insurance settlement payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses;
- D. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- E. Income of a live-in aide;
- F. The full amount of student financial assistance paid directly to the student or to the educational institution;
- G. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- H. The amount received from the following programs:
  - 1. Amounts received under training programs funded by HUD;
  - 2. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
  - 3. Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and that are made solely to allow participation in a specific program;

4. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the Housing Authority or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination. No resident may receive more than one such stipend during the same period of time;
5. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program;
6. Temporary, nonrecurring or sporadic income (including gifts);
7. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
8. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
9. Adoption assistance payments in excess of \$480 per adopted child;
10. For family members who enrolled in certain training programs prior to 10/1/99, the earnings and benefits resulting from the participation if the program provides employment training and supportive services in accordance with the Family Support Act of 1988, Section 22 of the 1937 Act (42 U.S.C. 1437t), or any comparable Federal, State, or local law during the exclusion period. For purposes of this exclusion the following definitions apply:
  - a. Comparable Federal, State or local law means a program providing employment training and supportive services that:
    - i. Is authorized by a Federal, State or local law;
    - ii. Is funded by the Federal, State or local government;
    - iii. Is operated or administered by a public agency; and
    - iv. Has as its objective to assist participants in acquiring employment skills.

- b. Exclusion period means the period during which the family member participates in a program described in this section, plus 18 months from the date the family member begins the first job acquired by the family member after completion of such program that is not funded by public housing assistance under the 1937 Act. If the family member is terminated from employment with good cause, the exclusion period shall end.
  - c. Earnings and benefits means the incremental earnings and benefits resulting from a qualifying employment training program or subsequent job.
11. The incremental earnings due to employment during the 12-month period following date of hire shall be excluded. This exclusion (paragraph 11) will not apply for any family who concurrently is eligible for exclusion #10. Additionally, this exclusion is only available to the following families:
- a. Families whose income increases as a result of employment of a family member who was previously unemployed for one or more years.
  - b. Families whose income increases during the participation of a family member in any family self-sufficiency program.
  - c. Families who are or were, within 6 months, assisted under a State TANF program. TANF includes both regular monthly income and one-time benefits and/or services that total at least \$500 over a six-month period.
- (While HUD regulations allow for the housing authority to offer an escrow account in lieu of having a portion of their income excluded under this paragraph, it is the policy of this housing authority to provide the exclusion in all cases.)
12. Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts;
13. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;
14. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
15. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits. These exclusions include:

- a. The value of the allotment of food stamps
- b. Payments to volunteers under the Domestic Volunteer Services Act of 1973
- c. Payments received under the Alaska Native Claims Settlement Act
- d. Income from submarginal land of the U.S. that is held in trust for certain Indian tribes
- e. Payments made under HHS's Low -Income Energy Assistance Program
- f. Payments received under the Job Training Partnership Act
- g. Income from the disposition of funds of the Grand River Band of Ottawa Indians
- h. The first \$2000 per capita received from judgment funds awarded for certain Indian claims
- i. Amount of scholarships awarded under Title IV including Work Study
- j. Payments received under the Older Americans Act of 1965
- k. Payments from Agent Orange Settlement
- l. Payments received under the Maine Indian Claims Act
- m. The value of child care under the Child Care and Development Block Grant Act of 1990
- n. Earned income tax credit refund payments
- o. Payments for living expenses under the AmeriCorps Program
- p. Additional income exclusions provided by and funded by the St. Clair County Housing Authority

The St. Clair County Housing Authority will not provide exclusions from income in addition to those already provided for by HUD.

### **11.3 DEDUCTIONS FROM ANNUAL INCOME**

The following deductions will be made from annual income:

- A. \$480 for each dependent;
- B. \$400 for any elderly family or disabled family;
- C. For any family that is not an elderly or disabled family but has a member (other than the head or spouse) who is a person with a disability, disability assistance expenses in excess of 3% of annual income. This allowance may not exceed the employment income received by family members who are 18 years of age or older as a result of the assistance to the person with disabilities.
- D. For any elderly or disabled family:
  - 1. That has no disability assistance expenses, an allowance for medical expenses equal to the amount by which the medical expenses exceed 3% of annual income;
  - 2. That has disability expenses greater than or equal to 3% of annual income, an allowance for disability assistance expenses computed in accordance with paragraph C, plus an allowance for medical expenses that equal the family's medical expenses;
  - 3. That has disability assistance expenses that are less than 3% of annual income, an allowance for combined disability assistance expenses and medical expenses that is equal to the total of these expenses less 3% of annual income.
- E. Child care expenses.

### **12.0 VERIFICATION**

The St. Clair County Housing Authority will verify information related to waiting list preferences, eligibility, admission, and level of benefits prior to admission. Periodically during occupancy, items related to eligibility and rent determination shall also be reviewed and verified. Income, assets, and expenses will be verified, as well as disability status, need for a live-in aide and other reasonable accommodations; full time student status of family members 18 years of age and older; Social Security numbers; and citizenship/eligible noncitizen status. Age and relationship will only be verified in those instances where needed to make a determination of level of assistance.

## **12.1 ACCEPTABLE METHODS OF VERIFICATION**

Age, relationship, U.S. citizenship, and Social Security numbers will generally be verified with documentation provided by the family. For citizenship, the family's certification will be accepted. (Or for citizenship documentation such as listed below will be required.) Verification of these items will include photocopies of the Social Security cards and other documents presented by the family, the INS SAVE approval code, and forms signed by the family.

Other information will be verified by third party verification. This type of verification includes written documentation with forms sent directly to and received directly by a source, not passed through the hands of the family. This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the St. Clair County Housing Authority or automatically by another government agency, i.e. the Social Security Administration. Verification forms and reports received will be contained in the applicant/resident file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name, date of contact, amount received, etc.

When third party verification cannot be obtained, the St. Clair County Housing Authority will accept documentation received from the applicant/resident. Hand-carried documentation will be accepted if the St. Clair County Housing Authority has been unable to obtain third party verification in a 4-week period of time. Photocopies of the documents provided by the family will be maintained in the file.

When neither third party verification nor hand-carried verification can be obtained, the St. Clair County Housing Authority will accept notarized statements signed by the head, spouse or co-head. Such documents will be maintained in the file.



## 12.2 TYPES OF VERIFICATION

The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the St. Clair County Housing Authority will send a request form to the source along with a release form signed by the applicant/resident via first class mail.

Verification Requirements for Individual Items		
Item to Be Verified	3 <sup>rd</sup> party verification	Hand-carried verification
<b>General Eligibility Items</b>		
Social Security Number	Letter from Social Security, electronic reports	Social Security card
Citizenship	N/A	Signed certification, voter's registration card, birth certificate, etc.
Eligible immigration status	INSSAVE confirmation #	INS card
Disability	Letter from medical professional, SSI, etc	Proof of SSI or Social Security disability payments
Full time student status (if >18)	Letter from school	For high school students, any document evidencing enrollment
Need for a live-in aide	Letter from doctor or other professional knowledgeable of condition	N/A
Child care costs	Letter from care provider	Bills and receipts
Disability assistance expenses	Letters from suppliers, caregivers, etc.	Bills and records of payment
Medical expenses	Letters from providers, Prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed	Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares and tolls
<b>Value of and Income from Assets</b>		

Verification Requirements for Individual Items		
Item to Be Verified	3 <sup>rd</sup> party verification	Hand-carried verification
Savings, checking accounts	Letter from institution	Passbook, most current statements
CDS, bonds, etc	Letter from institution	Tax return, information brochure from institution, the CD, the bond
Stocks	Letter from broker or holding company	Stock or most current statement, price in newspaper or through Internet
Real property	Letter from tax office, assessment, etc.	Property tax statement (for current value), assessment, records on income and expenses, tax return
Personal property	Assessment, bluebook, etc	Receipt for purchase, other evidence of worth
Cash value of life insurance policies	Letter from insurance company	Current statement
Assets disposed of for less than fair market value	N/A	Original receipt and receipt at disposition, other evidence of worth
Income		
Earned income	Letter from employer	Multiple pay stubs
Self-employed	N/A	Tax return from prior year, books of accounts
Regular gifts and contributions	Letter from source, letter from organization receiving gift (i.e., if grandmother pays day care provider, the day care provider could so state)	Bank deposits, others similar evidence
Alimony/child support	Court order, letter from source, letter from Human Services	Record of deposits, divorce decree
Periodic payments (i.e., social security, welfare, pensions, workers	Letter or electronic reports from the source	Award letter, letter announcing change in amount of future payments



Family members who do not claim to be citizens, nationals, or eligible noncitizens must be listed on a statement of noneligible members and the list must be signed by the head of the household.

Noncitizen students on student visas, though in the country legally, are not eligible to be admitted to public housing.

Any family member who does not choose to declare their status must be listed on the statement of noneligible members.

If no family member is determined to be eligible under this section, the family's eligibility will be denied.

The family's assistance will not be denied, delayed, reduced, or terminated because of a delay in the process of determining eligible status under this section, except to the extent that the delay is caused by the family.

If the St. Clair County Housing Authority determines that a family member has knowingly permitted an ineligible noncitizen (other than any ineligible noncitizens listed on the lease) to permanently reside in their public housing unit, the family will be evicted. Such family will not be eligible to be readmitted to public housing for a period of 24 months from the date of eviction or termination.

#### **12.4 VERIFICATION OF SOCIAL SECURITY NUMBERS**

Prior to admission, each family member who has a Social Security number and who is at least 6 years of age must provide verification of their Social Security number. New family members at least 6 years of age must provide this verification prior to being added to the lease. Children in assisted households must provide this verification at the first regular reexamination after turning six.

The best verification of the Social Security number is the original Social Security card. If the card is not available, the St. Clair County Housing Authority will accept letters from the Social Security Agency that establish and state the number. Documentation from other governmental agencies will also be accepted that establishes and states the number. Driver's licenses, military IDs, passports, or other official documents that establish and state the number are also acceptable.

If an individual states that they do not have a Social Security number, they will be required to sign a statement to this effect. The St. Clair County Housing Authority will not require any individual who does not have a Social Security number to obtain a Social Security number.

If a member of an applicant family indicates they have a Social Security number, but cannot readily verify it, the family cannot be housed until verification is provided.

If a member of a resident family indicates they have a Social Security number, but cannot readily verify it, they shall be asked to certify to this fact and shall have up to sixty days to provide the verification. If the individual is at least 62 years of age, they will be given one hundred and twenty (120) days to provide the verification. If the individual fails to provide the verification within the time allowed, the family will be evicted. (60)

### **12.5 TIMING OF VERIFICATION**

Verification information must be dated within ninety (90) days of certification or reexamination. If the verification is older than this, the source will be contacted and asked to provide information regarding any changes.

When an interim reexamination is conducted, the Housing Authority will verify and update all information related to family circumstances and level of assistance. (Or, the Housing Authority will only verify and update those elements reported to have changed.)

### **12.6 FREQUENCY OF BARRAINING VERIFICATION**

For each family member, citizenship/eligible non-citizen status will be verified only once. This verification will be obtained prior to admission. If the status of any family member was not determined prior to admission, verification of their status will be obtained at the next regular reexamination. Prior to a new member joining the family, their citizenship/eligible non-citizen status will be verified.

For each family member age 6 and above, verification of Social Security number will be obtained only once. This verification will be accomplished prior to admission. When a family member who did not have a Social Security number at admission receives a Social Security number, that number will be verified at the next regular reexamination. Likewise, when a child turns six, their verification will be obtained at the next regular reexamination.

Information needed for rent determination and other program purposes (i.e. disability, need for live-in aide, etc.), shall be verified as determined necessary by the St. Clair County Housing Authority.

## **13.0 DETERMINATION OF TOTAL RESIDENT PAYMENT AND RESIDENT RENT**

### **13.1 FAMILY CHOICE**

At admission and each year in preparation for their annual reexamination, each family is given the choice of having their rent determined under the formula method or having their rent set at the flat rent amount.

A. Families who opt for the flat rent will be required to go through the income

reexamination process every three years, rather than the annual review they would otherwise undergo.

- B. Families who opt for the flat rent may request to have a reexamination and return to the formula based method at any time for any of the following reasons:
  - 1. The family's income has decreased.
  - 2. The family's circumstances have changed increasing their expenses for childcare, medical care, etc.
  - 3. Other circumstances creating a hardship on the family such that the formula method would be more financially feasible for the family.

### **13.2 THE FORMULA METHOD**

The total resident payment is equal to the highest of:

- A. 10% of monthly income;
- B. 30% of adjusted monthly income; or
- C. The welfare rent.

The family will pay the greater of the total resident payment or the minimum rent of \$50, but never more than the ceiling rent.

In the case of a family who has qualified for the income exclusion at Section 11.2(H)(11), upon the expiration of the 12-month period described in that section, an additional rent benefit accrues to the family. If the family member's employment continues, then for the 12-month period following the 12-month period of disallowance, the resulting rent increase will be capped at 50 percent of the rent increase the family would have otherwise received.

### **13.3 MINIMUM RENT**

The St. Clair County Housing Authority has set the minimum rent at \$50. However, if the family requests a hardship exemption, the St. Clair County Housing Authority will immediately suspend the minimum rent for the family until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long term nature.

- A. A hardship exists in the following circumstances:

1. When the family has lost eligibility through no fault of their own for or is awaiting an eligibility de termination for a Federal, State, or local assistance program;
  2. When the family would be evicted as a result of the imposition of the minimum rent requirement;
  3. When the income of the family has decreased because of changed circumstances, including loss of employment;
  4. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;
  5. When a death has occurred in the family.
- B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.
- C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with the Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of resident rent owed for the suspension period.
- D. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.
- E. Appeals. The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.

### **13.4 THE FLAT RENT**

The St. Clair County Housing Authority has set a flat rent for each public housing unit. In doing so, it considered the size and type of the unit, as well as its condition, amenities, services, and neighborhood. The St. Clair County Housing Authority determined the market value of the unit and set the rent at the market value. The amount of the flat rent will be reevaluated annually and adjustments applied. Affected families will be given a

30-day notice of any rent change. Adjustments are applied on the anniversary date for each affected family (for more information on flat rents, see Section 15.3).

The St. Clair County Housing Authority will post the flat rents at each of the developments and at the central office and are incorporated in this policy upon approval by the Board of Commissioners. See Appendix H.

### **13.5 RENT FOR FAMILIES UNDER THE NONCITIZEN RULE**

A mixed family will receive full continuation of assistance if all of the following conditions are met:

- C. The family was receiving assistance on June 19, 1995;
- D. The family was granted continuation of assistance before November 29, 1996;
- E. The family's head or spouse has eligible immigration status; and
- F. The family does not include any person who does not have eligible status other than the head of household, the spouse of the head of household, any parent of the head or spouse, or any child (under the age of 18) of the head or spouse.

