

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

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

PHA Plan Agency Identification

PHA Name: The Housing Authority of the City of Williston

PHA Number: ND002

PHA Fiscal Year Beginning: (mm/yyyy) 01/2003

PHA Plan Contact Information:

Name: Judy Herring, Executive Director

Phone: (701) 572-2006

TTY: (800) 366-6888

Email (if available): execdir@whand.com

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

- Public Housing and Section 8 Section 8 Only Public Housing Only

Annual PHA Plan

Fiscal Year 2003

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Contents	<u>Page #</u>
Annual Plan	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	
2. Capital Improvement Needs	
3. Demolition and Disposition	
4. Homeownership: Voucher Homeownership Program	
5. Crime and Safety: PHDEP Plan	
6. Other Information:	
A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	
Attachments	
<input checked="" type="checkbox"/> Attachment <u>A</u> : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment <u>B</u> : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment <u>C</u> : Capital Fund Program 5 Year Action Plan	
<input checked="" type="checkbox"/> Attachment <u>D</u> : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment <u>E</u> : Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment <u>F</u> : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment <u>G</u> : CFP 2000 Performance and Evaluation Report	
Attachment <u>H</u> : CFP 2001 Performance and Evaluation Report & Revision 1	
Attachment <u>I</u> : CFP 2002 Performance and Evaluation Report & Revision 1	
Attachment <u>J</u> : Statement of Progress on 5-year Plan Missions and Goals	
Attachment <u>K</u> : Voluntary Conversion Initial Assessment	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA plan that are not covered in other sections of this Update.

WHA policy changes were implemented to give tenants the option of choosing rent that is based on the market value of the unit (flat rent) or rent that is based on income.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 200,000 (estimated)

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. 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 next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply

- with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ ____0_____
- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 Yes No: below or
 Yes No: at the end of the RAB Comments in Attachment _____.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment _____.
- Other: No comments were received.

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: Consolidate Plan for ND, Division of Community Services

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 specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: A substantial deviation from the 5 year plan will be allowed for emergency, health, safety issues, or for unanticipated items not identified in the plan. Any changes identified above may be made with the consultation of the Resident Advisory Board and by resolution from the Board of Commissioners for items which were not included in the 5 year plan.

B. Significant Amendment or Modification to the Annual Plan: Any significant amendment or modification to the Annual Plan will be allowed with the consultation of the Resident Advisory Board and by resolution from the Board of Commissioners for items not included in the Annual Plan.

Attachment A
Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

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

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

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

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

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

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							

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

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

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

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

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

Attachment B: Capital Fund Program Annual Statement

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Housing Authority Of the City of Williston		Grant Type and Number Capital Fund Program Grant No: ND06P002501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <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	47,000			
3	1408 Management Improvements				
4	1410 Administration	20,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000			
10	1460 Dwelling Structures	103,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	200,000 (estimated)			

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: The Housing Authority Of the City of Williston	Grant Type and Number Capital Fund Program Grant No: ND06P002501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: <div style="text-align: center;">2003</div>
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: The Housing Authority Of the City of Williston		Grant Type and Number Capital Fund Program Grant No: ND06P002501-03 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	1406		47,000				
HA-Wide	Administration	1410		20,000				
ND 002-004	KC Landscaping & Sprinklers	1450		30,000				
ND 002-004	KC Floor Repair & Flooring	1460		45,000				
ND 002-002	PV1 Unit Flooring	1460		58,000				

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

PHA Name: The Housing Authority Of the City of Williston		Grant Type and Number Capital Fund Program No: ND06P002501-03 Replacement Housing Factor No:				Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	6/30/05			6/30/07			(Estimated 2 yr obligate and 4 yr expended based on 6/30/03 fund availability. Will revise using actual date)

