

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

PHA Plans

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

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

**PHA Plan
Agency Identification**

PHA Name: City of Des Moines, Des Moines Municipal Housing Agency

PHA Number: IA020

PHA Fiscal Year Beginning: (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
PHA FISCAL YEARS 2000 - 2004
[24 CFR Part 903.5]

A. Mission

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)
The Housing Services Department's mission is to provide Quality Affordable Housing opportunities within Des Moines and Polk County, and to facilitate, where possible, self-sufficiency for its clients.

B. Goals

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

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:

- Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

- PHA Goal: Increase assisted housing choices

Objectives:

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

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

- PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements:
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families:

- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:
 - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
 - Other: (list below)

Other PHA Goals and Objectives: (list below)

ATTACHMENTS: ia020a01

Ia020b01

Annual PHA Plan
PHA Fiscal Year 2003
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

Not Required

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- Admissions Policy for Deconcentration
- FY 2003 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- FY 2003 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- 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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
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 certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	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
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	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
X	Most recent CIAP Budget/Progress Report (HUD 52825) for	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	any active CIAP grant	
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
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
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	
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

[24 CFR Part 903.7 9 (a)]

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

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter

families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI							
Income >30% but <=50% of AMI							
Income >50% but <80% of AMI							
Elderly							
Families with Disabilities							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

ATTACHMENT – CHART ia020c01

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: 2000
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)
U.S CENSUS DATA: American Fact Finder for Polk County 2000

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance ATTACHMENTS ia020d01		
<input checked="" type="checkbox"/>	Public Housing	ia020e01	ia020g01 ia020i01
<input type="checkbox"/>	Combined Section 8 and Public Housing ia020f01 ia020h01		
<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			
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children			
Elderly families			
Families with Disabilities			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

Housing Needs of Families on the Waiting List

Is the waiting list closed (select one)? No Yes Section 8

If yes:

How long has it been closed (# of months)? 12 months – Section 8

Does the PHA expect to reopen the list in the PHA Plan year? No Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? No Yes

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)
Develop program materials in several languages

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

The marketing plan has been amended and is an attachment. The marketing plan will be reviewed annually and updated as necessary.

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA’s selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community

- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2003 grants)		
a) Public Housing Operating Fund	707,121	
b) Public Housing Capital Fund	1,521,895	
c) HOPE VI Revitalization	n/a	
d) HOPE VI Demolition	n/a	
e) Annual Contributions for Section 8 Tenant-Based Assistance	11,865,668	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	247,930	
h) Community Development Block Grant	n/a	
i) HOME	n/a	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
2002 CFP	507,298	
2001 ROSS ESC	32,810	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
2000 ROSS RSDM	29,069	
3. Public Housing Dwelling Rental Income	1,549,398	Public Housing operations
Maintenance Fees	18,970	PH operations
Late Fees	35,899	PH operations
4. Other income (list below)		
Laundry Income	17,177	Public Housing operations
4. Non-federal sources (list below)		
Sales from 5h Homeownership program	360,000	Public Housing operations
Total resources	16,893,235	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe) When staff estimates that a unit will be available within the next several months, applicants will be required to attend an interview and complete a full application. Upon receipt of all verifications, eligibility will be finalized.

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

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe) Past participation in federally subsidized programs; monies owed DMMHA or other HAs; pattern of illegal use of controlled substance or pattern of abuse of alcohol.

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

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

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

(2)Waiting List Organization

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

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

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

- PHA main administrative office
- PHA development site management office
- Other (list below)Application packets will be available at local service providers offices and will be mailed to interested parties.

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

1. How many site-based waiting lists will the PHA operate in the coming year?
DMMHA will offer four site-based waiting lists. Each zone will have a separate list for each bedroom size.

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

3. Yes No: May families be on more than one list simultaneously
If yes, how many lists? two
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) Application packets that include information on site-based waiting lists, will be available at local service providers offices and will be mailed to interested parties.

(3) Assignment

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- One
 - Two
 - Three or More
- b. Yes No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting 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 transfers take precedence over new admissions? (list below)
- Emergencies
 - Overhoused
 - Underhoused
 - Medical justification

- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

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

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

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below) A preference for Working families and a preference for victims of a natural disaster

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

2 Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

- 1 Victims of domestic violence
Substandard housing
Homelessness
High rent burden

Other preferences (select all that apply)

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

A preference for Working Families and a preference for Victims of a Natural Disaster.

DMMHA gives a higher priority to applicants who are currently eligible for one or more preferences. Families qualifying for three preferences will be considered first, families qualifying for two preferences next, then families qualifying for one of the preferences.

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

- The PHA-resident lease
 The PHA's Admissions and (Continued) Occupancy policy
 PHA briefing seminars or written materials
 Other source (list) Occupancy Rules, Pet policies, Community Room policy, grievance policy, resident charges policy

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

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

(6) Deconcentration and Income Mixing

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

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

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

- Adoption of site-based waiting lists
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

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

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

- Additional affirmative marketing
- Actions to improve the marketability of certain developments

- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

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

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

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

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

B. Section 8

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

(1) Eligibility

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

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below) Past participation in other federally subsidized programs; monies owed DMMHA or other HAs; pattern of illegal use of controlled substance or pattern of abuse of alcohol.

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) The family's current address, the name and address of the landlord at the family's current and prior address, if known.

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- PHA main administrative office
- Other (list below) Application packets are also available through local service providers and property owners and are mailed to interested individuals.

(3) Search Time

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

If yes, state circumstances below:

Documentation supporting the request must be submitted, including a progress report listing what contacts were made to find housing.

(4) Admissions Preferences

- a. Income targeting

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

- b. Preferences

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

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

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

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

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Date and Time

Former Federal preferences

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

High rent burden

Other preferences (select all that apply)

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

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

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

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

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

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

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

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

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

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

- Through published notices
 Other (list below) Local service providers are contacted

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

Yes for all developments

Yes but only for some developments

No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

For all developments

- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95th percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The “rental value” of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- Other (list below) At option of families participating in Family Self-sufficiency program

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

(2) Flat Rents

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

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

To increase housing options outside of the City of Des Moines. We will explore the possibility of obtaining HUD approval to increase payment standards to a level that is above 110% of the FMR.

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

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

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

- Annually
 Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
 Rent burdens of assisted families
 Other (list below)

(2) Minimum Rent

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

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

b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached. **ATTACHMENT ia020j01**
 A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	798	120
Section 8 Vouchers	2469	240
Section 8 Certificates		
Section 8 Mod Rehab	38	5
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		
ROSS Elderly/Disabled Service Coordinator	350	50
ROSS Service Delivery Grant	40	7
Family Self-Sufficiency	75	10
Homeownership 5h	28	14

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)
 - Admissions & Continued Occupancy Policy
 - Maintenance Plan
 - Schedule of Maintenance Charges
 - Resident Charges Policy

- (2) Section 8 Management: (list below)
 - Administrative Plan

DMMHA personnel policies, procurement policies, asset disposition policies and any other management policy are included in the City of Des Moines Administrative manual or DMMHA procedures manual.

PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one: **ATTACHMENT ia020K01**

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) ia020m01

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one: **ATTACHMENT ia020K01**

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) ia020m01

-or-

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

ATTACHMENT

**PERFORMANCE & EVALUATION
REPORT ia020i01
ia020m01
ia020n01**

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-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

**ATTACHMENTS: ia020o01 – Disposition
Ia020p01 - Demolition**

Demolition/Disposition Activity Description		
1a. Development name:	#1 HOMEOWNERSHIP	#2 DISPOSITION
1b. Development (project) number:	IA020-08,09,10,11,12, 13,15,16,17	IA020-08,09,10,11,12, 13,15,16,17,18
#3 Demolition IA020-10, 08		
2. Activity type:	Demolition <input checked="" type="checkbox"/> see #3 above Disposition <input checked="" type="checkbox"/> see #1 & #2 above	
3. Application status (select one)	Approved <input checked="" type="checkbox"/> #1 HOMEOWNERSHIP Submitted, pending approval <input checked="" type="checkbox"/> #2 – DISPOSITION Planned application <input checked="" type="checkbox"/> #3 – DEMOLITION	
4. Date application approved, submitted, or planned for submission:	<u>(31/05/2000 - #1 HOMEOWNERSHIP 07/11/2002 - #2 DISPOSITION 01/08/2003 - #3 Demolition</u>	
5. Number of units affected:	124 - #1 HOMEOWNERSHIP	394 - #2 DISPOSITION
6. Coverage of action (select one)	3 - #3 Demolition <input checked="" type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development	
7. Timeline for activity:	a. Actual or projected start date of activity: Homeownership -May 1, 2001; Disposition - April 1, 2003; Demolition – September 1, 2003 b. Projected end date of activity: 2003 - #1 HOMEOWNERSHIP 2011 - #2 DISPOSITION 2003 - #3 DEMOLITION	

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

[24 CFR Part 903.7 9 (i)]

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

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

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

Designation of Public Housing Activity Description
1a. Development name: 1b. Development (project) number: IA020-03,04 & 014
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 checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(09/03/2001</u> <u>DD/MM/YY)</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: 190 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. Yes No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

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

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other	

than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

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

VOLUNTARY CONVERSION INITIAL ASSESSMENT
ATTACHMENT ia020q01

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

2. Activity Description **AS OF JANUARY 21, 2003**

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: CAPITAL VIEW HOMES 1b. Development (project) number: 20-08
2. Federal Program authority: <input type="checkbox"/> HOPE I <input checked="" type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input checked="" type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input checked="" type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (31/05/2000 – Current plan will be revised upon finalization of Section 32 regulations)
5. Number of units affected: 1 6. Coverage of action: (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

ATTACHMENT REMAINING ACTIVITY DESCRIPTIONS
Ia020r01

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

Participants in Family Self-sufficiency program

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 23/01/03

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

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below) Section 8 rent determination policies.
Families are encouraged to increase household income as they are not required to report income increases between income re-examinations.

b. Economic and Social self-sufficiency programs

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

ATTACHMENT ia020s01

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: 21/01/03)DD/MM/YY)
Public Housing	0	12
Section 8	45	53

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

C. Welfare Benefit Reductions

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

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

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

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

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

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

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

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)

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? Meeting held February 28, 2003; no comments received

Comments were received from Resident meetings.

