

# PHA Plans

5 Year Plan for Fiscal Years 2003 - 2007  
Annual Plan for Fiscal Year 2003

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

## PHA Plan Agency Identification

**PHAName:** Benton Harbor Housing Commission

**PHANumber:** MI010

**PHAFiscalYearBeginning:** 10/2003

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

**5-YEAR PLAN**  
**PHAF ISCAL YEARS 2003 -2007**  
 [24CFRPart903.5]

**A.Mission**

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is:  
Provide quality affordable housing and programs to families in transition to self - sufficiency.

**B.Goals**

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

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

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

- Concentrate one effort 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)
- Apply for and receive a HOPE VI Grant for new construction, and build mixed income housing

- PHA Goal: Increase assisted housing choices  
Objectives:
  - Provide voucher mobility counseling:
  - Conduct outreach effort 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)

Partner with businesses to get economic opportunity

**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 assistancerecipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other:(listbelow)

**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:(listbelow)  
Remove severely distressed public housing that is an impediment to fair housing.

**Other PHA Goals and Objectives:(listbelow)**

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

**i. AnnualPlanType:**

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

**StandardPlan**

**StreamlinedPlan:**

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

**TroubledAgencyPlan**

**ii. ExecutiveSummaryoftheAnnualPHAPlan**

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,inclodinghighlightsofmajorinitiativesanddiscretionarypoliciessthePHAhasincludedintheAnnualPlan.

To remove severely distressed public housing. Continue to provide safe, decent, affordable housing to families and disabled residents.

**iii. AnnualPlanTableofContents**

[24CFRPart903.79(r)]

ProvideatableofcontentsfortheAnnualPlan,includingattachments,andalistofsupportingdocumentsavailableforpublicinspection.

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

**Required Attachments:**

<input checked="" type="checkbox"/> (A) Admissions Policy for Deconcentration	43
<input checked="" type="checkbox"/> (B) FY2003 Capital Fund Program Annual Statement	44
<input type="checkbox"/> Most recent board - approved operating budget (Required Attachment for PHA that are troubled or at risk of being designated troubled ONLY)	

**Optional Attachments:**

<input type="checkbox"/> PHA Management Organizational Chart	
<input checked="" type="checkbox"/> (C) FY2003 Capital Fund Program 5 Year Action Plan	49
<input type="checkbox"/> () Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)	
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**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
YES	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
YES	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
YES	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
YES	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
YES	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
YES	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
YES	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	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
YES	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
YES	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
YES	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
YES	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach	Annual Plan: Operations and Maintenance



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	infestation)	
YES	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
YES	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	The HUD - approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
YES	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
YES	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202o of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
YES	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
YES	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self - Sufficiency
N/A	FSS Action Plan/s for public housing and/ or Section 8	Annual Plan: Community Service & Self - Sufficiency
N/A	Most recent self - sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self - Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi - annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
N/A	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 result of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
YES	Other supporting documents (optional) Pet Policy	Annual Plan: Pet Policy

# 1.StatementofHousingNeeds

[24CFRPart903.79(a)]

## A.HousingNeedsofFamiliesintheJurisdiction/sServedbythePHA

BasedupontheinformationcontainedintheConsolidatedPlan/sapplicableto thejurisdiction,and/orother dataavailabletothePHA,provideastatementofthehousingneedsinthejurisdictionbycompletingthe followingtable.Inthe“Overall”Needscolumn,providetheestimatednumberofrenterfamiliesthat have housingneeds.Fortheremainingcharacteristics,ratetheimpactofthatfactoronthehousingneedsfor eachfamilytype,from1to5,with1being“noimpact”and5being“severeimpact.”UseN/Atoindicate thatnoinformationisavailableuponwhichthePHA canmakethisassessment.

HousingNeedsofFamiliesintheJurisdiction byFamilyType							
FamilyType	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income<=30% ofAMI	5	5	5	3	1	3-4BR 1	Scatter ed1
Income>30%but <=50%ofAMI	3	5	5	3	1	2-4BR 1	Scatter ed1
Income>50%but <80%ofAMI	1	1	1	3	1	2-4BR 1	Scatter ed1
Elderly	3	5	3	4	---	2-4BR 4	City Wide4
Familieswith Disabilities	5	5	5	4	2	2-4BR 2	2
Race/Ethnicity	2	1	1	2	2		2
Race/Ethnicity	1	1	1	3			
Race/Ethnicity							
Race/Ethnicity							

WhatsourcesofinformationdidthePHAusetoconductthisanalysis?(Checkallthat apply;allmaterials mustbemadeavailableforpublicinspection.)

- ConsolidatedPlanoftheJurisdiction/s  
Indicateyear:2000
- U.S.Censusdata:theComprehensiveHousingAffordabilityStrategy(“CHAS”) dataset
- AmericanHousingSurveydata  
Indicateyear:
- Otherhousingmarketstudy  
Indicateyear:
- Othersources:(listandindicateyearofinformation)

## 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 type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	253		60
Extremely low income <= 30% AMI	198	78	
Very low income (>30% but <=50% AMI)	55	22	
Low income (>50% but <80% AMI)			
Families with children	203		
Elderly families	7		
Families with Disabilities	43		
Race/ethnicity	African American	100%	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	23		5
2BR	60		25
3BR	165		27
4BR	5		3
5BR			

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

### C. Strategy for Addressing Needs

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

#### (1) Strategies

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

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

Select all that apply

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

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

Select all that apply

- Apply for additional section 8 units should they become available

- Leverageaffordablehousingresourcesinthecommunitythroughthecreation ofmixed –financehousing
- PursuehousingresourcesotherthanpublichousingorSection8tenant –based assistance.
- Other:(listbelow)  
BuildmoreunitsuseYouthBuildtoprovidemorehouses.

**Need:SpecificFamilyTypes :Familiesatorbelow30%ofmedian**

**Strategy1:Targetavailableassistancetofamiliesatorbelow30%ofAMI**

Selectallthatapply

- ExceedHUDfederaltargetingrequirementsforfamiliesatorbelow30%ofAMI inpublichousing
- ExceedHUDfederaltargetingrequirementsforfamiliesatorbelow30%ofAMI intenant -basedsection8assistance
- Employadmissionspreferencesaimedatfamilieswitheconomichardships
- Adoptrentpoliciestosupportandencouragework
- Other:(listbelow)

**Need:SpecificFamilyTypes:Familiesatorbelow50%ofmedian**

**Strategy1:Targetavailableassistanceto familiesatorbelow50%ofAMI**

Selectallthatapply

- Employadmissionspreferencesaimedatfamilieswhoareworking
- Adoptrentpoliciestosupportandencouragework
- Other:(listbelow)

**Need:SpecificFamilyTypes:TheElderly**

**Strategy1: Targetavailableassistanc etotheelderly:**

Selectallthatapply

- Seekdesignationofpublichousingfortheelderly
- Applyforspecial -purposevoucherstargetedtotheelderly,shouldtheybecome available
- Other:(listbelow)  
PartnerwithFaithBasedOrganization

**Need:SpecificFamilyTypes:FamilieswithDisabilities**

**Strategy1: TargetavailableassistancetoFamilieswithDisabilities:**

Selectallthatapply

- 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 voucher 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)

**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)**

**(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

- Resultsofconsultationwithadvocacygroups  
 Other:(listbelow)

## **2. StatementofFinancialResources**

[24CFRPart903.79(b)]

ListthefinancialresourcesthatareanticipatedtobeavailabletothePHAforthesupportofFederalpublic housingandtenant -basedSection8assistanceprogramsadministeredbythePHAduringthePlanyear. Note:thetableassumes thatFederalpublichousingortenantbasedSection8assistance grantfundsare expendedoneligiblepurposes;therefore,usesofthesefundsneednotbestated.Forothersfunds,indicate theseforthosfundsasoneofthefollowingcategories:publichousingoperations,publichousingcapital improvements,publichousingssafety/security,publichousingssupportiveservices,Section8tenant -based assistance,Section8supportiveservicesorother.