If a mixed family qualifies for prorated assistance but decides not to accept it, or if the family has no eligible members, the family may be eligible for temporary deferral of termination of assistance to permit the family additional time for the orderly transition of some or all of its members to locate other affordable housing. Under this provision, the family receives full assistance. If assistance is granted under this provision prior to November 29, 1996, it may last no longer than three (3) years. If granted after that date, the maximum period of time for assistance under the provision is eighteen (18) months. The St. Clair County Housing Authority will grant each family a period of six (6) months to find suitable affordable housing. If the family cannot find suitable affordable housing, the St. Clair County Housing Authority will provide additional search periods up to the maximum time allowance.

Suitable housing means housing that is not substandard and is of appropriate size for the family. Affordable housing means that it can be rented for an amount not exceeding the amount the family pays for rent, plus utilities, plus 25%.

The family's assistance is prorated in the following manner:

- G. Determine the 95<sup>th</sup> percentile of gross rents (resident rent plus utility allowance) for the St. Clair County Housing Authority. The 95<sup>th</sup> percentile is called the maximum rent.
- H. Subtract the family's total resident payment from the maximum rent. The resulting number is called the maximum subsidy.



- I. Divide the maximum subsidy by the number of family members and multiply the result times the number of eligible family members. This yields the prorated subsidy.
- J. Subtract the prorated subsidy from the maximum rent to find the prorated total resident payment. From this amount subtract the full utility allowance to obtain the prorated resident rent.

**13.6 UTILITY ALLOWANCE**

A. Utility Allowance Schedule

The St. Clair County Housing Authority shall establish a utility allowance for all resident-paid utilities. The allowance will be based on a reasonable consumption of utilities by an energy -conservative household of modest circumstances consistent with the requirement of a safe, sanitary, and healthful environment. In setting the allowance, the St. Clair County Housing Authority will review the actual consumption of resident families as well as changes made or anticipated due to modernization (weatherization efforts, installation of energy -efficient appliances, etc). Allowances will be evaluated at least annually as well as any time utility rate changes by 10% or more since the last revision to the allowances.

The utility allowance will be subtracted from the family's formula or flat rent to determine the amount of the Resident Rent. The Resident Rent is the amount the family owes each month to the St. Clair County Housing Authority. The amount of the utility allowance is then still available to the family to pay the cost of their utilities. Any utility cost above the allowance is the responsibility of the resident. Any savings resulting from utility costs below the amount of the allowance belong to the resident.

Utility allowance revisions based on rate changes shall be effective retroactively to the first day of the month following the month in which the last rate change took place. Revisions based on changes in consumption or other reasons shall become effective the first of the month following approval by the Board of Commissioners.

Families with high utility costs are encouraged to contact the St. Clair County Housing Authority for an energy analysis. The analysis may identify problems with the dwelling unit that once corrected will reduce energy costs. The analysis can also assist the family in identifying ways they can reduce their costs. The Utility Allowance Schedule as established appears in Appendix I.

B. Individual Relief

Should a resident incur and pay utility bills in excess of the established allowances as a result of excessive consumption not within the control of the resident, he/she has the right to request individual relief from SCCHA. Individual relief shall be granted in situations where the excess consumption was clearly not within the reasonable control of the resident. Examples include, but are not necessarily limited to: A) leak in water lines not reasonably detectable by the resident; B) A verifiable equipment malfunction (i.e. furnace) not within the reasonable detection of the resident that results in excessive natural gas or electric consumption; C) SCCHA failure to correct within a reasonable time period a condition that causes excessive utility consumption, provided that the condition is properly and timely reported to SCCHA. Relief shall not be granted in situations where the resident could reasonably be expected to detect the condition causing excess consumption and/or failed to report the condition to SCCHA in the proper and timely manner. Individual relief shall not be granted based upon environmental factor (i.e. excess heat or cold spells).

In cases, where it is determined that individual relief is warranted, the amount of the relief shall be determined based on the difference between the actual costs incurred and the average cost for a similar time period prior to the occurrence of the condition that resulted in the excess consumption. The relief determined appropriate shall generally be granted in the form of a check payable either to the resident and/or the appropriate utility company. Residents interested in applying for individual relief must submit a written request explaining in detail the circumstances resulting in their belief that individual relief is warranted. The written requests must be submitted to the Property Manager within 30 days of the date of the billing for which individual relief is sought.

### **13.7 PAYING RENT**

Rent and other charges are due and payable on the first day of the month. All rents should be paid at the SCCHA Central Office... 100 North 48<sup>th</sup> Street, Belleville, IL 62226 or mailed to P.O. Box 23380, Belleville, IL 62226. Reasonable accommodations for this requirement will be made for persons with disabilities. As a safety measure, no cash shall be accepted as rent payment.

The procedures used to collect monies due by residents, including rent and all other charges, shall be consistent with SCCHA's established Collection Policy, which appears as Appendix #H.

## **14.0 CONTINUED OCCUPANCY AND COMMUNITY SERVICE**

(NOTE: This Section was suspended by Congress through 9/30/02. It was reinstated and shall apply to SCCHA with the start of the fiscal year 7/1/03).

### **14.1 GENERAL**

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement.

### **14.2 EXEMPTIONS**

The following adult family members of resident families are exempt from this requirement.

- A. Family members who are 62 or older
- B. Family members who are blind or disabled
- C. Family members who are the primary care giver for someone who is blind or disabled
- D. Family members engaged in work activity
- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program
- F. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program

### **14.3 NOTIFICATION OF THE REQUIREMENT**

The St. Clair County Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The St. Clair County Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The St. Clair County Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after 10/1/99. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

#### **14.4 VOLUNTEER OPPORTUNITIES**

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self-sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The St. Clair County Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the St. Clair County Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

#### **14.5 THE PROCESS**

At the first annual reexamination on or after July 1, 2003, and each annual reexamination thereafter, the St. Clair County Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer positions.
- C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.
- D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's

progress monthly and will meet with the family member as needed to best encourage compliance.

- E. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the St. Clair County Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

#### **14.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT**

The St. Clair County Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

#### **14.7 OPPORTUNITY FOR CURE**

The St. Clair County Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns go toward the current commitment until the current year's commitment is made.

The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, the St. Clair County Housing Authority shall take action to terminate the lease.

## **15.0 RECERTIFICATIONS**

At least annually, the St. Clair County Housing Authority will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family is housed in the correct unit size.

### **15.1 GENERAL**

The St. Clair County Housing Authority will send a notification letter to the family letting them know that it is time for their annual reexamination, giving them the option of selecting either the flat rent or formula method, and scheduling an appointment if they are currently paying a formula rent. If the family thinks they may want to switch from a flat rent to a formula rent, they should request an appointment. At the appointment, the family can make their final decision regarding which rent method they will choose. The letter also includes, for those families paying the formula method, forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary. The letter tells families whomay need to make alternate arrangements due to a disability that they may contact staff to request an accommodation of their needs.

During the recertification, the St. Clair County Housing Authority will determine whether family composition may require a transfer to a different bedroom size unit, and if so, the family's name will be placed on the transfer list.

### **15.2 MISSED APPOINTMENTS**

If the family fails to respond to the letter and fails to attend the interview, a second letter will be mailed. The second letter will advise of a new time and date for the interview, allowing for the same considerations for rescheduling and accommodation as above. The letter will also advise that failure by the family to attend the second scheduled interview will result in the St. Clair County Housing Authority assessing a \$50 fee and taking eviction actions against the family.

### **15.3 FLAT RENTS**

The annual letter to flat rent payers regarding the reexamination process will state the following:

- A. Each year at the time of the annual reexamination, the family has the option of selecting a flat rent amount in lieu of completing the reexamination process and having their rent based on the formula amount.
- B. The amount of the flat rent
- C. A fact sheet about formula rents that explains the types of income counted, the

most common types of income excluded, and the categories allowances that can be deducted from income.

- D. Families who opt for the flat rent will be required to go through the income reexamination process every three years, rather than the annual review they otherwise would undergo.
- E. Families who opt for the flat rent may request to have a reexamination and return to the formula-based method at any time for any of the following reasons:
  - 1. The family's income has decreased.
  - 2. The family's circumstances have changed increasing their expenses for childcare, medical care, etc.
  - 3. Other circumstances creating a hardship on the family such that the formula method would be more financially feasible for the family.
- F. The dates upon which the St. Clair County Housing Authority expects to review the amount of the flat rent, the approximate rent increase the family could expect, and the approximate date upon which a future rent increase could become effective.
- G. The name and phone number of an individual to call to get additional information or counseling concerning flat rents.
- H. A certification for the family to sign accepting or declining the flat rent.

Each year prior to their anniversary date, St. Clair County Housing Authority will send a reexamination letter to the family offering the choice between a flat or a formula rent. The opportunity to select the flat rent is available only at this time. At the appointment, the St. Clair County Housing Authority may assist the family in identifying the rent method that would be most advantageous for the family. If the family wishes to select the flat rent method without meeting with the St. Clair County Housing Authority representative, they may make the selection on the form and return the form to the St. Clair County Housing Authority. In such case, the St. Clair County Housing Authority will cancel the appointment.

#### **15.4 THE FORMULA METHOD**

During the interview, the family will provide all information regarding income, assets, expenses, and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances.

Upon receipt of verification, the St. Clair County Housing Authority will determine the

family's annual income and will calculate their rent as follows.

The total resident payment is equal to the highest of:

- A. 10% of monthly income;
- B. 30% of adjusted monthly income; or
- C. The welfare rent.

The family will pay the greater of the total resident payment or the minimum rent of \$50, but never more than the ceiling rent.

If it is determined by SCCHA that a family has established a pattern of starting and stopping employment so that their monthly rent is kept artificially low, SCCHA may base their rent upon historical and projected annual earnings.

#### **15.5 EFFECTIVE DATE OF RENT CHANGES FOR ANNUAL REEXAMINATIONS**

The new rent will generally be effective upon the anniversary date with thirty (30) days notice of any rent increase to the family.

If the rent determination is delayed due to a reason beyond the control of the family, then any rent increase will be effective the first of the month after the month in which the family receives a 30-day notice of the amount. If the new rent is a reduction and the delay is beyond the control of the family, the reduction will be effective as scheduled on the anniversary date.

If the family caused the delay, then any increase will be effective on the anniversary date. Any reduction will be effective the first of the month after the rent amount is determined.

#### **15.6 INTERIM REEXAMINATIONS**

During an interim reexamination, only the information affected by the changes being reported will be reviewed and verified.

Families will not be required to report any increase in income or decreases in allowable expenses between annual reexaminations.

Families may request an interim recertification if there has been a decrease in income or increase in deductions that results in their Total Resident Payment exceeding 30% of monthly income. Short term changes (i.e. those lasting less than 30 days) are excluded. However, the SCCHA has at its sole discretion the right, without completing a full interim recertification, to establish a rent based upon the family's estimated gross monthly income (after deductions) with a \$50.00 minimum rent (net tenant payment) for one month when a family can document an interruption of income (beyond their control



and due to no fault (of their own) resulting in a least a 50% reduction in their regular monthly income. This alternate rent provision is limited to one time (maximum one month) in any 12 month period).

Resident's rent shall not be reduced if the decrease in the family's annual income is caused by a reduction in the welfare or public assistance benefits received by the family that is a result of the Resident's failure to comply with the conditions of the assistance program requiring participation in an economic self-sufficiency program or other work activities. In addition, if the decrease in the family's annual income is caused by a reduction in welfare or public assistance benefits received by the family that is the result of an act of fraud, such decrease in income shall not result in a rent reduction. In such cases, the amount of income to be attributed to the family shall include what the family would have received had they complied with the welfare requirements or had not committed an act of fraud.

For the purposes of rent adjustments, the reduction of welfare or public assistance benefits to a family that occurs as a result of the expiration of a time limit for the receipt of assistance will not be considered a failure to comply with program requirements. Accordingly, a Resident's rent will be reduced as a result of such a decrease.

A resident's rent shall not be reduced on an interim basis during the first year of occupancy if the decrease in family's income is the result of lost employment earnings within the control of the resident and the resident was admitted to the public housing program based upon an employment preference.

Families requesting an interim recertification due to a decrease in income are obligated to report any subsequent increases in income that may occur prior to the next regularly scheduled recertification. Failure to do so shall be grounds for retroactive charges and/or lease termination as determined appropriate by SCCHA.

Families are required to report the following changes to the St. Clair County Housing Authority between regular reexaminations. If the family's rent is being determined under the formula method, these changes will trigger an interim reexamination. The family shall report these changes within ten (10) days of their occurrence.

- A. A member has been added to the family through birth, adoption or court-awarded custody.
- B. A household member is leaving or has left the family unit.

All other additions to a household (including those resulting from marriage, foster care, personal care attendants, etc.) must be reported to and approved by the St. Clair County Housing Authority prior to the person(s) establishing residency at the leased premises.

Before adding the new member to the lease, the individual must complete an application form stating their income, assets, and all other information required of an applicant. The

individual must provide their Social Security number if they have one and must verify their citizenship/eligible immigrant status. (Their housing will not be delayed due to delays in verifying eligible immigrant status other than delays caused by the family.) The new family member will go through the screening process similar to the process for applicants. The St. Clair County Housing Authority will determine the eligibility of the individual before adding them to the lease. If the individual is found to be ineligible or does not pass the screening criteria, they will be advised in writing and given the opportunity for an informal review. If they are found to be eligible and do pass the screening criteria, their name will be added to the lease. At the same time, if the family's rent is being determined under the formula method, the family's annual income will be recalculated taking into account the circumstances of the new family member. The effective date of the new rent will be in accordance with paragraph below 15.8.

Family members leaving the household must be reported to SCCHA within 30 days of occurrence. SCCHA shall require documentation of the family members' departure prior to removing their name from the lease.

#### **15.7 SPECIAL REEXAMINATIONS**

If a family's income is too unstable to project for twelve (12) months, including families that temporarily have no income (0 renters) or have a temporary decrease in income, the St. Clair County Housing Authority may schedule special reexamination every sixty (60) days until the income stabilizes and an annual income can be determined.

#### **15.8 EFFECTIVE DATE OF RENT CHANGES DUE TO INTERIM OR SPECIAL REEXAMINATIONS**

Unless there is a delay in reexamination processing caused by the family, any rent increase will be effective the first of the second month after the month in which the family receives notice of the new rent amount. If the family causes a delay, then the rent increase will be effective on the date it would have been effective had the process not been delayed (even if this means a retroactive increase).

If the new rent is a reduction and any delay is beyond the control of the family, the reduction will be effective the first of the month after the income decreased (or deductions increased).

If the new rent is a reduction and the family caused the delay or did not report the change in a timely manner, the change will be effective the first of the month after the rent amount is determined.