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

Attached at Attachment (File name)

Provided below:

ATTACHMENT ia020t01

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

Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments

List changes below:

Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. Yes No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

- a. Nomination of candidates for place on the ballot: (select all that apply)

Candidates were nominated by resident and assisted family organizations

Candidates could be nominated by any adult recipient of PHA assistance

Self-nomination: Candidates registered with the PHA and requested a place on ballot

Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) City of Des Moines
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)

Identifies affordable housing as one of the City's priorities

B. Other Information Required by HUD

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

**ATTACHMENT – RESIDENT ASSESSMENT SURVEY (RASS)
RESPONSE TO SCORES ia020u01**

ATTACHMENT – RESIDENT ADVISORY BOARD ia020v01

**ATTACHMENT – PET POLICY FOR PUBLIC HOUSING
ia020w01**

**ATTACHMENT – SITE-BASED WAITING LIST – ASSESSMENT
OF DEMOGRAPHIC CHARACTERISTICS ia020x01**

**ATTACHMENT – SECTION 8 PROJECT-BASED VOUCHERS
Ia020y01**

Attachments

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

PHA Plan Table Library

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

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	Amount of Annual Grant (Sum of lines 2-19)	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

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)
Total estimated cost over next 5 years				

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 <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

B. GOALS

GOAL ONE: MANAGE DMMHA'S PROGRAMS IN AN EFFICIENT AND EFFECTIVE MANNER.

- OBJECTIVES:**
- 1) DMMHA will strive to achieve a high performer status under HUD's evaluation system.
 - 2) Improve the financial status of the department and to generate income to expand the financial resources available to the department.
 - 3) Strive for cost effectiveness in maximizing the limited resources available for achievement of the goal of providing housing for low and moderate-income households.
 - 4) Leverage to the maximum extent feasible the funds available to the department.

GOAL TWO: DEVELOPMENT OF AFFORDABLE HOUSING

- OBJECTIVES:**
- 1) Develop, as owner, sponsor, lender, technical assistant, consultant or advocate, housing affordable to low and moderate income households.
 - 2) Stimulate and encourage the participation of the private sector in the development and providing of housing for low and moderate income households.
 - 3) Assist in developing the experience, expertise, and capacity of community based organizations whose organizational mission includes developing housing affordable to low and moderate income households.

GOAL THREE: INCREASE ASSISTED HOUSING CHOICES

- OBJECTIVES:**
- 1) DMMHA shall increase the number of residents in the Homeownership Program.
 - 2) Expand the marketing of the Section 8 Rental Assistance Program within Polk County.

GOAL FOUR: PROMOTE SELF-SUFFICIENCY

- OBJECTIVES:**
- 1) Contribute to attaining housing related social objectives, such as economic development and support services for program participants.
 - 2) Promote and coordinate supportive services to increase independence for the elderly or families with disabilities.

STATEMENT OF PROGRESS FIVE YEAR PLAN MISSION AND GOALS

Des Moines Municipal Housing Agency has evaluated and continues to evaluate all programs, grants, policies and procedures to identify all available financial resources and modify, if necessary, all aspects of program and grant development and implementation.

Des Moines Municipal Housing Agency is working with other community housing and service providers to develop new housing programs and enhance current services to our clients.

Des Moines Municipal Housing Agency has aggressively increased activity in the Public Housing 5h Homeownership program, received approval to implement a Designated Housing Program and is currently implementing a revision and expansion of our Family Self-sufficiency Program.

Des Moines Municipal Housing Agency has increased our leasing rates in both the Section 8 and Public Housing programs. Marketing activities have increased and waiting lists for our programs have been expanded.

Grants have been reviewed and updated, using input from the Resident Assessment survey and comments from residents as guidelines for these revisions.

Through a disposition plan for the scattered- site Public Housing units, Des Moines Municipal Housing Agency will increase the Section 8 Voucher allocations and use the public housing sale proceeds to balance its budget, pay debt and create more affordable housing.

The Section 8 Management Assessment program (SEMAP) and the Public Housing Assessment System (PHAS) have reflected considerable improvements. Des Moines Municipal Housing Agency is monitoring activity on a quarterly basis and has incorporated the standards as established by the U.S. Department of Housing & Urban Development into employee performance evaluations.

Funds allocated by the U.S. Department of Housing & Urban Development for capital improvements for public housing units for all previous fiscal years have been expended or obligated.

Housing Needs of Families in the Jurisdiction by Family Type

Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income < 30% median	10343	5	2	4	N/A	5	3
Income > 30%, < 50%	8143	5	2	4	N/A	3	3
Income > 50%, < 80%	11719	5	2	4	N/A	3	3
Elderly	6904	4	2	4	N/A	1	3
Families with Disabilities	10004	5	5	5	5	4	3
All Minority Headed	3285	4	2	4	N/A	3	3
Black	1288						
Hispanic	1173						
Native American	71						
Asian	701						
Mixed/Other	52						

Impact on Housing Need: 5 = Severe, 1 No Impact, N/A for no information available

Sources of Information:

Income Levels and Elderly: Community Connections Clearing House, (CHAS) "*Housing Needs Table*" (www.comcon.org/resources/chas/state/asp)

Families with Disabilities: American Fact Finder, "*Social Characteristics: Education, Ancestry, Language and More*" (2000), (<http://factfinder.census.gov>)

Formula: Total # of Disability Status...Pop. Ages 5 to 65 & over (# = households).

Multiply by % of "renter-occupied housing units", at <http://factfinder.census.gov> under *Gen. Characteristics: Population and Housing*.

Multiply by % of low-income renters, (CHAS: Total # Renters < 80% income / Total Renters)

Minority Reporting: American Fact Finder, "*Population, Race, Hispanic or Latino and Age*" (2000), (<http://factfinder.census.gov>)

Formula: Total # Minority Population / Avg. Household Size (middle of average owner and renter size, found at <http://factfinder.census.gov>, under *Gen. Characteristics: Population and Housing*)

Multiply by % of "renter-occupied housing units" (see above)

Multiply by % of low-income renters (see above)

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

- Consolidated Plan of the Jurisdictions/s (2000)
- U.S. Census Data: Comprehensive Housing Affordability Strategy (CHAS) dataset
- Other Sources: U.S. Census Data: American Fact Finder for Polk County 2000

1. **PART B – HOUSING NEEDS OF FAMILIES**

NOTE: The Waiting List Total in Appendix 4 – Waiting List Report Section 8 Program – includes all pre-applications and Active Applications.

The numbers on the second chart (% AMI and Families with Children) represent Active applicants only. The HA does not enter data on pre-applications with regards to family members and income. This information is added to their computer record at the Active application stage, which is approximately two months' prior to the issuance of the Housing Choice Voucher.

Annual Turnover: The agency maintains records of average turnover per waiting list (Public Housing or Section 8) but does not keep records of average turnover by % AMI. Average turnover for the Section 8 waiting list is 1355 a year.

WAITING LIST REPORT
 CITY OF DES MOINES MUNICIPAL HOUSING AGENCY
 REPORTING ON DECEMBER 2 ,2002 AT 11:40AM

Statistical Summary Of Applicants Listed As Of 12/02/2002

For: SECTION 8

Bedrooms Size(s) Reporting On: ALL

	Number Of Bedrooms					Total	Percent
	0	1	2	3	4+		
White	7	493	360	173	35	1068	73.20%
Black	2	155	101	70	28	356	24.40%
Indian or Alaskan		10	3	3	1	17	1.16%
Asian		2	11	2	3	18	1.23%
Total Percent	9	660	475	248	67	1459	
	0.61%	45.23%	32.55%	16.99%	4.59%		100%

	Number of Bedrooms					Total	Percent
	0	1	2	3	4+		
Hispanic		22	21	10	8	61	4.18%
Non-Hispanic	9	638	454	238	59	1398	95.81%
Total Percent	9	660	475	248	67	1459	
	61.00%	45.23%	32.55%	16.99%	4.59%		100%

	Number of Bedrooms					4+ Combined Average
	0	1	2	3	4+	
Average Days Waiting	134	420	422	421	404	360

Average Adjusted Income 2081 Average Adjusted Income 1897

Percentage Qualifying For Broad Range Of Income 95.33
 Percentage Which Are Handicapped Or Disabled 19.12
 Total Number Of Handicapped Or Disabled 279
 Total Number Of Applicants Listed 1459
 Number Over Limit For Low Income 0
 Number Qualifying For Low Income 7
 Number Qualifying For Very Low Income 30
 Number Qualifying For Extreme Low Income 1422
 Percentage Qualifying For Low Income 0.47
 Percentage Qualifying For Very Low Income 2.05
 Percentage Qualifying For Extreme Low Income 97.46

**DES MOINES MUNICIPAL HOUSING AGENCY
SECTION 8 WAITING LIST**

<u>1 PERSON</u>			<u>2 PEOPLE</u>			<u>3 PEOPLE</u>			<u>4 PEOPLE</u>			<u>5 PEOPLE</u>			<u>6 PEOPLE</u>			<u>7 PEOPLE</u>			<u>8 PEOPLE</u>		
13,550	463	32.8	15,500	730	51.8	17,450	55	3.9	19,400	23	1.6	20,950	9	0.6	22,500	7	0.5	24,050	1	0.1	25,600	0	0.0
22,600	17	1.2	25,850	24	1.7	29,050	13	0.9	32,300	3	0.2	34,900	0	0.0	37,450	0	0.0	40,050	0	0.0	42,650	0	0.0
36,200	0	0.0	41,350	3	0.2	46,500	2	0.1	51,700	3	0.2	55,800	0	0.0	59,950	1	0.1	64,100	0	0.0	68,200	0	0.0
TOTAL ACTIVE			1,410																				
FAMILIES WITH CHILDREN			694			49.2																	

2. **PART B – HOUSING NEEDS OF FAMILIES**

NOTE: The Waiting List Total in Appendix 3 – Waiting List Report Public Housing Program – includes all pre-applications and active applications.

The numbers on the second chart (% AMI and Families with Children) represent Active applicants only. The HA does not enter data on pre-applications with regards to family members and income. This information is added to their computer record at the Active application stage, which is approximately two months' prior to the Offer of the Unit for the Public Housing Program.

Annual Turnover: The agency maintains records of average turnover per waiting list (Public Housing or Section 8) but does not keep records of average turnover by % AMI. Average turnover for the public housing waiting list is 1095 a year.