<b>FinancialResources: PlannedSourcesandUses</b>		
<b>Sources</b>	<b>Planned\$</b>	<b>PlannedUses</b>
<b>1. FederalGrants(FY2003grants)</b>		
a) PublicHousingOperatingFund	739,000	
b) PublicHousingCapitalFund	699,116	
c) HOPEVIRevitalization	N/A	
d) HOPEVIDemolition	N/A	
e) AnnualContributionsforSection 8Tenant -BasedAssistance	420,126	
f) PublicHousingDrugElimination Program(includinganyTechnical Assistancefunds)	N/A	
g) ResidentOpportunityandSelf - SufficiencyGrants	N/A	
h) CommunityDevelopmentBlock Grant	N/A	
i) HOME	N/A	
OtherFederalGrants(listbelow)		
<b>2.PriorYearFederalGrants (unobligatedfundsonly)(list below)</b>		
2002CFP	699,116	
2001CFP	363,914	
<b>3.PublicHousingDwellingRental Income</b>	744,000	
<b>4.Otherincome (listbelow)</b>	12,000	
Interest,miscellaneous		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
4. Non-federal sources (list below)	0	
<b>Total resources</b>	<b>3,677,272</b>	

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

[24CFR Part 903.79(c)]

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

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

#### (1) Eligibility

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

- When families are within a certain number of being offered a unit: (3)
- When families are within a certain time of being offered a unit: (state time)
- Other:

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)

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)

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

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

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?

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

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

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom 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 is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below) Close to child care or employment
- 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)

- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisal or hate crimes
- Other preference(s):

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

**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 the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Household that contribute to meeting income goals (broad range of incomes)
- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisal or hate crimes
- Other preference(s) (list below)

f. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

- The PHA - resident lease

- ThePHA'sAdmissionsand(Continued)Occupancypolicy
- PHAbriefingseminarsorwrittenmaterials
- Othersource(list)AreaUnitedWayDirectory

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

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

**(6) Deconcentration and Income Mixing**

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

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

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

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

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

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

- Additionalaffirmativemarketing
- Actionstoimprovethe marketabilityofcertaindevelopments
- Adoptionoradjustmentofceilingrentsforcertaindevelopments
- Adoptionofrentincentivestoencourage deconcentrationofpovertyandincome mixing
- Other(listbelow)  
WhitfieldI,WhitfieldII,HarborTowers,ScatteredSites

f. Basedontheresultsofther equiredanalysis,inwhichdevelopmentswillthePHA makespecial effortstoattractorretainhigher -incomefamilies?(selectallthatapply)

- Notapplicable:resultsofanalysisdidnotindicateaneedforsuchefforts
- List(anyapplicable)developmentsbelow:  
MI10 -1,MI10 -2,MI10 -5,MI10 -7andMI10 -9

g. Basedontheresultsoftherequiredanalysis,inwhichdevelopmentswillthePHA makespecial effortstoassureaccessforlower -incomefamilies?(selectallth atapply)

- Notapplicable:resultsofanalysisdidnotindicateaneedforsuchefforts
- List(anyapplicable)developmentsbelow:

## B. Section 8

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

### (1) Eligibility

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

- Criminal or drug -related activity only to the extent required by law or regulation
- Criminal and drug -related activity, more extensively than required by law or regulation
- More general screening than criminal and drug -related activity (list factors below)
- Other (list below)  
Past participation in the program

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)

**(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)

**(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:

If the client can document that the family has made a diligent search to locate housing, or if the unit is near completion and the family will be able to move in shortly.

**(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
- Household that contribute to meeting income goals (broad range of incomes)
- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

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

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
- Household that contribute to meeting income goals (broad range of incomes)
- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes

Other preference(s) (list below)

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

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

5. If the PHA 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 ensure that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

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

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

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

- Through published notices  
 Other (list below)

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

[24 CFR Part 903.79(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)
- 95<sup>th</sup> 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 determination:

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

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

## (2) Flat Rents

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

- 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)

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 repayment 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**

[24CFR Part 903.79(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.
- A brief description of the management structure and organization of the PHA follows:  
The PHA Board sets goals and policies, the Executive Director reports to the Board, the Assistant Director is also the Leasing & Occupancy Director, the Sec 8 Coordinator reports to the Assistant Director/Leasing and Occupancy Director

**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	365	45
Section 8 Vouchers	78	7
Section 8 Certificates	35	9
Section 8 Mod Rehab	0	
Special Purpose Section 8 Certificates/Vouchers (list individually)	0	
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs (list individually)		

**C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1)PublicHousingMaintenanceandManagement:(listbelow)  
AdmissionsandContinuedOccupancy

(2)Section8Management:(listbelow)  
Section8AdministrationPlan

## **6. PHA Grievance Procedures**

[24CFRPart903.79(f)]

Exemptionsfromcomponent6:HighperformingPHAsarenotrequiredtocompletecomponent6.Section  
8-OnlyPHAsareexemptfromsub -component6A.

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

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

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

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)  
Section 8 Office

## **7. Capital Improvement Needs**

[24CFRPart903.79(g)]

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

## A. Capital Fund Activities

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

### (1) Capital Fund Program Annual Statement

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

Select one:

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

-or-

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

### (2) Optional 5 -Year Action Plan

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

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

b. If yes to question a, select one:

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

-or-

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

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

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

- Yes  No: a) Has the PHA received a HOPEVI revitalization grant? (if no, skip to question c; if yes, provide response to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPEVI 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 HOPEVI revitalization grant in the Plan year?  
 If yes, list development name/s below:  
 Whitfield Complex I

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

- 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:  
 Whitfield Complex I

## **8. Demolition and Disposition**

[24CFR Part 903.79(h)]

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

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

### 2. Activity Description

- Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip



to component 9. If "No", complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Whitfield Complex I	
1b. Development (project) number: MI10 -001	
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or <b><u>planned for submission</u></b> : 11/29/2002	
5. Number of units affected: 94	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: 6/30/2003 b. Projected end date of activity: 06/30/05	

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

[24CFR Part 903.79(i)]

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

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

2. Activity Description

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

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

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

[24CFR Part 903.79(j)]

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

### **A. Assessment 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.

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

(datesubmittedorapproved:      )

UnitsaddressedinapendingorapprovedHOPEVIREvitalizationPlan  
(datesubmittedorapproved:      )

Requirementsnolongerapplicable:vacancyratesarelessthan10percent

Requirementsnolongerapplicable:sit      enowhaslessthan300units

Other:(describebelow)

**B.ReservedforConversionspursuanttoSection22oftheU.S.HousingActof1937**

**C.ReservedforConversionspursuanttoSection33oftheU.S.HousingActof1937**

**11.HomeownershipProgramsAdministeredbythePHA**

[24CFRPart903.79(k)]

**A.PublicHousing**

ExemptionsfromComponent11A:Section8onlyPHAsarenotrequiredtocomplete11A.