15.9 ADJUSTMENTS DUE TO ERRORS, MISREPRESENTATION, FAILURE TO REPORT

1. An adjustment in monthly payments shall be retroactive to the first day of the rent period affected when there is:
  - a. *an error due to misrepresentation or failure to report by the Family and the corrected determination results in increased rent;*
  - b. *an error from which the corrected determination results in decreased rent.*
2. An adjustment in monthly payment shall be effective the first day of the second month following the date an error was found if the error was not the fault of the Family and the corrected determination results in increased rent.

15.10 FAILURE TO REPORT INCOME CHANGES AND/OR MISREPRESENTATION

If it is found at the time of reexamination (or any other time) that the family has failed to report changes in family circumstances as they occurred and that such changes would have required the Family to pay a higher monthly payment, the Authority shall collect the increased payment retroactive to the first of the month after the month in which the changes occurred. Unless the St. Clair County Housing Authority approves a Repayment Agreement the amount shall be due and payable thirty (30) days from the date of the notice to the Family specifying the amount owed. Families determined to have misrepresented and/or failed to report income are subject to lease termination.

15.11 PAYMENT ALLOCATIONS

Monthly payments made by residents shall be applied in the following order:

- a) *Security Deposit*
- b) *Maintenance*
- c) *Other Charges*
- d) *Legal Charges*
- e) *Current Rent*
- f) *Delinquent Rent*
- g) *Excess Utilities*

15.12 FAILURE TO REPORT INCOME CHANGES WITH EXTENUATING CIRCUMSTANCES

The Management Director may allow a Family, who fails to report income changes, to enter into a Repayment Agreement under the following circumstances:

1. The failure to report income changes was not an intentional misrepresentation of income; and,
2. The family does not have the funds available to repay the debt in a lump sum; and,
3. The debt is greater than the Family's gross monthly income.

### ***15.13 AUTORITY ERRORS***

The Housing Authority will not calculate retroactive increases if the income change was reported in a timely manner and the Authority failed to make the appropriate adjustment.

## **16.0 UNIT TRANSFERS**

### ***16.1 OBJECTIVES OF THE TRANSFER POLICY***

The objectives of the Transfer Policy include the following:

- A. To address emergency situations.
- B. To fully utilize available housing resources while avoiding overcrowding by insuring that each family occupies the appropriate size unit.
- C. To facilitate a relocation when required for modernization or other management purposes.
- D. To facilitate relocation of families within adequate housing accommodations.
- E. To provide an incentive for families to assist in meeting the St. Clair County Housing Authority's deconcentration goal.
- F. To eliminate vacancy loss and other expenses due to unnecessary transfers.

### ***16.2 INELIGIBLE GROUNDS FOR TRANSFER***

The St. Clair County Housing Authority shall not approve transfer requests based upon the following:

- A. Environmental factors associated with a development location, neighborhood, and/or community. More specifically, the level of criminal activity or fear of criminal activity within a development, neighborhood, and/or community is not grounds for a transfer.
- B. Disputes with neighbors.

### ***16.3 CATEGORIES OF TRANSFERS***

Category 1: Emergency transfers. These transfers are necessary when conditions pose an immediate threat to the life, health, or safety of a family or one of its members. Such situations may involve defects of the unit or the building in which it is located, the health condition of a family member, a hate crime, the safety of witnesses to a crime, or a law

enforcement matter particular to the neighborhood.

Category 2: Immediate administrative transfers. These transfers are necessary in order to permit a family needing accessible features to move to a unit with such a feature or to enable modernization work to proceed.

Category 3: Regular administrative transfers. These transfers are made to offer incentives to families willing to help meet certain St. Clair County Housing Authority occupancy goals, to adhere to occupancy standards where the unit size is inappropriate for the size and composition of the family, to allow for non-emergency but medically advisable transfers, and other transfers approved by the St. Clair County Housing Authority when a transfer is the only or best way of solving a serious problem.

#### **16.4 DOCUMENTATION**

When the transfer is at the request of the family, the family may be required to provide third party verification of the need for the transfer.

#### **16.5 INCENTIVE TRANSFERS**

Transfer requests will be encouraged and approved for families who live in a development where their income category (below or above 30% of area median) predominates and wish to move to a development where their income category does not predominate.

Families living in multifamily developments have the opportunity to transfer to scattered site housing. Families approved for such transfers will meet the following eligibility criteria:

- A. Have been a resident for three years;
- B. For a minimum of one year, at least one adult family member is enrolled in an economic self-sufficiency program or is working at least thirty-five (35) hours per week, the adult family members are 62 years of age or older or are disabled or are the primary caregiver to others with disabilities;
- C. Adult members who are required to perform community service have been current in these responsibilities since the inception of the requirement or for one year whichever is less;
- D. The family is current in the payment of all charges owed the St. Clair County Housing Authority and has not paid later rent for at least one year;
- E. The family passes a current housekeeping inspection and does not have any record of housekeeping problems during the last year;

- F. The family has not materially violated the lease over the past two years by disturbing the peaceful enjoyment of their neighbors, by engaging in criminal or drug-related activity, or by threatening the health or safety of residents or Housing Authority staff.
- G. The family demonstrates the capacity to perform basic home and yard care.

**16.6 PROCESSING TRANSFERS**

Transfer waiting lists will be maintained by Management District, organized by bedroom size needed and sorted by the above categories.

Category 1 and 2 Transfers

The transfer waiting list for category 1 and 2 transfer requests shall be maintained in date order (based upon the date that management approved the request).

Transfers in category 1 and 2 will be executed ahead of any other families, including those on the applicant waiting list. Transfers in category 1 will be executed ahead of transfers in category 2.

Category 3 Transfers

Transfers in category 3 will be executed along with housing applicants for admission at a ratio of one transfer for every nine admissions, unless accelerated by management.

Category 3 transfers shall be prioritized using the following criteria.

**PRIORITY CATEGORIES**

Category 1A – Exceeds occupancy standard of 2 people per bedroom, with children of opposite sex sharing a bedroom.

Category 1B – Exceeds occupancy standard of 2 people per bedroom, with children of same sex sharing a bedroom.

Category 2A – Within occupancy standard, but involves 3 children of opposite sex, any one of which is age 6 or older, sharing a bedroom.

Category 2B – Within occupancy standard, but involves 3 children of opposite sex, sharing a bedroom with none of the children being age 6 or older.

Category 3A – Within occupancy standard, but involves 3 children of the same sex, any one of which is age 6 or over, sharing a bedroom.

Category 3B – Within occupancy standard, but involves 3 children of the same sex sharing a bedroom with none of the children being age 6 or older.

Category 4A – Within occupancy standard, but involves 2 children of opposite sex sharing a bedroom, when any of the children are age 6 or older.

Category 4B – Within occupancy standard, but involves 2 children of opposite sex sharing a bedroom, when none of the children have reached age 6.

Category 5A\* - Within occupancy standard, but involves 2 children of same sex sharing a bedroom, when any of the children are age 6 or older.

Category 5B\* - Within occupancy standard, but involves 2 children of same sex sharing a bedroom, when none of the children are age 6 or older.

\*Considered a “resident initiated transfer” with applicable fees assessed.

The following guidelines have been established for carrying out Category 3 transfers.

A) To determine the occupancy standard ratio, divide the Total # of Family Members **by** Total # of bedrooms in the unit. Example: 5 people (any combination) in 2 bedroom, equals 2.5 people per bedroom.

B) In assigning the “category” as described below, assume all children in unit share the bedrooms remaining after the adult(s) have been assigned a bedroom of their own.

Example: single mom with three kids in two -bedroom unit. Assume the three kids share a bedroom.

Example: Mom & dad with four kids in three bedroom m unit. Assume the four kids share the two bedrooms.

Example: Mom & dad with two kids, plus another related adult (i.e. uncle, grandmother, etc.) in a three bedroom unit. Assume the two kids share a bedroom.

C) If age/sex is a factor that could influence the category assigned, assume the shared bedroom arrangement that results in the lowest priority.

Example: single mom with three kids in a three bedroom unit. Children are: F -14, B -12, B -4. Assume the girl has a bedroom of her own and the two boys share a bedroom, resulting in Category 5A priority.

D) Assignment Date is based upon the re-exam date that the Resident became eligible for the priority category assigned.

E) According to established policy, Overcrowded Transfers will be given higher priority than Under Occupied Transfers.

SCCHA specifically reserves the right to suspend transfer activity if occupancy rates fall below 98%

Transfers shall be administered within the development whenever possible. If a unit of appropriate size/design is not contained and/or not expected to be available within the development in which the family resides on a timely basis commensurate with the need for transfer, the transfer shall be considered secondarily within the management district and finally on a PHA-wide basis. Transfers between management districts require the approval of the Management Director and will only be offered to accommodate Category 1 and 2 transfers, unless there are mitigating circumstances..

### **16.7 ELIGIBILITY REQUIREMENTS**

Families approved for transfers shall meet the following eligibility criteria:

- A. The family must have been in the current unit for at least one year (applicable to Category 3 requests only);
- B. Applicable community service requirements have been met;
- C. The family is current in the payment of all charges owed and has not paid later rent for at least one year;
- D. The family passed the last housekeeping inspection and does not have a record of housekeeping problems during the last year;
- E. The family has not materially violated the lease over the past two years by disturbing the peaceful enjoyment of their neighbors, by engaging in criminal or drug-related activity, or by threatening the health or safety of residents or SCCHA staff.

### **16.8 COMPLETION OF THE TRANSFER BY THE FAMILY**

Upon offer and acceptance of a unit, the family will execute all lease up documents and pay any rent and/or security deposit due within two (2) days of being informed the unit is ready to rent. Residents transferring shall be required to pay the currently required Security Deposit amount if it is more than the deposit they previously paid.

Transfers (i.e. the actual movement of the resident's personal belongings, transfer of utility services, and returning of the keys to the "from" unit) must be fully completed within a maximum seven day period. When transfers are not fully executed within the seven day period, the residents shall be assessed a daily rental charge equal to the Section 8 Fair Market Rent Limit for the unit size (i.e. number of bedrooms) the resident is transferring from in addition to the resident rent established for the "to" unit.



## **16.9 REFUSING A TRANSFER**

The following is the policy for the rejection of an offer to transfer:

- A. A resident's refusal to transfer to an appropriately sized unit upon the notification of management shall be grounds for lease termination, unless the refusal is based upon verifiable medical reasons or other good cause as determined by management.
- B. If the transfer is being made at the family's request and they reject an offer that provides deconcentration incentives, the family will maintain their place on the transfer list and will not otherwise be penalized.
- C. If the transfer is being made at the family's request, the family may, without good cause and without penalty, turn down one offer that does not include deconcentration incentives. After turning down a second such offer without good cause, the family's name will be removed from the transfer list.

## **16.10 TRANSFER COSTS**

### **A. Unit Preparation Costs**

When the family (or other person on their behalf) initiates the transfer request, the family must pay prior to the transfer a charge equal to an SCCHA estimate of the cost necessary to make the family's existing unit ready for occupancy. The minimum fee is \$150 and is non-refundable.

### **B. Moving Costs**

The cost of the transfer generally will be borne by the family in the following circumstances:

- a. When the transfer is made at the request of the family or by others on behalf of the family (i.e. by the police);
- b. When the transfer is needed to move the family to an appropriately sized unit, either larger or smaller;
- c. When the transfer is necessitated because a family with disabilities needs the accessible unit into which the transferring family moved (The family without disabilities signed a statement to this effect prior to accepting the accessible unit);  
or
- d. When the transfer is needed because action or inaction by the family caused the unit to be unsafe or uninhabitable.

The cost of the transfer will be borne by the SCCHA in the following circumstances:

- a. When the transfer is needed in order to carry out rehabilitation activities; or
- b. When action or inaction by the SCCHA has caused the unit to be unsafe or inhabitable.

The responsibility for moving costs in other circumstances will be determined on a case by case basis.

### **16.11 TRANSFER REQUESTS**

A resident may request a transfer at any time by completing a transfer request form. In considering the request, the Management may request a meeting with the resident to better understand the need for transfer and to explore possible alternatives. Management will review the request in a timely manner and if a meeting is desired, shall contact the resident within ten (10) business days of receipt of the request to schedule a meeting.

Management will approve or deny the transfer request in writing within thirty (30) business days of receiving the request, or holding the meeting, whichever is later.

If the transfer is approved, the family's name will be added to the transfer waiting list.

If the transfer is denied, the denial letter will advise the family of their right to utilize the grievance procedure.

### **16.12 RIGHT OF THE ST. CLAIR COUNTY HOUSING AUTHORITY IN TRANSFER POLICY**

The provisions listed above are to be used as a guide to insure a fair and impartial means of assigning units for transfers. It is not intended that this policy will create a property right or any other type of right for a resident to transfer or refuse to transfer.

## **17.0 INSPECTIONS**

### **17.1 MOVE-IN INSPECTIONS**

An authorized representative of the St. Clair County Housing Authority will inspect the premises prior to commencement of occupancy. When possible, the resident is notified of the inspection and is encouraged to attend. A written statement of the condition of the premises will be made, all equipment provided will be noted, and the statement will be signed by the SCCHA representative with a copy retained in the resident file and a copy given to the resident. The resident will be advised to carefully review the inspection report, immediately notify management if they disagree with the content of the report, and maintain a copy for future reference because the report establishes the condition of the unit upon move-in and will be the basis for any subsequent damage charges.

**17.2 POSTMOVE -ININ SPECTIONS**

A post move -in inspection of the dwelling unit will be completed within three months after initial occupancy to document proper unit care. The resident shall be given appropriate written notice of the date and time of the inspection, as well as an explanation of the reasons for the inspection. An inspection report shall be completed and signed by the resident and the SCCHA representative. Deficiencies shall be discussed with the resident. If the inspection shows adequate care by the resident, the next inspection will be the annual inspection. If inadequacies on the part of the resident are revealed, further housekeeping inspections as discussed below shall be scheduled.

**17.3 ANNUAL INSPECTIONS**

The St. Clair County Housing Authority will inspect each public housing unit annually to ensure that each unit meets the applicable housing standards. Work orders will be submitted and completed to correct any deficiencies.

**17.4 PREVENTATIVE MAINTENANCE INSPECTIONS**

This is generally conducted along with the annual inspection, but may be completed separately. This inspection is intended to keep items in good repair. It checks weatherization; checks the condition of the smoke detectors, water heaters, furnaces, automatic thermostats and water temperatures; checks for leaks; and provides an opportunity to change furnace filters and provide other minor servicing that extends the life of the unit and its equipment.

**17.5 SPECIAL INSPECTIONS**

A special inspection may be scheduled to enable HUD or others to inspect a sample of the housing stock maintained by the St. Clair County Housing Authority.

**17.6 HOUSEKEEPING INSPECTIONS**

Generally, at the time of annual inspection, or at other times as necessary, the St. Clair County Housing Authority will conduct a housekeeping inspection to ensure the family is maintaining the unit in a safe and sanitary condition.