WAITING LIST REPORT
 CITY OF DES MOINES MUNICIPAL HOUSING AGENCY
 REPORTING ON DECEMBER 10 ,2002 AT 11:40AM

Statistical Summary Of Applicants Listed As Of 12/10/2002

For: PUBLIC HOUSING

Bedrooms Size(s) Reporting On: ALL

	Number Of Bedrooms					Total	Percent
	0	1	2	3	4+		
White		189	97	51	23	360	66.05%
Black		80	46	31	14	171	31.37%
Indian or Alaskan		2			2	4	0.73%
Asian		5	1	1	2	10	1.83%
Total Percent		276	145	83	41	545	
	0.00%	50.64%	26.60%	15.22%	7.52%		100%

	Number of Bedrooms					Total	Percent
	0	1	2	3	4+		
Hispanic		12	3	5	4	24	4.40%
Non-Hispanic		264	142	78	37	521	95.59%
Total Percent		276	145	83	41	545	
	0.00%	50.64%	26.60%	15.22%	7.52%		100%

Average Days Waiting	Number of Bedrooms					4+ Combined Average
	0	1	2	3		
	0	91	196	186	229	175

Average Adjusted Income 2801 Average Adjusted Income 2617

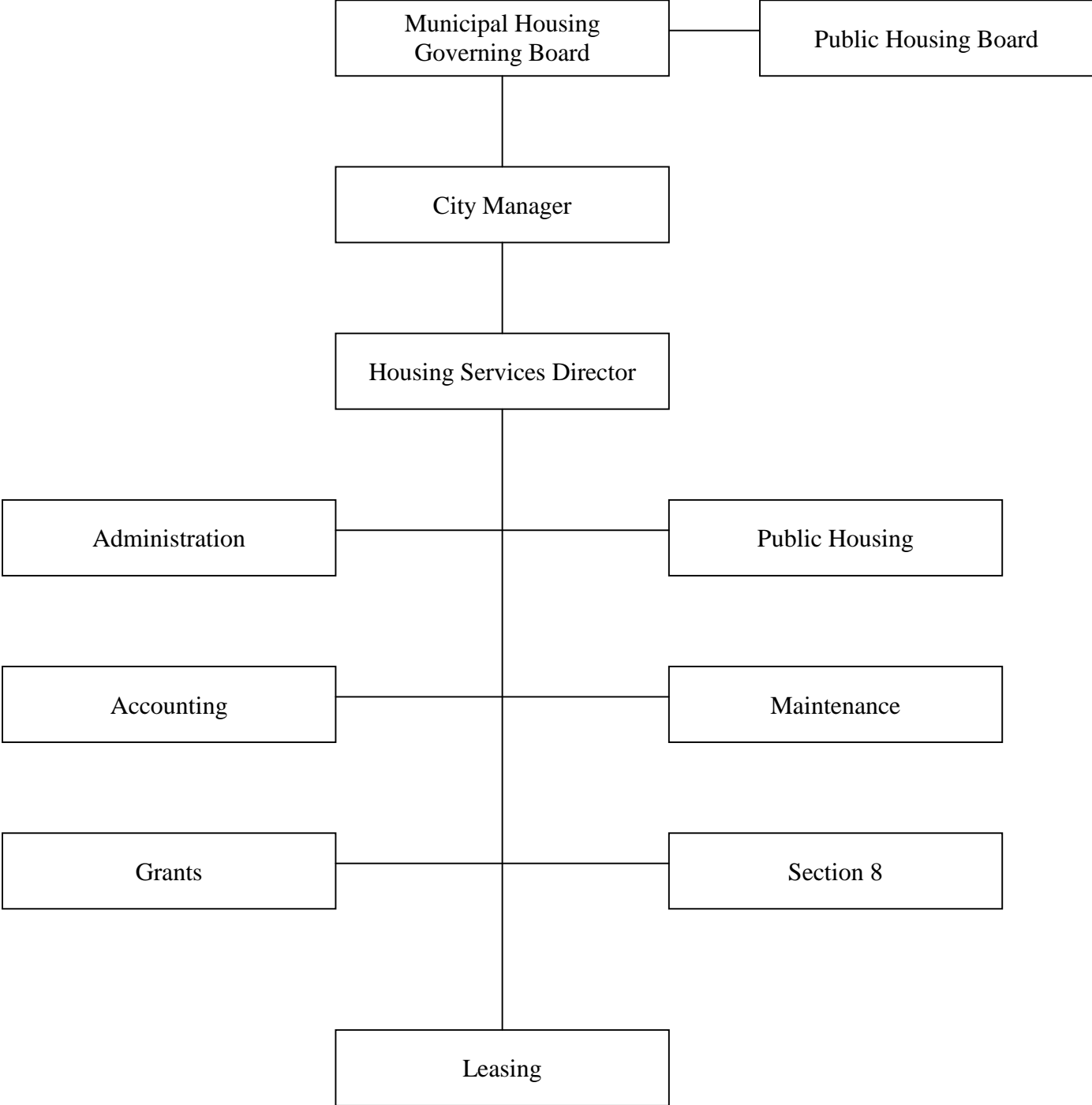
Percentage Qualifying For Broad Range Of Income 62.93
 Percentage Which Are Handicapped Or Disabled 21.28
 Total Number Of Handicapped Or Disabled 116
 Total Number Of Applicants Listed 545
 Number Over Limit For Low Income 0
 Number Qualifying For Low Income 2
 Number Qualifying For Very Low Income 19
 Number Qualifying For Extreme Low Income 524
 Percentage Qualifying For Low Income 0.36
 Percentage Qualifying For Very Low Income 3.48
 Percentage Qualifying For Extreme Low Income 96.14

**DES MOINES MUNICIPAL HOUSING AGENCY
PUBLIC HOUSING WAITING LIST 12/09/02**

<u>1 PERSON</u>			<u>2 PEOPLE</u>			<u>3 PEOPLE</u>			<u>4 PEOPLE</u>			<u>5 PEOPLE</u>			<u>6 PEOPLE</u>			<u>7 PEOPLE</u>			<u>8 PEOPLE</u>		
13,550	167	30.3	15,500	113	20.5	17,450	17	3.1	19,400	11	2.0	20,950	7	1.3	22,500	3	1.00	24,050	1	0.0	25,600	0	0.0
22,600	4	0.7	25,850	10	1.8	29,050	7	1.3	32,300	1	0.2	34,900	0	0.0	37,450	2	0.00	40,050	0	0.0	42,650	0	0.0
36,200	2	0.4	41,350	2	0.4	46,500	1	0.2	51,700	1	0.2	55,800	0	0.0	59,950	0	0.00	64,100	0	0.0	68,200	0	0.0

TOTAL ACTIVE	551	
FAMILIES WITH CHILDREN	149	27

Des Moines Municipal Housing Agency 2002



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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency	Grant Type and Number Capital Fund Program Grant No: IA05-PO20-50103 Replacement Housing Factor Grant No:	Federal FY of Grant: 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				
2	1406 Operations	304,379			
3	1408 Management Improvements Soft Costs	192,518			
	Management Improvements Hard Costs				
4	1410 Administration	152,186			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	41,500			
8	1440 Site Acquisition				
9	1450 Site Improvement	100,000			
10	1460 Dwelling Structures	555,812			
11	1465.1 Dwelling Equipment—Nonexpendable	20,000			
12	1470 Nondwelling Structures	15,000			
13	1475 Nondwelling Equipment	137,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	3,500			
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	1,521,895			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program Grant No: IA05-PO20-50103 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
HA-Wide	Operations		1406		304,379			
HA-Wide Management Improvements	a. Salaries Director (10%) Assistant Director (10%) Accounting Manager (15%) Accounting Assistant (10%) Accounting Assistant (5%) Bookkeeper (5%) Owned Housing Administrator (10%) Housing System Administrator (100%) Maintenance Supervisor (10%) Assist' Maintenance Supervisor (10%) Admin. Secretary (10%) Inventory Control Specialist (10%)		1408		9,270 6,180 5,360 2,884 3,300 2,575 3,810 50,000 5,200 4,800 2,705 2,900			
	b. Employee Benefits		1408		34,644			
	c. Software & Training		1408		35,000			
	e. Staff Training		1408		27,700			
Administration	a. Salaries Projects Specialist (100%) Projects Specialist (100%) Projects Admin. Support (70%)		1410 1410.2 1410.2 1410.2		48,265 43,911 19,599			
	b. Employee Benefits		1410.9		40,441			
Fees & Cost	a. Architectural & Engineering b. A&E Misc. Expense		1430 1430		40,000 1,500			

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II: Supporting Pages									
PHA Name: City of Des Moines, Iowa Municipal Housing Agency			Grant Type and Number Capital Fund Program Grant No: IA05-PO20-50103 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	
20-2 Royal View Manor	Replace Water Lines @ Stair Wells Relocate Laundry Room		1460 1460		35,000 85,000				
20-3 East View Manor	Repaint Apartments		1460	20	25,000				
20-4 SouthView Manor	Replace Kitchen Cab'ts & Countertops		1460	25	85,000				
20-8 Capitol City Homes	Replace site concrete		1450		35,000				
20-12 City of Bridges	Replace Kitchen Cab'ts & Countertops		1460	10	27,812				
20-13 City Wide Homes	Replace Siding		1460	5	75,000				
20-14 Haven Homes	Landscaping Improvements		1450		35,000				
Agency Wide Modernization	Repairs to Vacant Units Site Repairs to Vacant Units		1460 1450		223,000 30,000				
Non-Dwelling Equipment	a. Computer Equipment b. Maintenance Equipment c. Maintenance Vehicles		1475.1 1475.2 1475.3		50,000 35,000 52,000				
Agency Wide	Appliance Replacements Relocation Cost		1465.1 1495.1		20,000 3,500				
Non-Dwelling Structures	Admin. Building Leasehold Improvements		1470		15,000				

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program No: IA05-PO20-50103 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	
IA20-02 Royal View Manor	12/31/04			6/30/06			
IA20-03 East View Manor	12/31/03			6/30/06			
IA20-04 South View Manor	12/31/04			6/30/06			
IA20-8 Capitol City Homes	12/31/04			6/30/06			
IA20-12 City of Bridges	12/31/04			6/30/06			
IA20-13 City Wide Homes	12/31/04			6/30/06			
IA20-14 Haven Homes	12/31/04			6/30/06			
Agency Wide Modernization	12/31/04			6/30/06			