1.  Yes  No: DoesthePHAadminister anyhomeownershipprograms administeredbythePHAunderanapprovedsection5(h) homeownershipprogram(42U.S.C.1437c(h)),oranapproved HOPE Iprogram(42U.S.C.1437aaa)orhasthePHAappliedor plantoapplytoadministeranyhomeownershipprogramsunder section5(h),theHOPEIprogram,orsection32oftheU.S. HousingActof1937(42U.S.C.1437z -4).(If“No”,skipto component11B;if“yes”,completeoneactivitydescriptionfor eachapplicableprogram/plan,unlesseligibletocompletea streamlinedsubmissiondueto **smallPHA** or **highperforming PHA**status.PHAscompletingstreamlinedsubmissionsmayskip tocomponent11B.)

2.ActivityDescription

Yes  No: HasthePHAprovidedallrequiredactivitydescriptioninformation forthiscomponentinthe **optional**PublicHousingAsset ManagementTable?(If“yes”,skiptocomponent12.If“No”, completetheActivityDescriptiontablebelow.)

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

## B. Section 8 Tenant Based Assistance

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 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: Assist with homeownership opportunities and use the Section 8 Rental Assistance to pay mortgages.

a. Size of Program

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

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

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

b. PHA established eligibility criteria

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

If yes, list criteria below:

## **12. PHA Community Service and Self-Sufficiency Programs**

[24CFR Part 903.79(1)]

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

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

1. Cooperative agreements:

Yes  No: Has the PHA entered into a cooperative agreement with the eTANF 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? 09/01/2000

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 programsto 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 home ownership option participation
- Preference/eligibility for section 8 home ownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PHA main office/ other provider name)	Eligibility (public housing or section 8 participants or both)
Self Sufficiency	17	Waiting list	Office	Public Housing

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

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2003 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	17	176/30/00
Section 8	0	0

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

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)

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

### 13. PHA Safety and Crime Prevention Measures

[24CFR Part 903.79(m)]

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

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

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

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

2. What information or data did the PHA use to determine the need for PHA 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 anti-crime/anti-drug programs
- Other (describe below)

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

Whitfield I and Whitfield II, Harbor Towers, Scattered Sites

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

1. List the crime prevention activities the PHA has undertaken or plan to undertake:

(select all that apply)

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

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

Harbor Towers

**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)
- Whitfield I and Whitfield II, Harbor Towers

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

PHA eligible for FY2003 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 FY2002 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename:)

**14. RESERVED FOR PET POLICY**

[24CFR Part 903.79(n)]

**PET POLICY FOR FAMILY DEVELOPMENTS**

In compliance with Section 526 of The Quality Housing and Work Responsibility Act of 1998, PHA residents shall be permitted to own and keep common household pets. Animals that are an auxiliary for persons with a disability are excluded from this policy. The ownership of common household pets is subject to rules and limitations:

1. Common household pets shall be defined as “domesticated animals such as a dog, cat, bird, rodent, fish or turtle”.
2. No more than one (1) dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of twenty (20) gallons shall be permitted. A Resident with a dog or cat may also have other categories of “common household pets” as defined above.
3. Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner’s apartment for the purpose of handling, but shall not generally be unrestrained.
4. Only one (1) dog or cat is allowed per household. **NOPIT BULLS WILL BE PERMITTED.** All dogs and cats will need to be on a leash, tied up, or otherwise restrained at all times when they are outside. Neither dogs nor cats shall be permitted to run loose.
5. Pet owners shall maintain their pets in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, PHA employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.
6. Each pet owner shall be fully responsible for the care of the pet, including the proper disposal of pet wastes in a safe and sanitary manner. Animal wastes must be collected by the pet owner and put into a plastic bag that is then tied shut and disposed of by placing the bag into a waste disposal container. Improper disposal of pet waste is a lease violation and may be grounds for termination.
7. All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed, unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.).
8. All pets shall be registered with the Management Office immediately.

9. Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The pet owner agrees to indemnify and hold harmless the PHA from all claims, causes of action damages or expenses, including attorney's fees, resulting from the action or the activities of his or her pet.

## 15. Civil Rights Certifications

[24CFR 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

[24CFR Part 903.79(p)]

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

## 17. PHA Asset Management

[24CFR Part 903.79(q)]

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

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

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

**18. Other Information**

[24CFR Part 903.79(r)]

**A. Resident Advisory Board Recommendations**

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

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

- Attached at Attachment (Filename)
- Provided below:  
How are we going to administer all of this.  
Questions regarding residence – violations  
HOPEVI questions regarding relocation

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 assistance) -based
- Representatives of all PHA resident and assisted family organizations
- Other(list)

### C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: City of Benton Harbor or, Michigan

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)

To provide quality housing to increase Section 8. To remove distressed public housing

### D. Other Information Required by HUD

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

## Attachments

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

## Required Attachment A

### Deconcentration Policy

It is the policy of the Benton Harbor Housing Commission (BHHC) to house families in a manner that will prevent a concentration of poverty families and/or concentration of higher income families in any one development. The specific objective of the BHHC is to house no less than 40% of its BHHC inventory with families that have income at or below 30% of the area median income by public housing development. Also, the BHHC will take action to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the BHHC does not concentrate families with higher income levels, it is the goal of the BHHC not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The BHHC will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the BHHC's computer system.

To accomplish the deconcentration goals the BHHC will take the following actions:

- A. At the beginning of each fiscal year, the BHHC will establish a goal for housing 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40% of the total number of moves from the previous fiscal year.
- B. To accomplish the goals of:
  1. Housing not less than 40% of its inventory on an annual basis with families that have incomes at or below 30% of area median income; and
  2. No housing families with incomes that exceed 30% of the area median income in developments that have 60% or more of the total household living in the development with incomes that exceed 30% of the area median income, the BHHC's Tenant Selection and Assignment Plan which is a part of this policy, provides for the utilization of "Local Preferences" in regard to the selection of applicants to meet the priorities of the policy.