**17.7 NOTICE OF INSPECTION**

For all inspections, except emergency inspections, the St. Clair County Housing Authority will give the resident at least twenty four hour written notice, unless the resident agrees to a shorter notice.

## **17.8 EMERGENCY INSPECTIONS**

If any employee and/or agent of the St. Clair County Housing Authority has reason to believe that an emergency exists within the housing unit, the unit can be entered without notice. The person(s) that enters the unit will leave a written notice to the resident that indicates the date and time the unit was entered and the reason why it was necessary to enter the unit.

## **17.9 PRE-MOVE-OUT INSPECTIONS**

When a resident gives notice that they intend to move, the St. Clair County Housing Authority will upon request of the resident schedule a pre-move-out inspection with the family. The inspection allows the St. Clair County Housing Authority to help the family identify any problems which, if left uncorrected, could lead to vacate charges. This inspection is a courtesy to the family and has been found to be helpful both in reducing costs to the family and in enabling the St. Clair County Housing Authority to ready units more quickly for the future occupants.

## **17.10 MOVE-OUT INSPECTIONS**

The St. Clair County Housing Authority conducts the move-out inspection after the resident vacates to assess the condition of the unit and determine responsibility for any needed repairs. When possible, the resident is notified of the inspection and is encouraged to be present. This inspection becomes the basis for any claims that may be assessed against the security deposit.

## **18.0 PET POLICY**

Residents have the right to have common household pets subject to the terms and conditions of SCCHA's established Pet Policy (Appendix J).

## **19.0 REPAYMENT AGREEMENTS**

When a resident becomes delinquent in the amount owed the St. Clair County Housing Authority and is unable to pay the balance in full, the resident may request that the St. Clair County Housing Authority allow them to enter into a Repayment Agreement. The St. Clair County Housing Authority has the sole discretion of whether to accept such an agreement. Families impacted by the minimum rent provisions of this policy who have had their rent temporarily abated will be afforded a repayment agreement opportunity upon the reinstatement of the minimum rent. All Repayment Agreements must assure that the full payment is made within a period not to exceed twelve (12) months, unless a longer period is determined appropriate by the Management Director. All Repayment Agreements must be in writing and signed by both parties. There shall be a \$25 administrative charge for each repayment agreement, which must be paid at the time of

execution. In addition, repayment agreements resulting from resident caused damages or the resident's failure to properly report income, require an initial down -payment equal to 20%. The down -payment must be paid at the time of execution of the repayment agreement. Failure to comply with the Repayment Agreement terms may subject the Resident to eviction procedures.

## **20.0 TERMINATION**

### **20.1 TERMINATION BY RESIDENT**

The resident may terminate the lease at any time upon submitting a 30 -day written notice. If the resident vacates prior to the end of the thirty (30) days, they will be responsible for rent through the end of the notice period or until the unit is re -rented, whichever occurs first. If the resident's monthly rent is less than \$100 and less than a 30 day written is given a \$100 cancellation fee shall be assessed in addition to the prorated rent amount.

### **20.2 TERMINATION BY THE HOUSING AUTHORITY**

The St. Clair County Housing Authority after 10/1/2000 will not renew the lease of any family that is not in compliance with the community service requirement or an approved Agreement to Cure. If they do not voluntarily leave the property, eviction proceedings will begin. Enforcement of the Community Service Requirement was suspended through 9/30/02 by Congressional action. The Community Service Requirement shall be reinstated by the St. Clair County Housing Authority in conjunction with the start of its fiscal year July 1, 2003.

The St. Clair County Housing Authority will terminate the lease for serious or repeated violations of material lease terms. Such violations include but are not limited to the following:

- a. Nonpayment of rent or other charges;
- b. A history of late rental payments;
- c. Failure to provide timely and accurate information regarding family composition, income circumstances, or other information related to eligibility or rent;
- d. Failure to allow inspection of the unit;
- e. Failure to maintain the unit in a safe and sanitary manner;
- f. Assignment or subletting of the premises;
- g. Use of the premises for purposes other than as a dwelling unit (other than for housing authority approved resident businesses) and/or their primary dwelling;

- h. Destruction of property;
- i. Acts of destruction, defacement, or removal of any part of the premises or failure to cause guests to refrain from such acts;
- j. Any criminal activity on the property or drug -related criminal activity on or off the premises. This includes but is not limited to the manufacture of methamphetamine on the premises of the St. Clair County Housing Authority;
- k. Non-compliance with Non -Citizen Rule requirements;
- l. Permitting persons not on the lease to reside in the unit more than ten (10) consecutive days in any one month or thirty (30) cumulative days within the last 12 months.
- m. Other good cause.

The St. Clair County Housing Authority will take immediate action to evict any household that includes an individual who is subject to a lifetime registration requirement under a State sex offender registration program.

### **20.3 ABANDONMENT**

#### **a. Dwelling Unit**

The St. Clair County Housing Authority will consider a unit to be abandoned when a resident has both fallen behind in rent **AND** has clearly indicated by words or actions an intention not to continue living in the unit (i.e. disconnected utilities, most personal property removed from the unit, resident being absent from the unit, etc.).

When a unit has been declared abandoned, Management shall post on the residence and mail to the person the resident has identified as an emergency contact a "Notice of Intention To Claim Abandonment." The Abandonment Notice shall indicate the reasons Management believes the property to have been abandoned and shall provide the Resident a minimum ten day period in which to contact Management to refute the abandonment declaration. If no contact is made within the specified time period, Management shall have the right to regain control of the premises.

#### **B. Personal Property**

Personal Property of the resident left in the unit after the resident has vacated the unit as a result of:

- a) Lease termination as prescribed in Section 18;
- b) Hazards and/or defects as defined in lease agreement;

c) The death of the resident when no known survivors and/or heirs can be located; or;

d) Management declaration of abandonment as discussed in paragraph A above, shall become the property of St. Clair County Housing Authority. Before disposing of the property, SCCHA shall give the resident written notice to remove the property. notice will be delivered to the resident at the leased premises in accordance with the applicable provisions in the lease, if a new residence or mailing address is unknown. Any expenses incurred by Management in disposing of abandoned personal property shall be charged to the Resident's account. Any net proceeds from the sale of such property shall be credited to the resident's account.

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**20.4 RETURN OF SECURITY DEPOSIT**

After a family moves out, the St. Clair County Housing Authority will within 30 days return the security deposit or give the family a written statement of why all or part of the security deposit is being kept. The rental unit must be restored to the same conditions as when the family moved in, except for normal wear and tear. Deposits will not be used to cover normal wear and tear or damage that existed when the family moved in.

The St. Clair County Housing Authority will be considered in compliance with the above if the required payment, statement, or both, are deposited in the U.S. mail with first class postage paid within 30 days.

**21.0 SERVICE CHARGES**

Consistent with HUD guidelines, it is SCCHA's policy to charge residents for repair work needed as a result of resident neglect, damage, or other factors that exceed normal wear and tear taking into consideration the length of occupancy and other relevant factors. The Service Charge Policy is included as Appendix K.

**22.0 COLLECTION PROCEDURES**

The procedure used to collect monies due by residents, including rent and all other charges, shall be consistent with SCCHA's established Collection Policy, which appears as Appendix #L.

**23.0 GRIEVANCE POLICY**

Applicants and Residents have the right to have any adverse action related to their application or continued occupancy reviewed according to the terms and conditions of SCCHA's established Grievance Policy (Appendix M).

**24.0**

**APPENDIX SUMMARY**

A – GLOSSARY

B – ACRONYMS

C - LOW AND VERY LOW INCOME AMOUNTS

D – INCOME DECONCENTRATION WORKSHEET

E – SECURITY DEPOSIT REQUIREMENTS

F- LEASE AGREEMENT

G – BAN AND BAR POLICY

H – FLAT RENT AND CEILING RENT SCHEDULE

I - UTILITY ALLOWANCES

J – PET POLICY , PET AGREEMENT AND APPLICATION/PERMIT FORM

K- SERVICE CHARGE POLICY

L – COLLECTION POLICY

M – GRIEVANCE POLICY

N – DESIGNATED HOUSING PLAN



## APPENDIX A

### GLOSSARY

**50058 Form:** The HUD form that housing authorities are required to complete for each assisted household in public housing to record information used in the certification and recertification process and, at the option of the housing authority, for interim reexaminations.

**1937 Housing Act:** The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.) (24 CFR 5.100)

**Adjusted Annual Income:** The amount of household income, after deductions for specified allowances, on which resident rent is based. (24 CFR 5.611)

**Adult:** A household member who is 18 years or older or who is the head of the household, or spouse, or co-head.

**Allowances:** Amounts deducted from the household's annual income in determining adjusted annual income (the income amount used in the rent calculation). Allowances are given for elderly families, dependents, medical expenses for elderly families, disability expenses, and child care expenses for children under 13 years of age. Other allowance can be given at the discretion of the housing authority.

**Annual Contributions Contract (ACC):** The written contract between HUD and a housing authority under which HUD agrees to provide funding for a program under the 1937 Act, and the housing authority agrees to comply with HUD requirements for the program. (24 CFR 5.403)

**Annual Income:** All amounts, monetary or not, that:

- A. Goto (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or
- B. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- C. Are not specifically excluded from annual income.

Annual Income also includes amounts derived (during the 12-month period) from assets to which any member of the family has access. (1937 Housing Act; 24 CFR 5.609)

**Applicant (applicant family):** A person or family that has applied for admission to a program but is not yet a participant in the program. (24 CFR 5.403)

**As-Paid States:** States where the welfare agency adjusts the shelter and utility component of the welfare grant in accordance with actual housing costs. Currently, the four as-paid States are New Hampshire, New York, Oregon, and Vermont.

**Assets:** The value of equity in savings, checking, IRA and Keogh accounts, real property, stocks, bonds, and other forms of capital investment. The value of necessary items of personal property such as furniture and automobiles are not counted as assets. (Also see "net family assets.")

**Asset Income:** Income received from assets held by family members. If assets total more than \$5,000, income from the assets is "imputed" and the greater of actual asset income and imputed asset income is counted in annual income. (See "imputed asset income" below.)

**Ceiling Rent:** Maximum rent allowed for some units in public housing projects.

**Certification:** The examination of a household's income, expenses, and family composition to determine the family's eligibility for program participation and to calculate the family's share of rent.

**Child:** For purposes of citizenship regulations, a member of the family other than the family head or spouse who is under 18 years of age. (24CFR 5.504(b))

**Child Care Expenses:** Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income. (24CFR 5.603(d))

**Citizen:** A citizen or national of the United States. (24CFR 5.504(b))

**Consent Form:** Any consent form approved by HUD to be signed by assistance applicants and participants for the purpose of obtaining income information from employers and SWICAs, return information from the Social Security Administration, and return information for unearned income from the Internal Revenue Service. The consent forms may authorize the collection of other information from assistance applicants or participant to determine eligibility or level of benefits. (24CFR 5.214)

**Decent, Safe, and Sanitary:** Housing is decent, safe, and sanitary if it satisfies the applicable housing quality standards.

**Department:** The Department of Housing and Urban Development. (24CFR 5.100)

**Dependent:** A member of the family (except foster children and foster adults), other than the family head or spouse, who is under 18 years of age or is a person with a disability or is a full-time student. (24CFR 5.603(d))

**Dependent Allowance:** An amount, equal to \$480 multiplied by the number of dependents, that is deducted from the household's annual income in determining adjusted annual income.

**Disability Assistance Expenses:** Reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member and that are necessary to enable a family member (including the disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source. (24CFR5.603(d))

**Disability Assistance Expense Allowance:** In determining adjusted annual income, the amount of disability assistance expenses deducted from annual income for families with a disabled household member.

**Disabled Family:** A family whose head, spouse, or sole member is a person with disabilities; or two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides. (24CFR5.403(b)) (Also see "person with disabilities.")

**Disabled Person:** See "person with disabilities."

**Displaced Family:** A family in which each member, or whose sole member, is a person displaced by governmental action (such as urban renewal), or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. (24CFR5.403(b))

**Displaced Person:** A person displaced by governmental action or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. [1937 Act]

**Drug-Related Criminal Activity:** Drug trafficking or the illegal use, or possession for personal use, of a controlled substance as defined in Section 102 of the Controlled Substances Act (21 U.S.C. 802).

**Elderly Family:** A family whose head, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides. (24CFR5.403)

**Elderly Family Allowance:** For elderly families, an allowance of \$400 is deducted from the household's annual income in determining adjusted annual income.

**Elderly Person:** A person who is at least 62 years of age. (1937 Housing Act)

**Extremely low-income families:** Those families whose incomes do not exceed 30% of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families.

**Fair Housing Act:** Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3601 et seq.). (24CFR5.100)

**Family** includes but is not limited to :

- A. A family with or without children;
- B. An elderly family;
- C. A near -elderly family;
- D. A disabled family;
- E. A displaced family;
- F. The remaining member of a resident family; and
- G. A single person who is not an elderly or displaced person, a person with disabilities, or the remaining member of a resident family. (24CFR 5.403)

**Family Members:** All members of the household other than live -in aides, foster children, and foster adults. All family members permanently reside in the unit, though they may be temporarily absent. All family members are listed on the lease.

**Family Self -Sufficiency Program (FSS Program):** The program established by a housing authority to promote self -sufficiency among participating families, including the coordination of supportive services. (24CFR 984.103(b))

**Flat Rent:** A rent amount the family may choose to pay in lieu of having their rent determined under the formula method. The flat rent is established by the housing authority set at the lesser of the market value for the unit or the cost to operate the unit. Families selecting the flat rent option have their income evaluated once every three years, rather than annually.

**Formula Method:** A means of calculating a family's rent based on 10% of their monthly income, 30% of their adjusted monthly income, the welfare rent, or the minimum rent. Under the formula method, rents may be capped by a ceiling rent. Under this method, the family's income is evaluated at least annually.

**Full-Time Student:** A person who is carrying a subject load that is considered full -time for day students under the standards and practices of the educational institution attended. An educational institution includes a vocational school with a diploma or certificate program, as well as an institution offering a college degree. (24CFR 5.603(d))

**Head of Household:** The adult member of the family who is the head of the household for purposes of determining income eligibility and rent. (24CFR 5.504(b))

**Household Members** : All members of the household including members of the family, live aides, foster children, and foster adults. All household members are listed on the lease, and no one other than household members are listed on the lease.

**Housing Assistance Plan:** A housing plan that is submitted by a unit of general local government and approved by HUD as being acceptable under the standards of 24CFR570.

**Imputed Income** : For households with net family assets of more than \$5,000, the amount calculated by multiplying net family assets by a HUD-specified percentage. If imputed income is more than actual income from assets, the imputed amount is used as income from assets in determining annual income.