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name : City of Des Moines, Iowa Municipal Housing Agency		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA- Wide	Year 1 2003	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007
IA20-2 Royal View	Annual Statem ent	120,000	125,000	100,000	100,000
IA20-3 East View		62,312	50,000	40,000	25,000
IA20-4 South View		50,000	45,000	50,000	100,000
IA20-8 Capital City		40,000	50,000	60,000	68,312
IA20-9 All American		30,000	91,661	58,312	50,000
IA20-10 Shelter Vista		50,000	30,000	70,000	60,000
IA20-11 Twin Rivers		50,000	25,000	25,000	50,000
IA20-12 City of Bridges				25,000	25,000
IA20-13 City Wide		75,000	40,000	35,000	40,000
IA20-14 Haven Homes		70,000	110,000	100,000	25,000
IA20-15 Suprising City		35,000	70,000	40,000	75,000
IA20-16 All Season		46,000	50,000	70,000	50,000
IA20-17 City Wide II		80,000		35,000	40,000
IA20-18 City Beat			21,651		
HA -Wide		813,583	813,583	813,583	813,583
Total CFP Funds (Est.)		1,521,895	1,521,895	1,521,895	1,521,895
Total Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year : 2 FFY Grant: 2004 PHA FY: 2004			Activities for Year: 2 FFY Grant: 2004 PHA FY: 2004		
SEE	IA20-2 Royal View	Replace Fan Coil Units	100,000	IA20-17 City Wide II	Site Improvements	50,000
ANNUAL		Re-stripe/seal Parking	20,000		Replace Siding	30,000
STATEMENT						
	IA20-3 East View	Repaint Apts	30,000			
		Re-stripe/seal Parking	32,312			
				HA-Wide	Mgmt. Improvements	192,518
	IA20-4 South View	Repaint Apts	50,000			
				HA-Wide	Office/Computer Equip.	35,000
	IA-20-8 Capital City	Kitchen Cabinets	40,000		Maintenance Equip.	30,000
					Maintenance Truck	52,000
	IA20-9 All American	Site Improvements	30,000			
				HA-Wide	Administration	152,186
	IA20-10 Shelter Vista	Site Improvements	20,000			
		Furnaces	30,000	HA-Wide	A & E Services	47,500
	IA20-11 Twin Rivers	Site Improvements	20,000	HA-Wide	Operations	304,379
		Storeroom Doors	30,000			
				HA-Wide	Purchase Arthur Bldg.	
	IA20-13 City Wide	Replace Siding	75,000			
	IA20-14 Haven Homes	Site Improvements	30,000			
		Re-stripe/seal Parking	40,000			
	IA20-15 Suprising City	Kitchen Countertops	35,000			
	IA20-16 All Season	Paint Exterior Wood	46,000			

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

Activities for Year 1	Activities for Year : 3 FFY Grant: 2005 PHA FY: 2005			Activities for Year: 3 FFY Grant: 2005 PHA FY: 2005		
SEE	IA20-2 Royal View	Replace Fan Coil Units	100,000	IA20-16 All Season	Paint Exterior Wood	50,000
ANNUAL		Update Elev. Controls	25,000			
STATEMENT				IA20-18 City Beat	Site Improvements	21,651
	IA20-3 East View	Replace Wood Siding	50,000	HA-Wide	Mgmt. Improvements	192,518
				HA-Wide	Office/Computer Equip.	35,000
	IA20-4 South View	Replace Hall Carpeting	45,000		Maintenance Equip.	30,000
					Maintenance Truck	52,000
	IA-20-8 Capital City	Replace Water Heaters	15,000			
		Site Improvements	35,000	HA-Wide	Administration	152,186
	IA20-9 All American	Site Improvements	40,000	HA-Wide	A & E Services	47,500
		Kitchen Cabinets	51,661			
				HA-Wide	Operations	304,379
	IA20-10 Shelter Vista	Site Improvements	30,000			
				HA-Wide	Purchase Arthur Bldg.	
	IA20-11 Twin Rivers	Replace Vinyl Flooring	25,000			
	IA20-13 City Wide	Replace Orangeberg Sewr	15,000			
		Site Improvements	25,000			
	IA20-14 Haven Homes	Replace Apt Carpeting	110,000			
	IA20-15 Suprising City	Replace Counters/Sinks	70,000			

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

Activities for Year 1	Activities for Year : 4 FFY Grant: 2006 PHA FY: 2006			Activities for Year: 4 FFY Grant: 2006 PHA FY: 2006		
SEE	IA20-2 Royal View	Replace Horizontal		IA20-17 City Wide II	Site Improvements	35,000
ANNUAL		Water Lines @ 9 th flr.	100,000			
STATEMENT						
	IA20-3 East View	Update Comm. Room	40,000	HA-Wide	Mgmt. Improvements	192,518
	IA20-4 South View	Update Comm. Room	50,000	HA-Wide	Office/Computer Equip.	35,000
					Maintenance Equip.	30,000
	IA-20-8 Capital City	Site Improvements	60,000		Maintenance Truck	52,000
	IA20-9 All American	Site Improvements	58,312	HA-Wide	Administration	152,186
	IA20-10 Shelter Vista	Repaint Exteriors	35,000	HA-Wide	A & E Services	47,500
		Replace Siding	35,000			
				HA-Wide	Operations	304,379
	IA20-11 Twin Rivers	Site Improvements	25,000			
				HA-Wide	Purchase Arthur Bldg.	
	IA20-12 City of Bridges	Storeroom Doors	25,000			
	IA20-13 City Wide	Repaint/Reside Exterior	35,000			
	IA20-14 Haven Homes	Replace Chillers	100,000			
	IA20-15 Suprising City	Replace Metal Trim	40,000			
	IA20-16 All Season	Site Improvements	70,000			

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

Activities for Year 1	Activities for Year : 5 FFY Grant: 2007 PHA FY: 2007			Activities for Year: 5 FFY Grant: 2007 PHA FY: 2007		
SEE	IA20-2 Royal View	Replace Trash Compact	100,000	HA-Wide	Mgmt. Improvements	192,518
ANNUAL						
STATEMENT	IA20-3 East View	Repair Gutters	25,000	HA-Wide	Office/Computer Equip.	35,000
					Maintenance Equip.	30,000
	IA20-4 South View	Tuck-point Exterior	100,000		Maintenance Truck	52,000
	IA-20-8 Capital City	Site Improvements	68,312	HA-Wide	Administration	152,186
	IA20-9 All American	Site Improvements	50,000	HA-Wide	A & E Services	47,500
	IA20-10 Shelter Vista	Repaint/Reside Exterior	60,000	HA-Wide	Operations	304,379
	IA20-11 Twin Rivers	Kitchen Countertops	50,000			
	IA20-12 City of Bridges	Storeroom Doors	25,000			
	IA20-13 City Wide	Repaint/Reside Exterior	40,000			
	IA20-14 Haven Homes	Site Improvements	25,000			
	IA20-15 Suprising City	Replace Gas Lines	75,000			
	IA20-16 All Season	Site Improvements	50,000			
	IA20-17 City Wide II	Site Improvements	40,000			

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency	Grant Type and Number Capital Fund Program Grant No: IA05-PO20-50100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0	314,745	314,745	314,745
3	1408 Management Improvements Soft Costs	68,000	114,972	114,972	114,972
	Management Improvements Hard Costs				
4	1410 Administration	118,000	135,697	135,697	135,697
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,500	0	0	0
8	1440 Site Acquisition	400,000	0		
9	1450 Site Improvement	295,514	107,003	107,003	98,105
10	1460 Dwelling Structures	524,333	597,128	597,128	597,128
11	1465.1 Dwelling Equipment—Nonexpendable	60,700	19,948	19,948	19,948
12	1470 Nondwelling Structures	0	200,858	200,858	200,858
13	1475 Nondwelling Equipment	54,180	83,376	83,376	83,376
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	2,500	0	0	0
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	1,573,727	1,573,727	1,573,727	1,564,829
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program Grant No: IA05-PO20-50100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
HA-Wide	Operations	1406		0	314,745	314,745	314,745		
HA-Wide Management Improvements	a. Salaries Director (10%) Program Administrator (10%) Accounting Manager (10%) Accounting Assistant (10%) Accounting Assistant (5%) Bookkeeper (10%) Bookkeeper (10%) Database Analyst (100%) b. Employee Benefits c. Software e. Staff Training	1408 1408 1408 1408		1,800 2,600 2,600 1,300 1,300 1,500 1,500 34,700 13,000 6,000 4,500	10,000 6,500 5,200 2,600 2,600 3,000 3,000 36,572 20,000 11,000 14,500	10,000 6,500 5,200 2,600 2,600 3,000 3,000 36,572 20,000 11,000 14,500	10,000 6,500 5,200 2,600 2,600 3,000 3,000 36,572 20,000 11,000 14,500		
Administration	a. Salaries Projects Specialist (100%) Projects Specialist (100%) Maintenance Supervisor (20%) b. Employee Benefits c. Advertising d. Cap Funds Preparation Cost	1410 1410.2 1410.2 1410.2 1410.9 1410.19 1410.19		45,400 37,800 3,800 28,000 3,000 0	45,400 37,800 10,200 31,300 9,500 1,497	45,400 37,800 10,200 31,300 9,500 1,497	45,400 37,800 10,200 31,300 9,500 1,497		
Fees & Cost	a. Architectural & Engineering b. A&E Misc. Expense c. Engineering Study-RVM	1430 1430 1430		30,000 1,500 17,500	0 0 0	0 0 0	0 0 0		
Site Acquisition	a. Administration Building	1470		400,000	0	0	0		
20-2 Royal View Manor	Replace Water Lines @ 10 Drops Replace Rooftop Chillers Update Parking Lot Lighting Roof Replacement	1460 1460 1450 1460		70,000 0 60,000	519 151,700 0 50,034	519 151,700 0 50,034	519 151,700 0 50,034		