Attachment C: Capital Fund Program 5 Year Action Plan

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name The Housing Authority of the City of Williston		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY:2007
	Annual Statement				
HA-Wide		87,000	87,000	90,000	70,000
ND 002-001		35,750			
ND 002-002		61,000	100,000	82,000	
ND 002-004		16,250	13,000	28,000	130,000
CFP Funds Listed for 5-year planning		200,000	200,000	200,000	200,000
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2004 PHA FY: 2004			Activities for Year: <u>3</u> FFY Grant: 2005 PHA FY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA-Wide	Operations	47,000	HA-Wide	Operations	47,000
Annual		Administration	20,000		Administration	20,000
Statement		Management Improv.	20,000		Management Improv.	20,000
	Subtotal		87,000	Subtotal		87,000
	ND 002-001	Cement Replacement	32,500	ND 002-002	Replace Windows	100,000
		Water Heaters	3,250	Subtotal		100,000
	Subtotal		35,750			
	ND 002-002	Parking Lot Repair	20,000	ND 002-004	Replace Storage Doors	8,000
		Units remodel design	20,000	Subtotal	Maint Bld Sheath/Heat	5,000
		Lobby Remodel	15,000			
		Cement Replacement	6,000			
	Subtotal		61,000			
	ND 002-004	Cement Replacement	7,000			
		Furnace Duct Cleaning	6,000			
		Water Heaters	3,250			
	Subtotal		16,250			
	Total CFP Estimated Cost		200,000			200,000

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

Activities for Year :_4___ FFY Grant: 2006 PHA FY: 2006			Activities for Year: 5___ FFY Grant: 2007 PHA FY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA-Wide	Operations	50,000	HA-Wide	Operations	50,000
	Administration	20,000		Administration	20,000
	Management Improv.	20,000	Subtotal		70,000
Subtotal		90,000			
ND 002-002	Kitchen Cupboards	82,000	ND 002-004	Siding	70,000
Subtotal		82,000		Kitchen Cupboards	60,000
			Subtotal		130,000
ND 002-004	Furnaces	28,000			
Subtotal		28,000			
Total CFP Estimated Cost		200,000			200,000

Required Attachment D :
Resident Member on the PHA Governing Board

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

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

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

Elected

Appointed

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

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member: **December, 2005**

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

Required Attachment E :
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.)

All current directly assisted Public Housing Residents are members of the Resident Advisory Board.

Required Attachment F :
Comments of Resident Advisory Board and explanation of PHA response

The Williston Housing Authority did not receive any comments from the Resident Advisory Board.

Attachment G: CFP 2000 Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Housing Authority Of the City of Williston		Grant Type and Number Capital Fund Program Grant No: ND06P002501-00 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	20,000		0	0
3	1408 Management Improvements				
4	1410 Administration	20,000		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	29,000		0	0
10	1460 Dwelling Structures	112,070		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	20,000		0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	8,500		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	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	209,570		0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

PHA Name: The Housing Authority Of the City of Williston	Grant Type and Number Capital Fund Program Grant No: ND06P002501-00 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 6/30/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	60,000			

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

PHA Name: The Housing Authority Of the City of Williston		Grant Type and Number Capital Fund Program Grant No: ND06P002501-00 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		20,000		0	0	
HA-Wide	Administration	1410		20,000		0	0	
ND 002-001	Park Sprinkler System	1450		9,000		0	0	
ND 002-001	NP rear sidewalks 17-20, 25-44	1450		20,000		0	0	
ND 002-002	PV1 Hall and Office Carpet	1460		20,000		0	0	
ND 002-002	PV1 Gutters	1460		4,070		0	0	
ND 002-002	PV1 Hall and Outside Lighting	1460		10,000		0	0	
ND 002-001	NP furnaces 17-20, 25-44	1460		55,000		0	0	
ND 002-001	NP rear screen doors	1460		18,000		0	0	
ND 002-004	KC basement windows	1460		5,000		0	0	
ND 002-002	PV1 Refrigerators	1465.1		20,000		0	0	
HA-Wide	Office Automation and Equipment	1475		8,500		0	0	