**In-Kind Payments:** Contributions other than cash made to the family or to a family member in exchange for services provided or for the general support of the family (e.g., groceries provided on a weekly basis, babysitting provided on a regular basis).

**Interim (examination):** A reexamination of a family income, expenses, and household composition conducted between the regular annual recertifications when a change in a household's circumstances warrants such a reexamination.

**Live-In Aide:** A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities and who:

- A. Is determined to be essential to the care and well-being of the persons;
- B. Is not obligated for the support of the persons; and
- C. Would not be living in the unit except to provide the necessary supportive services. (24CFR5.403(b))

**Low-Income Families:** Those families whose incomes do not exceed 80% of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80% of the median for the area on the basis of the Secretary's findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low family incomes. (1937 Act)

**Medical Expenses:** Medical expenses (of all family members of an elderly or disabled family), including medical insurance premiums, that are anticipated during the period for which annual income is computed and that are not covered by insurance. (24CFR5.603(d)). These expenses include, but are not limited to, prescription and non-prescription drugs, costs for doctors, dentists, therapists, medical facilities, care for service animals, transportation for medical purposes.

**Mixed Family:** A family whose members include those with citizenship or eligible immigration status and those without citizenship or eligible immigration status. (24CFR5.504(b))

**Monthly Adjusted Income:** One twelfth of adjusted income. (24CFR5.603(d))

**Monthly Income:** One twelfth of annual income. (24CFR5.603(d))

**National:** A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession. (24CFR5.504(b))

**Near-Elderly Family:** A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; two or more persons, who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62 living with one or more relatives. (24CFR5.403(b))

**Net Family Assets:**

- A. Net cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investment, excluding interests in Indian trust land and excluding equity accounts in HUD homeownership programs. The value of necessary items of personal property such as furniture and automobiles shall be excluded.
- B. In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining annual income.
- C. In determining net family assets, housing authorities or owners, as applicable, shall include the value of any business or family assets disposed of by an applicant or resident for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or re-examination, as applicable, in excess of the consideration received therefor. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or resident receives important consideration not measurable in dollar terms. (24CFR5.603(d))

**Non-Citizen:** A person who is neither a citizen nor national of the United States. (24 CFR 5.504(b))

**Occupancy Standards:** The standards that a housing authority establishes for determining the appropriate number of bedrooms needed to house families of different sizes or composition.

**Person with Disabilities:** A person who:

- A. Has a disability as defined in Section 223 of the Social Security Act, which states:

"Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months, or

In the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

- B. Is determined, pursuant to regulations issued by the Secretary, to have a physical, mental, or emotional impairment that:

1. Is expected to be of long -continued and indefinite duration;
2. Substantially impedes his or her ability to live independently; and
3. Is of such a nature that such ability could be improved by more suitable housing conditions, or

- C. Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act, which states:

"Severe chronic disability that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitation in three or more of the following areas of major life activity: (1) self care, (2) receptive and responsive language, (3) learning, (4) mobility, (e) self -direction, (6) capacity for independent living, and (7) economic self -sufficiency; and
5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated."

This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome. (1937A ct)

No individual shall be considered to be a person with disabilities for purposes of eligibility solely based on any drug or alcohol dependence.

**Proration of Assistance:** The reduction in a family's housing assistance payment to reflect the proportion of family members in a mixed family who are eligible for assistance. (24 CFR 5.520)

**Public Housing Agency (PHA):** Any State, county, municipality, or other governmental entity or public body (or agency or instrumentality thereof) which is authorized to engage in or assist in the development or operation of low-income housing under the 1937 Housing Act. (24 CFR 5.100)

**Recertification:** The annual reexamination of a family's income, expenses, and composition to determine the family's rent.

**Remaining Member of a Resident Family:** A member of the family listed on the lease who continues to live in the public housing dwelling after all other family members have left. (Handbook 7565.1 REV -2,3- 5b.)

**Self-Declaration:** A type of verification statement by the resident as to the amount and source of income, expenses, or family composition. Self-declaration is acceptable verification only when third-party verification or documentation cannot be obtained.

**Shelter Allowance:** That portion of a welfare benefit (e.g., TANF) that the welfare agency designates to be used for rent and utilities.

**Single Person:** Someone living alone or intending to live alone who does not qualify as an elderly family, a person with disabilities, a displaced person, or the remaining member of a resident family. (Public Housing: Handbook 7465.1 REV -2,3- 5)

**State Wage Information Collection Agency (SWICA):** The State agency receiving quarterly wage reports from employers in the State or an alternative system that has been determined by the Secretary of Labor to be as effective and timely in providing employment-related income and eligibility information. (24 CFR 5.214)

**Temporary Assistance to Needy Families (TANF):** The program that replaced the Assistance to Families with Dependent Children (AFDC) that provides financial assistance to needy families who meet program eligibility criteria. Benefits are limited to a specified time period.

**Resident:** The person or family renting or occupying an assisted dwelling unit. (24 CFR 5.504(b))



**Resident Rent:** The amount payable monthly by the family as rent to the housing authority. Where all utilities (except telephone) and other essential housing services are supplied by the housing authority or owner, resident rent equals total resident payment. Where some or all utilities (except telephone) and other essential housing services are supplied by the housing authority and the cost thereof is not included in the amount paid as rent, resident rent equals total resident payment less the utility allowance. (24CFR 5. 603(d))

**Third-Party (verification):** Written or oral confirmation of a family's income, expenses, or household composition provided by a source outside the household.

**Total Resident Payment (TTP):**

A. Total resident payment for families whose initial lease is effective on or after August 1, 1982:

1. Total resident payment is the amount calculated under Section 3(a)(1) of the 1937 Act which is the higher of:
  - a. 30% of the family's monthly adjusted income;
  - b. 10% of the family's monthly income; or
  - c. If the family is receiving payments for welfare assistance from a public agency and a part of such payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of such payments which is so designated.

If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under section 3(a)(1) shall be the amount resulting from one application of the percentage.

2. Total resident payment for families residing in public housing does not include charges for excess utility consumption or other miscellaneous charges.

B. Total resident payment for families residing in public housing whose initial lease was effective before August 1, 1982: Paragraphs (b) and (c) of 24CFR 913.107, as it existed immediately before November 18, 1996, will continue to govern the total resident payment of families, under a public housing program, whose initial lease was effective before August 1, 1982.

**Utility Allowance:** If the cost of utilities (except telephone) and other housing services for an assisted unit is not included in the resident rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made by a housing authority of the monthly cost of a reasonable consumption of such utilities and other services for the unit by an energy conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment. (24CFR5.603)

**Utility Reimbursement:** The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the total resident payment for the family occupying the unit. (24CFR5.603)

**Very Low -Income Families:** Low -income families whose incomes do not exceed 50% of the median family income for the area, as determined by the Secretary with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 50% of the median for the areas on the basis of the Secretary's findings that such variations are necessary because of unusually high or low family incomes. Such ceilings shall be established in consultation with the Secretary of Agriculture for a rural area, as defined in Section 520 of the Housing Act of 1949, taking into account the subsidy characteristics and types of programs to which such ceilings apply. (1937 Act)

**Welfare Assistance:** Welfare or other payments to families or individuals, based on need, that are made under programs funded by Federal, State or local governments. (24CFR5.603(d))

**Welfare Rent:** In "as -paid" welfare programs, the amount of the welfare benefit designated for shelter and utilities.

## **APPENDIX B**

### **ACRONYMS**

ACC	AnnualContributionsContract
CFR	CodeofFederalRegulations
FSS	FamilySelfSufficiency(program)
HCDA	HousingandCommunityDevelopmentAct
HQS	HousingQualityStandards
HUD	DepartmentofHousingandUrbanDevelopment
INS	(U.S.)ImmigrationandNaturalizationService
NAHA	(Cranston-Gonzalez)NationalAffordableHousingAct
NOFA	NoticeofFundingAvailability
OMB	(U.S.)OfficeofManagementandBudget
PHA	PublicHousingAgency
QHWR	QualityHousingandWorkResponsibilityActof1998
SSA	SocialSecurityAdministration
TTP	TotalResidentPayment

**APPENDIX C**

**LOW AND VERY LOW INCOME AMOUNTS**

**EFFECTIVE 2/1/03**

<b># OF PERSONS</b>	<b>30% OF MEDIAN LOW INCOME</b>	<b>VERY LOW INCOME</b>	<b>LOW INCOME</b>
1	\$13,400	\$22,350	\$35,800
2	\$15,350	\$25,550	\$40,900
3	\$17,250	\$28,750	\$46,000
4	\$19,150	\$31,950	\$51,100
5	\$20,700	\$34,500	\$55,200
6	\$22,250	\$37,050	\$59,300
7	\$23,750	\$39,600	\$63,400
8	\$25,300	\$42,150	\$67,500

## APPENDIXE

### SECURITY DEPOSITS

The following Security Deposits are required to be paid by all tenants at the time a Lease Agreement is signed, and prior to moving in, unless other arrangements are approved by SCCHA.

All units (except single family houses)	Greater of \$200.00 or Net Tenant Payment (one month's rent)
Single family houses	Greater of \$300.00 or Net Tenant Payment (one month's rent)
Pet Deposit	\$200.00

**Appendix**

**Income Limits and Deconcentration Worksheet**

<b>Development Name</b>	<b>Number of Units Under ACC</b>	<b>Number of Occupied Units</b>	<b>Number of Units Occupied by Very Poor Families</b>	<b>% Occupied by Very Poor Families</b>

**% Very Poor in**

**Census Tract**

**Target Number**

**Number Needed of below 30% of median area income**

**Number Needed above 30% of median area income**

Waiting list number of families Appendix 2

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

PHAName: St.ClairCountyHousingAuthority	GrantTypeandNumber CapitalFundProgramGrantNo: IL60P030501-03 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2003
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Original Annual Statement    Reserve for Disasters/Emergencies    Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds	0			
2	1406 Operations	0			
3	1408 Management Improvements	136,500			
4	1410 Administration	262,700			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	100,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	210,000			
10	1460 Dwelling Structures	819,000			
11	1465.1 Dwelling Equipment — Nonexpendable	432,000			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	42,500			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			

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

PHAName: St.ClairCountyHousingAuthority	GrantTypeandNumber CapitalFundProgramGrantNo: IL60P030501-03 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2003
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18	1499 Development Activities	0			
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	88,630			
21	Amount of Annual Grant: (sum of lines 2 – 20)	2,091,330			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



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

PHAName: St.ClairCountyHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: IL60P030501-03 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2003			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
IL30-03Dupo	Concrete	1450	2	60,000				
IL30-08 Centreville	Canopy Bathremodeling	1460 1460	2 12	7,000 75,000				
IL30-09Brooklyn	Siding	1460	1	50,000				
IL30-12Brooklyn	HVAC&waterheaters	1465	16	64,000				
IL30-13 NewAthens	Kitchen&Bathrenovation, interiorwalls	1460	17	104,000				
	Flooring	1460	17	100,000				
	Furnaces	1465	17	68,000				

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

PHAName: St. Clair County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL60P030501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL30-16	Resurfaced decks (Church St.)	1450	1	100,000				
Belleville	Rehab retaining walls ( Church)	1450	1	50,000				
	Vehicle replacement (Chur & 47 <sup>th</sup> )	1475	1	25,000				
	Water heaters (Church & 47 <sup>th</sup> )	1465	86	50,000				
	Sprinkler system	1460	1	4,000				
IL30-18 Swansea	HVAC & water heaters	1465	16	64,000				
			8					
IL30-19 Lenzburg	Kitchen & Bath renovations	1460	8	45,000				
	Interior wall renovations	1460	8	17,000				
	Floor replacement (asbestos)	1460	8	40,000				
	Interior doors	1460	8	14,000				
	HVAC & water heaters	1465	8	28,000				
	Laundry improvements	1460	1	6,000				

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

PHAName: St. Clair County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL60P030501 -03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL30-19 Lenzburg (continued)	Dumpster enclosures	1460	2	2,000				
	Siding replacement	1460	4	45,000				
IL30-20 Centreville	HVAC & water heaters	1460	8	32,000				
IL30-21 New Athens	Kitchen & bath renovations, interior walls	1460	17	104,000				
	Flooring	1460	17	50,000				
	Furnaces	1465	17	68,000				
IL30-22 Millstadt	HVAC & water heaters	1465	18	72,000				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: St. Clair County Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL60P030501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL30-28 Lenzburg	Window & door replacement, garagedoors	1460	4	30,000				
	Kitchen & bath renovation	1460	8	28,000				
	Interior wall repair	1460	8	10,000				
	Flooring replacement (asbestos)	1460	8	20,000				
	Interior door replacement	1460	8	8,000				
	HVAC & water heaters	1465	8	18,000				
	Siding replacement	1460	5	28,000				
	Contingency	1502		88,630				
HA Wide	Architect's & Engineer's Services	1430		100,000				

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

PHAName: St. Clair County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL60P030501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	ADMINISTRATIVE COSTS		TOTAL	262,700				
	Director	1410	1	92,585				
	Construction Manager	1410	1	67,275				
	Specialist	1410	1	49,380				
	Modernization Manager	1410	1	53,460				
	<b>COST ALLOCATION METHODOLOGY</b>							
	All administrative costs associated with the Capital Improvements Fund will be compiled using time sheets and charged to the CIF. Benefits on the salary expenses will also be charged to the CIF.							
	Positions as noted in the Plan will also be charged to the CIF budget and the appropriate allocation will be made in the operating budget.							
	All positions shown will be charged at 100%. CIF administrative expenses will be designated as noted above. If further information is required, contact Tony L. Vecera, Technical Services Director. A portion of salaries will be utilized for in-house A&E including inspections in lieu of contracting for such services.							