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program Grant No: IA05-PO20-50100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
20-4 South View	Kitchen Cabinets & Countertops		1460	50	120,000	272	272	272	
20-8 Capitol City	Site Improvements		1450	8	75,000	27,003	27,003	27,003	
20-9 All American City	Replace Furnaces & Install Central Air @ Indianola Rowhouses		1460	12	24,000	325	325	325	
	Repair Foundation		1450		0	1,340	1,340	1,340	
20-10 Shelter Vista Homes	Repaint Exteriors		1460	8	35,000	0	0	0	
	Reside Exteriors		1460	8	35,333	0	0	0	
20-11 Twin Rivers Abodes	Replace Furnaces		1460	24	50,000	423	423	423	
20-13 City Wide	Reside Exteriors		1460	5	50,000	0	0	0	
20-14 Hiland Park	Replace Fire Alarm		1460		0	8,184	8,184	8,184	
20-15 Suprising City Homes	Replace Roofs		1460		0	72,025	72,025	72,025	
20-16 All Season	Convert Casement Windows to Double-Hungs (2 per unit)		1460	48	40,000	0	0	0	
	Replace Furnaces-Install C/A in Lieu of Window Conversion		1460	48	0	1,365	1,365	1,365	
	Water Heaters		1460			520	520	520	
	Roof Replacement		1460		64,645	64,645	64,645	64,645	
20-17 City Wide Homes II	Replace Site Concrete		1450	8	30,000	30,000	30,000	30,000	
PHA Wide	Site Improvements to Vacant units		1450		130,514	48,660	48,660	39,762	
	Repairs & Rehab Backlogged Vacants		1460		100,000	247,116	247,116	247,116	
PHA Wide	Appliance Replacements		1465.1	65	60,700	19,948	19,948	19,948	
Admin Building	Admin Building Leasehold Improvements		1470		0	200,000	200,858	200,858	
Non-Dwelling Equipment	a. Computer Equipment		1475.1		9,000	11,644	11,644	11,644	
	b. Maintenance Equipment		1475.2		9,000	11,438	11,438	11,438	
	c. Maintenance Truck		1475.3		36,180	60,294	66,180	66,180	

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program Grant No: IA05-PO20-50100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
Relocation Cost	Relocation Cost		1495.1		2,500	0	0	0

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program No: IA05-PO20-50100 Replacement Housing Factor No:				Federal FY of Grant: 2000	
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	
IA20-02 Royal View Manor	3/31/02	3/31/02		9/30/02	6/30/03	6/30/03	
IA20-04 South View Manor	3/31/02	3/31/02		9/30/02	6/30/03	6/30/03	
IA20-8 Capital City Homes	3/31/02	3/31/02		9/30/02	6/30/03	6/30/03	
IA20-9 All American Homes	3/31/02	3/31/02		9/30/02	6/30/03	6/30/03	
IA20-10 Shelter Vista Homes	3/31/02	3/31/02		9/30/02	6/30/03	6/30/03	
IA20-11 Twin Rivers Abodes	3/31/02	3/31/02		9/30/02	6/30/03	6/30/03	
IA 20-13 City Wide Homes	3/31/02	3/31/02		9/30/02	6/30/03	6/30/03	
IA20-16 All Season Homes	3/31/02	3/31/02		9/30/02	6/30/03	6/30/03	
IA20-17 City Wide Homes II	3/31/02	3/31/02		9/30/02	6/30/03	6/30/03	

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program No: IA05-PO20-50100 Replacement Housing Factor No:					Federal FY of Grant: 2000	
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		
PHA Wide	3/31/02	3/31/02		9/30/02	6/30/03	6/30/03		

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency	Grant Type and Number Capital Fund Program Grant No: IA05-PO20-70901 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/01 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	160,510	321,020	321,020	321,020
3	1408 Management Improvements Soft Costs	150,635	168,635	157,816	157,816
	Management Improvements Hard Costs				
4	1410 Administration	132,500	132,500	87,313	87,313
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	46,500	46,500	5,730	5,730
8	1440 Site Acquisition				
9	1450 Site Improvement	158,700	113,700	0	0
10	1460 Dwelling Structures	804,450	700,140	700,140	700,140
11	1465.1 Dwelling Equipment—Nonexpendable	100,000	30,000	28,479	28,479
12	1470 Nondwelling Structures	20,000	13,385	11,201	11,201
13	1475 Nondwelling Equipment	29,305	76,720	76,720	76,720
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	2,500	2,500	2,500	2,500
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	1,605,100	1,605,100	1,390,919	1,390,919
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program Grant No: IA05-PO20-70901 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
HA-Wide	Operations	1406		160,510	321,020	321,020	321,020	
HA-Wide Management Improvements	a. Salaries Director (10%) Assistant Director (10%) Accounting Manager (15%) Accounting Assistant (10%) Accounting Assistant (5%) Bookkeeper (5%) Owned Housing Administrator (10%) Housing System Administrator (100%)	1408		10,000 6,180 5,360 2,884 3,300 2,575 3,810 43,291	9,000 6,000 7,800 2,800 1,600 2,500 3,700 44,000	9,000 6,000 7,800 2,800 1,600 2,500 3,700 44,000	157,816	
	b. Employee Benefits	1408		27,090	27,090	27,090		
	c. Software & Training	1408		21,645	39,645	39,645		
	e. Staff Training	1408		24,500	24,500	13,681		
Administration	a. Salaries Projects Specialist (100%) Projects Specialist (100%) Maintenance Supervisor (20%)	1410 1410.2 1410.2 1410.2		45,500 38,000 11,200	45,500 38,000 11,200	87,313 0 0 0	87,313	
	b. Employee Benefits	1410.9		31,300	31,300	0		
	c. Advertising	1410.19		5,000	5,000	0		
	d. Cap Funds Preparation Cost	1410.19		1,500	1,500	0		
Fees & Cost	a. Architectural & Engineering	1430		30,000	30,000	5,730	5,730	
	b. A&E Misc. Expense	1430		1,500	1,500	0	0	
	c. Engineering Study-RVM	1430		15,000	15,000	0	0	
20-2 Royal View Manor	Replace Water Lines @ 10Drops	1460		0	41,712	41,712	41,712	

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program Grant No: IA05-PO20-70901 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
20-3 East View	Replace Hall Lighting		1460		40,000	0			
	Roof Repairs(Ice Damage)		1460		10,000	0			
	Repaint Apartments		1460	25	100,000	0			
	Replace Patio Doors		1460	50	125,000	0			
20-4 South View	Repaint Apartments		1460	8	40,000	0			
20-8 Capitol City	Kitchen Cabinets & Countertops		1460	2	35,000	0			
20-9 All American City	Replace Site Concrete		1450	20	30,000	0	0	0	
	Replace Roofs		1460		0	12,555	12,555	12,555	
20-10 Shelter Vista Homes	Replace Site Concrete		1450	20	50,000	0	0	0	
	Replace Roofs		1460		0	24,470	24,470	24,470	
20-11 Twin Rivers Abodes	Replace Site Concrete		1450	8	28,700	28,700	0	0	
20-12 City of Bridges	Replace Roofs		1460		0	7,853	7,853	7,853	
20-13 City Wide	Roof Replacement		1460	8	48,450	0			
20-14-1 Highland Park	HVAC Repairs		1460		0	2,500	2,500	2,500	
	Roof Replacement		1460		0	23,925	23,925	23,925	
20-15 Suprising City	Replace Roofs		1460	10	50,000	0	112,355	112,355	
20-16 All Season	Replace Roofs		1460	24	96,000	0	0	0	
	Replace Furnaces		1460		0	92,926	92,926	92,926	
20-17 City Wide	Replace Site Concrete		1450	5	50,000	25,000	0	0	
	Replace Roofs		1460		0	21,080	21,080	21,080	
	Siding Replacement		1460		0	2,497	2,497	2,497	
20-18 City Beat	Replace Roofs		1460		0	8,290	8,290	8,290	
PHA Wide	Exterior Repairs to Vacant Units		1450		0	5,000	0	0	
	Repairs to Vacant Units		1460	58	0	349,977	349,977	349,977	

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program Grant No: IA05-PO20-70901 Replacement Housing Factor Grant No:					Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
PHA Wide	a. Computer Equipment b. Maintenance Equipment		1475.1 1475.2		17,200 12,105	56,208 20,512	56,208 20,512	56,208 20,512	
PHA Wide	Admin Building Leasehold Improvements		1470		20,000	13,385	11,201	11,201	
PHA Wide	Appliance Replacements		1465.1	35	100,000	30,000	28,479	28,479	
PHA Wide	Relocation Cost		1495.0		2,500	2,500	2,500	2,500	

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program No: IA05-PO20-70901 Replacement Housing Factor No:				Federal FY of Grant: 2001	
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	
IA20-02 Royal View Manor	3/31/03	3/31/03		9/30/03	9/30/04		
IA20-03 East View Manor	3/31/03	3/31/03		9/30/03	9/30/04		
IA20-04 South View Manor	3/31/03	3/31/03		9/30/03	9/30/04		
IA20-8 Capital City Homes	3/31/03	3/31/03		9/30/03	9/30/04		
IA20-9 All American Homes	3/31/03	3/31/03		9/30/03	9/30/04		
IA20-10 Shelter Vista Homes	3/31/03	3/31/03		9/30/03	9/30/04		
IA20-11 Twin Rivers Abodes	3/31/03	3/31/03		9/30/03	9/30/04		
IA 20-13 City Wide Homes	3/31/03	3/31/03		9/30/03	9/30/04		
IA20-15 Suprising City Homes	3/31/03	3/31/03		9/30/03	9/30/04		
IA20-16 All Season Homes	3/31/03	3/31/03		9/30/03	9/30/04		
IA20-17 City Wide Homes II	3/31/03	3/31/03		9/30/03	9/30/04		
IA20-18 City Beat	3/31/03	3/31/03		9/30/03	9/30/04		
PHA Wide	3/31/03	3/31/03		9/30/03	9/30/04		

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency	Grant Type and Number Capital Fund Program Grant No: IA05-PO20-50102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending:12/31/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	321,000	304,379	304,379	304,379
3	1408 Management Improvements Soft Costs	231,379	251,800	0	0
	Management Improvements Hard Costs				
4	1410 Administration	155,986	152,186	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45,000	41,500	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	180,000	100,000	0	0
10	1460 Dwelling Structures	551,735	548,530	151,151	151,151
11	1465.1 Dwelling Equipment—Nonexpendable	25,000	25,000	12,756	12,756
12	1470 Nondwelling Structures	20,000	20,000	0	0
13	1475 Nondwelling Equipment	75,000	75,000	45,411	45,411
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs		3,500	0	0
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	1,605,100	1,521,895	513,697	513,697
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs	150,000	0		
	Amount of line XX Related to Energy Conservation Measures	50,000	43,530		
	Collateralization Expenses or Debt Service				