**Required Attachment B**

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHAName: Benton Harbor Housing Commission</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P010501-03 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>2003</b>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	139,800			
3	1408 Management Improvements	84,000			
4	1410 Administration	46,840			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	135,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	283,476			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment	10,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				



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

<b>PHAName: Benton Harbor Housing Commission</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P010501-03 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2003</b>
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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	
	Amount of Annual Grant: (sum of lines.....)	699,116			
	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 X X 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**

PHAName: <b>Benton Harbor Housing Commission</b>		Grant Type and Number Capital Fund Program Grant No: MI33P010501-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	A. Housing Operations		1406	20%	139,800				
	<b>Subtotal</b>				<b>139,800</b>				
HA Wide Management Improvements	A. Resident Services Coordinator		1408	100%	29,000				
	B. Resident Programs		1408	100%	10,000				
	C. Commissioners Training		1408	100%	7,500				
	D. Staff Training		1408	100%	7,500				
	E. Family Investment Center Ops		1408	100%	30,000				
	<b>Subtotal</b>				<b>84,000</b>				
HA Wide Admin Cost	A. Partial Salary and benefits of staff involved in CFP		1410	7%	46,840				
	<b>Subtotal</b>				<b>46,840</b>				
HA Wide Fees & Cost	A. A/E Services		1430	100%	125,000				
	B. Consulting fees		1430	100%	10,000				

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

PHAName: <b>Benton Harbor Housing Commission</b>		Grant Type and Number Capital Fund Program Grant No: MI33P010501-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Work
	<b>Subtotal</b>				<b>135,000</b>			
MI10 -1,2	A.Patch & Painting interiors		1460	86 units	86,000			
	<b>Subtotal</b>				<b>86,000</b>			
MI10 -3	A. Replace windows		1460	27 units	147,476			
	B. Upgrade emergency boiler and generator		1460	1 Sys	50,000			
	<b>Subtotal</b>				<b>197,476</b>			
HA Wide Non-dwelling Equipment	A. Replace office equipment		1475		5,000			
	B. Replace Maintenance Equipment		1475		5,000			
	<b>Subtotal</b>				<b>10,000</b>			
	<b>Grandtotal</b>				<b>699,116</b>			

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

PHA Name: <b>Benton Harbor Housing Commission</b>		Grant Type and Number Capital Fund Program No: MI33P010501-03 Replacement Housing Factor No:			Federal FY of Grant: 2003		
--	--	--	--	--	------------------------------	--	--

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	9/30/05			9/30/07			
MI10 -1	9/30/05			9/30/07			
MI10 -2	9/30/05			9/30/07			
MI10 -3	9/30/05			9/30/07			

**Required Attachment C**  
**Capital Fund Program Five - Year Action Plan**  
**Part I: Summary**

PHAName <b>Benton Harbor Housing Commission</b>		Benton Harbor//Michigan		<input checked="" type="checkbox"/> <b>Original 5 - Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year1	Work Statement for Year2 FFY Grant: PHAFY:2004	Work Statement for Year3 FFY Grant: PHAFY:2005	Work Statement for Year4 FFY Grant: PHAFY:2006	Work Statement for Year5 FFY Grant: PHAFY:2007
	Annual Statement 226,000				
MI10 -1,2		40,000	52,000	40,000	64,434
MI10 -3		180,000	180,000	95,000	72,488
MI10 -5,7,9		65,000	36,476	146,476	131,554
HA Wide Ops		139,800	139,800	139,800	139,800
HA Wide Other		265,840	265,840	265,840	265,840
HA Wide Non - dwelling		8,476	25,000	12,000	25,000
Total CFP Funds (Est.)		699,116	699,116	699,116	699,116
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: PHAFY: 2004			Activities for Year: 3 FFY Grant: PHAFY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	<b>MI10 -1,2</b>	A. Electrical upgrade	40,000	<b>MI10 -1,2</b>	A. Plumbing upgrade	52,000
See		<b>Subtotal</b>	<b>40,000</b>		<b>Subtotal</b>	<b>52,000</b>
Annual	<b>MI10 -3</b>	A. Renovate kitchens	180,000	<b>MI10 -3</b>	A. Renovate kitchens	180,000
		<b>Subtotal</b>	<b>180,000</b>		<b>Subtotal</b>	<b>180,000</b>
Statement	<b>MI10 -5,7,9</b>	A. HVAC upgrade	65,000	<b>MI10 -5,7,9</b>	A. Renovate kitchens	36,476
		<b>Subtotal</b>	<b>65,000</b>		<b>Subtotal</b>	<b>36,476</b>
	<b>HA Wide Non-dwelling Equipment</b>	A. Replace office equipment	6,476	<b>HA Wide Non-dwelling Equipment</b>	A. Replace Maintenance vehicle	25,000
		B. Replace Maintenance Equipment	2,000		<b>Subtotal</b>	<b>25,000</b>
		<b>Subtotal</b>	<b>8,476</b>			
	<b>HA Wide Operations</b>	A. Housing Operations	139,800	<b>HA Wide Operations</b>	A. Housing Operations	139,800
		<b>Subtotal</b>	<b>139,800</b>		<b>Subtotal</b>	<b>139,800</b>

	<b>HA Wide Management Improvements</b>	A. Resident Services Coord	29,000	<b>HA Wide Management Improvements</b>	A. Resident Services Coord	29,000
		B. Resident Programs	10,000		B. Resident Programs	10,000
		C. Commissioner Training	7,500		C. Commissioner Training	7,500
		D. Staff training	7,500		D. Staff training	7,500
		E. Family Investment Center	30,000		E. Family Investment Center	30,000
		<b>Subtotal</b>	<b>84,000</b>		<b>Subtotal</b>	<b>84,000</b>
	<b>HA Wide Admin Cost</b>	A. Partial Salary and benefits of staff involved in CFP	46,840	<b>HA Wide Admin Cost</b>	A. Partial Salary and benefits of staff involved in CFP	46,840
		<b>Subtotal</b>	<b>46,840</b>		<b>Subtotal</b>	<b>46,840</b>
	<b>HA Wide Fees &amp; Cost</b>	A. A/E Services	125,000	<b>HA Wide Fees &amp; Cost</b>	A. A/E Services	125,000
		B. Consulting fees	10,000		B. Consulting fees	10,000
		<b>Subtotal</b>	<b>135,000</b>		<b>Subtotal</b>	<b>135,000</b>
	<b>Total CFP Estimated Cost</b>		<b>699,116</b>			<b>699,116</b>

**CapitalFundProgramFive -YearActionPlan  
PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:4 FFYGrant: PHAFY:2006			ActivitiesforYear:5 FFYGrant: PHAFY:2007		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
	<b>MI10 -1,2</b>	A.Plumbingupgrade	40,000	<b>MI10 -1,2</b>	A.Landscaping	17,017
See		<b>Subtotal</b>	<b>40,000</b>		B.SiteImprovements	17,017
					C.Replaceappliances	30,400
Annual					<b>Subtotal</b>	<b>64,434</b>
	<b>MI10 -3</b>	A.Plumbingupgrade	95,000	<b>MI10 -3</b>	A.Landscaping	18,644
		<b>Subtotal</b>	<b>95,000</b>		B.SiteImprovements	18,644
Statement					C.Replaceappliances	35,200
					<b>Subtotal</b>	<b>72,488</b>
	<b>MI10 -5,7,9</b>	A.Renovatekitchens	146,476	<b>MI10 -3</b>	A.Landscaping	33,535
		<b>Subtotal</b>	<b>146,476</b>		B.SiteImprovements	33,535
					C.Replaceappliances	64,484
					<b>Subtotal</b>	<b>131,554</b>
	<b>HA Wide Non-dwelling Equipment</b>	A.Replaceoffice equipment	10,000	<b>HAWide Non-dwelling Equipment</b>	A.ReplaceMaintenance Vehicle	25,000
		B.ReplaceMaintenance Equipment	2,000		<b>Subtotal</b>	<b>25,000</b>
		<b>Subtotal</b>	<b>12,000</b>			
	<b>HAWideOperations</b>	A.HousingOperations	139,800	<b>HAWideOperations</b>	A.HousingOperations	139,800
		<b>Subtotal</b>	<b>139,800</b>		<b>Subtotal</b>	<b>139,800</b>





## **Required Attachment D**

### **Criteria for Substantial Deviation and Significant Amendments**

#### **Amendment and Deviation Definitions**

##### **Substantial Deviation from the 5 -Year Plan:**

The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification are as follows:

- change to rent or admissions policies or organization of the waiting list;
- addition of non-emergency work items (items not intended in the current 5 -Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, home ownership programs or conversion activities.