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

PHA Name: The Housing Authority Of the City of Williston	Grant Type and Number Capital Fund Program No: ND06P002501-00 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	
HA-Wide	9/30/02			3/31/03			

Attachment H: CFP 2001 Performance and Evaluation Report & Revision 1

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Housing Authority Of the City of Williston		Grant Type and Number Capital Fund Program Grant No: ND 06P002501-01 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: 6/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	20,000	42,976	0	0
3	1408 Management Improvements	0	30,000	0	0
4	1410 Administration	20,000	20,000	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	65,000	60,000	0	0
10	1460 Dwelling Structures	85,976	38,000	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	22,000	22,000	0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	212,976	212,976	0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

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

PHA Name: The Housing Authority Of the City of Williston	Grant Type and Number Capital Fund Program Grant No: ND 06P002501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 6/30/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: The Housing Authority Of the City of Williston		Grant Type and Number Capital Fund Program Grant No: ND 06P002501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		20,000	42,976	0	0	
HA-Wide	Management Improvements	1408		0	30,000	0	0	
HA-Wide	Administration	1410		20,000	20,000	0	0	
ND 002-004	KC Landscaping and Sprinklers	1450		25,000	0	0	0	
ND 002-004	KC Playground Equipment	1450		40,000	60,000	0	0	
ND 002-002	PV1 Electrical for Ranges	1460		18,000	20,000	0	0	
ND 002-002	PV1 Exterior Doors Replacement	1460		10,000	18,000	0	0	
ND 002-002	PV1 Unit Flooring	1460		57,976	0	0	0	
ND 002-002	PV1 Unit Ranges	1465.1		22,000	22,000	0	0	

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

PHA Name: The Housing Authority Of the City of Williston			Grant Type and Number Capital Fund Program No: ND 06P002501-01 Replacement Housing Factor No:				Federal FY of Grant: 2001
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	9/30/03	6/30/03		3/31/04	6/30/05		To align and comply with the 2 year obligated and 4 year expended requirements

Attachment I: CFP 2002 Performance and Evaluation Report & Revision 1

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Housing Authority Of the City of Williston		Grant Type and Number Capital Fund Program Grant No: ND06P002501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<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: 6/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	20,000	46,733	0	0
3	1408 Management Improvements				
4	1410 Administration	20,000	20,000	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	57,000	61,000	0	0
10	1460 Dwelling Structures	80,000	35,000	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	29,000	82,528	0	0
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	206,000	245,261 (w/ Bonus)	0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

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

PHA Name: The Housing Authority Of the City of Williston	Grant Type and Number Capital Fund Program Grant No: ND06P002501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1
 Performance and Evaluation Report for Period Ending: 6/30/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: The Housing Authority Of the City of Williston		Grant Type and Number Capital Fund Program Grant No: ND06P002501-02 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	1406		20,000	46,733	0	0	
HA-Wide	Administration	1410		20,000	20,000	0	0	
ND 002-001	Clotheslines for 17-20 and 25-44	1450		11,000	11,000	0	0	
ND 002-001	Park Playground Equipment	1450		40,000	50,000	0	0	
ND 002-001	Handicap Building Sprinkler System	1450		6,000	0	0	0	
ND 002-004	Replace Water Mains to buildings	1460		35,000	35,000	0	0	
ND 002-004	Unit floor joist repair and unit flooring	1460		45,000	0	0	0	
HA-Wide	Enclose Maint Outdoor Storage	1470		0	42,528	0	0	
HA-Wide	Office relocation and remodeling	1470		29,000	40,000	0	0	

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

PHA Name: The Housing Authority Of the City of Williston		Grant Type and Number Capital Fund Program No: ND06P002501-02 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	9/30/04	6/30/04		3/31/05	6/30/06		To align and comply with the 2 year obligated and 4 year expended requirements

Required Attachment J : Statement of Progress on 5 year plan mission and goals

The Housing Authority of the City of Williston continues to move forward to meet the goals that were established in the 5-Year Plan. Changes have been made and will continue to be made in policies and procedures to improve the quality of housing and services provided to the residents in our jurisdiction.