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program Grant No: IA05-PO20-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA-Wide	Operations		1406		321,000	304,379	304,379	304,379	
HA-Wide Management Improvements	a. Salaries Director (10%) Assistant Director (10%) Accounting Manager (15%) Accounting Assistant (10%) Accounting Assistant (5%) Bookkeeper (5%) Owned Housing Administrator (10%) Housing System Administrator (100%) Maintenance Supervisor (10%) Assist's. Maintenance Supervisor (10%) Admin. Secretary (10%) Inventory Control Specialist (10%)		1408				0	0	
					9,270	9,270			
					6,180	6,180			
					5,360	5,360			
					2,884	2,884			
					3,300	3,300			
					2,575	2,575			
					3,810	3,810			
					50,000	50,000			
					5,200	5,200			
					4,800	4,800			
					2,705	2,705			
					2,900	2,900			
	b. Employee Benefits		1408		34,644	34,644			
	c. Software & Training		1408		67,751	67,751			
	e. Staff Training		1408		30,000	50,421			
Administration	a. Salaries Projects Specialist (100%) Projects Specialist (100%) Projects Admin. Support (100%)		1410				0	0	
			1410.2		46,885	46,885			
			1410.2		44,680	44,680			
			1410.2		24,000	24,000			
	b. Employee Benefits		1410.9		40,421	36,621			
Fees & Cost	a. Architectural & Engineering		1430		40,000	40,000	0	0	
	b. A&E Misc. Expense		1430		5,000	1,500	0	0	

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II: Supporting Pages									
PHA Name: City of Des Moines, Iowa Municipal Housing Agency			Grant Type and Number Capital Fund Program Grant No: IA05-PO20-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
20-2 Royal View Manor	Replace Water Lines @ 2 Drops		1460	2	30,000	120,000	40,834	40,834	Cameras installed W/ PHDE funds
	Replace Water Heaters		1460		35,000	35,000	0	0	
	Replace Boilers		1460		140,000	140,000	0	0	
	Install Security Cameras		1460		150,000	0			
	Replace Storeroom Roof		1460		0	0	730	730	
20-3 East View Manor	Replace Hall Lighting w/ T-8 Lighting		1460		50,000	19,003	0	0	
	Repair Roof		1460		0	18,690	18,690	18,690	
20-4 South View Manor	Replace Metal Windows with Aluminum @ Common Areas & Community Room		1460		86,735	70,000	0	0	
20-14.1&20-14.2 Highland Park &Oak Park Plaza	Replace Water Heaters		1460		50,000	50,000	0	0	
20-17 City WideII	Replace Roof		1460	1	0	5,837	5,837	5,837	
HA Wide Modernization	Exterior Repairs to Vacant Units		1460		80,000	115,011	85,060	85,060	
HA Wide Modernization	Replace Site Concrete/Retaining Walls		1450		100,000	100,000	0	0	
Non-Dwelling Equipment	a. Computer Equipment		1475.1		50,000	18,295	0	0	
	b. Maintenance Equipment		1475.2		35,000	13,294	2,000	2,000	
	c. Maintenance Vehicle		1475.3		0	43,411	43,411	43,411	
Agency Wide	Appliance Replacments		1465.1		25,000	25,000	12,756	12,756	
Non-Dwelling Structures	Admin. Building Leasehold Improvements		1470		20,000	20,000	0	0	
HA Wide	Relocation Cost		1495		0	3,500	0	0	

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

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program No: IA05-PO20-50102 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IA20-02 Royal View Manor	12/31/03	12/31/03		6/30/05	6/30/05		
IA20-03 East View Manor	12/31/03	12/31/03		6/30/05	6/30/05		
IA20-04 South View Manor	12/31/03	12/31/03		6/30/05	6/30/05		
IA20-14.1&14.2 Highland & Oak Park	12/31/03	12/31/03		6/30/05	6/30/05		
IA20-17 City Wide Homes II	12/31/03	12/31/03		6/30/05	6/30/05		
Agency Wide Modernization	12/31/03	12/31/03		6/30/05	6/30/05		

Demolition/Disposition Activity Description
1a. Development name: Capital View Housing 1b. Development (project) number: IA020-08
2. Activity type: Demolition Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved Submitted, pending approval <input checked="" type="checkbox"/> Planned Application
4. Date application approved, submitted, or planned for submission: Submitted November 7, 2002
5. Number of units affected: 34 6. Coverage of Action (select one) <input checked="" type="checkbox"/> Part of the development Total development
7. Timeline for activity: a. Actual or projected start date of activity: April 1, 2003 b. Projected end date of activity: 2011

Demolition/Disposition Activity Description
1a. Development name: All American City Homes 1b. Development (project) number: IA020-09
2. Activity type: Demolition Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved Submitted, pending approval <input checked="" type="checkbox"/> Planned Application
4. Date application approved, submitted, or planned for submission: Submitted November 7, 2002
5. Number of units affected: 100 6. Coverage of Action (select one) <input checked="" type="checkbox"/> Part of the development Total development
7. Timeline for activity: a. Actual or projected start date of activity: April 1, 2003 b. Projected end date of activity: 2011

Demolition/Disposition Activity Description
1a. Development name: Shelter Vista Homes 1b. Development (project) number: IA020-10
2. Activity type: Demolition Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved

Submitted, pending approval <input checked="" type="checkbox"/> Planned Application
4. Date application approved, submitted, or planned for submission: Submitted November 7, 2002
5. Number of units affected: 15
6. Coverage of Action (select one) <input checked="" type="checkbox"/> Part of the development Total development
7. Timeline for activity: a. Actual or projected start date of activity: April 1, 2003 b. Projected end date of activity: 2011

Demolition/Disposition Activity Description
1a. Development name: Twin River Abodes 1b. Development (project) number: IA020-11
2. Activity type: Demolition Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved Submitted, pending approval <input checked="" type="checkbox"/> Planned Application
4. Date application approved, submitted, or planned for submission: Submitted November 7, 2002
5. Number of units affected: 24
6. Coverage of Action (select one) Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: April 1, 2003 b. Projected end date of activity: 2011

Demolition/Disposition Activity Description
1a. Development name: City of Bridges Homes 1b. Development (project) number: IA020-12
2. Activity type: Demolition Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved Submitted, pending approval <input checked="" type="checkbox"/> Planned Application
4. Date application approved, submitted, or planned for submission: Submitted November 7, 2002
5. Number of units affected: 38
6. Coverage of Action (select one) <input checked="" type="checkbox"/> Part of the development Total development

<p>7. Timeline for activity:</p> <p>a. Actual or projected start date of activity: April 1, 2003</p> <p>b. Projected end date of activity: 2011</p>

Demolition/Disposition Activity Description
<p>1a. Development name: City Wide Homes</p> <p>1b. Development (project) number: IA020-13</p>
<p>2. Activity type: Demolition Disposition <input checked="" type="checkbox"/></p>
<p>3. Application status (select one)</p> <p>Approved</p> <p>Submitted, pending approval <input checked="" type="checkbox"/></p> <p>Planned Application</p>
<p>4. Date application approved, submitted, or planned for submission: Submitted November 7, 2002</p>
<p>5. Number of units affected: 3</p>
<p>6. Coverage of Action (select one)</p> <p><input checked="" type="checkbox"/> Part of the development</p> <p>Total development</p>
<p>7. Timeline for activity:</p> <p>a. Actual or projected start date of activity: April 1, 2003</p> <p>b. Projected end date of activity: 2011</p>

Demolition/Disposition Activity Description
<p>1a. Development name: Surprising City Homes</p> <p>1b. Development (project) number: IA020-15</p>
<p>2. Activity type: Demolition Disposition <input checked="" type="checkbox"/></p>
<p>3. Application status (select one)</p> <p>Approved</p> <p>Submitted, pending approval <input checked="" type="checkbox"/></p> <p>Planned Application</p>
<p>4. Date application approved, submitted, or planned for submission: Submitted November 7, 2002</p>
<p>5. Number of units affected: 70</p>
<p>6. Coverage of Action (select one)</p> <p>Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>
<p>7. Timeline for activity:</p> <p>a. Actual or projected start date of activity: April 1, 2003</p> <p>b. Projected end date of activity: 2011</p>

Demolition/Disposition Activity Description
<p>1a. Development name: All Seasons Homes</p>

1b. Development (project) number: IA020-16
2. Activity type: Demolition Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved Submitted, pending approval <input checked="" type="checkbox"/> Planned Application
4. Date application approved, submitted, or planned for submission: Submitted November 7, 2002
5. Number of units affected: 48
6. Coverage of Action (select one) Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: April 1, 2003 b. Projected end date of activity: 2011

Demolition/Disposition Activity Description
1a. Development name: City Wide Homes II 1b. Development (project) number: IA020-17
2. Activity type: Demolition Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved Submitted, pending approval <input checked="" type="checkbox"/> Planned Application
4. Date application approved, submitted, or planned for submission: Submitted November 7, 2002
5. Number of units affected: 2
6. Coverage of Action (select one) <input checked="" type="checkbox"/> Part of the development Total development
7. Timeline for activity: a. Actual or projected start date of activity: April 1, 2003 b. Projected end date of activity: 2011

Demolition/Disposition Activity Description
1a. Development name: City Beat 1b. Development (project) number: IA020-18
2. Activity type: Demolition Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved Submitted, pending approval <input checked="" type="checkbox"/> Planned Application

4. Date application approved, submitted, or planned for submission: Submitted November 7, 2002
5. Number of units affected: 60
6. Coverage of Action (select one) Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: April 1, 2003 b. Projected end date of activity: 2011

Demolition/Disposition Activity Description	
1a. Development name: Shelter Vista Homes 1b. Development (project) number: IA020-10	
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition	
3. Application status (select one) Approved Submitted, pending approval Planned Application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: Planned for Submission August 1, 2003	
5. Number of units affected: 1 6. Coverage of Action (select one) <input checked="" type="checkbox"/> Part of the development Total development	
7. Timeline for activity: a. Actual or projected start date of activity: September, 2003 b. Projected end date of activity: November, 2003	

Demolition/Disposition Activity Description	
1a. Development name: Capital View Housing 1b. Development (project) number: IA020-08	
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition	
3. Application status (select one) Approved Submitted, pending approval Planned Application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: Planned for Submission August 1, 2003	
5. Number of units affected: 2 6. Coverage of Action (select one) <input checked="" type="checkbox"/> Part of the development Total development	
7. Timeline for activity: a. Actual or projected start date of activity: September, 2003 b. Projected end date of activity: November, 2003	

Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? 10
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exceptions (e.g., elderly and/or disabled developments not general occupancy projects)? 4
- c. How many assessments were conducted for the PHA's covered developments? 2

Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development	Number of Units
20-8	35
20-9	111
20-10	56
20-11	24
20-12	39
20-13	26
20-15	70
20-16	48
20-17	43
20-18	60