##### **Significant Amendment or Modification to the Annual Plan:**

The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification are as follows:

- change to rent or admissions policies or organization of the waiting list;
- addition of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the eCapital Fund; and
- any change with regard to demolition or disposition, designation, home ownership programs or conversion activities.

## **Required Attachment E**

### **Summary of Policy and Program Changes**

#### Summary of Policy and Program Changes

The PHA has not made nor intend to make any major policy or program changes in 2003. Local preferences were established and will not change, rent policies remain the same, community service policy parameters were included in our lease and ACOP and will be reinstated by July 31, 2003, and our family development pet policy has already been implemented.

## Required Attachment F:

### Resident Member on the PHA Governing Board

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:  
Mr. Jimmie Caldwell

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

- Elected  
 Appointed

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

11/11/02 – 11/11/07

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

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

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

Mr. Charles L. Yarbrough, Mayor of Benton Harbor

## **Required Attachment G:**

### **Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Ura Green  
Sherry Edwards  
Annie Smith  
Jimmie Carowell  
Mrs. Doolittle

## **AttachmentH:**

### **Progressinmeetingthe5 -YearPlanMissionandGoals**

The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discriminationthroughtheutilizationofpreviousCapitalfundsandt heproperapplication ofourpublichousingpolicies.

WearecontinuingtoaddresspublichousingvacanciesveryaggressivelyandourPHAS scoresindicatethatotherooperationalissuesarebeingpositivelyaddressed.

Capital funds have been utilized to provide modernization of our property and our FY2003applicationwillcontinuetheeffort.

PHAhasimplementedlocalpreferencestoimprovethelivingenvironmentinadditionto ourmodernizationefforts

The implementation of a family pet policy has provided the opportunity for residents to enjoypetswithinaregulatedenvironment.Inaddition,PHAwillreinstateaCommunity Serviceprogramanddiscusswithresidentsandeachadultmemberofeveryhouseholdby July31,2003.

WeareconfidentthatthePHAwillbeabletocontinuetomeetandaccommodateallour goalsandobjectivesforFY2003.

**Attachment I:**

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

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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

## AttachmentJ: ImplementationofPublicHousingResidentCommunityServiceRequirement

TheBentonHarborHousingCommission’spolicyisdesignedtoidentifywhichadultfamilymembersaresubjectto or exempt from the service requirements; to explain how the PHA will administer its program; to identify PHA and/or third party certification opportunities available to eligible adult family members; and to assure resident compliancewithidentifiedworkactivitieswithfairandequableactions.

### PHAResponsibilities

#### (1.) EligibilityDetermination

The PHA will review every existing resident file to determine each Adult member’s status regarding communityserviceperthefollowingguidelines.

- a. As family status is determined a registered letter or other certifiable document of receipt will be senttoeachadultmemberofthatfamilytonotifythemoftheirstatus(exemptornon-exempt)and explainingthesteptheyshouldimmediatelyproceedwiththroughtheirhousingrepresentative.
- b. ThePHAwillincludeacopyofthegeneralinformationsectionofitsCommunityServicePolicy and a listing of PHA and/or third party work activities that are eligible for certification of the communityservicerequirement.
- c. Atthescheduledmeetingwitheachnon-exemptadultfamilymember,notonlywilltheparameters of the community service requirement be reviewed but also the PHA and/or third party work activitieswillbeidentifiedandselectedforcompliancewiththeannualobligationforcertification attheirannualleasere renewaldate.

#### (2.) WorkActivityOpportunities

TheBentonHarborHousingCommissionhaselectedtoprovidetothoseadultfamilymembers that must performcommunityserviceactivities the opportunity to select either PHA sanctioned work activities or ThirdParty certifiable work items. The administration of the certification process would be:

- a. PHA Provided Activities.  
WhenqualifyingactivitiesareprovidedbytheCommissiondirectly,designatedCommission employee(s)shallprovidedesignedcertificationthatthefamilymemberhasperformedtheproper numberofhoursfortheselectedserviceactivities.
- b. ThirdPartyCertification  
When qualifying activities are administered by any organization other than PHA, the family member must provide signed certification (see III A (c)) to the Commission by such third party organizationthatsaidfamilymemberhasperformedappropriate serviceactivitiesfortherequired hours.
- c. VerificationofCompliance.  
The Commission is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month leaseterm(annualre-certificationtime). Evidenceofserviceperformanceand/or exemptionmust bemaintainedintheparticipantfiles.
- d. NoticeofNoncompliance.  
If the Commission determines that, a family member who is subject to fulfilling a service requirement, but who has violated the family’s obligation (a noncompliant resident) the Commissionmustnotifythespecificfamilymemberofthisdetermination.

TheNoticeofNoncompliance must:

1. Briefly,describethenoncompliance(inadequatenumerofofhours).



2. State that the Commission will not renew the lease at the end of the twelve (12) month lease term unless:

The resident or any other noncompliant adult family member enters into a written agreement with the Commission to cure the noncompliance and in fact perform to the letter of agreement.

-Or -

The family provides written assurance satisfactory, to the PHA that the resident or other noncompliant adult family member no longer resides in the unit.

This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the Commission's non-renewal of the lease because of a noncompliance determination.

- e. Resident agreement to comply with the service requirement.

The written agreement entered into with the Commission to cure the service requirement noncompliance by the resident and any other adult family member must:

1. Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.
2. State that all other members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

- f. The Benton Harbor Housing Commission has developed a list of Agency certifiable and/or third party work activities of which each non-exempt adult family member can select to perform their individual service requirement.