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

PHAName: St. Clair County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL60P030501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Management staff professional development	1408		6,000				
Management	Technical services staff professional development	1408		6,000				
Improvements	Service coordination & support activities	1408		20,000				
	Economic development	1408		15,000				
	Family self-sufficiency	1408		35,000				
	Resident council development & training	1408		12,000				
	Drug elimination program	1408		40,000				
	Computers & related equipment	1475		17,500				
	Computers software	1408		2,500				

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

PHAName: St. Clair County HA		Grant Type and Number Capital Fund Program No: IL06P030501-03 Replacement Housing Factor No:				Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IL30-03 Dupo	06/05			06/06			
IL30-08 Centreville	06/05			06/06			
IL30-09 Brooklyn	06/05			06/06			
IL30-12 Brooklyn	06/05			06/06			
IL30-13 New Athens	06/05			06/06			
IL30-16 Belleville	06/05			06/06			
IL30-18 Swansea	06/05			06/06			
IL30-19 Lenzburg	06/05			06/06			
IL30-20 Centreville	06/05			06/06			
IL30-21 New Athens	06/05			06/06			
IL30-22 Millstadt	06/05			06/06			
IL30-28 Lenzburg	06/05			06/06			
HA Wide	06/05			06/06			

**CapitalFundProgramFive -YearActionPlan**  
**PartI:Summary**

PHANameSt.ClairCounty HousingAuthority		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:501 -04 PHAFY:2004	WorkStatementforYear3 FFYGrant:501 -05 PHAFY:2005	WorkStatementforYear4 FFYGrant:501 -06 PHAFY:2006	WorkStatementforYear5 FFYGrant: 501 -07 PHAFY:2007
IL30-01Brooklyn	Annual Statement	252,000	539,000	539,000	
IL30-06Centreville		0	717,000	703,000	220,000
IL30-08Centreville		591,500	120,000	0	0
IL30-10Centreville		541,000	96,000	0	0
IL30-11Alorton		0	0	200,000	0
IL30-16Belleville		60,000	20,000	20,000	1,564,000
IL30-22Millstadt		0	0	68,000	0
HAWide ManagementImpv.		154,000	154,000	154,000	154,000
HAWide Administration		263,000	263,000	263,000	263,000
HAWide Architects&Engineers		100,000	100,000	100,000	100,000
Contingency		96,616	49,116	11,116	0
CFPFundsListed for5 -yearplanning		2,058,615	2,058,615	2,058,615	2,301,000
Replacement HousingFactor Funds					

*Note:Admini strationmayincreaseyearlywithBoardapprovedcostoflivingincreases.*





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

Activities for Year: <u>4</u> FFY Grant: 2006 PHAFY: 2006			Activities for Year: 5 FFY Grant: 2006 PHAFY: 2006		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
IL30-01 Brooklyn	Building rehabilitation	504,000			
	Sitework	35,000			
IL30-06 Centreville	HVAC	483,000	IL30-06 Centreville	Rehab Hinckley office	20,000
	Mech. room Rehab	220,000		0 bedroom conversion	200,000
IL30-11 Alorton	Window repl	130,000			
	Sitework	70,000			
IL30-16 Belleville	Vehicles	20,000	IL30-16 Belleville	New administration building	1,541,000
				Highrise cable	23,000
IL30-22 Millstadt	Flooring	60,000			
	Parking lot renovation	8,000			
HA Wide	Contingency	11,116	HA Wide	Contingency	
HA Wide	Management Impv.	154,000	HA Wide	Management Impv.	154,000
HA Wide	Administration	263,000	HA Wide	Administration	263,000
HA Wide	Architect & Engineer	100,000	HA Wide	Architect & Engineer	100,000
<b>Total CFPEstimatedCost</b>		\$2,058,116			\$2,301,000

# Resident Advisory Board Meeting February 18, 2003 Minutes

A meeting of the Resident Advisory Board for the St. Clair County Housing Authority's Comprehensive Agency Plan was convened on February 18, 2003 at the Central Office, Belleville, IL.

The meeting was called to order with the members present recorded on the attached sign in sheet. Larry McLean, Management Director, welcomed those in attendance.

A motion was made, seconded, and passed to approve the minutes of the February 4th meeting.

The need to remove Ms. Ernestina Ellis' name from the membership roster was noted.

Mr. McLean asked the members if there were any follow-up questions related to the topics reviewed at the February 4<sup>th</sup> meeting. Related to efforts to get the Adeline James Building in Centreville wired for cable television, Norman Rains reported that he had surveyed the residents at the Belmont Plaza 1 Senior Building in Belleville and that 26 of the 45 occupied units have cable service. Vivian Cash reported that the Ernest Smit Sr. Resident Council was surveying residents of the AJB to determine their interest in subscribing to cable television. Depending on the number, the survey may be useful in convincing Charter to wire the building at a lower cost.

Regarding the draft smoking policy, Lester Jordan mentioned that the in-home air infiltrations systems do work. He purchased two and they have really helped him tolerate his neighbors' smoking habits.

Effie Smith, Programs & Leasing Director, gave a detailed presentation of the Section 8 Housing Choice Voucher Program (reference handout). Highlights included utilization rate (over 100% currently), a staffing summary and organizational chart, relationships and mutual cooperation with neighboring housing authorities, performance indicators (Section Eight Management Assessment Program - SEMAP), and demographics regarding the waiting list applicants and program participants. A question and answer period followed Ms. Smith's presentation.

The Flat Rent Schedule for the fiscal year starting July 1st was reviewed. Mr. McLean noted that there were no changes in the schedule, with the exception of the second segment of the phase-in process designed to limit the increase in monthly rent to \$50 for households previously paying ceiling rents (or phase I flat rents).

The proposed utility allowances schedule for the new year was reviewed. Mr. McLean noted that utility companies were surveyed and the only provider reporting an increase was the City of New Athens that reported an estimated 10% increase in water & sewer

rates. The proposed schedule increased the utility allowance for the two New Athens properties.

Mr. McLean reviewed the Deconcentration Analysis report, noting that there were significant changes compared to last year's analysis. He explained further that a clarification was obtained regarding the exclusion of developments with less than 100 units. Only four of SCCHA's public housing developments contain 100 or more units and none of these had income concentrations (either low or high). Therefore, no special income deconcentration activities were planned for the next year.

The Agency Plan Template was reviewed page by page. Mr. McLean responded to various questions from the members.

Possible training for RAB members and Resident Council officers was discussed. The flyer from NARMC (national association of resident management corporations) and the brochure from NAHRO (national association of housing and redevelopment officials) were reviewed. Mr. McLean reported that it would be appropriate to send an RAB representative to the NARMC conference. Jackie Campbell expressed an interest if she could accompany others in a van. The members who serve as Resident Council Officers indicated that upon discussion with their full RC the possibility of sending a representative to the conference, they would get back with SCCHA.

The next meetings are scheduled for April 7<sup>th</sup> (optional public hearing) and April 15<sup>th</sup>. The possible need to schedule a meeting in March was mentioned by Mr. McLean.

After responding to questions by individual members regarding issues impacting their development, the meeting adjourned.

The meeting was adjourned by Norman Rains, Chairman.

Prepared by: \_\_\_\_\_ Date: February 19, 2003  
Larry McLean, Management Director

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
Lillie Smith, Secretary

# Resident Advisory Board Meeting February 4, 2003 Minutes

A meeting of the Resident Advisory Board for the St. Clair County Housing Authority's Comprehensive Agency Plan was convened on February 4, 2003 at the Central Office, Belleville, IL.

The meeting was called to order with the members present recorded on the attached sign-in sheet. Larry McLean welcomed those in attendance.

A motion was made, seconded, and passed to approve the minutes of the January 21st meeting.

Vince York, Development Specialist, briefed the members on the content of the draft 5 year plan for the capital grants program. Mr. York noted that the major change was accelerating to year one HVAC replacement at a number of properties. He explained that the maintenance staff and in some cases Illinois Power have detected unsafe conditions (i.e. cracked heat exchangers, etc.) in the furnaces at the developments moved to year 1. To make funding available for this work, it was necessary to push back the installation of central air conditioning in the 30-8 and 30-10 developments in Centreville to year 2.

There was a question regarding the "new building" item in year 5. Mr. McLean explained that the current Central Office is in need of substantial repairs and it will be necessary to spend considerable money to keep the building operational. With this in mind, an A&E firm was contracted to make an assessment whether it would be most cost effective to renovate the existing building or build a new building. From purely a financial perspective, the construction of a new building is more cost effective, than trying to bring the existing building up to current standards. Mr. McLean noted, however, that there were additional considerations (i.e. the impact on the Bel Plaza 2 building, what to do with the existing building if the officer relocates, etc.). No definitive plans have been made, although staff continue to assess options. Regardless of the final decision, it is necessary to incorporate funding into the plan for either the renovation of the existing or construction of a new Central Office.

Mr. York responded to a variety of other questions regarding specific items in the plan. Mr. McLean reminded the group that the plan was in draft form and encouraged the resident council leader to discuss the content with their officers and residents and to submit their written comments.

Mr. Blackman reviewed the financial operations of SCCHA, which included the current year budget amounts for public housing operating subsidy, rental income, Section 8 Program funding, capital grants program, ROSS grant funds, and other income. Mr. Blackman responded to various questions regarding the funding allocations. It was noted that the PHDEP will no longer be funded by HUD as a separate grant and given the

pressures on the federal budget, continued funding in the operating budget for these activities is very doubtful.

Mr. McLean briefed the members regarding the on-going effort to secure the opportunity for public housing residents in the Adeline James Building in Centreville and the upstairs 2-bedroom units in Greystone in Alorton to have cable television. It was reported that Charter Communications proposed for the Housing Authority to pay the full cost of the wiring installations, estimated by Charter to be \$21,233 for ADJ and \$8,253 for Greystone. SCCHA rejected the proposal and offered to cover 1/2 the cost as a service to residents. Charter has not yet responded to the counteroffer.

The proposed change away from a county-wide to a site-based waiting list for the public housing program was discussed. Mr. McLean explained that once approved, SCCHA would maintain a separate waiting list for each community, except for Belleville and Centreville. These cities would have separate waiting lists for each development. The intent is to gain some efficiency in the leasing process.

The plan to designate a number of public housing properties was reviewed. The properties in Belleville, Centreville (AJB), Millstadt, and New Athens would be designated elderly only. Four units at New Athens would be designated as "disabled only." The remaining developments would remain "mixed." The problems with mixing elderly and young disabled residents at the same locations were noted. Mr. McLean advised the group that the plan could have a major impact on several developments. Although there were a series of questions/concerns, recognizing the problems associated with the mixed populations at the closely clustered developments, the members expressed support for the designation plan.

The draft "Smoking Policy for High-Rise Buildings" was reviewed. Mr. McLean explained that management feels compelled to adopt a policy because of the increasing number of complaints received regarding smoking in these buildings. Members questioned management's ability to fully enforce the provisions, especially the provision to require resident use of an air-filtering machine. Mr. McLean acknowledged the difficulties that will be involved.

Mr. McLean reviewed the draft Fire Loss Resident Re-Housing Policy with the members. These several devastating fires experienced within the last 3 months were noted. Mr. McLean explained that management wanted to adopt the policy primarily to give guidance to residents regarding the circumstances under which households are eligible for re-housing in the event of a fire that results in the unit being uninhabitable.

The first six pages of the Agency Plan Template were distributed, with the members being requested to review them before the next meeting. Mr. McLean noted the anticipation of having the remainder of the updated template for 2003 available for review in draft form by the next meeting.

The next meetings are scheduled for February 18<sup>th</sup> and April 15<sup>th</sup>.

After responding to questions by individual members regarding issues impacting their development, the meeting adjourned.

The meeting was adjourned by Norman Rains, Chairman.

Prepared by: \_\_\_\_\_ Date: February 14, 2003  
Larry McLean, Management Director

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
Lillie Smith, Secretary

# Resident Advisory Board Meeting January 21, 2003 Minutes

A meeting of the Resident Advisory Board for the St. Clair County Housing Authority's Comprehensive Agency Plan was convened on January 21, 2003 at the Central Office, Belleville, IL.

The meeting was called to order with the members present recorded on the attached sign-in sheet. Larry McLean welcomed those in attendance.

The members paused for a moment of silence to honor the memory of Ernestina Ellis, Vice-President, who passed on December 13, 2002.

Three calls for nomination to fill the office of Vice-President were made, resulting in the nomination of Jackie Campbell and Patricia Beard. A written ballot resulted in the election of Jackie Campbell as Vice-President.

A motion was made, seconded, and passed to approve the minutes of the September 17th meeting.

The solicitation for membership in the National Low Income Housing Coalition was reviewed and discussed. It was agreed that the RAB would be enrolled as a member agency with the contact person being Norman Rains. If membership proves beneficial and there is a need, individual memberships will be considered.

Betty Simmons and Norman Rains reported on the training sessions attended since the last meeting. Both reported that the NAHRO trainings were considered worthwhile.

Mr. McLean reported that the recruitment letter to non-public housing residents would be mailed on January 31<sup>st</sup> and that the same letter would be included in the Section 8 recertification packets for the next several months. The need to contact Judi Roy, Sarah Wyrick, Carolyn Hensley, and Freda Blanchard, to determine continued interest was noted. Mr. McLean agreed to make the follow-up contact.

Mr. McLean reported on the status of the Public Housing Assessment System (PHAS) certification for fiscal year ending 6/30/02. He noted that HUD staff had contacted the office during the last weeks in December to report that the "management certification" portion of the PHAS had not been received electronically by HUD. Upon investigation, it was determined that the submission process had changed to require submission by the Executive Director and that two reminders of late submission had not been received by SCCHA due to incorrect e-mail addresses for the Executive Director being on file at HUD (despite SCCHA staff having submitted the new e-mail addresses in July 2002). Mr. McLean reported that the extent of the penalty for late submission was



not known at this time. The possibilities range from loss of a few points to a score of zero on the management sub-section. The RAB will be kept advised.

The results of the Resident Assessment and Satisfaction Survey (RASS) were reviewed, with the below 75% ratings noted in the Communications, Safety, and Neighborhood Appearance categories. The members reviewed the draft Follow-up Plan presented and endorsed its content.

The draft status reports for the Annual Plan and 5 Year Plan were reviewed and discussed. The members accepted the reports as drafted.

The following meetings scheduled was adopted:

February 4<sup>th</sup>  
February 18<sup>th</sup>  
April 15<sup>th</sup>

All meetings will be held at 10:00 a.m. The members requested that a tour of SCCHA and Section 8 properties be combined with at least some of the meetings.

After responding to questions by individual members regarding issues impacting their development, the meeting adjourned.

The meeting was adjourned by Norman Rains, Chairman.

Prepared by: \_\_\_\_\_ Date: January 21, 2003  
Larry McLean, Management Director

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
Lillie Smith, Secretary

**Resident Advisory Board Meeting**  
**September 17, 2002**  
**Minutes**

A meeting of the Resident Advisory Board for the St. Clair County Housing Authority's Comprehensive Agency Plan was convened on September 17, 2002 at the Central Office, Belleville, IL.

The meeting was called to order with the members present recorded on the attached sign-in sheet. Larry McLean welcomed those in attendance.

A motion was made, seconded, and passed to approve the minutes of the March 19th meeting.

The members reviewed the RAB Administrative Plan to acquaint themselves with the provisions contained therein.

A motion was made, seconded, and passed to remove Francis Alderfer from the Board. Ms. Alderfer is no longer a participant in the Section 8 Program. The Board requested that staff arrange for recruitment of Section 8 participants and non-public housing residents. Upon discussion, it was agreed that an informational flyer would be developed for inclusion in the example packets for Section 8 participants and a letter would be mailed for non-public housing participants along with their rent statements.