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name:	All American City Homes
1b. Development (project) number:	20-09
2. Federal Program authority:	<input type="checkbox"/> HOPE I <input checked="" type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input checked="" type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	<input checked="" type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:	<u>(31/05/2000) Current plan will be revised upon finalization of Section 32 regulations</u>
5. Number of units affected:	11
6. Coverage of action: (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name:	Shelter Vista Homes
1b. Development (project) number:	20-10
2. Federal Program authority:	<input type="checkbox"/> HOPE I <input checked="" type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input checked="" type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	<input checked="" type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:	<u>(31/05/2000) Current plan will be revised upon finalization of Section 32 regulations</u>
5. Number of units affected:	42
6. Coverage of action: (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name:	City of Bridges Homes
1b. Development (project) number:	20-12
2. Federal Program authority:	<input type="checkbox"/> HOPE I <input checked="" type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input checked="" type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	<input checked="" type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:	<u>(31/05/2000) Current plan will be revised upon finalization of Section 32 regulations</u>
5. Number of units affected:	1
6. Coverage of action: (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name:	City-Wide Homes
1b. Development (project) number:	20-13
2. Federal Program authority:	<input type="checkbox"/> HOPE I <input checked="" type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input checked="" type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	<input checked="" type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:	<u>(31/05/2000) Current plan will be revised upon finalization of Section 32 regulations</u>
5. Number of units affected:	23
6. Coverage of action: (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name: City Wide Homes II	
1b. Development (project) number: 20-17	
2. Federal Program authority:	<input type="checkbox"/> HOPE I <input checked="" type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input checked="" type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	<input checked="" type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:	<u>(31/05/2000) Current plan will be revised upon finalization of Section 32 regulations</u>
5. Number of units affected: 40	
6. Coverage of action: (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Elderly/Disabled service coordination	200	Specific criteria	PH Manors	Public Housing
Quarterly resident meetings	60	All residents	PH sites	Public Housing
Monthly Newsletter	90	FSS participants	Mail	Both
Tutoring	15	FSS participants	Drake University	Both
Employment Counseling	75	FSS participants	DHS sites	Both
Workshops	40	All residents	PHA office & PH sites	Both
Homeownership Counseling	50	5h & FSS participants	Service Provider	Both
Fire Safety	200	All residents	PHA office & PH sites	Public Housing
Budget Counseling	50	5h & FSS participants	Service Provider	Both
Family Success support	40	Specific Criteria	PHA main office	Both
Family Self-Sufficiency	75	Specific Criteria	PHA main office	Both
Job Training	10	FSS participants	Service Provider	-Both
Education Programs	15	FSS participants	Service Provider	-Both
Counseling	7	FSS participants	Service Provider	-Both
Financial Planning	50	FSS participants	Service Provider	-Both

Agency Plan Comments Presented to Public Housing and Section 8 residents:
Des Moines Municipal Housing Agency Office
February 26, 2003

- 1) Opening Remarks – No Questions
- 2) 5-Year Plan – No Questions
- 3) Annual Plan – No Questions
 - a. Housing Needs – No Questions
 - b. Strategy for Addressing Needs – No Questions
 - c. Financial Resources - ***“Does the budget include both Public Housing and Section 8 resources?”***
(Jackie replied: “Yes”)
 - d. Policies on Eligibility, Selection, Admissions – No Questions
 - e. Rent Determination Policies – No Questions
 - f. Operations and Management – No Questions
 1. Page 25 – Programs – No Questions
 2. Admin. Plan – No Questions
 3. ACO – ***“Regarding ‘Working Preferences,’ does this mean you get a preference as long as you’re working?”*** ***(Tangie replied: “Depends on eligibility but, generally, yes.”)***
 4. Schedule of Damages – No Questions
 5. Maintenance Procedures – No Questions
 - g. Grievance Procedures – No Questions
 - h. Capital Improvement Needs – No Questions
 - i. Demo/Dispo – No Questions
 - j. Designated Housing – ***“Why was this policy implemented? I see a problem if have a concentrated group of elderly in one building. How will they help each other? They’re not able to take care of one another.”*** ***(Tangie replied: “Elderly are in designated housing so the DMMHA can better manage support services for elderly and disabled people. Call the DMMHA if you perceive a problem.”)***
 - k. Conversions – No Questions
 - l. Homeownership – ***“What is the ‘1-person’ income limit?”*** ***(Jackie replied: “Have to have an annual income of at least \$20,000)***
 - m. Community Service Programs – No Questions
 - n. RASS – No Questions
 - o. Pet Policy – ***“What is your policy for guests who bring their pets into the building and stay for several hours?”*** ***(Tangie replied: “Even though there is no specific policy, this is not allowed unless the guest is bringing in a service dog. Contact the DMMHA if perceive a problem.”)***
- 4) Closing Remarks

Additional Question: ***“My rent check is due three days after I get my social security check. I’m concerned about my check getting to the DMMHA late.”*** ***(Tangie replied: “Call your case manager and keep her advised of your check payment status in order to not incur late fees.”)***

Agency Plan Presentation – Royal View Manor 2/26/03 at 10:30 a.m.

Financial Resources – Judy

- “Where did the money come from for the laundry income, the coin machines?”
- “Does the laundry income go back to the maintenance of the laundry machines?”
- “Does the laundry income pay for new washers and dryers?”
- “Is the laundry money utilized somewhere else?”

Policies on Eligibility, Selection, Admissions – Marcy

- “When eliminating the veteran’s preference how does that affect a veteran already on the program?”
- “How does the transfer policy work from one Public Housing unit to another?”

Admin Plan & ACO – Marcy

- “Isn’t it my privacy right to have certain information kept confidential when I sign a note with my Doctor that the information will remain confidential?”

Admin Plan & ACO – Tangie

- “Whose pocket do the late fees come out of that the landlord’s can request regarding late HAP payments?”
- “What happens if lead based paint is found in my apartment that is over 100 years old? My landlord keeps the place up very nicely and replaces the carpet when needed but someone in the past could have used lead based paint.”
- “Why can’t section 8 participants have family members using their address for mailing?”
- “Does the PO Box policy apply to a son in law that is staying for a week using the laundry facilities?”
- “Why can’t a resident have a PO Box for a mailing address?”
- “We annually report our income, would I have to report a back payment of social security or disability or can it wait until my annual appointment is due?”
- “I am concerned about the cost of lock outs. Sometimes there is a fee charged and other times it is not. It does not seem that policy is always being followed.”
- “My landlord in Altoona only charges me \$5 for a lock out. I can’t hide keys because of the kids in the neighborhood.”
- “Can a copy of the grievance procedures be mailed to me?”

Capital Improvement Needs – Mark

- “At what point is it easier to buy a new elevator rather than fixing the old elevator?”
- “Do you have a service contract on the elevator so that you are not charged every time a repair man is here.”
- “I can’t get up and put a new battery in my smoke detector because of my bad leg.”
- “Are those new bulbs that were installed going to last a lot longer.”
- “Is this just for capital improvement needs or all of Polk County?”
- “Is this just for five years?”

Homeownership – Jackie Lloyd

- “Will Section 8 participants receive letters regarding the new homeownership program?”
- “I still have a GI bill would I qualify for the Section 8 homeownership program?”

Security – Jackie Lloyd

- “My landlord had to redo the frame on my door because someone kicked it in.

Pet Policy – Tangela Weiss

- “How do you decide who has pets and who does not?”
- “There are some people who can’t take care of themselves much less a pet.”
- “I have allergies and asthma and the dander comes through the walls.”
- “Have you ever thought about having a building totally without pets?”
- “My landlord doesn’t allow pets because of a law suit.”

- “What would happen at Royal View Manor if a pet bit a child and caused harm, who would be liable?”

RASS – Jackie Lloyd

- “I feel like a prisoner or a bird stuck in a cage in my apartment building. I stay in my apartment or go somewhere else because I don’t like the other people in the building.”
- “If I want to move to another city or state does the section 8 program work there too?”
- “The meeting was informative. I think it is a good idea to have quarterly meetings with residents for communication between DMMHA and the residents. It may help residents to understand issues faced by DMMHA and for DMMHA to understand issues and concerns of the residents.”
- “Need to know about the apartments on East 6th and Euclid. It is a new building and I like to see the interior and cost by month.”

Agency Plan Presentation - East View Manor – Wednesday 2/26/03 at 1:30 p.m.

Rent Determination Policies – Tangela Weiss

- “They will increase our rent if we have an increase in money, will they decrease our rent if the state takes our money?”
- “If you have a one time income increase (lottery ticket or gambling winnings) do they use that against you?”

Designated Housing – Jackie Lloyd

- “Is someone you has a severe handicap eligible for assistance.”
- “How did you designate this building as elderly only?”

Homeownership – Jackie Lloyd

- “Isn’t HUD’s primary concern selling homes to low income people?”
- “Senior citizens and handicap people have no form of transportation to get the things they need. There should be a city vehicle for these needs.”
- “If you have a special need, Kim from Generations will take care of it.”
- “They have the para transit to take you wherever you want to go.”
- “It is not so bad if you have family to help you.”
- “Generations cleans peoples homes, does their shopping, and helps in whatever way they can.”
- “There is another transit system that you can call ahead of time to make them aware of your appointment time and get where you need to be.”
- “Why can’t we have a phone service at the back door?”

RESIDENT ADVISORY BOARD MEETING

February 28, 2003 3:00 PM

No comments received

PUBLIC HEARING

March 19, 2003 5:30 PM

No comments received

Survey response

This document is to discuss how the City of Des Moines Municipal Housing Agency (DMMHA) will address low scores on communication, safety, and neighborhood appearance in the 2002 Resident Assessment Sub-System (RASS).

Please note that the bold and/or highlighted type indicates added comments for this year.