**AttachmentK:  
Component10(B)VoluntaryConversionInitialAssessments**

- a. HowmanyofthePHA’sdevelopmentsaresubjecttotheRequiredInitial Assessments?  
Six
- b. HowmanyofthePHA’sdevelopmentsarenotsubjecttotheRequiredInitial Assessmentsbasedonexemptions(e.g.,elderlyand/ordisableddevelopmentsnot generaloccupancyprojects)?  
None
- c. HowmanyAssessmentswereconductedforthePHA’scovereddevelopments?  
Oneforeachdevelopment,atotalofsixdevelopments.
- d. IdentifyPHAdevelopmentsthatmaybeappropriateforconversionbasedonthe RequiredInitialAssessments:  
None

<b>DevelopmentName</b>	<b>NumberofUnits</b>

- e. IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestatusof theseassessments:  
N/A

**AttachmentL**  
**OptionalPublicHousingAssetManagementTable**

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>
MI10 -1	94	Demolish and rebuild new units	16,000,000.00	4,000,000.00				
MI10 -2	78	Demolish and rebuild new units	14,000,000.00	0				
MI10 -3	95	Remodel, new windows, HVAC, new elevators	7,000,000.00	0				
MI10 -5	46	Rehab interior	690,000.00	0				
MI10 -7	40	Rehab interior	650,000.00	0				
MI10 -9	17	Install new carpet and new cabinets	60,000.00	0				

AttachmentM

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: <b>Benton Harbor Housing Commission</b>		Grant Type and Number Capital Fund Program Grant No: MI33P010501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2002</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	139,800	109,160	0	0
3	1408 Management Improvements	84,000	74,000	0	0
4	1410 Administration	46,840	46,840	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	135,000	50,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement		110,000	0	0
10	1460 Dwelling Structures	283,476	130,000	0	0
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures		79,116	0	0
13	1475 Nondwelling Equipment	10,000	0	0	0
14	1485 Demolition	0	100,000	0	0
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	699,116	699,116	0	0

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

<b>PHAName: Benton Harbor Housing Commission</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P010501-02 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2002</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: 1)  
  Performance and Evaluation Report for Period Ending: 3/31/03  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	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**

PHAName: <b>Benton Harbor Housing Commission</b>		Grant Type and Number Capital Fund Program Grant No: MI33P010501-02 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
					Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	A. Housing Operations		1406	20%	139,800	109,116	0	0	0% Complete
	<b>Subtotal</b>				<b>139,800</b>	<b>109,116</b>	<b>0</b>	<b>0</b>	
HA Wide Management Improvements	A. Resident Services Coord		1408	100%	29,000	29,000	0	0	0% Complete
	B. Resident Programs		1408	100%	10,000	0	0	0	Delete
	C. Commissioners Training		1408	100%	7,500	7,500	0	0	0% Complete
	D. Staff Training		1408	100%	7,500	7,500	0	0	0% Complete
	E. Family Investment Center Ops		1408	100%	30,000	30,000	0	0	0% Complete
	<b>Subtotal</b>				<b>84,000</b>	<b>74,000</b>	<b>0</b>	<b>0</b>	
HA Wide Admin Cost	A. Partial Salary and benefit of staff involved in CFP		1410	7%	46,840	46,840			
	<b>Subtotal</b>				<b>46,840</b>	<b>46,840</b>	<b>0</b>	<b>0</b>	
HA Wide Fees & Cost	A. A/E Services		1430	100%	125,000	45,000	0	0	0% Complete
	B. Consulting fees		1430	100%	10,000	5,000	0	0	0% Complete
	<b>Subtotal</b>				<b>135,000</b>	<b>50,000</b>	<b>0</b>	<b>0</b>	

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

PHAName: <b>Benton Harbor Housing Commission</b>		Grant Type and Number Capital Fund Program Grant No: MI33P010501-02 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
MI10 -1,2	A.Replaceroofing		1460	86units	70,000	0	0	0	Delete
	B.furnacereplacement		1460	86units	86,000	0	0	0	Delete
	C.Replaceplaygroundequipment		1450	2Sys	0	70,000	0	0	0% Complete
	D.Demolishmentofsubstandardhousing		1485	LS	0	100,000	0	0	0% Complete
	<b>Subtotal</b>				<b>156,000</b>	<b>170,000</b>	<b>0</b>	<b>0</b>	
MI10 -3	A.Replaceroofing		1460	95units	50,000	0	0	0	Delete
	B.Replacewindows		1460	27units	77,476	0	0	0	Delete
	C.Replacecarpeting		1460	95units	0	100,000	0	0	0% Complete
	<b>Subtotal</b>				<b>127,476</b>	<b>100,000</b>	<b>0</b>	<b>0</b>	
MI10 -5	A.Constructstoragesheds		1470	LS	0	79,116	0	0	0% Complete
	B.InstallA/Cunits		1460	17units	0	30,000	0	0	0% Complete
	<b>Subtotal</b>				<b>0</b>	<b>109,116</b>	<b>0</b>	<b>0</b>	
MI10 -9	A.Installfencing		1450	2000LF	0	40,000	0	0	0% Complete
	<b>Subtotal</b>				<b>0</b>	<b>40,000</b>	<b>0</b>	<b>0</b>	
HAWide	A.OfficeEquipment		1475	LS	5,000		0	0	0% Complete
	B.MaintenanceEquipment		1475	LS	5,000		0	0	0% Complete
	<b>Subtotal</b>				<b>10,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	

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

PHAName: <b>Benton Harbor Housing Commission</b>		Grant Type and Number Capital Fund Program Grant No: MI33P010501-02 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
	<b>Grandtotal</b>				<b>699,116</b>	<b>699,116</b>	<b>0</b>	<b>0</b>	



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

PHAName: <b>Benton Harbor Housing Commission</b>	Grant Type and Number Capital Fund Program No: MI33P010501-02 Replacement Housing Factor No:	Federal FY of Grant: 2002
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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	
HA Wide	3/31/04			9/30/05			
MI10 -1	3/31/04			9/30/05			
MI10 -2	3/31/04			9/30/05			
MI10 -3	3/31/04			9/30/05			
MI10 -5	3/31/04			9/30/05			
MI10 -7	3/31/04			9/30/05			
MI10 -9	3/31/04			9/30/05			

AttachmentN

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHAName: Benton Harbor Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P010501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total Non -CFP Funds					
2	1406 Operations	150,822	150,822	150,822	150,822	
3	1408 Management Improvements Soft Costs	84,000	84,000	74,000	0	
	Management Improvements Hard Costs					
4	1410 Administration	50,000	50,000	50,000	0	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	254,178	55,000	5,909	5,909	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	115,735	314,913	109,465	109,170	
11	1465.1 Dwelling Equipment — Nonexpendable	59,375	59,375	0	0	
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	40,000	40,000	0	0	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1502 Contingency					
	Amount of Annual Grant: (sum of lines.....)	754,110	754,110	390,196	265,901	
	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					

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

PHAName: <b>Benton Harbor Housing Commission</b>	Grant Type and Number Capital Fund Program Grant No: <b>MI33P010501-01</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2001</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: 1)  
  Performance and Evaluation Report for Period Ending: 3/31/03  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	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**