The members, through nominations and motion, which was seconded and passed, elected the following officers for the 2002-2003 year:

Chairman - Norman Rains, Belleville  
Vice-Chairman - Ernestina Ellis, Belleville  
Secretary - Lillie Smith, Centreville

Mr. McLean reviewed the contents of SCCHA's PHAS (public housing assessments system) certification for fiscal year ending 6/30/02.

Through a motion duly made, seconded, and passed, the board adopted the proposed budget for Resident Participation Activities (reference attachment).

The board reviewed various options for resident training. Upon discussion, the following action was approved by motion, made, seconded, and passed:

- Send up to four RAB members to NAHRO's Resident Leadership Training in Chicago on Nov. 6, 7, and 8<sup>th</sup>.

- Send onerepresentative to NAHRO's Annual Conference & Exhibition in Seattle, WA., Oct. 27<sup>th</sup> - 30<sup>th</sup>.

Upon approval, the following residents were selected to attend the Chicago NAHRO training: Melanie Sanders, Betty Simmons, Vivian Cash. Mr. McLean was requested to contact other members regarding their interest in attending (one slot remained available for another public housing resident).

Norman Rains was selected to represent the RAB at the NAHRO Conference in Seattle.

Information regarding the HUD Resident Survey process was distributed and discussed. It was requested that each resident council be contacted regarding the possibility of a training/briefing session regarding the survey instrument to increase resident understanding. Mr. McLean indicated that each resident council would be contacted.

It was agreed that RAB meetings would be held on the third Tuesday of the month at 10:00, when needed. It was noted that there would probably not be an October meeting due to Mr. McLean's training commitments.

The members expressed an interest in touring some Section 8 properties after each meeting, in conjunction with a lunch. Mr. McLean indicated that he would try to arrange a drive-by of various Section 8 properties.

Mr. McLean requested that members mark their calendars for November 12<sup>th</sup>, for the Resident Appreciation Luncheon to be held at the Collinsville Holiday Inn.

After responding to questions by individual members regarding issues impacting their development, the meeting adjourned.

The meeting was adjourned by Norman Rains, Chairman.

Prepared by: \_\_\_\_\_ Date: September 30, 2002

Larry McLean, Management Director

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Lillie Smith, Secretary



**Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification*		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III Component 7a	Development Activities Component 7b	Demolition/disposition Component 8	Designated housing Component 9	Conversion Component 10	Home-ownership Component 11a	Other (describe) Component 17**
#1 –Brooklyn	100	\$1,330,000	None Planned***	None Planned***	None Planned	None Planned***	None Planned***	DBA/CSA
#2 –Marissa	24	\$431,916	None Planned	None Planned	None Planned	6 –0Br.&1br to 3 –2Br.	None Planned	DBA/CSA
#3 –Dupo	20	\$60,000	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#5 –Smithton	10	\$0	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#6 –Centreville	178	\$1,640,000	None Planned	None Planned	40 units elderly only	12 –0Br.to 6 –1Br.	None Planned	DBA/CSA
#7 –Marissa	14	\$0	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#8 –Centreville.	142	\$793,500	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#9 –Brooklyn	42	\$50,000	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#10 –Centreville	110	\$637,000	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#11 –Alorton	44	\$200,000	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#12 –Brooklyn	16	\$64,000	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#13 –New Athens	16	\$272,000	None Planned	None Planned	4-1br Disabled Only	None Planned	None Planned	DBA/CSA
#14 –Lebanon	24	\$0	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#16 & #61 –Belleville	86	\$1,893,000	None Planned	None Planned	86 units elderly only	None Planned	None Planned	DBA/CSA
#17 –Washing ton Park	32	\$0	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#18 –Swansea	16	\$64,000	None Planned	None Planned	16 units elderly only	None Planned	None Planned	DBA/CSA
#19 –Lenzburg	8	\$197,000	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#20 –Centreville	8	\$32,000	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#21 –New Athens	16	\$222,000	None Planned	None Planned	16 units elderly only	None Planned	None Planned	DBA/CSA
#22 –Millstadt	18	\$140,000	None Planned	None Planned	12 units elderly only	None Planned	None Planned	DBA/CSA
#24 –O’Fallon	20	\$0	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA
#27 –Belleville	64	\$0	None Planned	None Planned	64 units elderly only	None Planned	None Planned	DBA/CSA
#28 –Lenzburg	8	\$142,000	None Planned	None Planned	None Planned	None Planned	None Planned	DBA/CSA

\*See attached for greater details regarding development.

\*\*Development -based Accounting and Comprehensive Stock Assessment

\*\*\*Engineering assessments to be completed in 2003. Possibility exists that demolition/replacement (under Conversion, Hope 6, etc.) may prove more cost effective than traditional modernization for this development.

**RESPONSE TO COMMENTS RECEIVED  
REGARDING 2003 AGENCY PLAN UPDATE &  
CAPITAL IMPROVEMENTS PLAN**

- 1) Three residents from Millstadt (30 -22) suggested that the windows be replaced in lieu of the planned site work.

Reply: This site work is already under contract and was targeted in response to REAC inspection findings. Window replacement will be incorporated into the Capital Grants Program Plan, but initially will be scheduled for years six (or beyond), due to other more severe physical needs.

- 2) A resident at Bel -Plaza 2 (115 North 47<sup>th</sup> St., Belleville) inquired about the possibility of installing security cameras to monitor the emergency exits.

Reply: Staff acknowledged increasing concerns from residents regarding the use of the emergency exits and is in the process of determining the costs involved in installing video cameras and considering other actions that might be taken to address the problem. Once the costs are determined, a decision will be made whether or not to proceed with the installation (using operating budget or other grant funds) or incorporating the work item into the Capital Improvements 5 Year Plan in conjunction with the 2004 update.

- 3) Another resident from Bel -Plaza 2 asked about the possibility of changing out the faucets and doorknobs to the "lever/handle" type that would be easier for senior citizens with arthritis to use.

Reply: Staff advised that such requests are currently reviewed/considered on an individual basis as possible reasonable accommodation of a disability. Any resident with an immediate problem was advised to submit a work order/service request. The Technical Services staff agreed to consider mass replacement as a possible additional work item in the 2004 update of the 5 Year Modernization Plan.

- 4) Another Bel -Plaza 2 resident asked about the possibility of additional signs identifying "resident only" parking, noting that it is often difficult for residents to find parking placed due to Housing Authority Office traffic.

Reply: Staff agreed to consider the request within the constraints of the operating budget, noting that it was not an appropriate item for the Capital Grants Program.

- 5) A Bel -Plaza 2 resident reported that many residents had difficulty getting in and out of the bathtub and inquired about the possibility of modifying the bathrooms to include walk -in showers.

- 6) Reply: Staff advised that currently such needs are considered on an individual basis as a possible accommodation of a disability. The Technical Services staff has also agreed to consult with the architect and engineering firm to confirm that the current bathtub arrangements comply with applicable accessibility standards, especially as the standards apply to substantial renovations.

Prepared by: \_\_\_\_\_ April 8, 2003  
Larry McLean, Management Director

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

<b>PHAName:</b> St.ClairCountyHousingAuthority	<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: 50101 ReplacementHousingFactorGrantNo:	<b>FederalFYofGrant:</b> 2001 REV4, 12-30-02
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Original Annual Statement   
  Reserve for Disasters/Emergencies   
  Revised Annual Statement (revision no: 4)  
 Performance and Evaluation Report for Period Ending:   
  Final Performance and Evaluation Report

Line#	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	0	0	0	0
2	1406 Operations	0	0	0	0
3	1408 Management Improvements Soft Costs	\$154,100	\$196,502	\$38,139	\$38,139
	Management Improvements Hard Costs	0	0	0	0
4	1410 Administration	\$243,229	\$243,229	\$243,229	\$121,747
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	\$100,000	\$100,000	\$100,000	\$93,857
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	\$138,866	\$141,512	\$141,512	\$141,512
10	1460 Dwelling Structures	\$914,100	\$860,896	\$860,896	\$766,220
11	1465.1 Dwelling Equipment -Nonexpendable	\$482,598	\$490,754	\$490,754	\$483,761
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	\$39,066	\$39,066	\$39,066	\$39,066
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1502 Contingency	0	0	0	0
	Amount of Annual Grant: (sum of lines.....)	\$2,071,959.00	\$2,071,959.00	\$1,913,596.00	\$1,684,302.00
	Amount of line XX Related to LBP Activities	0			
	Amount of line 10 Related to Section 504 compliance	\$60,000			
	Amount of line 3 Related to Security --Soft Costs	\$40,600			
	Amount of Line XX related to Security --Hard Costs	0			
	Amount of line XX Related to Energy Conservation Measures	0			
	Collateralization Expenses or Debt Service	0			



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

PHAName: St. Clair County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: 50101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001 Rev 4, 12 -30-02			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
IL30-02 Marissa	Site improvements		1450	26	\$78,837	\$2,116.85	\$2,116.85	\$2,116.85	To 30 -14 Site
IL30-06 Centreville	Electrical improvements Site improvements		1460 1450	178 178	0 \$3,116	0 \$3,116	0 \$3,116	0 \$3,116	To 30 -16 HVAC Complete
IL30-07 Marissa	Site improvements		1450	14	0	0	0	0	To 30 -16 HVAC
IL30-08 Centreville	Electrical improvements Site improvements		1460 1450	142 142	0 \$3,000	0 \$3,000	0 \$3,000	0 \$3,000	To 30 -16 HVAC Complete
IL30-10 Centreville	Electrical improvements Door frames and storm doors Remove patio fences Site improvements		1460 1460 1460 1450	110 33 56 110	0 \$20,000 \$10,000 \$3,000	0 \$19,198 \$0 \$3,000	0 \$19,198 0 \$3,000	0 \$19,198 0 \$3,000	To 30 -16 HVAC Complete To 30 -16 Church Boiler, etc. Complete

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

PHA Name: St. Clair County Housing Authority		Grant Type and Number Capital Fund Program Grant No: 50101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001 Rev 4, 12 -30-02			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
IL30-14 Lebanon	Site improvements	1450	24	\$45,000	\$125,529.62	\$125,530	\$125,530	Complete	
IL30-16 N.47 <sup>th</sup> St. Belleville	Patio door replacement, wall system repair, window replacement	1460	38	\$151,698	\$151,698	\$151,698	\$146,674	In progress Funds moved to balance contract amount	
	Appliances	1465	38	0	0	0	0	Revised to 30 -16 Patio & 30 -17 HVAC	
	Flooring—common areas, apartments	1460	38	\$45,000	\$45,000	\$45,021	\$45,021	In progress	
	Individual heat pumps, water heaters, mechanical room rehab, boiler repr/repl, cooling tower replacement	1465	38	\$229,064	\$229,064	\$229,064	\$229,064	From Contingency \$65,598 From IL30 -06,8,10,7,17 \$53,466 Complete	
	Handicapped accessibility	1460	2	\$30,000	\$30,000	\$30,000	\$0	In Progress	
	Mechanical room rehab; boiler replacement	1465	38	0	0	0	0	Revised to 30 -16 Patio & 30 -17 HVAC	
	Ceiling repair; storage room	1460	2	\$3,000	\$3,000	\$3,000	0	In Progress	
	Fire protection/ADA elevator; elevator maintenance rehab.	1460	1	\$85,000	\$85,000	\$85,000	\$85,000	Complete	
	Interior door repair; fire rated lock system	1460	1	\$40,000	\$40,000	\$40,000	\$40,000	Complete	
	Repair/replace interior handrail	1460	1	\$4,000	\$4,000	\$4,000	\$4,000	Complete	
	Wall repair —common area	1460	1	\$63,000	\$63,000	\$63,000	\$63,000	Complete	
	Cooling tower replacement	1465	1	0	0	0	0	Revised	
	Retaining wall repair	1450	1	\$0	0	0	0	Revised to 30 -16 Patio & 30 -17 HVAC	

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

PHAName: St. Clair County Housing Authority		Grant Type and Number Capital Fund Program Grant No: 50101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001 Rev 4, 12 -30-02			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
IL30-16	Retaining wall repair	1450	1	0	0	0	0	Revised to 30 -16 Patio & 30 -17 HVAC	
Church Street	Appliances	1465	42	0	0	0	0	Revised to 30 -16 Patio & 30 -17 HVAC	
Belleville	Flooring, common areas and apartments	1460	42	\$60,000	\$60,000	\$60,000	\$60,000	Complete	
	Individual heat pumps & water heater replacement, mechanical room rehab, boiler repr/repl, cooling tower replacement	1465	42	\$178,465	\$185,457.53	\$185,457.53	\$178,465	\$53,465 from IL30-06, 8, 10, 7, 17	
	Handicapped accessibility	1460	3	\$30,000	\$30,000	\$30,000	\$0	In Progress	
	Mechanical room rehab/boilers	1465	1	0	0	0	0		
	Fire protection/ADA elevators; elevator rehab	1460	1	\$135,000	\$135,000	\$134,979	\$133,709		
	Interior door repair; fire rated lock system	1460	42	\$50,000	\$50,000	\$50,000	\$29,619	In Progress	
	Repair/replace interior handrail	1460	1	\$5,000	\$5,000	\$5,000	0	In Progress	
	Wall repair – common area	1460	1	\$75,000	\$75,000	\$75,000	\$75,000	Complete	
	Cooling tower replacement	1465	1	0	0	0	0		
	Resurface decking with epoxy coating	1460	1	0	0	0	0	Revised to 30 -16 Patio & 30 -17 HVAC	
IL30-16	Vehicle replacement	1475	1	\$39,066	\$39,066	\$39,066	\$39,066	\$4,066 From contingency – Complete	
Administration									

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

PHAName: St. Clair County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: 50101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001 Rev 4, 12 -30-02			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
IL30-17	Site improvements	1450	32	\$4,750	\$4,750	\$4,750	\$4,750	\$1,750 contingency Complete	
Washington Park	HVAC/Water heaters	1465	32	\$76,232	\$76,232	\$76,232	\$76,232	\$49,931 to L30 -16 HVAC Complete	
IL30-22	Site drainage and subsidence	1460	18	\$15,000	\$15,000	\$15,000	\$15,000	In Progress	
Millstadt	Siding and doors	1460	18	\$50,000	\$50,000	\$50,000	\$50,000	In Progress	
	Contingency	1502		0	0			\$65,598 to 30 -16 Contingency; \$4,066 to vehicles; \$1,750 to 30 -17 site	
<b>HA Wide</b>	Management staff professional development	1408		\$6,000	\$6,000	\$5,625	\$5,625	In Progress	
<b>Management</b>	Technical services staff profess. development	1408		\$6,000	\$6,000	\$1,655	\$1,655	In Progress	
<b>Improvements</b>	Service coordination	1408		\$35,000	\$35,000	\$4,860	\$4,860	Planning	
	Economic development	1408		\$15,000	\$15,000	0		Planning	
	Family self-sufficiency program	1408		\$24,500	\$24,500	\$25,047	\$25,047	In Progress	
	Resident council development and training	1408		\$12,000	\$12,000	\$953	\$953	In Progress	
	Drug elimination program	1408		\$83,002	\$83,002	0		Planning	
	Resident self-help program	1408		\$15,000	\$15,000	0		Planning	
<b>HA Wide</b>	<b>Architect &amp; Engineering Services</b>	1430		\$100,000	\$100,000	\$100,000	\$93,858	In Progress	

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

PHAName: St. Clair County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: 50101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001 Rev 4, 12 -30-02			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
HA Wide	<b>Administrative Costs</b>								
	Director		1410	1	\$85,600	\$85,600			
	Construction Manager		1410	1	\$62,200	\$62,200			
	Specialist		1410	1	\$46,000	\$46,000			
	Modernization Manager		1410	1	\$49,429	\$49,429			
					\$243,229	\$243,229	\$243,229	\$121,747	In progress
	<b>COST ALLOCATION METHODOLOGY</b>								
	All administrative cost associated with the Capital Improvements Fund will be compiled using timesheets and charged to the CIF. Benefits on the salary expenses will also be charged to the CIF.								
	Positions as noted in the Plan will also be charged to the CIF budget and the appropriate allocation will be made in the operating budget. All positions shown will be charged at 100%. CIF administrative expenses will be designated as noted above. If further information is required contact Tony L. Vecera, Technical Services Director.								
	*\$40,127 of this amount will be used for in-house A&E (including inspections) in lieu of contracting for such services.								