Communication

1. Management meetings with Public Housing residents will be held on a quarterly basis.
2. Newsletters will continue.
3. Information about the importance of resident involvement in activities and resident councils will be included in new admission packets.
4. Family Self-Sufficiency information will be provided to all residents and clients will be encouraged to participate.
5. Public Housing residents will be encouraged to participate in neighborhood associations
6. DMMHA will continue to work on staff courtesy and professionalism and will monitor the response time to residents.
7. **DMMHA will explore the use of email as a technique to improve communication and will continue to develop an effective website.**

Safety

1. Quarterly meetings between Public Housing staff & residents will include presentations on lease enforcement, evictions, complaint and grievance procedures and presentations from DM police department on crime safety.
2. **Security camera systems for the five manors have been activated and will be monitored by staff.**
3. New admissions packets will contain information on crime prevention activities and staff contact for security issues.
4. **As Capital Funds allow, DMMHA will explore updating the “secure entry systems” for the five manors.**

Neighborhood Appearance

1. The maintenance supervisor has reviewed the RASS survey and will implement a plan to improve the conditions of the common areas, building exteriors and parking areas as Capital Funds allow
2. **DMMHA will continue its efforts to reduce the number of vacant units.**

Resident Advisory Board

Ella Ross	3700 E. 31 st Street Apt #13 Des Moines 50317	264-9231
Fritz Gookin	3717 6 th Ave. Apt # 238 Des Moines 50313	288-0091
Julie Billings	3400 8 th Street Apt #225 Des Moines 50313	244-1135
Alma Morris	1101 Crocker Apt #805 Des Moines 50309	280-7098
Martha Swails	2717 SW 9 th Street Apt #207 Des Moines 50315	282-1393
Linda Vinall	3830 6 th Ave. Apt #5A Des Moines 50313	282-1393
Beckee Foss	1721 13 th Street Des Moines 50314	282-4861
Shonnae Lundy	6217 SW 14 th Street Des Moines 50315	953-5000
Tabbatha Bailey	325 SE Payton Ave Des Moines 50315	953-0945
Amy Toillion	2613 SE 18 th Court Des Moines 50320	244-6024
Arthur Williams	1101 Crocker Apt # 211 Des Moines 50309	244-5078
Barry Walker	1101 Crocker Apt # 910 Des Moines 50309	244-3713
Jenn Brown	1648 Hull Ave Apt 308 Des Moines 50313	282-8327 work

ATTACHMENT 2 TO DWELLING LEASE

PET POLICY - TENANT AGREEMENT

Tenants may own and keep common household pets in DMMHA owned and/or operated units. A common household pet is defined as a domesticated animal, such as a dog, cat, bird, rodent (including a rabbit), fish or turtle, that is traditionally kept in the home for pleasure rather than for commercial purposes (with the exception of turtles this does not include reptiles). All residents who request to keep a pet in DMMHA housing shall demonstrate to the satisfaction of DMMHA that they have the physical and financial capability to properly care for the pet. For the purposes of this section, service animals will not be considered pets. Tenants requiring service animals will be required to provide prior written notification to the Agency of the service animal and must provide documentation acceptable to the DMMHA that the animal is a certified service animal whose primary purpose is to provide assistance to the resident due to a disability. Current City license and rabies and distemper inoculations are required for all service animals.

A. PERMIT

Application for Pet Permit. Prior to housing any pet on the premises, the resident shall apply to the DMMHA for a pet permit which shall be accompanied by the following:

1. A current license issued by the appropriate authority (all dogs and cats must have a license from the City of Des Moines).
2. Evidence that the pet has been spayed or neutered, and, with respect to cats, that the pet has been declawed on the front two paws; and
3. Evidence that the pet has received current rabies and distemper inoculations or boosters. (This information must be updated annually).
4. Adequacy of the evidence shall be determined by DMMHA in its sole discretion.
5. A pet deposit of \$200 which applies to new residents, current residents with new pets, or transfers. (This excludes service animals.)

B. RULES

All tenants with a pet shall comply with the following rules:

1. Permitted pets are domesticated dogs, cats, birds and fish aquariums. The weight of the dog or cat may not exceed 20 pounds (adult size).
2. Only one pet per household is permitted. (In the case of fish and/or birds, a pair would be acceptable).
3. Dogs and cats must be licensed yearly with the City of Des Moines (Office of the City Clerk) and tenants must show proof of annual rabies and distemper booster inoculations.

4. Vicious and/or intimidating dogs will not be allowed.
5. All dogs and cats must be spayed or neutered. All cats must be declawed on the front two paws.
6. No animal shall be permitted to be loose in hallways, lobby areas, laundry rooms, community rooms, yards or other common areas of the facility.
 - a. Pets of any type are not permitted in Community rooms, common areas or office areas.
 - b. Pets are not permitted to be transported in any DMMHA vehicle.
7. When taken outside the unit, dogs and cats must be kept on a leash and controlled by an adult at all times.
8. Birds must be confined to a cage at all times.
8. Tenants shall not permit their pet to disturb, interfere or diminish the peaceful enjoyment of other tenants. The terms "disturb, interfere and diminish" shall include, but not be limited to, barking, howling, chirping, biting, scratching, and other similar activities.

Complaints of disturbances of this nature shall constitute a violation of lease and may result in the revocation of the pet permit, termination of the Dwelling Lease agreement, or both.
10. Tenants must provide litter boxes for cat waste, which must be kept in the dwelling unit. Tenants shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary.
11. Tenants are solely responsible for cleaning up pet droppings, if any, outside the unit and on facility grounds. Droppings must be disposed of by being placed in a sack and then placed in an appropriate garbage container.
12. Tenants shall take adequate precautions and measures necessary to eliminate pet odors within or around the unit and shall maintain the unit in a sanitary condition at all times.
13. If pets are left unattended for a period of twenty-four (24) hours or more, the DMMHA may enter the dwelling unit, remove the pet and transfer it to the proper authorities, subject to the provisions of Iowa state law and pertinent local ordinances. The DMMHA accepts no responsibility for the animal under such circumstances.
14. Tenants shall not alter their unit, patio or unit area, including yard, in order to create an enclosure for any pet.
15. Tenants are responsible for all damages caused by their pets, including the cost of cleaning of carpets and draperies and/or fumigation of units.

16. Tenants are prohibited from feeding or harboring stray animals. The feeding of stray animals shall constitute having a pet without the written permission of the DMMHA and is a violation of the Dwelling Lease.
 17. If any pet housed in a DMMHA facility gives birth to a litter, the tenant must remove from the premises all of said pets except the licensed pet.
 18. Tenant pet owners are solely responsible for the safety and health of their pet during those scheduled occasions when the dwelling units in the facility are being treated for deinfestation. The DMMHA shall not be liable for the ill health or death of a pet as a result of the periodic deinfestation treatment.
 19. In the event of the death of a pet, the tenant shall immediately remove and properly dispose of the remains. The remains shall not be placed in any container inside a DMMHA facility or in a container on DMMHA grounds. If a new pet is requested, a new pet policy will be required.
 20. Tenants must identify in writing the name, address, and phone number of an alternate custodian for pets in the event of tenant illness or other absence from the dwelling unit. The identification of an alternate custodian must occur prior to the DMMHA issuing a pet registration permit.
- C. The privilege of maintaining a pet in a facility owned and/or operated by the DMMHA shall be subject to the rules set forth in paragraph B, above. This privilege may be revoked at any time subject to the DMMHA Administrative Grievance Procedure if the animal should become destructive, create a nuisance, represent a threat to the safety and security of other residents, or create a problem in the area of cleanliness and sanitation.
- D. Should a breach of the rules set forth in paragraph B above occur, the DMMHA may also exercise any remedy available under local, state or Federal law.

In consideration for the DMMHA allowing me to have a pet, I have received, read and understand the above Policy provisions regarding the keeping of pets and agree to abide by each of these provisions.

 Tenant Signature

 Date

 DMMHA Signature

 Date

APPLICATION FOR WRITTEN PERMISSION TO KEEP THE FOLLOWING TYPE PET IN A DWELLING UNIT DESIGNATED FOR OCCUPANCY BY ELDERLY OR HANDICAPPED FAMILIES OPERATED BY THE CITY OF DES MOINES MUNICIPAL HOUSING AGENCY IS HEREBY MADE:

 Type of Animal/Pet

Designated alternate pet custodian is:
 Name: _____

Address: _____

Telephone Number: _____

I fully understand the rules and regulations regarding the privilege of keeping a pet and agree to abide by those rules and regulations. I understand the requirement for and agree to provide the DMMHA copies of those documents described in the Pet Policy.

Tenant Signature Date

Tenant Apartment Number

DMMHA Signature Date

PET.POL
Revised 3-21-00
Revised 3-7-01

**ASSESSMENT OF SITE-BASED WAITING LIST DEVELOPMENT
 DEMOGRAPHICAL CHARACTERISTICS
 BASELINE INFORMATION
 4/1/2001**

	<u>Zone 1</u>	<u>Zone 2</u>	<u>Zone 3</u>	<u>Zone 4</u>
	<u>1BR</u>	<u>1BR</u>	<u>1BR</u>	<u>1BR</u>
White	78%	91%	59%	100%
Black	22%	9%	40%	0
Indian/Alaskan	0	0	1%	0
Asian	0	0	0	0
Hispanic	0	0	3%	0
Non-Hispanic	100%	100%	97%	100%
Disabled	10%	15%	0	0
	<u>Zone 1</u>	<u>Zone 2</u>	<u>Zone 3</u>	<u>Zone 4</u>
	<u>2BR</u>	<u>2BR</u>	<u>2BR</u>	<u>2BR</u>
White	54%	60%	66%	68%
Black	45%	37%	30%	28%
Indian/Alaskan	0	0	3%	3%
Asian	2%	3%	1%	1%
Hispanic	6%	7%	4%	7%
Non-Hispanic	94%	93%	96%	93%
Disabled	40%	15%	0	0
	<u>Zone 1</u>	<u>Zone 2</u>	<u>Zone 3</u>	<u>Zone 4</u>
	<u>3BR</u>	<u>3BR</u>	<u>3BR</u>	<u>3BR</u>
White	50%	42%	55%	75%
Black	45%	47%	45%	19%
Indian/Alaskan	0	0	0	0
Asian	5%	11%	0	6%
Hispanic	5%	11%	5%	6%
Non-Hispanic	95%	89%	95%	94%
Disabled	45%	8%	0	0
	<u>Zone 1</u>	<u>Zone 2</u>	<u>Zone 3</u>	<u>Zone 4</u>
	<u>4BR</u>	<u>4BR</u>	<u>4BR</u>	<u>4BR</u>
White	0%	17%	44%	75%
Black	75%	67%	56%	25%
Indian/Alaskan	0	0	0	0
Asian	25%	17%	0	0
Hispanic	0	17%	11%	0
Non-Hispanic	100%	83%	89%	100%

Disabled	75%	7%	0	0
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Section 8 Project-Based Vouchers

In an effort to increase voucher utilization and create additional leasing opportunities for low and moderate income families and to leverage private resources in the community, Des Moines Municipal Housing Agency may implement a Section 8 Project- Based Voucher program.

Fifty vouchers are being projected for use in the program and the general location will be in census tracts with poverty rates less than 20% within the City of Des Moines.

Des Moines Municipal Housing Agency believes this is consistent with the goals and objectives of our Agency Plan and believes our past experience in the Moderate Rehabilitation program will assist in the implementation of an effective program.