PHAName: <b>Benton Harbor Housing Commission</b>		Grant Type and Number				Federal FY of Grant: 2001			
		Capital Fund Program Grant No: MI33P010501-01							
		Replacement Housing Factor Grant No:							
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	A. Operations	1406		150,822	150,822	150,822	150,822	Complete	
	<b>Subtotal</b>			<b>150,822</b>	<b>150,822</b>	<b>150,822</b>	<b>150,822</b>		
HA Wide Management Improvements	A. Resident Services Coordinator	1408		29,000	29,000	29,000	0	0% Complete	
	B. Resident programs	1408		10,000	10,000	0	0	0% Complete	
	C. Commissioner training	1408		7,500	7,500	7,500	0	0% Complete	
	D. Staff training	1408		7,500	7,500	7,500	0	0% Complete	
	E. Family Investment Center Operations	1408		30,000	30,000	30,000	0	0% Complete	
	<b>Subtotal</b>			<b>84,000</b>	<b>84,000</b>	<b>74,000</b>	<b>0</b>		
HA Wide Administration	A. Percentage of staff salary/benefits	1410		50,000	50,000	50,000	0	0% Complete	
	<b>Subtotal</b>			<b>50,000</b>	<b>50,000</b>	<b>50,000</b>	<b>0</b>		
HA Wide Fees and Cost	A. A/E fees & related cost	1430		238,678	35,591	0	0	0% Complete	
	B. Grant preparation	1430		2,500	2,500	2,000	2,000	80% Complete	
	C. Energy Audit	1430		6,000	6,000	0	0	0% Complete	
	D. Environmental Review	1430		7,000	7,000	0	0	0% Complete	
	E. Mkt Rent & RR stock	1430		0	3,909	3,909	3,909	Complete	
	<b>Subtotal</b>			<b>254,178</b>	<b>55,000</b>	<b>5,909</b>	<b>5,909</b>		
HA Wide Dwelling	A. Ranges and refrigerators	1465	95 units	59,375	59,375	0	0	0% Complete	

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

PHAName: <b>Benton Harbor Housing Commission</b>		Grant Type and Number Capital Fund Program Grant No: <b>MI33P010501-01</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2001</b>			
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	
Equipment									
	<b>Subtotal</b>				<b>59,375</b>	<b>59,375</b>	<b>0</b>	<b>0</b>	
HA Wide Non-dwelling Equipment	A. Replace vehicle	1475		25,000	25,000	0	0	0% Complete	
	B. New riding tractor	1475		15,000	15,000	0	0	0% Complete	
	<b>Subtotal</b>			<b>40,000</b>	<b>40,000</b>	<b>0</b>	<b>0</b>		
MO10 -1,2 Dwelling Construction	A. Finish storm door replacement program	1460	100%	30,000	30,000	0	0	0% Complete	
	B. Furnace replacement	1460	1	0	1,485	1,485	1,485	Complete	
	C. Removal of distressed housing	1460	LS	0	89,713	0	0	0% Complete	
	<b>Subtotal</b>			<b>30,000</b>	<b>121,198</b>	<b>1,485</b>	<b>1,485</b>		
MO10 -3 Dwelling Construction	A. Paint interior of units	1460	95 units	66,500	66,500	0	0	0% Complete	
	B. Begin window replacement program	1460	95 units	19,235	19,235	0	0	0% Complete	
	<b>Subtotal</b>			<b>85,735</b>	<b>0</b>	<b>0</b>	<b>0</b>		
MO10 -7	A. Complete siding replacement	1460	100%	0	107,980	107,980	107,685	99% Complete	
	<b>Subtotal</b>			<b>0</b>	<b>107,980</b>	<b>107,980</b>	<b>107,685</b>		
	<b>Grandtotal</b>			<b>754,110</b>	<b>754,110</b>	<b>390,196</b>	<b>265,901</b>		

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

PHAName: <b>Benton Harbor Housing Commission</b>		Grant Type and Number Capital Fund Program No: MI33P010501-01 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	3/31/03			9/30/04			
MI10 -1	3/31/03			9/30/04			
MI10 -2	3/31/03			9/30/04			
MI10 -3	3/31/03			9/30/04			

Attachment O

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Benton Harbor Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P010501-00 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	147,840	147,840	147,840	147,840
3	1408 Management Improvements Soft Costs	74,000	74,000	74,000	11,263
	Management Improvements Hard Costs				
4	1410 Administration	50,000	50,000	50,000	9,427
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	201,222	205,689	205,689	146,893
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	194,579	191,886	191,886	149,555
11	1465.1 Dwelling Equipment — Nonexpendable	50,780	50,780	50,780	33,871
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,779	19,005	19,005	19,005
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	739,200	739,200	739,200	517,854
	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				

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: Benton Harbor Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P010501-00 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
	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**

PHAName: <b>Benton Harbor Housing Commission</b>		Grant Type and Number				Federal FY of Grant: 2000			
		Capital Fund Program Grant No: MI33P010501-00							
		Replacement Housing Factor Grant No:							
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	A. Operations	1406		147,840	147,840	147,840	147,840	Complete	
	<b>Subtotal</b>			<b>147,840</b>	<b>147,840</b>	<b>147,840</b>	<b>147,840</b>		
HA Wide Management Improvements	A. Resident Services Coordinator	1408		29,000	29,000	29,000	0	0% Complete	
	B. Commissioner training	1408		7,500	7,500	7,500	0	0% Complete	
	C. Staff training	1408		7,500	7,500	7,500	0	0% Complete	
	D. Family Investment Center Operations	1408		30,000	30,000	30,000	11,263	38% Complete	
	<b>Subtotal</b>			<b>74,000</b>	<b>74,000</b>	<b>74,000</b>	<b>11,263</b>		
HA Wide Administration	A. Percentage of staff salary/benefits	1410		50,000	50,000	50,000	9,427	19% Complete	
	<b>Subtotal</b>			<b>50,000</b>	<b>50,000</b>	<b>50,000</b>	<b>9,427</b>		
HA Wide Fees and Costs	A. A/E fees and related costs	1430		12,432	12,860	12,860	12,860	Complete	
	B. Grant preparation	1430		2,000	2,000	2,000	2,000	Complete	
	C. Survey and site plan of MI 10 -1,2	1430		6,570	8,250	8,250	8,250	Complete	
	D. Tax credit Consultant	1430		49,220	49,220	49,220	25,000	51% Complete	
	E. HOPEVIC Consultant	1430		131,000	131,000	131,000	96,424	74% Complete	
	F. Rent Reasonableness Study	1430		0	2,359	2,359	2,359	Complete	
	<b>Subtotal</b>			<b>201,222</b>	<b>205,689</b>	<b>205,689</b>	<b>146,893</b>		

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

PHAName: <b>Benton Harbor Housing Commission</b>		Grant Type and Number Capital Fund Program Grant No: <b>MI33P010501-00</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2000</b>			
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 Dwelling Equipment	A. Ranges and refrigerators	1465		50,780	50,780	50,780	33,871	67% Complete	
	<b>Subtotal</b>			<b>50,780</b>	<b>50,780</b>	<b>50,780</b>	<b>33,871</b>		
HA Wide Non-Dwelling Equipment	A. Replace copier	1475		8,000	9,735	9,735	9,735	Complete	
	B. Lawnmowers and/or tractors	1475		12,779	9,270	9,270	9,270	Complete	
	<b>Subtotal</b>			<b>20,779</b>	<b>19,005</b>	<b>19,005</b>	<b>19,005</b>		
MO10 -5&7 Dwelling Construction	A. Replace furnaces	1460	40 units	121,512	121,512	121,512	79,181	65% Complete	
	<b>Subtotal</b>			<b>121,512</b>	<b>121,512</b>	<b>121,512</b>	<b>121,512</b>		
MO10 -7 Dwelling Construction	A. Replace siding	1460	40 units	73,067	70,374	70,374	70,374	Complete	
	<b>Subtotal</b>			<b>73,067</b>	<b>70,374</b>	<b>70,374</b>	<b>70,374</b>		
	<b>Grandtotal</b>			<b>739,200</b>	<b>739,200</b>	<b>739,200</b>	<b>517,854</b>		