The Housing Authority has experienced some fluctuation in vacancies over the past year as the economics of our community change. Our agency will persist in our efforts to reach out to those who are in need of assisted housing and we will continue to work closely with other agencies in our community to identify those in need of clean, safe, and affordable housing.

In the coming year we will continue our efforts to encourage resident participation in our Resident Advisory Board. Tenant's needs and ideas will be taken into consideration as future plans are developed for the Housing Authority.

The interest in the Housing Choice Voucher Program in our community has grown and we are expanding our outreach to families as well as landlords in our community. Training opportunities for our staff will be pursued so that the HCV Program can be administered more effectively and be of a greater benefit to families in our area.

Because the safety of our residents is a priority, the Housing Authority has worked closely with local law enforcement agencies over the past year and will continue to do so. Tenants are encouraged to report any suspicious, abusive, or illegal activity not only to the Housing Authority but also to the appropriate law enforcement or social service agency.

The Housing Authority of the City of Williston is committed to providing Equal Opportunity in housing for all families. Staff members have participated in, and will continue to participate in, educational opportunities on Fair Housing issues.

The Housing Authority will continue to look for opportunities to improve the administration and implementation of all programs, and to promote and provide adequate and affordable housing, economic opportunity, and a suitable living environment free from discrimination to all families in our community.

**Required Attachment K : (Page 1 of 2)
Voluntary Conversion Initial Assessment**

**2002 ANNUAL PLAN
COMPONENT 10 (B) VOLUNTARY CONVERSION
INITIAL ASSESSMENTS**

- a. **How many of the PHA's developments are subject to the Required Initial Assessments?**
Two
- b. **How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g. elderly and/or disabled developments not general occupancy projects)?**
One
- c. **How many Assessments were conducted for the PHA's covered developments?**
One
- d. **Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:**
None

Results of initial assessment on conversion of the Housing Authority of the City of Williston's general occupancy apartments to tenant-based assistance:

The Public Housing general occupancy developments would not meet all three tests for conversion.

- 1. Conversion would be more expensive than continuing to operate the development as public housing:

Operating as Public Housing Development

Total Number of Public Housing Apartments:	128
Total Number of General Occupancy Apartments:	69 (54%)
Cost Comparison based on FY 2001 data:	
Total Operating Subsidy: \$222,304.00	
54% of Operating Subsidy:	\$ 120,044.16
Total CFP Grant: \$202,733.00	
54% of CFP Grant:	<u>\$ 109,475.82</u>
Total Cost as PH Development:	<u>\$ 229,519.98</u>

Required Attachment K : (page 2 of 2)
Voluntary Conversion Initial Assessment

Operating as Tenant-Based Assistance

Administration Fee (69 units x \$37.53 x 12) \$ 31,074.84

HAP Assistance:

1 Bedroom Apts (2)	\$ 7,200.00
2 Bedroom Apts (35)	\$162,540.00
3 Bedroom Apts (26)	\$156,936.00
4 Bedroom Apts (6)	<u>\$ 42,264.00</u>

Total HAP Assistance: \$368,940.00

Total Cost as Tenant-Based Assistance: **\$400,014.84**

2. Conversion would not principally benefit the community or residents of Public Housing Developments.

The PHA has an on-staff maintenance department which promptly and efficiently processes resident work orders and is available around the clock for emergency work order concerns. There is no reason to believe that service or benefits to residents would improve under a tenant-based program.

There is no indication that converting the public housing developments to tenant-based assistance would benefit the community.

3. Conversion might adversely affect the availability of affordable housing in the community.

Williston has recently lost two subsidized housing developments. This has resulted in a decrease in the number of assisted housing units available in Williston. If our Public Housing developments were converted to Tenant-Based Assistance, there could be an adverse effect on the availability of affordable housing in the community.