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

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

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

12/30/2002

HAName: <b>St. Clair County Housing Authority</b>	Capital Improvements Number: <b>IL60P030501-00</b>	FFY of Grant Approval: 2000
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Annual Statement    
  Service for Disasters/Emergencies    
  Revised Annual Statement/Revision Number 6    
 Performance and Evaluation Report for Program Year Ending

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	(Revised (1))	Obligated	Expended
1	Total Non-CGPFunds				
2	1406 Operations (May not exceed 10% of line 19)				
3	1408 Management Improvements	\$101,648	\$101,648	\$101,648	\$73,454
4	1410 Administration	\$235,800	\$235,800	\$235,800	\$235,800
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$100,000	\$100,000	\$100,000	\$99,000
8	1440 Site Acquisition				
9	1450 Site Improvement	\$213,459	\$213,459	\$213,459	\$213,459
10	1460 Dwelling Structures	\$1,357,699	\$1,357,699	\$1,357,699	\$1,357,699
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$22,410	\$22,410	\$22,410	\$22,410
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)	\$0	\$0		
19	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	<b>\$2,031,016</b>	<b>\$2,031,016</b>	<b>\$2,031,016</b>	<b>\$2,001,822</b>
20	Amount of line 19 Related to LBP Activities				
21	Amount of Line 19 Related to Section 504 Compliance	\$32,490			
22	Amount of Line 19 Related to Security				
23	Amount of Line 19 Related to Energy Conservation Measures				

Signature of Executive Director and Date: <b>X</b>	Signature of Public Housing Director/Office of Native American Programs Administration & Date: <b>X</b>
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**Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part II: Supporting Pages**

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

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

12/30/2002

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Obligated (2)	Expended (2)	
IL30-01 Brooklyn	Site Improvement: grade, seed, concrete repair/replacement	1450	100	32,514	40,297	40,297	40,297	Completed
IL30-02 Marissa	Site Improvement: grade, seed, concrete repair/replacement	1450	26	0	0	0	0	Revised
IL30-03 Dupo	Site Improvement: grade, seed, concrete repair/replacement, fence	1450	20	10,067	10,067	10,067	10,067	Completed
IL30-06 Centreville	Flooring, replace carpeting, concrete removal	1460	41	59,000	59,000	59,000	59,000	Completed
IL30-07 Marissa	Site Improvement: grade, seed, concrete repair/replacement	1450	14	0	0	0	0	Revised
IL30-10 Centreville	Site Improvement: grade, seed, concrete repair/replacement	1450	110	16,350	16,349	16,349	16,349	Completed
IL30-14 Lebanon	Site Improvement: grade, seed, concrete repair/replacement	1450	3	0	0	0	0	Revised
IL30-16 N. 47th St.	Patio door replacement, wall system repair, window replacement	1460	38	430,000	465,346	465,346	465,346	Complete
IL30-16 Church St.	Patio door replacement, wall system repair, window replacement	1460	48	438,981	438,981	438,981	438,981	Completed
IL30-16 Central Office	Roof repair/replacement	1460	1	1,698	1,698	1,698	1,698	Completed
IL30-17 Washington Pk.	Roof repair/replacement, siding, painting	1460	32	130,942	130,488	130,488	130,488	Complete
IL30-16 Belleville	Vehicle Replacement	1475	0	22,410	22,410	22,410	22,410	Completed

Signature of Executive Director and Date  
**X**

Signature of Public Housing Director/office of Native American Programs Administrator and Date  
**X**

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

(2) to be completed for the Performance and Evaluation Report

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

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

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

12/30/2002

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Obligated (2)	Expended (2)	
IL30-19 Lenzburg	Windows, doors, locks, storm doors	1460	8	22,200	22,200	22,200	22,200	Complete
IL30-20 Centreville	Parking lot, concrete replacement	1450	8	87,018	86,746	86,746	86,746	Complete
IL30-22 Millstadt	Siding, roof repair/replacement, painting	1460	18	97,000	97,000	97,000	97,000	Complete
IL30-24 O'Fallon	Parking lot repair/resurface, drain	1450	1	60,000	60,000	60,000	60,000	Complete
IL30-27 Belleville	Siding repair/replacement, painting	1460	64	85,000	85,000	85,000	85,000	Complete
IL30-28 Lenzburg	Roofs, door and windows	1460	8	57,986	57,986	57,986	57,986	Complete
	Contingency	1502		0	0	0	0	

Signature of Executive Director and Date

**X**

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

**X**

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

(2) to be completed for the Performance and Evaluation Report



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

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

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

12/30/2002

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Obligated (2)	Expended (2)	
Management Improvements	Mgmt. Staff professional devel.	1408		6,000	6,154	6,154	6,154	Complete
	Tech. Services staff professional devel.	1408		6,000	6,000	6,000	6,000	Complete
	Service coordination	1408		24,950	13,296	13,296	14,290	Complete
	Economic development	1408		15,000	15,000	15,000	5,250	In Progress
	Family self-sufficiency program	1408		24,500	24,500	24,500	24,500	Complete
	Res. Council devel. & training	1408		12,000	14,918	14,918	14,918	Complete
	Drug elimination program	1408		13,198	21,780	21,780	2,342	In Progress
		<b>Subtotal</b>			<b>101,648</b>	<b>101,648</b>	<b>101,648</b>	<b>73,454</b>
For further explanation of descriptions please refer to the Management Needs Assessment.								

Signature of Executive Director and Date  
**X**

Signature of Public Housing Director/office of Native American Programs Administrator and Date  
**X**

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

(2) to be completed for the Performance and Evaluation Report

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

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

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

12/30/2002

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Obligated (2)	Expended (2)	
PHA-WIDE ADMIN. COSTS	Administrative Costs Employee salaries and benefits (@40% of salary)							Complete
	Technical Services Department							
	Director (1)	1410	1	\$82,322	\$82,322			
	Modernization Manager (1)	1410	1	\$59,812	\$59,812			
	Construction Manager (1) Specialist (1)	1410 1410	1 1	\$44,237 \$49,429	\$44,237 \$49,429			
			<b>Subtotal</b>	<b>\$235,800</b>	<b>\$235,800</b>	<b>\$235,800</b>	<b>\$235,800</b>	
		<b>Total</b>		<b>\$235,800</b>	<b>\$235,800</b>			
<p><b>COST ALLOCATION METHODOLOGY</b>                      All administrative costs associated with the Comprehensive Grant Program will be compiled utilizing timesheets and charged to the Comprehensive Grant Program. Benefits on the salary expenses will also be charged to the Comprehensive Grant Program.</p> <p>Positions as noted in the Comprehensive Plan will also be charged to the CGP budget and the appropriate allocation will be made in the operating budget. All positions shown will be charged at 100%. Comprehensive grant administrative expenses will be designated as noted above. If you require further information, please contact Gayle M. Williamson at (618) 277-3290 extension 3415.</p>								
<p>*\$89,756 of this amount will be used for in-house A&amp;E (including inspections) in lieu of contracting for such services.</p>								

Signature of Executive Director and Date

**X**

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

**X**

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

(2) to be completed for the Performance and Evaluation Report

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

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

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

12/30/2002

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Obligated (2)	Expended (2)	
PHAWIDE FEES AND COSTS	Funds for A&E firm to provide technical expertise as needed for current funding year.	1430		\$100,000	\$100,000	\$100,000	\$99,000	In progress
	<b>TOTAL FEES AND COSTS</b>			<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>		

Signature of Executive Director and Date  
**X**

Signature of Public Housing Director/office of Native American Programs Administrator and Date  
**X**

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

(2) to be completed for the Performance and Evaluation Report

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

<b>PHAName:</b> St.ClairCountyHousingAuthority	<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: 50101 ReplacementHousingFactorGrantNo:	<b>FederalFYofGrant:</b> 2001 REV4, 12-30-02
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<input type="checkbox"/> <b>Original Annual Statement</b>	<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>	<input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 4)</b>
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>

Line#	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds	0	0	0	0
2	1406 Operations	0	0	0	0
3	1408 Management Improvements Soft Costs	\$154,100	\$196,502	\$38,139	\$38,139
	Management Improvements Hard Costs	0	0	0	0
4	1410 Administration	\$243,229	\$243,229	\$243,229	\$121,747
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	\$100,000	\$100,000	\$100,000	\$93,857
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	\$138,866	\$141,512	\$141,512	\$141,512
10	1460 Dwelling Structures	\$914,100	\$860,896	\$860,896	\$766,220
11	1465.1 Dwelling Equipment - Nonexpendable	\$482,598	\$490,754	\$490,754	\$483,761
12	1470 Non Dwelling Structures	0	0	0	0
13	1475 Non Dwelling Equipment	\$39,066	\$39,066	\$39,066	\$39,066
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1502 Contingency	0	0	0	0
	Amount of Annual Grant: (sum of lines.....)	\$2,071,959.00	\$2,071,959.00	\$1,913,596.00	\$1,684,302.00
	Amount of line XX Related to LBP Activities	0			
	Amount of line 10 Related to Section 504 compliance	\$60,000			
	Amount of line 3 Related to Security --Soft Costs	\$40,600			
	Amount of Line XX related to Security --Hard Costs	0			
	Amount of line XX Related to Energy Conservation Measures	0			
	Collateralization Expenses or Debt Service	0			

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

PHAName: St. Clair County Housing Authority		Grant Type and Number Capital Fund Program Grant No: 50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002 LOCCS12 -30-02				
	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
					Original	Revised	Obligated	Expended		
IL30-13	Concrete parking lots		1450	16	\$81,000					
New Athens	Kitchen/bathrooms		1460	16	\$80,000					
	Flooring		1460	16	\$50,000					
IL30-16	Vehicle replacement		1475	1	\$25,000					
Belleville	Resurfaced deck (Church St.)		1450	48	\$65,000					
	Cooling tower replacement (C)		1465	48	\$120,000					
	Rehab retain ing walls (C)		1450	48	\$45,000					
	Cooling tower replacement (47 <sup>th</sup> Street)		1465	38	\$100,000					
	Boiler replacement		1465	38	\$70,000					
	Fire Protection/Elevator Rehab		1460	38	0					
IL30-18	Siding/exterior repair		1460	16	\$30,000					
Swansea	Subsidence		1450	1	\$15,000					
IL30-21	Kitchen/baths		1460	16	\$80,000					
New Athens	Flooring		1460	16	\$23,000					
Signature of Executive Director					Date		Signature of Public Housing Official			Date

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

PHA Name: St. Clair County Housing Authority		Grant Type and Number Capital Fund Program Grant No: 50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002 LOCCS12 -30-02					
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
					Original	Revised	Obligated	Expended			
IL30-02	0 bedroom conversion		1460	12	\$150,000						
Marissa	Site improvements		1450	26	\$276,916						
IL30-03	Concrete parking/site		1450	20	\$20,000						
Dupo											
IL30-05	Concrete parking/site improve.		1450	10	\$22,000						
Smithton											
IL30-06											
Centreville	PHA Operating funds		1406		\$19,322						
IL30-07	Site improvements		1450	14	\$40,000						
Marissa											
IL30-09	Replacesiding mgmt office		1470	1	\$40,000						
Brooklyn											
Signature of Executive Director					Date	Signature of Public Housing Official					Date

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

PHAName: St. Clair County Housing Authority		Grant Type and Number Capital Fund Program Grant No: 50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002 LOCCS12 -30-02			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
IL30-22	Concrete parking/site imprv.		1450	12	\$17,000				
Millstadt									
IL30-27	Signage		1450	64	\$1,200				
Belleville									
	Contingency		1502		\$73,968				
<b>HA Wide</b>	Management staff professional development		1408		\$6,000				
<b>Management</b>	Technical services staff professional development		1408		\$6,000				
<b>Improvements</b>	Service coordination & support activities		1408		\$20,000				
	Economic development		1408		\$15,000				
	Family self-sufficiency program		1408		\$35,000		3,859	3,859	In progress
	Resident council development and training		1408		\$12,000				
	Drug elimination program		1408		\$40,000				
	Computers and related equipment		1475		\$17,500		3,938	3,938	In progress
	Computers software		1408		\$2,500				
					154,000				
Signature of Executive Director		Date		Signature of Public Housing Official			Date		

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

PHANa me: St. Clair County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: 50102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002 <b>LOCCS12 -30-02</b>
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Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
HA Wide	<b>Administrative Costs</b>							
	Director	1410	1	\$89,024				
	Construction Manager	1410	1	\$64,688				
	Specialist	1410	1	\$47,840				
	Modernization Manager	1410	1	\$51,406				
				252,958				
	<b>COST ALLOCATION METHODOLOGY</b>							
	All administrative cost associated with the Capital Improvements Fund will be compiled using time sheets and charged to the CIF. Benefits on the salary expenses will also be charged to the CIF.							
	Positions as noted in the Plan will also be charged to the CIF budget and the appropriate allocation will be made in the operating budget. All positions shown will be charged at 100%. CIF administrative expenses will be designated as noted above. If further information is required contact Tony L. Vecera, Technical Services Director.							
	*\$65,757 of this amount will be used for in-house A&E (including inspections) in lieu of contracting for such services.							
HA Wide	<b>Architect &amp; Engineering Services</b>	1430		\$100,000		\$90,000	\$58,500	In progress

Signature of Executive Director	Date	Signature of Public Housing Official	Date
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