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

PHAName: <b>Benton Harbor Housing Commission</b>	Grant Type and Number Capital Fund Program No: MI33P010501-00 Replacement Housing Factor No:	Federal FY of Grant: 2000
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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	
MI10 -1	3/31/02	3/31/02	3/31/02	9/30/03	N/A	N/A	
MI10 -2	3/31/02	3/31/02	3/31/02	9/30/03	N/A	N/A	
MI10 -3	3/31/02	3/31/02	3/31/02	9/30/03	N/A	N/A	
MI10 -5	3/31/02	3/31/02	3/31/02	0	9/30/03		
MI10 -7	3/31/02	3/31/02	3/31/02	9/30/03	9/30/03		
PHAWide	3/31/02	3/31/02	3/31/02	9/30/03	9/30/03		

**Annual Statement/Performance  
and Evaluation Report**

**Part I: Summary**

**Comprehensive Grant Program (CGP)**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HAName <b>Benton Harbor Housing Commission</b>				Comp Grant Number <b>MI33P010707</b>	FFY of Grant Approval <b>1999</b>
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement/Revision Number <u>2</u>	
<input type="checkbox"/> Final Performance & Evaluation Report		<input checked="" type="checkbox"/> Performance & Evaluation Report for Program Year Ending		<u>3/31/03</u>	
Line#	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGPFunds				
2	1406 Operations (May not exceed 10% of line 19)				
3	1408 Management Improvements	74,000	71,006	71,006	71,006
4	1410 Administration	50,000	45,821	45,821	45,821
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	44,352	44,252	44,252	44,252
8	1440 Site Acquisition				
9	1450 Site Improvement	23,400	23,400	23,400	23,400
10	1460 Dwelling Structures	304,869	305,667	305,667	294,568
11	1465.1 Dwelling Equipment - Nonexpendable	45,305	45,305	45,305	45,305
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	113,994	120,469	120,469	120,469
14	1485 Demolition				
15	1490 Replacement Reserves				
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)				
19	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	655,920	655,920	655,920	644,821
20	Amount of Line 19 related to LBP Activities				
21	Amount of Line 19 related to Section 504 Compliance				
22	Amount of Line 19 related to Security				
23	Amount of Line 19 related to Energy Conservation Measures				
(1) To be completed for the Performance & Evaluation Report or a Revised Annual Statement (2) To be completed for the Performance & Evaluation Report					
Signature of Executive Director and Date			Signature of Public Housing Director / Office of Native American Programs Administrator and Date		
X			X		

**Annual Statement/Performance  
and Evaluation Report**

**Part II: Supporting Pages**

**Comprehensive Grant Program (CGP)**

**U.S. Department of Housing  
and Urban Development**

**Office of Public and Indian Housing**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HAWide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work(2)
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
<b><u>PHA Wide</u></b>	<b>Management Improvements</b>							
	A. Resident Services Co-Ordinator	1408		29,000	26,006	26,006	26,006	100% Completed
	B. Commissioner training	1408		7,500	7,500	7,500	7,500	0% Completed
	C. Staff training	1408		7,500	7,500	7,500	7,500	0% Completed
	D. Family Investment Center operations	1408		30,000	30,000	30,000	30,000	73% Completed
	<b>Subtotal</b>			<b>74,000</b>	<b>71,006</b>	<b>71,006</b>	<b>71,006</b>	
<b><u>PHA Wide</u></b>	<b>Administration</b>							
	Percentage of staff salaries/benefits	1410		50,000	45,821	45,821	45,821	100% Completed
	<b>Subtotal</b>			<b>50,000</b>	<b>45,821</b>	<b>45,821</b>	<b>45,821</b>	
<b><u>PHA Wide</u></b>	<b>Fees &amp; Costs</b>							
	A. A/E services	1430		36,112	36,402	36,402	36,402	100% Completed
	B. Grant preparation	1430		3,000	3,000	3,000	3,000	100% Completed
	C. UA, EA, Voluntary Conversion studies	1430		5,240	4,850	4,850	4,850	100% Completed
	<b>Subtotal</b>			<b>44,352</b>	<b>44,252</b>	<b>44,252</b>	<b>44,252</b>	
<b><u>PHA Wide</u></b>	<b>Dwelling Equipment</b>							
	Ranges and refrigerators	1465	86 units	45,305	45,305	45,305	45,305	100% Completed
	<b>Subtotal</b>			<b>45,305</b>	<b>45,305</b>	<b>45,305</b>	<b>45,305</b>	

(1) To be completed for the Performance & Evaluation Report or a Revised Annual Statement (2) To be completed for the Performance & Evaluation Report

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Program Administrator and Date

**Annual Statement/Performance  
and Evaluation Report  
Part II: Supporting Pages**

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

Comprehensive Grant Program (CGP)

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HAWide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work(2)
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
<b>MI10-5</b>	<b>Site Improvements</b>							
	Completion of Security Screen replacement	1450		23,400	23,400	23,400	23,400	100% Completed
	<b>Subtotal</b>			<b>23,400</b>	<b>23,400</b>	<b>23,400</b>	<b>23,400</b>	
<b>Scattered Sites</b>	<b>Dwelling Structures</b>							
<b>MI10-5&amp;10-7</b>	A. Replace storm doors	1460	86 units	61,309	62,118	62,118	62,118	100% Completed
<b>MI10-7</b>	B. Replace siding	1460	40 units	167,237	172,114	172,114	161,015	94% Completed
<b>MI10-7&amp;9</b>	E. patch & paint interiors	1460		75,623	70,735	70,735	70,735	100% Completed
<b>MI10-1,2</b>	F. Replace furnace	1460	1 unit	700	700	700	700	100% Completed
	<b>Subtotal</b>			<b>304,869</b>	<b>305,667</b>	<b>305,667</b>	<b>294,568</b>	
<b>PHAWide</b>	<b>Non-Dwelling Equipment</b>							
	A. Maintenance vehicles	1475	2	56,322	56,322	56,322	56,322	100% Completed
	B. Upgrade computer system	1475		57,672	64,147	64,147	64,147	100% Completed
	<b>Subtotal</b>			<b>113,994</b>	<b>120,469</b>	<b>120,469</b>	<b>120,469</b>	
	<b>Grand Total</b>			<b>655,920</b>	<b>655,920</b>	<b>655,920</b>	<b>644,821</b>	

(1) To be completed for the Performance & Evaluation Report or a Revised Annual Statement (2) To be completed for the Performance & Evaluation Report

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Program Administrator and Date

**Annual Statement/Performance  
and Evaluation Report**  
**Part III: Implementation Schedule**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
<b><u>PHA Wide</u></b>	9/30/2002	3/31/2002		6/30/2003	6/30/2003		
<b><u>MI10-1</u></b>	9/30/2002	3/31/2002		6/30/2003	6/30/2003		
<b><u>MI10-5</u></b>		3/31/2002	3/31/2002		6/30/2003	6/30/2003	
<b><u>MI10-7</u></b>		3/31/2002	3/31/2002		9/30/2003		

(1) To be completed for the Performance & Evaluation Report or a Revised Annual Statement (2) To be completed for the Performance & Evaluation Report

Signature of the Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date